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Form **990-PF**

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter Social Security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052 open to Public Inspection

rurt	aleni	ar year 2015 or tax year beginning		, and er	iumy		
Nar	ne o	Suncation				A Employer identification	number
S	т.	CLAIR CHARITABLE TRUST				38-2709935	
Nun	ber ar	d street (or P O box number if mail is not delivered to street	address)	_	Room/suite	B Telephone number	
1	584	10 LAKEVIEW CT.				313-823-62	80
		wn, state or province, country, and ZIP or foreign p	ostal code			C If exemption application is p	ending, check here
			1-4-1-4-1-4-4-4		h = 1116 .	D 4 Faraign areasirations	about hara
L C	песк	all that apply Initial return	Initial return of a for	rmer public c	nanty	D 1. Foreign organizations	, check here
		Final return	Amended return			Foreign organizations me check here and attach co	eting the 85% test,
ш с	hook	Address change type of organization X Section 501(c)(3) ex	Name change			~	
ח נ	_		empt private roundation Other taxable private foundat	tion		E If private foundation state under section 507(b)(1)	1 1
		rket value of all assets at end of year J Accounting		Accri		1	•
		· —	her (specify)	L ACCII	uai	F If the foundation is in a (under section 507(b)(1)	_
	<i>0111 F</i> ∙\$	Part II, col. (c), line 16) 0t 0t 0t 0t		asis.)			(b), check here
	irt I		(a) Revenue and	(b) Net in	wactment	(c) Adjusted net	(d) Disbursements
	* * * *	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	Inco		income	for chantable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received				N/A	
		Check X if the foundation is not required to attach Sch B					
	3	Interest on savings and temporary cash investments	<u> </u>		111.1		
	4	Dividends and interest from securities	3.	-	3.		STATEMENT 1
	5a	Gross rents			_		(11
		Net rental income or (loss)					
_	1 _	Net gain or (loss) from sale of assets not on line 10		***************************************		**************************************	
J.	b	Gross sales price for all assets on line 6a				40.000	
Revenue	7	Capital gain net income (from Part IV, line 2)			0.	NI:CE!	Van I
ď	8	Net short-term capital gain					- minimum p
	9	Income modifications	·			MAY 3 A	201. [9]
&I በማ	10a	Gross sales less returns and allowances					KC14 1
	Ι.	Less Cost of goods sold				1	
ര	C	Gross profit or (loss)	-			L UGDEN	
∋ 	11	Other income					-
	12	Total. Add lines 1 through 11	3.		3.		
	13	Compensation of officers, directors, trustees, etc	0.		0.		0.
SCANNED	14	Other employee salaries and wages					
Z.,	15	Pension plans, employee benefits					
多多	16a	Legal fees					
S =	b	Accounting fees STMT 2	1,175.		0.		0.
W	C	Other professional fees					
Ĭ.	17	Interest		- 	 -		-
Administrative	18	Taxes					
inis	19	Depreciation and depletion					
Ë	20	Occupancy					
Ř	21	Travel, conferences, and meetings				 	
ā	22	Printing and publications	150				0.
Operating and	23	Other expenses STMT 3	150.		0.		- 0.
rat	24	Total operating and administrative	1 225		0.		0.
ă	-	expenses. Add lines 13 through 23	1,325. 3,000.		0.		3,000.
•	25	Contributions, gifts, grants paid	3,000.	<u></u>			3,000.
	26	Total expenses and disbursements	4,325.		0.		3,000.
	-	Add lines 24 and 25	4,323.	-	<u> </u>		3,000.
	27		-4,322.				
		Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)	7,322		3.	<u> </u>	***************************************
	1	Adjusted net income (if negative, enter -0-)				N/A	
	1 6	Aujusteu Het Hituille (il negative, enter -0-)	L.,	<u> </u>			- 000 DE (0048)

Page 2

Part	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of y	
-		(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing	34,828.	30,506.	30,506.
2	Savings and temporary cash investments			
3,	Accounts receivable -			
	Less allowance for doubtful accounts			
4	Pledges receivable ►			
	Less allowance for doubtful accounts			·
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			
	disqualified persons			••••
7	Other notes and loans receivable			
	Less allowance for doubtful accounts			
के 8	Inventories for sale or use			
Assets 6 6 0	Prepaid expenses and deferred charges			
₹ 10a	Investments - U S and state government obligations			
b	Investments - corporate stock			
c	Investments - corporate bonds			
11	Investments - land, buildings, and equipment basis			
	Less accumulated depreciation			
12	Investments - mortgage loans			
13	Investments - other			
14	Land, buildings, and equipment basis			
	Less accumulated depreciation	[
15	Other assets (describe			
16	Total assets (to be completed by all filers - see the			
	instructions Also, see page 1, item 1)	34,828.	30,506.	30,506.
17				
18	Grants payable			
1	Deferred revenue			
Liabilities 51 20 21	Loans from officers, directors, trustees, and other disqualified persons			
e 21	Mortgages and other notes payable			
22 تــ	Other liabilities (describe			
23	Total liabilities (add lines 17 through 22)	0.	0.	
1-0	Foundations that follow SFAS 117, check here			
	and complete lines 24 through 26 and lines 30 and 31.			
8 24	Unrestricted			
<u>ue</u> 25	Temporarily restricted			
Ba 26	Permanently restricted			
힏	Foundations that do not follow SFAS 117, check here			
급	and complete lines 27 through 31.			
Net Assets or Fund Balance 8 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Capital stock, trust principal, or current funds	34,828.	30,506.	
Sets 28	Paid-in or capital surplus, or land, bldg , and equipment fund	0.	0.	
ASS 29	Retained earnings, accumulated income, endowment, or other funds	0.	0.	
30 ket	Total net assets or fund balances	34,828.	30,506.	
2 00	Total lice 2330t3 of falla bulahada			
31	Total liabilities and net assets/fund balances	34,828.	30,506.	
Part				
	I net assets or fund balances at beginning of year - Part II, column (a), line			
	st agree with end-of-year figure reported on prior year's return)	, 55	1	34,828.
	st agree with end-of-year rigure reported on prior year's return) or amount from Part I, line 27a		2	-4,322.
	er increases not included in line 2 (itemize)		3	0.
			4	30,506.
	lines 1, 2, and 3 reases not included in line 2 (itemize)		5	0.
	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	volumn (h) line 30	6	30,506.
U TOLA	i not assets of junio barances at end of year time 4 minus into 3) - Fait II, C	Volumnia (O), and OO		Form 990-PF (2013

Form 990-PF (2013) ST.	CLAI	R CHARITABLI	E TRUST	י			38-2	2709935	Page 3
Part IV Capital Gains	and Los	ses for Tax on In	vestment	Income					<u>-</u>
		d(s) of property sold (e g , r common stock, 200 shs			(b) How a P - Pur D - Dor	chase nation	(c) Date acqui (mo , day, yı		Date sold , day, yr)
1a '									
b ' NC	ONE								
C		-							
d		-			ļ				
<u>e</u>	(A) D		(a) Cool	a athar basis	<u> </u>		(h) Coin oi	· /looo)	
(e) Gross sales price		epreciation allowed (or allowable)		t or other basis opense of sale			(h) Gain oi (e) plus (f) n		
<u>a</u>									
c c									
d									
е									
Complete only for assets show	ing gain in c	olumn (h) and owned by t	he foundation	on 12/31/69		(1)	Gains (Col (h) gain minus	
(I) F M V as of 12/31/69		Adjusted basis as of 12/31/69	• • •	cess of col (i)		col	(k), but not le Losses (fron	ss than -0-) or n col (h))	
a									
b									
<u>c</u>									
<u>d</u>									
<u>e</u>						1			
2 Capital gain net income or (net	capital loss)	$ \begin{cases} \text{ If gain, also enter} \\ \text{ If (loss), enter -0-} \end{cases} $			} 2				
3 Net short-term capital gain or (I If gain, also enter in Part I, line 8	3, column (c)		d (6)		}				
If (loss), enter -0- in Part I, line	8 Undox Sa	ection 4940(e) for	Dodugod	Toy on Not	J 3	mont Inc			
<u> </u>						ment inc	OITIE		
(For optional use by domestic priva	ite foundatio	ns subject to the section 4	1940(a) tax on	net investment ii	ncome)				
If section 4940(d)(2) applies, leave	this part bla	nk							
Was the foundation liable for the se	action 4949 t	av on the distributable am	ount of any ve	ar in the hase ne	nod2				es X No
If "Yes," the foundation does not qu				-					
1 Enter the appropriate amount in	n each colum	nn for each year, see the in	structions bef	ore making any e	entries				
(a)		(b)			(c)			(d) Distribution rat	tin
Base period years Calendar year (or tax year begin	ning in)	Adjusted qualifying dist	tributions	Net value of no				(b) divided by	col (c))
2012			3,010.			37 , 084			08116
2011			4,210.			42,053			100112
2010			3,740.			46,761			29383
2009			8,896.			51,085			17414
2008			3 , 175.			62 <u>,</u> 273	•	•	050985
2 Total of line 1, column (d)							2		700240
3 Average distribution ratio for th			on line 2 by 5,	or by the numbe	r of years				14004
the foundation has been in exis	tence if less t	than 5 years					3		14004
4 Enter the net value of noncharit	able-use ass	ets for 2013 from Part X, I	line 5				4 '	3	32,592
5 Multiply line 4 by line 3							5		4,564
6 Enter 1% of net investment inco	ome (1% of I	Part I, line 27b)					6		0
7 Add lines 5 and 6	(· ·	· · · · ·					7		4,564
	D 1300	4					8		3,000
8 Enter qualifying distributions from						-1-	0		3,300
If line 8 is equal to or greater th See the Part VI instructions	an line 7, che	eck the box in Part VI, line	1b, and comp	iete that part usii	ng a 1% ta	x rate			

	990-PF (2013) ST. CLAIR CHARITABLE TRUST							2709			age 4
	rt VI Excise Tax Based on Investment Income (Section 4940				940(e),	or 4	948 -	see i	nstru	ctior	ıs)
1a	Exempt operating foundations described in section 4940(d)(2), check here and ent	ter "N/	/A" o	n line 1)						
	Date of ruling or determination letter (attach copy of letter if nece	ssary	j-see	e instructi	ins)						_
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here		and	d enter 1%	}		1				0.
	of Part I, line 27b										
	All other domestic foundations enter 2% of line 27b $$ Exempt foreign organizations enter 4% $$				(b) \						^
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Other	iers ei	nter	-0-)			2		_		0.
3	Add lines 1 and 2						3				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Otl	hers e	enter	r - 0-)			4				0.
	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-						5				<u> </u>
	Credits/Payments	١ _	1								
	2013 estimated tax payments and 2012 overpayment credited to 2013	6a	+								
	Exempt foreign organizations - tax withheld at source	6b	+								
	Tax paid with application for extension of time to file (Form 8868)	6c	+								
	Backup withholding erroneously withheld	_ 6d					_				Λ
	Total credits and payments Add lines 6a through 6d						7				0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attac	hed					8				0.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed						9				<u> </u>
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				1		10				
	Enter the amount of line 10 to be Credited to 2014 estimated tax				Refunde	d >	11				
	rt VII-A Statements Regarding Activities	-4					10		T	Yes	No
٦a	During the tax year, did the foundation attempt to influence any national, state, or local legisla	ation	or a	id it partici	oate or inte	ervene	ın		10	163	X
	any political campaign?	/			fa-tha daf		١٥.		1a		X
0	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos								1b		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	і сор	ies i	or any ma	teriais pu	DIISN	ea or				
	distributed by the foundation in connection with the activities								1.	;	Х
	Did the foundation file Form 1120-POL for this year?								10		
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the		•			0.					
_	(1) On the foundation \blacktriangleright \$ (2) On foundation managers Enter the reimbursement (if any) paid by the foundation during the year for political expendit				foundation		•				
е	· · · · · · · · · · · · · · · · · · ·	ure la	IX IIII	iposeu on	iounuatioi						
2	managers > \$ O . Has the foundation engaged in any activities that have not previously been reported to the IR	62							2	Ì	Х
2	If "Yes," attach a detailed description of the activities.								-		
9	Has the foundation made any changes, not previously reported to the IRS, in its governing in	etrun	nent	aiticles o	funcornors	ition i	\r				
3	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change		Hent	., articles u	inicorpore	ition,	,,		3	Ì	Х
An	Did the foundation have unrelated business gross income of \$1,000 or more during the year								4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?						N	/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?							•	5		Х
٠	If "Yes," attach the statement required by General Instruction T.										
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eit	her									
ŭ	By language in the governing instrument, or										
	 By state legislation that effectively amends the governing instrument so that no mandatory 	direc	etion	s that con	lict with th	e stat	alaw				
	remain in the governing instrument?								6	Х	
7		plete	e Pa	rt II. col.	c), and P	art X\	/		7	X	
•		,		,	-,,						
8a	Enter the states to which the foundation reports or with which it is registered (see instruction	ıs) 🕨	>								
	MI	,	_							1	
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the At	torne	y Ge	neral (or d	esignate)						
-	of each state as required by General Instruction G? If "No," attach explanation		-	•	- '				8b	X	
g	is the foundation claiming status as a private operating foundation within the meaning of sec	ction 4	4942	2(j)(3) or 4	942(j)(5) f	or cal	endar				
	year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," co								9		_X_
10. Did any nercons become substantial contributors during the tax year? If the state has chedule listing their names and addresses					10	1	X				

b If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2013.)

had not been removed from jeopardy before the first day of the tax year beginning in 2013?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

X Form **990-PF** (2013)

X

3b

4a

N/A

during the year?

Form 990-PF (2013) ST. CLAIR CHARITABLE TRU			38-27099	<u>35</u>	Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (continu	Jed)		
5a During the year did the foundation pay or incur any amount to					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	T Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955), o	r to carry on, directly or indire				
any voter registration drive?			s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f				
the prevention of cruelty to children or animals?		Ye	s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc	der the exceptions described i	n Regulations			
section 53 4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h			▶□□		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi					
expenditure responsibility for the grant?	N	I/A 🔲 Ye	s L No		
If "Yes," attach the statement required by Regulations section 53.494	5-5 <i>(d).</i>				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Ye	es X No		1
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors		nagers, Highly	/ 		
1 List all officers, directors, trustees, foundation managers and their	compensation.		- (A		
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	acco) Expense ount, other
· ·	to position	`enter -0-) '	compensation	all	lowances
ROGER T. FRIDHOLM	TRUSTEE				
P.O. BOX 1085					^
HOBE SOUND, FL 33455	1.00	0.	0.	—	0.
HENRIETTA FRIDHOLM	TRUSTEE			1	
15840 LAKEVIEW CT.	1 00				٥
GROSSE POINTE, MI 48230	1.00	0.	0.	↓	0.
DAVID W. SOMMERFIELD	TRUSTEE				
100 BLOOMFIELD HILLS PARKWAY	1 00				
BLOOMFIELD HILLS, MI 48304	1.00	0.	0.	-	0.
	-				
	_				
2 Compensation of five highest-paid employees (other than those inc	luded on line 1) If none	enter "NONE "			
2 Compensation of five highest-paid employees (other than those inc	(b) Title, and average	CITCH HOUSE.	(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	acc	ount, other llowances
NONE	devoted to position		compensation	- 41	iowances
NONE	1				
		 		+	
	-		Ì		
		-		 	
	-				
				†	
	-				
				†	
	1				
Total number of other employees paid over \$50,000			>		0
True to the true t					

orm 990-PF (2013) ST. CLAIR CHARITABLE TRUST	38–3	2709935 Page 7
Part VIII Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued)	tion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
· NONE		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statisf number of organizations and other beneficiaries served, conferences convened, research papers produced to the conference of the conferen	lical information such as the luced, etc	Expenses
N/A		
2		
3		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2	Amount
1 <u>N/A</u>		
2		
All other program-related investments. See instructions 3		

Total. Add lines 1 through 3

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		·
а	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	33,088.
	Fair market value of all other assets	10	•
đ	Total (add lines 1a, b, and c)	1d	33,088.
	Reduction claimed for blockage or other factors reported on lines 1a and		•
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	33,088.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	496.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	32,592.
6	Minimum investment return. Enter 5% of line 5	6	1,630.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	id certain	•
1	Minimum investment return from Part X, line 6	1	1,630.
2a	Tax on investment income for 2013 from Part VI, line 5		<u>;</u>
	Income tax for 2013 (This does not include the tax from Part VI)		
	Add lines 2a and 2b	20	0.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	1,630.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,630.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	1,630.
P	Qualifying Distributions (see instructions)	· · · · · · · · · · · · · · · · · · ·	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		2 222
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	3,000.
þ	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b b	Cash distribution test (attach the required schedule)	3b	2 2 2 2
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	3,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	3,000.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (4940(e) reduction of tax in those years	qualifies for th	ne section

Form **990-PF** (2013)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI,				
line 7				1,630.
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only			0.	
h Total for prior years		0		
3 Excess distributions carryover, if any, to 2013		0.		
a From 2008 85.				
b From 2009 6,342.				
c From 2010 11, 402.				
d From 2011 2, 123.				
e From 2012 1,156.				
f Total of lines 3a through e	21,108.			
4 Qualifying distributions for 2013 from	21/100.		······	
Part XII, line 4 ► \$3,000.				
a Applied to 2012, but not more than line 2a			0.	
b Applied to undistributed income of prior			7, , , , , , , , , , , , , , , , , , ,	+ · · · · · · · · · · · · · · · · · · ·
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2013 distributable amount				1,630.
e Remaining amount distributed out of corpus	1,370.	······		
5 Excess distributions carryover applied to 2013	0.	111111111111111111111111111111111111111		0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	22,478.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'	-			
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously		_		
assessed		0.		
d Subtract line 6c from line 6b Taxable		•		
amount - see instructions		0.		
e Undistributed income for 2012 Subtract line			_	
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2013 Subtract				
lines 4d and 5 from line 1. This amount must				0.
be distributed in 2014				
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	0.			
section 170(b)(1)(F) or 4942(g)(3)				
8 Excess distributions carryover from 2008	85.			
not applied on line 5 or line 7	05.			
9 Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a	22,393.			
10 Analysis of line 9		•••••		
a Excess from 2009 6,342.				
b Excess from 2010 11, 402.				
c Excess from 2011 2, 123.				
d Excess from 2012 1, 156.				
e Excess from 2013 1,370.				
				Form 990-PF (2013)

Form 990-PF (2013) ST. CLA	IR CHARITAB	LE TRUST		38-27	09935 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part VII	-A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter that	t it is a private operating			
foundation, and the ruling is effective fo	r 2013, enter the date of t	the ruling	▶		
b Check box to indicate whether the found	lation is a private operatii	ng foundation described i	n section	4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total
investment return from Part X for					
each year listed			1		
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					İ
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon a "Assets" alternative test - enter		1			
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					•
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or m	ore in assets
at any time during				·	
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh	_	than 2% of the total conf	tributions received by the	foundation before the clo	se of any tax
year (but only if they have contributed i			•		
NONE					
b List any managers of the foundation wh	o own 10% or more of th	ne stock of a corporation	(or an equally large portion	on of the ownership of a p	partnership or
other entity) of which the foundation ha			. , , , , , , , , , , , , , , , , , , ,		
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan	, Scholarship, etc., P	rograms:		
Check here X if the foundation of				ot accept unsolicited req	uests for funds If
the foundation makes gifts, grants, etc					
a The name, address, and telephone num	ber or e-mail address of	the person to whom appl	ications should be addres	sed	
,,,,					
b The form in which applications should	oe submitted and informa	tion and materials they s	hould include	-	
		<u> </u>			
c Any submission deadlines					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields	, kınds of institutions, or o	other factors	

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Form **990-PF** (2013)

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▶ 3b

Total

Part XV Supplementary Information 3 Grants and Contributions Paid During the You				
Recipient	If recipient is an individual.	T		
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
•	Of Substantial Continuotor	Tecipient		
ENRY FORD HEALTH SYSTEM		PUBLIC	GENERAL OPERATIONS	
FORD PLACE				
DETROIT, MI 48202				25
HOBE SOUND COMMUNITY CHEST		PUBLIC	GENERAL OPERATIONS	
P.O. BOX 1384				i
IOBE SOUND, FL 33475		<u> </u>		50
IOCDIENT TOD GDECTAL GUDGENIA		DVID 10	GENERAL ORBRANIONS	
HOSPITAL FOR SPECIAL SURGERY		PUBLIC	GENERAL OPERATIONS	
NEW YORK, NY 10036				25
,				
JUPITER ISLAND MEDICAL CENTER		PUBLIC	GENERAL OPERATIONS	
1210 S. OLD DIXIE HWY.				
JUPITER, FL 33458		<u> </u>		10
ROSE HILL FOUNDATION		PUBLIC	GENERAL OPERATIONS	
5130 ROSE HILL BLVD.				
HOLLY, MI 48442				10
RUSH UNIVERSITY MEDICAL CENTER		PUBLIC	GENERAL OPERATIONS	
1653 W. CONGRESS PARKWAY			_	25
CHICAGO, IL 60612				25
		<u> </u>		
	<u></u>	l		

ter gross amounts unless otherwise indicated.	Unrelated	ousiness income		ed by section 512, 513, or 514	(e)
a second among annual managed.	(a) Business	(b)	(c) Exclu-	(d)	Related or exempt
Prbgram service revenue	Business code	Amount	sion	Amount	function income
a	1 1				
b			-		
<u> </u>	_				-/
d	_				<u>,,.</u>
e	_ _				
1	_				
g Fees and contracts from government agencies			-		
Membership dues and assessments					
Interest on savings and temporary cash					
investments					
Dividends and interest from securities			14	3.	
Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal	•				
property					
Other investment income					
Gain or (loss) from sales of assets other					
than inventory					
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue					
a			1 1	:	
h					
b	i l				
c	_				
d					
c		().	3.	
c d e Subtotal Add columns (b), (d), and (e)			0.	3.	
c d e Subtotal Add columns (b), (d), and (e) Totāl Add line 12, colūmns (b), (d), and (e)		(0.	3.	
c d e Subtotal Add columns (b), (d), and (e) Totāl Add liñe 12, cōlūm̄ns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation	s)				
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Exempt Organizations If the designation directly oriented type age in any of the following with any other organization described in section 501c(3) organizations) or in section 527, relating to political organizations? 3 Analests from the epothing foundation to a noncharitable exempt organization of (1) Cash (2) Other assits 3 (2) Other assits 4 (3) Sales of assists to a noncharitable exempt organization (3) Sales of assists to a noncharitable exempt organization (3) For assits (4) Sales of assists to a noncharitable exempt organization (3) For assits (4) Remultive mention annoharitable exempt organization (5) Loss of loss of assists to a noncharitable exempt organization (5) For assits (5) Performance of services or membership or fundrationing solicitations (5) Performance of services or membership or fundrationing solicitations (5) Performance of services or membership or fundrationing solicitations (6) Performance of services or membership or fundrationing solicitations (6) Performance of services organized the solicitation of services organized the services given by the reporting foundation in the foundation related to the services given by the reporting foundation in the foundation related organization (6) Amount involved (6) Name of inocharitable exempt organization (7) Description of relationship or fundration in the foundation related exempt organization or sharing arrangement, shown column (4) the value of the goods, other assets, services given by the reporting foundation in the foundation related to one or more tax-exempt organization or sharing arrangement, shown column (4) the value of the goods, other assets, services given by the reporting foundation of the foundation related to one or more tax-exempt organization or sharing arrangement, shown column (4) the state of the goods, other assets, services organized the foundation of the foundation or sharing arrangement organization or sharing arrangement, shown in section 501(c) of the Code (office than section 501(c)(3)) or meachi	Part)	KVII Information R			nd Transactions a	nd Relations	nips With Nonch		raye 13
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N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)/3)) or in section 527? □ Yes ▼ No b If Yes, complete the following schedule (a) Name of organization N/A Characteristic of pepure, incidere that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge in the stime with the preparer shown below (see and 1). Sign and belief, it is true, complete acclaration of pepure in the pepurer shown below (see and 1). Signature of officer or Glustee Date Title Proparer's signature DANTEL E . TOMALIA, CPA DANTEL E . TOMALIA, CPA Firm's sime ▼ GUEST, OLDS AND WEST, PLC Firm's sime ➤ GUEST, OLDS AND WEST, PLC Firm's sime ➤ 38-2700795					evernet ergenization	(4) 5			
2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501 (c) of the Code (other than section 501(c)(3)) or in section 527? □ Yes ▼ No □ If Yes, 'complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship N/A Sign Here Linder penalties of peptyry, Iricains that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge in the statements of which prepare has any knowledge in the statement of w	(a) Line n	o (b) Amount involved	(c) Name (exempt organization	(U) Description	of transfers, transactions, ar	nd shanng arran	gements
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X No			,.	IN/A					
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X No									
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X No			 			-	 		
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X No									
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In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?			1						
b If "Yes," complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of penury, Liectare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (order than taxpayer) is based on all information of which preparer has any knowledge shown below (see inst?) Signature of officer or Tustee Print/Type preparer's name DANIEL E. TOMALA, Preparer Firm's name GUEST, OLDS AND WEST, PLC Firm's EIN 38-2700795		•	•		· -	zations described		□ vaa	▼ No
(a) Name of organization N/A Description of relationship N/A		' '	•	c)(3)) or in sect	1011 527 /			162	<u> </u>
N/A Sign Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, correct and complete declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge set in the preparer shown below (see instr.)?	<u>u</u> 11				(b) Type of organization		(c) Description of relatio	nship	
Sign Here Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete declaration of proparer (offer than taxpayer) is based on all information of which preparer has any knowledge shown below (see instr.)? Signature of officer or fustee Date Title			944		(2) Type or organization		(0)		
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Here Signature of officer or fustee Date Title							bee earlier outlander		
Signature of officer of fustee Print/Type preparer's name Preparer's signature Date Check if PTIN	Sign					\		shown below (s	ee instr)?
Print/Type preparer's name DANIEL E. TOMALA, CPA Preparer Use Only Print/Type preparer's name Date Check if PTIN self- employed Preparer Preparer's signature Date Self- employed Print/Type preparer's name Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature Print/Type preparer's name Preparer's signature Preparer's signature Print/Type preparer's name Print/Type preparer's name Preparer's signature Print/Type preparer's name Print/Type preparer's na	nere	1/89	my no	un			cee	X Yes	U No
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Use Only			POT OT DE	AND WE					
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	- 40		0600 TELE	GRAPH R	D, SUITE 316	5			

BINGHAM FARMS, MI 48025

Phone no (248)645-1411

FORM 990-PF	DIVIDENDS	S AND INTER	EST FROM SECU	ITIES STATEMENT 1		
SOURCE	GROSS URCE AMOUNT		(A) REVENUE S PER BOOKS	(B) NET INVEST- MENT INCOME		
MORGAN STANLEY SMITH BARNEY	3	•	0. 3.	. 3.		
TO PART I, LINE 4		•	0. 3.	3.		
FORM 990-PF	 	ACCOUNTI	NG FEES	S	ratement 2	
DESCRIPTION			(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES	
ACCOUNTING FEES		1,175.	0.		0.	
TO FORM 990-PF, PG 1, LN 16B		1,175.	0.		0.	
FORM 990-PF		OTHER E	XPENSES	S	ratement 3	
DESCRIPTION		(A) EXPENSES PER-BOOKS		(C) ADJUSTED -NET INCOME		
BROKER AND ADMINIST	RATIVE	150.	0.		0.	
TO FORM 990-PF, PG	1, LN 23	150.	0.		0.	

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868

OMB No. 1545-1709

	are filing for an Automatic 3-Month Extension, comple	te only i o	it i and check this box .		-	$\triangleright \left(\underline{X}\right)$		
If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form).				
Do not	complete Part II unless you have already been granted	an automa	itic 3-month extension on a previou	sly filed Fo	m 8868.			
Electror	nic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of ti	me to file (6	months for	a corporation		
required	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically	file Form 88	68 to reque	est an extension		
	o file any of the forms listed in Part I or Part II with the ex				-			
	Benefit Contracts, which must be sent to the IRS in page	•						
	w irs.gov/efile and click on e-file for Chanties & Nonprofits		,					
Part I			submit original (no copies ne	eded)				
A corpor	ration required to file Form 990-T and requesting an autor							
Part I on				·		. ▶ □		
	corporations (including 1120-C filers), partnerships, REM	IICs. and t	rusts must use Form 7004 to reque	st an exten	sion of time	•		
	come tax returns.					ing number		
Type or	Name of exempt organization or other filer, see instru	ctions.		Employer identification number (EIN) or				
print	1					38–2709935		
	ST. CLAIR CHARITABLE TRUST							
ile by the					Social security number (SSN)			
due date for Number, street, and room or suite no. If a P.O. box, see instructions. 15840 LAKEVIEW CT.					Social security number (SSN)			
return See instructions		oreian add	Irees see instructions	<u>-</u>				
	GROSSE POINTE, MI 48230	oroigii add	1000, 000 1101100110					
	,							
Enter the	e Return code for the return that this application is for (file	e a senara	te application for each return)			0 4		
Littor till	the return code for the return that this application is for the	s a separa	te application for each return,			لــــــــــا		
Applicat	tion	Return	Application			Return		
Is For		Code	is For			Code		
	0 or Form 990-EZ	01	Form 990-T (corporation)					
	· · · · · · · · · · · · · · · · · · ·	02	Form 1041-A	-		07		
Form 990-BL Form 4720 (individual)		03	Form 4720 (other than individual)			09		
Form 99		04	Form 5227			10		
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11		
	0-T (trust other than above)	06	Form 8870			12		
TOTTI GO	ROGER T. FRIDH		1011110070					
■ Thor	books are in the care of ► 15840 LAKEVIEW		- GROSSE POINTE N	1T 483	20			
		<u> </u>		11 100				
•	shone No. ► 313-823-6280	45 _ 1 1=	Fax No.			▶ □		
If the	organization does not have an office or place of busines		nited States, check this box	If there is fo	e é la contacta			
If theIf this	organization does not have an office or place of busines is for a Group Return, enter the organization's four digit	Group Exe	nited States, check this box emption Number (GEN)					
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