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Department of the Treasury

Internal Revenue Service

DLN: 93491168000025

OMB No 1545-0052

Open to Public Inspection

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. ► Information about Form 990-PF and its instructions is at <u>www.irs.gov/form990pf</u>.

For	cale	ndar year 2014, or tax year beginning 01-	, and ending 1	, and ending 12-31-2014			
		indation E FOUNDATION		A Employer id	lentification numb	er	
ΑN	MADELL	E I COMPRIAGN		20-5184989			
Num	ber and	street (or P O box number if mail is not delivered to street address	s) Room/suite	B Telephone no	umber (see instructio	ns)	
		T ANTOINE ST FLOOR 6		(313) 393-752	7		
		, state or province, country, and ZIP or foreign postal code I 48226		C If exemption	ı application is pendin	g, check here 🕨 🦵	
G Cł	neck a	Il that apply	former public charity	D 1. Foreign o	rganizations, check h	ere 🕨 🗀	
		Final return Amended return			organizations meeting	•	
		Address change Name change		· · · · · · · · · · · · · · · · · · ·	ck here and attach co undation status was	•	
		pe of organization Section 501(c)(3) exempt prival 4947(a)(1) nonexempt charitable trust Other taxa		under section	on 507(b)(1)(A), chec		
		xet value of all assets at end J Accounting method	Cash Accr		ation is in a 60-mont	h termination	
of	year <i>(f</i>	rom Part II, col. (c),		l l	on 507(b)(1)(B), chec		
		\$ 7,488,084 (Part I, column (d) mus	t be on cash basıs.)				
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)	
	1	Contributions, gifts, grants, etc , received (attach					
		schedule)	100,000				
	2	Check \blacktriangleright \sqsubset if the foundation is not required to attach					
		Sch B					
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	171,927	171,927			
Revenue	5a	Gross rents					
	b	Net rental income or (loss)					
	6a	Net gain or (loss) from sale of assets not on line 10	249,255				
	b	Gross sales price for all assets on line 6a 3,502,545					
æ	7	Capital gain net income (from Part IV, line 2)		249,255			
	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	ь	Less Cost of goods sold					
	c	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	521,182	421,182			
	13	Compensation of officers, directors, trustees, etc					
	14	Other employee salaries and wages					
Š.	15	Pension plans, employee benefits					
e E	16a	Legal fees (attach schedule)					
Expenses	b	Accounting fees (attach schedule)	% 3,959	1,980			
	С	Other professional fees (attach schedule)	63,674	63,674			
<u>g</u>	17	Interest	_				
Administrative	18	Taxes (attach schedule) (see instructions)	947	947			
	19	Depreciation (attach schedule) and depletion					
들	20	Occupancy					
o O	21	Travel, conferences, and meetings				<u> </u>	
and	22	Printing and publications					
	23	Other expenses (attach schedule)	485				
rati	24	Total operating and administrative expenses.	69,065	66,601		0	
Operating	3.5	Add lines 13 through 23		00,001		233,075	
0	25	Contributions, gifts, grants paid	233,073			233,075	
	26	Total expenses and disbursements. Add lines 24 and 25	302,140	66,601		233,075	
	27	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursements	219,042				
	ь	Net investment income (If negative, enter -0-)		354,581			
	С	Adjusted net income (if negative, enter -0-)					

Part II		Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End	End of year		
		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value		
		Cash—non-interest-bearing		7,10	<u> </u>		
		Savings and temporary cash investments	153,482	268,41	268,414		
	_	Accounts receivable					
		Less allowance for doubtful accounts 🕨					
		Pledges receivable 🟲					
		Less allowance for doubtful accounts 🕨					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons (attach schedule) (see instructions)					
	7	Other notes and loans receivable (attach schedule) 🟲					
		Less allowance for doubtful accounts 🟲					
ا بد	8	Inventories for sale or use					
sets	9	Prepaid expenses and deferred charges					
Æ	10a	Investments—U S $$ and state government obligations (attach schedule)					
	b	Investments—corporate stock (attach schedule)	1,815,710	1,920,43	3,925,795		
	c	Investments—corporate bonds (attach schedule)	2,771,900	2,464,22	2,461,544		
	11	Investments—land, buildings, and equipment basis 🟲					
		Less accumulated depreciation (attach schedule)					
	12	Investments—mortgage loans					
	13	Investments—other (attach schedule)	520,048	827,10	822,079		
	14	Land, buildings, and equipment basis 🟲					
		Less accumulated depreciation (attach schedule)					
	15	Other assets (describe 🟲)	3,634	% 3,15	3,150		
	16	Total assets (to be completed by all filers—see the					
		instructions Also, see page 1, item I)	5,271,386	5,490,42	7,488,084		
一	17	Accounts payable and accrued expenses					
	18	Grants payable					
\$	19	Deferred revenue					
abilities	20	Loans from officers, directors, trustees, and other disqualified persons					
림	21	Mortgages and other notes payable (attach schedule)					
┛╽	22	Other liabilities (describe					
	23	Total liabilities (add lines 17 through 22)					
一		Foundations that follow SFAS 117, check here 🕨 🔽					
ě		and complete lines 24 through 26 and lines 30 and 31.					
띪	24	Unrestricted	5,271,386	5,490,42	3		
ह्री	25	Temporarily restricted			1		
픱		Permanently restricted			_		
Fund Balance		Foundations that do not follow SFAS 117, check here			-		
9		and complete lines 27 through 31.					
	27	Capital stock, trust principal, or current funds					
۵I		Paid-in or capital surplus, or land, bldg , and equipment fund					
Æ	29	Retained earnings, accumulated income, endowment, or other funds					
₹	30	Total net assets or fund balances (see instructions)	5,271,386	5,490,42	3		
	31	Total liabilities and net assets/fund balances (see instructions)	5,271,386		4		
	71 11		, ,	, ,			
1		Total net assets or fund balances at beginning of year—Part II, column	n (a), line 30 (miist a	gree			
-					5,271,386		
2					219,042		
3		Other increases not included in line 2 (itemize)		3			
4		Add lines 1, 2, and 3			5,490,428		
5		Decreases not included in line 2 (itemize)	· ·	5			
-		Total net assets or fund balances at end of year (line 4 minus line 5)—	Dowt II. column (b) l		5,490,428		

	(a) List and describe th 2-story brick warehou	se, or common stock, 200 shs M		(c) Date acquired P—Purchase D—Donation (c) Date acquired (mo , day, yr)			
1 a	PUBLICLY TRADED SE	CURITIES		Р			
ь							
С							
d							
е							
	e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis pense of sale	(h) Gain (e) plus (f)		
а	3,449	,241		3,253,29	0	195,951	
ь							
С							
d							
	mplata aply for accets she		d by the foundation	on 12/21/60	(1) (2) (3)	(1.)	
	FM V as of 12/31/69	owing gain in column (h) and owne (j) Adjusted basis as of 12/31/69	(k) Exc	ess of col (1) ol (j), if any	(1) Gains (Col col (k), but not l Losses (fro	ess than -0-) or	
a				7		195,951	
b						•	
С .		- 	 				
d							
е							
2	Capital gain net income		If gain, also enter i If (loss), enter -0-				
_	- apriai gain nei meeme	()	11 (1033), eliter 0	in raici, iiie /	2	249,255	
3	Net short-term capital (gaın or (loss) as defined in sectioi	ns 1222(5) and (6)				
	If gain, also enter in Pa in Part I, line 8	rt I, line 8, column (c) (see instru	ctions) If (loss), er	nter -0 -	3		
Part	V Qualification Un	der Section 4940(e) for R	adused Tay on	Not Investme	1 - 1		
		rate foundations subject to the se					
		-	ccion + 5 + 0 (a) tax i	on net investment	income)		
Tf coctu	on 4040/d\/2\ annicos Ioa	-	ection 4540(a) tax	on net investment	income)		
	on 4940(d)(2) applies, lea	ve this part blank			·		
Was the	e foundation liable for the s	ve this part blank section 4942 tax on the distributa	able amount of any	year in the base p	·	┌ Yes ┌ No	
Was the If "Yes,	e foundation liable for the s " the foundation does not	ve this part blank section 4942 tax on the distributa qualify under section 4940(e) Do	able amount of any on not complete this	year in the base p part	eriod?	┌ Yes ┌ No	
Was the If "Yes,	e foundation liable for the s " the foundation does not	ve this part blank section 4942 tax on the distributa	able amount of any on not complete this	year in the base p part	eriod?	┌ Yes ┌ No	
Was the If "Yes, 1 En	e foundation liable for the s " the foundation does not ter the appropriate amoun (a)	ve this part blank section 4942 tax on the distributa qualify under section 4940(e) Do t in each column for each year, se	able amount of any onot complete this ee instructions befo	year in the base p part	eriod? ries (d)		
Was the If "Yes, 1 En	ter the appropriate amount (a) penod years Calendar	ve this part blank section 4942 tax on the distributa qualify under section 4940(e) Do	able amount of any on not complete this	year in the base p part re making any ent	eriod? ries (d) Distributior	ı ratıo	
Was the If "Yes, 1 En	e foundation liable for the s " the foundation does not ter the appropriate amoun (a)	ve this part blank section 4942 tax on the distributa qualify under section 4940(e) Do t in each column for each year, se	able amount of any on the complete this ee instructions befo	year in the base p part re making any ent itable-use assets	eriod? ries (d)	ı ratio	
Was the If "Yes, 1 En	ter the appropriate amount (a) period years Calendar or tax year beginning in)	ve this part blank section 4942 tax on the distribute qualify under section 4940(e) Do t in each column for each year, se (b) Adjusted qualifying distributions	able amount of any on the complete this ee instructions befo	year in the base p part re making any ent itable-use assets 7,117,584	eriod? ries (d) Distributior	ı ratıo by col (c))	
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Was the If "Yes, 1 En	ter the appropriate amount (a) penod years Calendar or tax year beginning in) 2013 2012	ve this part blank section 4942 tax on the distributa qualify under section 4940(e) Do t in each column for each year, se (b) Adjusted qualifying distributions 363,200 69,850	able amount of any on the complete this ee instructions befo	year in the base p part re making any ent itable-use assets 7,117,584	eriod? ries (d) Distributior	o ratio by col (c)) 0 051029 0 010531	
Was the If "Yes, 1 En	ter the appropriate amount (a) period years Calendar or tax year beginning in) 2013 2012 2011	to this part blank section 4942 tax on the distribute qualify under section 4940(e). Do t in each column for each year, section 4940(e). (b) Adjusted qualifying distributions 363,200 69,850 169,926	able amount of any on the complete this ee instructions befo	year in the base propert The making any ent stable-use assets 7,117,584 6,632,677 6,092,590	eriod? ries (d) Distributior	0 051029 0 010531 0 027891	
Was the If "Yes, 1 En	ter the appropriate amount (a) penod years Calendar or tax year beginning in) 2013 2012 2011 2010 2009	(b) Adjusted qualifying distributions 363,200 69,850 169,926	able amount of any on the complete this ee instructions before the complete this ee instructions before the complete this ee instructions before the complete the	year in the base propert The making any ent Itable-use assets 7,117,584 6,632,677 6,092,590 1,643,220	eriod? ries (d) Distributior	0 051029 0 010531 0 027891 0 073304	
Was the If "Yes, 1 En Base year (ter the appropriate amount (a) period years Calendar or tax year beginning in) 2013 2012 2011 2010 2009 Total of line 1, column (t in each column for each year, se (b) Adjusted qualifying distributions 363,200 69,850 169,926 120,454 130,000	able amount of any vont complete this ee instructions before (c) Net value of nonchar	year in the base p part The making any ent That table-use assets 7,117,584 6,632,677 6,092,590 1,643,220 380,118	eriod? ries (d) Distribution (col (b) divided	0 051029 0 010531 0 027891 0 073304 0 341999	
Was the If "Yes, 1 En Base year (d	ter the appropriate amount (a) penod years Calendar or tax year beginning in) 2013 2012 2011 2010 2009 Total of line 1, column (A verage distribution rate	(b) Adjusted qualifying distributions 363,200 69,850 169,926 120,454 130,000 (d)	able amount of any vont complete this ee instructions before (c) Net value of nonchar	year in the base p part The making any ent stable-use assets 7,117,584 6,632,677 6,092,590 1,643,220 380,118	eriod? ries (d) Distribution (col (b) divided	o ratio by col (c)) 0 051029 0 010531 0 027891 0 073304 0 341999 0 504754	
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Was the If "Yes, 1 En Base year (ter the appropriate amount (a) period years Calendar or tax year beginning in) 2013 2012 2011 2010 2009 Total of line 1, column (A verage distribution rat the number of years the Enter the net value of no	t in each column for each year, se (b) Adjusted qualifying distributions 363,200 69,850 169,926 120,454 130,000 d)	able amount of any of not complete this ee instructions before the complete this ee instructions before the value of nonchards and the complete the total on line end the total on line end from Part X, line 5	year in the base p part The making any ent stable-use assets 7,117,584 6,632,677 6,092,590 1,643,220 380,118	eriod? ries (d) Distribution (col (b) divided	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
Was the If "Yes, 1 En Base year (ter the appropriate amount (a) period years Calendar or tax year beginning in) 2013 2012 2011 2010 2009 Total of line 1, column (Average distribution rat the number of years the Enter the net value of no Multiply line 4 by line 3 Enter 1% of net investr	t in each column for each year, se (b) Adjusted qualifying distributions (69,850) 169,850 120,454 130,000 (d)	able amount of any vont complete this ee instructions before (c) Net value of nonchar Vide the total on line en fless than 5 years from Part X, line 5	year in the base p part The making any ent stable-use assets 7,117,584 6,632,677 6,092,590 1,643,220 380,118	eriod? ries (d) Distribution (col (b) divided)	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
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Extractive Excise Tax Based on Investment Income (Section 4940(c)), 4940(c), or 4948-see page 18 of the Instructions) Exempt operating foundations described in section 4940(c)) requirements on enter the instructions of the instruction of the instruction of the instructions of the instruction o		990-PF (2014) 1 VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the inst	rustis		age 4
on line 1 Date of ruling or determination licitizy instructions) Demostic broundations that meet the section 4940(e) requirements in Part V, check here ▶ □ and enter 1% of Part I, line 279 All other domestic foundations steriz 3% of the 270. Exempt foreign organizations enter 4% of Part I, line 12, col (b) Tax under accessors 311 (demostic section 4947(a)(1) trusts and taxable foundations only. Others All other descriptions of the 12, col (b) All other descriptions of the 270 of the 270. Exempt foreign organizations enter 4% of Part I, line 12, col (b) All other descriptions of the 270 of the 2			ructio	ns)	
b Domestic fondations that meet the section 4940(e) requirements in Part V, check 1 7,092	14	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			
c. All other demostric fundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b) 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter 4% of Part I, line 12, col. (b) 3 7,092 3 Add lines 1 and 2. 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter 49. 5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter 40. 5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter 40. 6 Craddary syments a 2014 estimated tax peryments and 2013 overpayment credited to 2014					
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col. (b) 2 Tax under section 531 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 3 Add lines 1 and 2. 3 \$1,092 4 Subtitle 4, (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0 5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0 5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0 5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0 5 Tax based on investment for a trust line 4 from line 3 If zero or less, enter -0 6 Credits/Payments 2 214 Setting 4 Sex based on investment for the total of the 5 income tax based on the company of the compan	b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		-	7,092
Part I, Ine 12, col. (b) 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 3 Add lines 1 and 2. 4 Subtitis A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0 6 De Exempt foreign organizations—tax withheld at source . 6 De Exempt foreign organizations—tax withheld at source . 6 De Exempt foreign organizations—tax withheld at source . 6 De Backup withhelding erroseously withheld . 7 Total credits and opyments. Add lines 6 at through 6d. 8 Enter any penalty for underpayment of estimated tax Check here [* if Form 2220 is sattached at a control in the control		here Fand enter 1% of Part I, line 27b			
2 3 3 7,092 3 Add lines 1 and 2 3 7,092 4 Subtitue (Income) tox (domestic section 4947(a)(1) trusts and taxable foundations only 0 thers enter -0 - 1 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0 5 7,092 6 Credits/Payments 27,419 6 Credits/Payments 27,419 6 Exampt foreign organizations—tax withheld at source	С	· · · · · ·			
4 subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-1) 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0	2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others			
enter-0-) 5 Tax based on investment income, Subtract line 4 from line 3 if zero or less, enter-0-) 5 7,092 6 Credits/Payments a 2014 estimated tax payments and 2013 overpayment credited to 2014 6 27,419 b Exempt foreign organizations—tax withheld at source 66 6 7 c Tax paid with application for extension of time to file (Form 8968) 66 7 c Tax paid with application for extension of time to file (Form 8968) 66 7 c Total credits and payments. Add lines 5a through 6d 7 c Total	3				7,092
S Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	4				
a 2014 estimated tay payments and 2013 overpayment credited to 2014	5	· · · · · · · · · · · · · · · · · · ·			7.092
2014 estimated tax payments and 2013 overpayment credited to 2014 66 27,419 b Exempt foreign organizations—tax withheld at source. 66 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		 			
c Tax peal with application for extension of time to file (Form 8868) . 6c d Backup withholding erroneously withhold	а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 27,419			
d Backup withholding erroneously withheld. 7 Total credits and payments. Add lines 6a through 6d. 8 Enter any penalty for underpsyment of estimated tax. Check here ☐ if form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more then line 7, enter amount owed. 9 Tax due. If the total of lines 5 and 8 is more then line 7, enter amount owed. 9 Tax due. If the total of lines 5 and 8 is more then line 7, enter amount owed. 9 Tax due. If the total of lines 5 and 8 is more then line 7, enter amount owed. 9 Tax due. If the total of lines 5 and 8 is more then line 7, enter amount owed. 9 Tax due. If the total of lines 5 and 8 is more then line 7, enter amount owed. 9 Tax due. If the total of lines 5 and 8 is more then line 7, enter amount owed. 9 Tax due. If the total of lines 5 and 8 is more then line 7, enter amount owed. 9 Tax due. If the total of lines 5 and 8 is more then line 7, enter amount owed. 9 Tax due. If the total of lines 5 and 8 is more then line 7, enter amount owed. 9 Tax due. If the total of lines 5 and 8 is more then line 7, enter amount owed. 10 Tax due. If the amount is more than \$100 during the year (either directly or indirectly) for political legislation or did. 10 If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies (see Instructions for definition)?. 11 If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities. 12 Did the manual (if any) of tax on political expenditures (section 4955) imposed during the year 13 In the foundation Park of this year? 14 In the foundation Park of this year? 15 In the foundation had description of the activities. 16 In the foundation had description of the activities. 17 In the foundation had description of the activities. 18 In the foundation had description of the activities. 19 In the foundation had description of the activities. 10 In the foundation had description of the activities. 11 In the foundation had description of the activities. 12 In the foundat	b	Exempt foreign organizations—tax withheld at source 6b			
Total credits and payments Add lines 6a through 6d. 8 Enter any penalty for underpayment of estimated tax. Check here ↑ Form 2220 is stached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount wed. 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount overpaid. 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid. 11 Enter the amount of line 10 to be Credited to 2015 estimated tax ▶ 20,327 Refunded ▶ 11 227±VIJEA Statements Regarding Activities 12 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 12 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? 13 If the answer is **Yes** to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. 14 Enter the amount (frany) of tax on political expenditures (section 4955) imposed during the year 15 If the amount (frany) of tax on political expenditures (section 4955) imposed during the year 16 Enter the amount (frany) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ 28 Has the foundation have any changes, not previously reported to the IRS? 29 In No. If "Yes," has it filed a tax return on Form 990-T for this year? 30 No. If "Yes," statch a detailed description of the activities. 31 Has the foundation name and early changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 31 No. If "Yes," attach a detailed description of the activities. 32 Has the foundation nament and the poverning i	c	Tax paid with application for extension of time to file (Form 8868) 6c			
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10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid. ▶ 10 20,327 11 Enter the amount of line 10 to be Credited to 2015 estimated tax ▶ 20,327 Refunded ▶ 11 PORT VITA Statements Regarding Activities	8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached.			
Enter the amount of line 10 to be Credited to 2015 estimated tax ▶ 20,327 Refunded ▶ 11 Part VIII-A Statements Regarding Activities 20,327 Refunded ▶ 11	9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9			
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Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	_		┝╧		
of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3				
Did the foundation have unrelated business gross income of \$1,000 or more during the year?	_		3		No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4a				
Was there a liquidation, termination, dissolution, or substantial contraction during the year?	_				
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 either ■ By language in the governing instrument, or ■ By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?					No
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 ▶ By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
that conflict with the state law remain in the governing instrument?		By language in the governing instrument, or]		
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		By state legislation that effectively amends the governing instrument so that no mandatory directions]		
and Part XV. 8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ MI b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation. 8b Yes 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names		that conflict with the state law remain in the governing instrument?	6	Yes	
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or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV	_		8b	Yes	
If "Yes," complete Part XIV	9				
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names			۱ ۵		No
	10		<u> </u>		140
			10		No

Pai	rt VII-A Statements Regarding Activities (continued)			- 3
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement (see instructions)	. 12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ►N/A			
14	The books are in care of ►JAY COLVIN Telephone no ►(313)	<u>) 259-</u>	.////	
	Located at ► 1901 ST ANTOINE 6TH FLOOR DETROIT MI ZIP+4 ► 48226			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here		1	▶┌
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over		Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial			
	Accounts (FBAR) If "Yes", enter the name of the foreign country			
Pai	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes V No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes V No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes V No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days) Yes 🔽 No			
b	If any answer is "Yes" to $1a(1)-(6)$, did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
	that were not corrected before the first day of the tax year beginning in 2014?	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(1)(3) or 4942(1)(5))			
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2014? Yes Vo			
	If "Yes," list the years 🕨 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement—see instructions)	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	▶ 20, 20, 20			
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			
ь	If "Yes," did it have excess business holdings in 2014 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, Form 4720, to determine			
	If the foundation had excess business holdings in 2014.).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	<u> </u>		
-	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		No
	, ,	1		

Pa	rt VII-B	Statements Reg	ardii	ng Activities for	Wŀ	nich Form 4720	May	Be Required (cont	inue	d)		<u> </u>
5a	During th	e year did the foundation	n pay	or incurany amoun	t to							
	(1) Carry	on propaganda, or othe	erwise	attempt to influence	e leg	ııslatıon (section 494	45(e	e)) [?]	No			
	(2) Influe	nce the outcome of any	spec	rific public election (see	section 4955), or to	car	ry				
	on, dı	rectly or indirectly, any	vote	r registration drive?.				┌ Yes ┌	No			
	(3) Provid	de a grant to an individ	ual foi	travel, study, or oth	ners	ımılar purposes?		☐ Yes ☑	No			
	(4) Provid	de a grant to an organiz	ation	other than a charita	ble,	etc , organization de:	scrib	ped				
								┌ Yes ✓	No			
		de for any purpose othe										
									No			
b			-	•				exceptions described in				
								instructions)?		. 5b		
								. Γ				
c		wer is "Yes" to question										
Ī								 Y es	- No			
		attach the statement req					•	,,				
6a	·	oundation, during the ye				` '	nrar	mume on				
Oa		al benefit contract?	•	·					. No			
L	•							benefit contract?		6b		No
b			ai, pa	ly premiums, unechy	<i>y</i> 01 1	munectly, on a perso	, iiai	Delient Contract?	•	ОВ	-+	No
_		o 6b, file Form 8870.										
7a	-	me during the tax year,				•						
								the transaction?		7b		
Pa	rt VIII	and Contractors	it Of	ficers, Directors	5, II	rustees, Founda	tioi	n Managers, Highly	Paid	I Emp	ioyee	es,
1	List all off	icers, directors, truste	es, fo	undation managers a	nd t	heir compensation (see i	instructions).				
			(b)	Title, and average		(c) Compensation		(d) Contributions to	(6)	Expens	A 3CC0	unt
	(a) Na	me and address	_	hours per week	(If not paid, enter		mployee benefit plans		her all		
	COLVIN		PRE	evoted to position		-0-)		d deferred compensation 0				0
		DINE FLR 6	-			U		U				U
	ROIT, MI											
	RT W FISHER		DIR	CTOR		0		0	0		0	
227	5 STATE R	OUTE 59	1 0			_						_
	T,OH 442											
SAND	RA K CAMPBE	ELL	DIR	ECTOR	0			0				0
274	00 NORTH	WESTERN HWY	1 0	0								
		MI 48037										
2	Compensa	tion of five highest-pai	d em	oloyees (other than t	thos	e included on line 1—	see	instructions). If none, er	ter "	NONE."		
(a)	Name and	l address of each emplo		(b) Title, and aver				(d) Contributions to employee benefit	(6)	Expens	A 3CC0	unt
(4)		nore than \$50,000	,,	hours per week		(c) Compensatio	n	plans and deferred		her all		
				devoted to positi	on —			compensation				
NON	IE											
				1								
				1								
				1								
				-								
		fother ampleyage paid		<u> </u>				<u> </u>				

Form 990-PF (2014)		Page 7
Part VIII Information About Officers, Directors, Trus and Contractors (continued)	tees, Foundation Managers, H	ighly Paid Employees,
3 Five highest-paid independent contractors for professional services	s (see instructions). If none, enter "NO	NE".
(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	S	
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include it		er of Expenses
organizations and other beneficiaries served, conferences convened, research papers pro	oduced, etc	
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation durin	g the tax year on lines 1 and 2	A mount
1 N/A		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		▶

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations. see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc. 1 purposes 1a 7.269.598 1h 133.222 1c 3.392 1d 7.406.212 Reduction claimed for blockage or other factors reported on lines 1a and 1e 2 2 3 3 Subtract line 2 from line 1d. 7.406.212 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see 4 111.093 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4. 5 7.295.119 5 364.756 **Distributable Amount** (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and Part XT certain foreign organizations check here $\blacktriangleright \Gamma$ and do not complete this part.) 364.756 1 Tax on investment income for 2014 from Part VI, line 5. 7,092 2a Income tax for 2014 (This does not include the tax from Part VI). . . Add lines 2a and 2b. 7.092 2c 3 3 357.664 4 4 5 5 357.664 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . 7 7 357.664 Part XIII Oualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 1 Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. 1a 233,075 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc. 2 2 3 Amounts set aside for specific charitable projects that satisfy the 3a 3b 4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 233,075 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 233,075 Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

the section 4940(e) reduction of tax in those years

For	m 990-PF (2014)				Page 9
P	art XIII Undistributed Income (see insti	ructions)			
		(a)	(b)	(c)	(d)
	Distribute ble consumble a 2014 form Doub VI. line 7	Corpus	Years prior to 2013	2013	2014
	Distributable amount for 2014 from Part XI, line 7				337,004
	Undistributed income, if any, as of the end of 2014				
a	Enter amount for 2013 only				+
	Total for prior years 20				
3	Excess distributions carryover, if any, to 2014 From 2009 80,617	7			
a h	From 2010	4			
0	From 2011	<u></u>			
ď	From 2012	-			
u e	From 2013	2			
	Total of lines 3a through e	147,032			
	Qualifying distributions for 2014 from Part	,			
•	XII, line 4 > \$ 233,075				
а	Applied to 2013, but not more than line 2a				
	Applied to undistributed income of prior years				
_	(Election required—see instructions)				
c	Treated as distributions out of corpus (Election				
	required—see instructions)				
d	Applied to 2014 distributable amount				233,075
е	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2014	124,589			124,589
	(If an amount appears in column (d), the				
	same amount must be shown ın column (a).)				
6	Enter the net total of each column as				
_	indicated below:	22,443			
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	22,443			+
D	Prior years' undistributed income Subtract line 4b from line 2b				
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				
d	Subtract line 6c from line 6b Taxable amount				
_	—see instructions				
е	4a from line 2a Taxable amount—see				
	instructions				
f	Undistributed income for 2014 Subtract				
	lines 4d and 5 from line 1 This amount must				
	be distributed in 2015				0
7	A mounts treated as distributions out of				
	corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may				
	be required - see instructions)				
8	Excess distributions carryover from 2009 not				
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2015.	22,443			
_	Subtract lines 7 and 8 from line 6a	22,443			
	Analysis of line 9				
	Excess from 2010 4,94:	4			
	Excess from 2011	-			
	Excess from 2012				
	Excess from 2013	-			
9	LACE33 HOIH ZOIT	I			1

Check here F if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

- a The name, address, and telephone number or email address of the person to whom applications should be addressed
- b The form in which applications should be submitted and information and materials they should include
- c Any submission deadlines
- **d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Name and address (home or business) show any relationship to any foundation manager or substantial contributor a Paid during the year show any relationship to any foundation manager or substantial contributor status of recipient Purpose of grant or contribution A mount	3 Grants and Contributions Paid		proved for F	uture Payment	
Total		any foundation manager	status of	Purpose of grant or	A mount
See Additional Data Table Total		or substantial contributor	recipient	Contribution	
	a Paid during the year See Additional Data Table	or substantial contributor	recipient		
b Approved for future payment			· · · · ·		233,07

Form 990-F						Page 12
	-A Analysis of Income-Produci			T =		(-)
_	s amounts unless otherwise indicated	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	(e) Related or exempt function income (See
b		code				instructions)
fg Fees a 2 Membe 3 Interes	and contracts from government agencies rship dues and assessments					
4 Dividen5 Net rena Debt-b Not de6 Net renpropert	ments			14	171,927	
8 Gain or invento 9 Net inc	7 Other investment income			18	249,255	
11 Other r b	evenue a					
e 12 Subtota 13 Total. A	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Forksheet in line 13 instructions to verify c			1	421,182 13	
	Explain below how each activity for which the accomplishment of the foundation's instructions)	the Accom	ported ın column (e) of Part XVI-A c	ontributed importa	

Signature of officer or trustee Date Title with the preparer shown below (see instr.)? Yes No	Form 99												Pa	ge 1 3
section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a nonchantable exempt organization of (1) Cash. Ind(2) No (2) Other seets. Ind(3) Ind(3) No (3) Other seets or anonchantable exempt organization. Ind(3) Ind(3) No (4) Select of Seasets to a nonchantable exempt organization. Ind(3) Ind(3) No (4) Reimbursement arrangements. Ind(3) Ind(4) No (4) Reimbursement arrangements. Ind(3) Ind(4) No (4) Reimbursement arrangements. Ind(3) No (6) Performance of services or membership or fundrissing solicitations. Ind(6) No (5) Loans or loan guarantees. Ind(6) No (6) Performance of services or membership or fundrissing solicitations. Ind(6) No (6) Performance of services or membership or fundrissing solicitations. Ind(6) No (6) Performance of services or membership or fundrissing solicitations. Ind(6) No (6) Performance of services or membership or fundrissing solicitations. Ind(6) No (6) Performance of services or membership or fundrissing solicitations. Ind(6) No (7) Performance of services or membership or fundrissing solicitations. Ind(6) No (7) Performance of services or membership or fundrissing solicitations. Ind(6) No (7) Performance of services or membership or fundrissing solicitations. Ind(6) No (7) Performance of services or membership or fundrissing solicitations. Ind(6) No (7) Performance of services or membership or fundrissing solicitations. Ind(6) No (7) Performance of services or membership or fundrissing solicitations. Ind(6) No (7) Performance of services or membership or fundrissing solicitations. Ind(7) No (7) No	Part	XVII						sactio	ons and I	Relationships	With			
a Transfers from the reporting foundation to a noncharitable exempt organization of (3) Cash			rganization directly or ii	ndırectly e	engage	ın any of	the following v						Yes	No
(1) Cash. (2) Other assets. (3) Other assets. (4) Other transactions (1) Sales of assets to a nonchantable exempt organization. (2) Purchases of assets from a nonchantable exempt organization. (3) Rental of facilities, equipment, or other assets. (4) Reimbursement arrangements. (4) Reimbursement arrangements. (5) Loans or loan guarantes. (6) Performance of services or membership or fundraising solicitations. (6) Performance of services or membership or fundraising solicitations. (7) No. (8) Performance of services or membership or fundraising solicitations. (8) Performance of services or membership or fundraising solicitations. (9) Performance of services or membership or fundraising solicitations. (10) No. (11) Sales of services or membership or fundraising solicitations. (11) Sales of services or membership or fundraising solicitations. (12) Loans or loan guarantees. (13) No. (14) Reimbursement arrangement, services given by the reporting foundation if the foundation received less than fair market value in any transaction or sharing arrangement, show in column (10) the value of the goods, other assets, or services creved (a) Line No. (b) Amount involved (c) Name of noncharitable exempt organization of transfers, transactions, and sharing arrangements are creved described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? 17 Yes No. 18	orga	nızat	ions?											
(2) Other assets. Ia(2) No b Other transactions Ia(2) No (2) Purchases of assets to a noncharitable exempt organization. Ib(1) No (2) Purchases of assets from a noncharitable exempt organization. Ib(2) No (3) Rental of facilities, equipment, or other assets. Ib(3) No (4) Reimbursement arrangements. Ib(3) No (5) No (6) Performance of services or membership or fundraising solicitations. Ib(3) No (6) Performance of services or membership or fundraising solicitations. Ib(3) No (6) Performance of services or membership or fundraising solicitations. Ib(4) No (6) Performance of services or membership or fundraising solicitations. Ib(6) No (7) No (8) Performance of services or membership or fundraising solicitations. Ib(6) No (8) Performance of services or membership or fundraising solicitations. Ib(6) No (8) No (9) No (9) No (10) No (10)			• •											
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(a) Purchases of assets from a noncharitable exempt organization. (3) Rental of facilities, equipment, or other assets. (4) Reimbursement arrangements. (5) Loans or loan guarantees. (6) Performance of services or membership or fundraising solicitations. (6) Performance of services or membership or fundraising solicitations. (7) Sharing of facilities, equipment, mailing lists, other assets, or paid employees. (8) Loans or loan guarantees. (8) Loans or loan guarantees. (9) Une Rio (1) Amount involved (1) Name of noncharitable exempt organization or services given by the reporting foundation If the foundation received less than ramaket value in any transaction or sharing arrangement, show in column (4) the value of the goods, other assets, or services were used to see the goods, other assets, or services where the service of the goods, other assets, or services where the service or services were described in section 501 (c) of the Code (other than section 501 (c) (3)) or in section 527? (a) No b If "Yes," complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship (c) Description of relationship (d) Description of relationship (e) Date (1) Description of relationship (b) India 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 Signature of officer or trustee Date Title Park tests. 11(4) No 11(5) No 10(5) No 10(5) Park tests. 11(4) No 10(5) Park t														
(a) Rental of facilities, equipment, or other assets. (b) (b) Reimbursement arrangements. (c) Leans or loan guarantees. (d) Reimbursement arrangements. (e) Performance of services or membership or fundraising solicitations. (e) Performance of services or membership or fundraising solicitations. (f) Performance of services or membership or fundraising solicitations. (g) In Roo (g) Performance of services given by the respecting foundation If the foundation received less than fair market value of the goods, other assets, or services given by the reporting foundation If the foundation received less than fair market value in any transaction or sharing arrangements, shown in column (g) the value of the goods, other assets, or services received (a) Line No (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements of the goods, other assets, or services received (e) Line No (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements of the property of the foundation directly or indirectly 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? (a) Tyes V No b If Yes, complete the following schedule (e) Trype of organization (e) Description of relationship (e) Description of relationship (e) Description of relationship (e) Description of relationship (e) Description of Which preparer shown below (e) Trype of organization 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 (e) Description of fine or trustee (e) Date (fine that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it														
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(6) Performance of services or membership or fundraising solicitations. (a) If the answer to any of the above is "See," complete the following schedule: Column (b) should always show the faur market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line No (b) Amount involved (c) Name of nonchantable exempt organization (d) Description of transfers, transactions, and sharing arrangements. 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? (a) Name of organization (b) Type of organization (c) Description of relationship (d) Description of relationship (e) Description of relationship (e) Description of relationship (f) Type of organization (g) Name of organization (h) Type			-									├		
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees. Ic No d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) Line No (b) Amount involved (c) Name of nonchantable exempt organization (d) Description of transfers, transactions, and sharing arrangements 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? (a) No b If "Yes," complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship 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 Sign Here Signature of officer or trustee Date Title Charle relate 1. Date Title Page 1. Date Title Charle relate 1. Date Title Date Title Charle relate 1. Date Title Charle relate 1. Date Title Charle relate 1. Date The Charle relate The														
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or shaning arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line No. (b) Amount involved. (c) Name of nonchardable exempt organization. (d) Description of transfers, transactions, and shaning arrangements. 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?					•	_						├ ``		
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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?	of th ın ar	e god ny tra	ds, other assets, or se	rvices giv	en by t	he report	ıng foundatıon	If the fo	oundation r	eceived less tha	n fair mark	et value		
described in section 501 (c) of the Code (other than section 501 (c)(3)) or in section 527?	(a) Line	No	(b) Amount involved	(c) Name	of noncl	narıtable ex	empt organizatior	(d	l) Description	of transfers, transac	ctions, and sha	arıng arra	ngemer	nts
described in section 501 (c) of the Code (other than section 501 (c)(3)) or in section 527?														
described in section 501 (c) of the Code (other than section 501 (c)(3)) or in section 527?														
described in section 501 (c) of the Code (other than section 501 (c)(3)) or in section 527?														
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described in section 501 (c) of the Code (other than section 501 (c)(3)) or in section 527?														
described in section 501 (c) of the Code (other than section 501 (c)(3)) or in section 527?														
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 ****** Signature of officer or trustee Date Date Check if self- PTIN	desc	ribed	I in section 501(c) of the complete the following :	ne Code (d schedule		nan sectio	on 501(c)(3)) o	rın sec	•		• • • • • • • • • • • • • • • • • • •		es F	No
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 ****** Signature of officer or trustee Date Date Check if self- PTIN														
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Signature of officer or trustee Date Title below (see instr.)? Yes No	Here	k	****				2015-06-0	9	*****		return			
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Print/Type preparer's name ROBERT W FISHER CPA Preparer's Signature 2015-06-09 employed ▶ P00358676					Prepa	ırer's Sıgı	nature			- · · · · · · · · · · · · · · · · · ·		003586	576	
Preparer SCHLABIG & ASSOCIATES LTD	Paid Prepa Use	rer		IATES LT	D					Firm's EIN ► 3	4-087643	5		
Only Firm's address F			Firm's address ▶											
2275 STATE ROUTE 59 KENT, OH 442407143 Phone no (330)678-5203	-		2275 STATE ROUTE	59 KEN	т,он	442407	143			Phone no (33	0)678-520	03		

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Purpose of grant or Recipient Amount status of show any relationship to contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year **BRAILLE INSTITUTE** NONE PUBLIC GENERAL SUPPORT 250 BRAILLE INSTITUTE 741 NORTH **VERMONT AVE** 741 NORTH VERMONT AVE LOS ANGELES, CA 900299988 NONE PUBLIC GENERAL FUND 100 ASPCA ASPCA PO BOX 96929 PO BOX 96929 WASHINGTON, DC 200906929 AKRON CHILDREN'S HOSPITAL NONE PUBLIC SUPPORT CHILDREN 500 FOUNDATIO SERVICES AKRON CHILDREN'S HOSPITAL FOUNDATION ONE PERKINS SOUARE ONE PERKINS SQUARE AKRON,OH 443986176 ABE LINCOLN PRES LIBRARY NONE PUBLIC SUPPORT PUBLIC 100 FOUNDATION HISTORICAL FOUNDATION ABE LINCOLN PRES LIBRARY FOUNDATION PO BOX 3606 PO BOX 3606 SPRINGFIELD, IL 627083606 ADOPT A PLATOON PUBLIC GRANT TO SUPPORT 5,000 NONE ADOPT A PLATOON PO BOX 5038 TROOPS PO BOX 5038 HAGERSTOWN.MD 217415038 ADRIAN COLLEGE ENDOW FUND NONE EXEMPT CHRIS MOMEY FUND FOR 10,000 ADRIAN COLLEGE ENDOW FUNE SPEC ASSISTANCE 110 SOUTH MADISON 110 SOUTH MADISON ADRIAN, MI 49221 AFS INTERCULTURAL PROGRAMS PUBLIC NONE SUPPORT OF DIVERSITY 1,000 AFS INTERCULTURAL PROGRAMS ONE WHITEHALL ST 2ND FLR ONE WHITEHALL S 2ND FL NEW YORK, NY 10004 AKRON AREA YMCA NONE PUBLIC CHILD CARE COMPAIGN 1,000 AKRON AREA YMCA 209 S MAIN ST SUITE 501 209 S MAIN ST SUITE 501 AKRON, OH 443081319 **PUBLIC** LASTING IMPACT FUND AKRON WOMAN'S CITY CLUB NONE 101,000 AKRON WOMAN'S CITY CLUB 732 WEST EXCHANGE ST 732 WEST EXCHANGE ST **AKRON, OH 44302** ALICE LLOYD COLLEGE NONE EXEMPT COLLEGE FUND 10,000 ALICE LLOYD COLLEGE 100 PURPOSE ROAD 100 PURPOSE ROAD PIPPA PASSES, KY 41844 AMERICAN CIVIL RIGHTS UNION NONE PUBLIC GENERAL FUND 200 AMERICAN CIVIL RIGHTS UNION 3213 DUKE ST 625 3213 DUKE ST 625 ALEXANDRIA, VA 22314 AMERICAN FOUNDATION FOR THE PUBLIC GENERAL FUND NONE 750 BLIND AMERICAN FOUNDATION FOR THE BLIND 2 PENN PLAZA SUITE 1102 2 PENN PLAZA SUITE 1102 NEW YORK, NY 10121 AMERICAN HEALTH ASST NONE PUBLIC MACULAR DEGENERATION 500 FOUNDATION RESEARCH AMERICAN HEALTH ASST FOUNDATION 22512 GATEWAY CENTER DR 22512 GATEWAY CENTER DR CLARKSBURG, MD 20871 PUBLIC GENERAL FUND FOR AMERICAN INDIAN COLLEGE FUND 1.500 NONE AMERICAN INDIAN COLLEGE FUND SCHOLARSHIPS 8333 GREENWOOD BLVD 8333 GREENWOOD BLVD DENVER, CO 80221 AMERICAN INDIAN EDUCATION NONE PUBLIC EDUCATION ADVANCEMENT 1,000 AMERICAN INDIAN EDUCATION FOUNDATION PO BOX 27491 PO BOX 27491 ALBUQUERQUE, NM 871259847 233,075

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Purpose of grant or A mount Recipient show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year PUBLIC AMERICAN KIDNEY FUND NONE MEDICAL RESEARCH 250 AMERICAN KIDNEY FUND 11921 ROCKVILLE PIKE 11921 ROCKVILLE PIKE ROCKVILLE, MD 20852 AMERICAN LEGION NONE PUBLIC SUPPORT 100 WOUNDED/DISABLED AMERICAN LEGION PO BOX 21016 PO BOX 21016 **VETERANS** TULSA, OK 741211016 BLINDED VETERANS ASSOC NONE PUBLIC HELPING DISABLED 500 BLINDED VETERANS ASSOC 477 H VETERANS STREET NW 477 H STREET NW WASHINGTON, DC 20001 EDUCATION AND WELFARE PUBLIC **BOYS TOWN** NONE 1.000 BOYS TOWN 200 FLANAGAN BLVD **OF YOUTH** 200 FLANAGAN BLVD BOYS TOWN, NE 68010 TO FIND A CURE FOR BREAST CANCER SOCIETY NONE PUBLIC 250 BREAST CANCER SOCIETY PO BOX CANCER 250456 PO BOX 250456 FRANKLIN.MI 480259998 CAL FARLEY'S NONE **PUBLIC** PROMOTE FAMILY SERVICES 2,200 CAL FARLEY'S 600 W 11TH 600 W 11TH AMARILLO, TX 791013228 NONE PUBLIC TO HONOR VETERANS COALITION TO SALUTE AMERICA 4.000 HEROS COALITION TO SALUTE AMERICA HEROS PO BOX 96440 PO BOX 96440 WASHINGTON, DC 200906440 NONE PUBLIC HISTORICAL PRESERVATION COLONIAL WILLIAMSBURG 1,000 COLONIAL WILLIAMSBURG FOUNDATION PO BOX 1776 PO BOX 1776 WILLIAMSBURG, VA 23187 CONCERNED WOMEN FOR NONE **PUBLIC** GENERAL FUND 200 AMERICA CONCERNED WOMEN FOR AMERICA PO BOX 6115 PO BOX 6115 PUEBLO, CO 810087002 **EXEMPT EDUCATION** CONGREGATIONAL FOUNDATION NONE 5.000 CONGREGATIONAL FOUNDATION 8473 S HOWELL AVE 8473 S HOWELL AVE OAK CREEK, WI 53154 COUNCIL OF INDIAN NATIONS NONE PUBLIC GENERAL FUND 3,350 COUNCIL OF INDIAN NATIONS PO BOX 1800 PO BOX 1800 APACHE JUNCTION, AZ 851179981 DISABLED POLICE OFFICERS OF NONE PUBLIC SUPPORT DISABLED 100 OFFICERS **AMERICA** DISABLED POLICE OFFICERS OF AMERICA PO BOX 17461 PO BOX 17461 WASHINGTON, DC 200410461 **PUBLIC** TO SUPPORT WAR VETERANS 600 DISABLED VETERANS NATL FOUND NONE DISABLE VETERANS NATL FOUND 1634 EYE ST NW STE 750 1634 EYE ST NW STE 750 WASHINGTON, DC 20006 DOCTORS WITHOUT BORDERS PUBLIC MEDICAL HELP NONE 1.000 DOCTORS WITHOUT BORDERS PO BOX 5022 PO BOX 5022 HAGERSTOWN, MD 21741 FREEDOM ALLIANCE PUBLIC NONE TO HONOR VETERANS 250 FREEDOM ALLIANCE PO BOX 1214 PO BOX 1214 MERRIFIELD, VA 221161214 233.075

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual. Foundation Purpose of grant or Recipient Amount status of show any relationship to contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year FRESH AIR FUND NONE PUBLIC TO BENEFIT THE 5.0 FRESH AIR FUND 633 THIRD AVE **ENVIRONMENT** 14TH FLOOR 633 THIRD AVE 14TH FLOOR NEW YORK, NY 101643981 GEORGE WASHINGTON MT VERN NONE PUBLIC HISTORICAL PRESERVATION 4,000 GEORGE WASHINGTON MT VERNON PO BOX 1594 PO BOX 1594 MERRIFIELD, VA 22116 GUIDE DOG FOUNDATION FOR THE PUBLIC TRAIN DOGS FOR THE BLIND NONE 1,000 BLIND GUIDE DOG FOUNDATION FOR THE BLIND 371 E JERICHO TURNPIKE 371 E JERICHO TURNPIKE SMITHTOWN, NY 11787 **GUIDEPOSTS FOUNDATION** NONE PUBLIC GENERAL FUND 100 GUIDEPOSTS FOUNDATION 39 OLD RIDGEBURY RD 39 OLD RIDGEBURY RD DANBURY, CT 06810 GUIDING EYES FOR THE BLIND NONE PUBLIC TO HELP VISUALLY 2,500 GUIDING EYES FOR THE BLIND IMPAIRED 611 GRANITE SPRINGS RD 611 GRANITE SPRINGS RD YORKTOWN HGTS, NY 10598 HELEN KELLER INTERNATIONAL PUBLIC NONE HELP FOR DISABLED 1.200 HELEN KELLER INTERNATIONAL 352 PARK AVE SOUTH 12FL 352 PARK AVE SOUTH 12F NEW YORK, NY 10010 AMER FOUNDING PRINC HILLSDALE COLLEGE NONE EXEMPT 5,000 HILLSDALE COLLEGE PO BOX PRO 1FCT 96607 PO BOX 96607 WASHINGTON, DC 20090 PUBLIC HUMANE SOCIETY OF GREATER NONE **GENERAL FUND** 300 AKRON HUMANE SOCIETY OF GREATER AKRON 7996 DARROWROAD 7996 DARROW ROAD TWINSBURG, OH 44087 JANE GOODALL INTL INSTITUTE NONE PUBLIC PRESERVATION OF ANIMALS 2,000 JANE GOODALL INTL INSTITUTE AND HABITATS PO BOX 620429 PO BOX 620429 ATLANTA, GA 303622429 JESSE HELMS CENTER NONE PUBLIC TO PROMOTE FREE 100 FOUNDATION ENTERPRISE JESSE HELMS CENTER FOUNDATION PO BOX 247 PO BOX 247 WINGATE, NC 281740247 LEAGUE OF WOMEN VOTERS PUBLIC **EDUCATION FUND** 100 NONE LEAGUE OF WOMEN VOTERS PO BOX 98050 PO BOX 98050 WASHINGTON, DC 200908050 TO SUPPORT ANIMAL LIFESAVERS WILD HORSE RESCUE PUBLIC 500 RANCH REFUGE LIFESAVERS WILD HORSE RESCUE RANCH 23809 E AVENUE J 23809 E AVENUE J LANCASTER, CA 93535 LIGHTHOUSE INTERNATIONAL PUBLIC SUPPORT FOR THE BLIND NONE 450 LIGHTHOUSE INTERNATIONAL PO **BOX 17** PO BOX 17 NEW YORK, NY 102750430 PUBLIC NONE GENERAL RESEARCH FUND 100 MACULAR DEGENERATION ASSOC MACULAR DEGENERATION ASSOC 5969 CATTLERIDGE BLVD 5969 CATTLERIDGE BLVD SARASOTA,FL 34232 **PUBLIC** SUPPORT FOR VICTIMS OF 200 MADD NONE MADD PO BOX 758521 DRUNK DRIVERS PO BOX 758521 TOPEKA, KS 66675 233,075

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Purpose of grant or Recipient A mount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year MAKE-A-WISH FOUNDATION OF NONE PUBLIC TO SUPPORT TERMINALLY 1,000 MAKE-A-WISH FOUNDATION OF OH KY PO BOX 97104 PO BOX 97104 WASHINGTON.DC 200907104 NONE EXEMPT DR HUDSON FUND/BLDG MT ZWINGLI CHURCH 5.000 MT ZWINGLI CHURCH 2172 S FUND MEDINA LINE RD 2172 S MEDINA LINE RD WADSWORTH, OH 44281 NATIONAL AUDUBON SOCIETY PUBLIC TO SUPPORT WILDLIFE 100 NATIONAL AUDUBON SOCIETY 225 VARICK ST 225 VARICK ST NEW YORK, NY 10014 NATL ASSOC FOR HOLISTIC NONE **PUBLIC** TO SUPPORT ALTERNATIVE 250 AROMATHERAP MEDICINE NATI ASSOC FOR HOLISTIC AROMATHERAPY PO BOX 27871 PO BOX 27871 RALEIGH, NC 27611 PUBLIC NATL LAW ENFORC OFF MEMORIAL NONE GENERAL FOR MEMORIALS 100 FUND NATL LAW ENFORC OFF MEMORIAL FUND 901 E ST NW STE 100 901 E ST NW STE 100 WASHINGTON, DC 200042025 NATIONAL PARK FOUNDATION NONE PUBLIC TO PRESERVE NATIONAL 100 NATIONAL PARK FOUNDATION PARKS 1110 VERMONT AVE NW 1110 VERMONT AVE NW WASHINGTON, DC 20005 PUBLIC NATL RIGHT TO WORK LEGAL DEF NONE TO SUPPORT FREE LEGAL 100 AID FOUND NATL RIGHT TO WORK LEGAL DEF FOUND 8001 BRADDOCK ROAD 8001 BRADDOCK ROAD SPRINGFIELD, VA 22160 OPERATION SMILE NONE PUBLIC GENERAL FUND 7,500 OPERATION SMILE PO BOX 5017 PO BOX 5017 HAGERSTOWN, MD 217419716 PARALYZED VETERANS OF NONE PUBLIC TO HELP VETERANS 1,000 AMERICA PARALYZED VETERANS OF AMERICA PO BOX 758532 PO BOX 758532 TOPEKA,KS 666759910 PHYSICIANS COM FOR RESP PUBLIC TO SUPPORT ETHICAL 100 NONE MEDICINE RESEARCH PHYSICIANS COM FOR RESP MEDICINE 5100 WISCONSIN AVE NW5100 WISCONSIN AVE NW WASHINGTON, DC 20016 PROJECT HOPE NONE PUBLIC **GENERAL FUND** 600 PROJECT HOPE 255 CARTER HALL LANE 255 CARTER HALL LANE MILLWOOD, VA 226460255 READING IS FUNDAMENTAL NONE PUBLIC TO SUPPORT EDUCATION 250 READING IS FUNDAMENTAL 1730 RHODE ISLAND AVE NW 1730 RHODE ISLAND AVE NW WASHINGTON, DC 20036 RED CLOUD INDIAN SCHOOL PROMOTE EDUCATION NONE EXEMPT 250 RED CLOUD INDIAN SCHOOL 100 MISSION DRIVE 100 MISSION DRIVE PINE RIDGE, SD 57770 SALVATION ARMY-EASTERN MI NONE **PUBLIC** COMMUNITY OUTREACH & 7,500 SALVATION ARMY-FASTERN MI DISASTER RELIEF 16130 NORTHLAND DR 16130 NORTHLAND DR SOUTHFIELD, MI 48075 SALVATION ARMY-SUMMIT PUBLIC COMMUNITY SUPPORT NONE 10.500 SALVATION ARMY-SUMMIT PO BOX 1959 **AKRON, OH 44309** 233,075

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Purpose of grant or Recipient $A\,mount$ show any relationship to status of contribution

a James Andrey Review SIRVINES POR POR CIVILIDA SIRVINES POR SIRVINES SIDUX MATION RELIEF PUND POR POR POR POR POR POR CIVILIDA SIDUX MATION RELIEF PUND POR POR POR POR POR CIVILIDA SIDUX MATION RELIEF PUND POR POR POR POR CIVILIDA SIDUX MATION RELIEF PUND POR POR CIVILIDA SIDUX MATION RELIEF PUND POR POR POR CIVILIDA SIDUX MATION RELIEF PUND POR POR POR CIVILIDA SIDUX MATION RELIEF COUNCIL SO POR CIVILIDA SIDUX MATION RELIEF PUND POR POR CIVILIDA SIDUX MATION RELIEF PUND POR CIVILIDA SIDUX MATION RELIEF COUNCIL SO POR CIVILIDA SIDUX MATION RELIEF PUND POR CIVILID	Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
SHATMERS HOSEITAL FOR CUITION ACCIDING TO SUPPORT VETERANS CINCINATION RELIEF FUND DO SIOUX MATION RELIEF FUND DO SIOUX MATION RELIEF FUND DO SIOUX MATION RELIEF FUND PO DOX 756513 PO BOX 756513 PO	a Paid during the year				
SIOUX NATION RELIEF PUND POR NOX 738133 POR BOX 73813 POR BO	SHRINERS HOSPITAL FOR CHILDREN 3229 BURNET AVE 3229 BURNET AVE	NONE		CHILDRENS FUND	8,500
SWINDLAW RELIES COUNCIL PO BOX 16777 PO BOX	SIOUX NATION RELIEF FUND PO BOX 758513 PO BOX 758513	NONE	PUBLIC	GENERAL FUND	350
SOLDIER'S ANGELS PO BOX 738513 PO BOX 738514	SWINDIAN RELIEF COUNCIL PO BOX 16777 PO BOX 16777	NONE	PUBLIC	COMMUNITY SUPPORT	750
SPCA INTERNATIONAL PO BOX 92240 PO BOX 92240 PO BOX 92240 ST JOSEPH'S INDIAN SCHOOL PO BOX 300 FI LABRE INDIAN SCHOOL ST LABRE INDIAN SCHOOL SCHO	SOLDIER'S ANGELS PO BOX 758513 PO BOX 758513	NONE	PUBLIC	TO SUPPORT VETERANS	1,000
ST JOSEPH'S INDIAN SCHOOL PO PO BOX 300 PO PO BOX 300 PO PO BOX 300 PO PO BOX 300 PO BOX 300 PO PO BOX 300 PO	SPCA INTERNATIONAL PO BOX 92240 PO BOX 92240	NONE	PUBLIC	GENERAL FUND	275
STLABRE INDIAN SCHOOL STAD SCHOOL SCHOOL STAD SCHOOL SCHOOL STAD SCHOOL SCHO	ST JOSEPH'S INDIAN SCHOOL PO BOX 300 PO BOX 300	NONE	SCHOOL	PROMOTE EDUCATION	2,000
THE USO PO BOX 98860 PO BOX 98860 PO BOX 96860 PO BOX 960 PO PO BOX 960 PO PO BOX 960 PO PO BOX 960 PO PO PO BOX 960 PO PO PO BOX 960 PO	ST LABRE INDIAN SCHOOL ST LABRE INDIAN SCHOOL ST LABRE INDIAN SCHOOL	NONE	EXEMPT	EDUCATION	1,250
UMRC HERITAGE FOUNDATION 805 WEST MIDDLE ST 800 WEST MIDDLE ST 805 WEST MIDDLE SOLVEMENT S	THE USO PO BOX 96860 PO BOX 96860	NONE	PUBLIC		3,000
US OLYMPIC COMMITTEE PO BOX 7010 ALBERT LEA, MN 56007 USA SHOOTING TEAM ONE OLYMPIC PLAZA ONE OLYMPIC PLAZA COLORADO SPRINGS, CO 80909 VETS OF VIETNAM WAR VETS OF VIETNAM WAR 805 SOUTH TOWNSHIP BLVD 805 SOUTH TOWNSHIP BLVD 805 SOUTH TOWNSHIP BLVD PITTSTON, PA 18640 VOLUNTEERS OF AMERICA GREATER OH VOLUNTEERS OF AMERICA GREATER OH PO BOX 5230 PO BOX	UMRC HERITAGE FOUNDATION 805 WEST MIDDLE ST 805 WEST MIDDLE ST	NONE	PUBLIC		5,000
USA SHOOTING TEAM ONE OLYMPIC PLAZA COLORADO SPRINGS, CO 80909 VETS OF VIETNAM WAR VETS OF VIETNAM WAR 805 SOUTH TOWNSHIP BLVD 805 SOUTH TOWNSHIP BLVD PITTSTON, PA 18640 VOLUNTEERS OF AMERICA GREATER OH VOLUNTEERS OF AMERICA GREATER OH PO BOX 5230 CLEVELAND, OH 441010230 WYCLIFFE ASSOCIATES WYCLIFFE ASSOCIATES OF ONE WYCLIFFE ASSOCIATES PO BOX 620143 PO BOX 620143 ORLANDO, FL 32862 WOUNDED WARRIOR PROJECT WOUNDED WARRIOR PROJECT WOUNDED WARRIOR PROJECT WOUNDED WARRIOR PROJECT FO BOX 758516 FO BOX 758510 FO BOX	US OLYMPIC COMMITTEE PO BOX 7010 PO BOX 7010	NONE	PUBLIC		500
VOLUNTEERS OF AMERICA GREATER OH VOLUNTEERS OF AMERICA GREATER OH VOLUNTEERS OF AMERICA GREATER OH PO BOX 5230 CLEVELAND, OH 441010230 WYCLIFFE ASSOCIATES WYCLIFFE ASSOCIATES PO BOX 620143 PO BOX 620143 ORLANDO, FL 32862 WOUNDED WARRIOR PROJECT WOUNDED WARRIOR PROJECT TOPEKA, KS 66675 PUBLIC GENERAL SUPPORT 100 GENERAL SUPPORT 500 SENERAL SUPPORT 100 GENERAL FUND 500 FUBLIC F	USA SHOOTING TEAM ONE OLYMPIC PLAZA ONE OLYMPIC PLAZA	NONE	PUBLIC	TO SUPPORT OLYMPICS	100
GREATER OH VOLUNTEERS OF AMERICA GREATER OH PO BOX 5230 PO BOX 5230 CLEVELAND, OH 441010230 WYCLIFFE ASSOCIATES WYCLIFFE ASSOCIATES PO BOX 620143 PO BOX 620143 ORLANDO, FL 32862 WOUNDED WARRIOR PROJECT WOUNDED WARRIOR PROJECT PO BOX 758516 PO BOX 758516 PO BOX 758516 TOPEKA, KS 66675 PUBLIC GENERAL FUND 500 SENERAL FUND 500 WELL FUND 500 SENERAL FUND 500 WELL FUND 500 SENERAL FUND 500 SENERA	VETS OF VIETNAM WAR 805 SOUTH TOWNSHIP BLVD 805 SOUTH TOWNSHIP BLVD	NONE	PUBLIC	TO SUPPORT VETERANS	100
WYCLIFFE ASSOCIATES PO BOX 620143 PO BOX 620143 ORLANDO, FL 32862 WOUNDED WARRIOR PROJECT WOUNDED WARRIOR PROJECT PO BOX 758516 PO BOX 758516 TOPEKA, KS 66675 PUBLIC HELPING DISABLED VETERANS 5,000	GREATER OH VOLUNTEERS OF AMERICA GREATER OH PO BOX 5230 PO BOX 5230	NONE	PUBLIC	GENERAL SUPPORT	100
WOUNDED WARRIOR PROJECT PO BOX 758516 PO BOX 758516 TOPEKA,KS 66675	WYCLIFFE ASSOCIATES PO BOX 620143 PO BOX 620143	NONE	PUBLIC	GENERAL FUND	500
Total	WOUNDED WARRIOR PROJECT PO BOX 758516 PO BOX 758516	NONE	PUBLIC		5,000
ı	Total				233,075

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As Filed Data -

DLN: 93491168000025

OMB No 1545-0047

2014

Employer identification number

Schedule of Contributors

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

ANNABELLE FOUNDATION

Attach to Form 990, 990-EZ, or 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

	20-5184989
Organization type (ch	eck one)
Filers of:	Section:
Form 990 or 990-EZ	501(c)() (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions
under sections (ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /3% support test of the regulations 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that my one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 9 or (ii) Form 990-EZ, line 1 Complete Parts I and II
during the year,	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, in of cruelty to children or animals. Complete Parts I, II, and III
during the year, this box is checl purpose Do not	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 if ked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively ble, etc., contributions totaling \$5,000 or more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization
ANNABELLE FOUNDATION

Employer identification number 20-5184989

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BETTY GODARD 2637 N REVERE ROAD AKRON, OH44333	\$100,000	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization **Employer identification number** ANNABELLE FOUNDATION 20-5184989 Noncash Property (see instructions) Use duplicate copies of Part II if additional space is Part II (a) No. (c) (b) (d) from FMV (or estimate) Date received Description of noncash property given Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) \$ (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) \$ (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions)

chedule	B (Form 990, 990-EZ, or 990-PF) (2014)			Page 4
	organization LLE FOUNDATION			Employer identification number
NNABEL	LLE FOUNDATION			20-5184989
Part III		ar from any one enter the total of instructions)	e contributor. Complet f exclusively religious, o	cribed in section 501(c)(7), (8), or (10) e columns (a) through (e) and the following line charitable, etc., contributions of \$1,000 or less for \$
(a) No. from Part I	(b) Purpose of gift	((c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	•) Transfer of gift Relatio	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(4	c) Use of gift	(d) Description of how gift is held
	Transferration name address a	•) Transfer of gift	
	Transferee's name, address, a		- Netation	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift		c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	•) Transfer of gift Relatio	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(0	c) Use of gift	(d) Description of how gift is held
_				
	Transferee's name, address, a	•) Transfer of gift Relatio	onship of transferor to transferee

TY 2014 Accounting Fees Schedule

Name: ANNABELLE FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	3,959	1,980		

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Note: To capture the full content of this document, please select landscape mode (11" \times 8.5") when printing.

TY 2014 Amortization Schedule

Name: ANNABELLE FOUNDATION

Description of Amortized Expenses	Date Acquired, Completed, or Expended	Amount Amortized	Deduction for Prior Years	Amortization Method	Current Year Amortization	Net Investment Income	Adjusted Net Income	Total Amount of Amortization
AMORTIZATION OF ORGANIZATION COSTS	2006-07-01	7,268	3,636	180 0000	485			4,121

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TY 2014 Investments Corporate Bonds Schedule

Name: ANNABELLE FOUNDATION

Name of Bond	End of Year Book Value	End of Year Fair Market Value
MUTUAL FIXED FUNDS	2,464,224	2,461,544

TY 2014 Investments Corporate Stock Schedule

Name: ANNABELLE FOUNDATION

Name of Stock	End of Year Book Value	End of Year Fair Market Value
MUTUAL FUND INTNL EQUITY	785,444	803,524
MUTUAL EQUITY FUNDS	1,106,194	1,597,055
COMMON STOCK	28,800	1,525,216

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TY 2014 Investments - Other Schedule

Name: ANNABELLE FOUNDATION

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
MUTUAL FUNDS-ALTERNATIVE	AT COST	827,100	822,079
MUTUAL FUNDS INT'L ALTER	AT COST		
STOCK-ALTERNATIVE	AT COST		

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TY 2014 Other Assets Schedule

Name: ANNABELLE FOUNDATION

Description	Beginning of Year -	End of Year - Book	End of Year - Fair
	Book Value	Value	Market Value
ORGANIZATION COST, NET	3,634	3,150	3,150

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TY 2014 Other Professional Fees Schedule

Name: ANNABELLE FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PLANTE MORAN TRUSTEE FEES	63,674	63,674		

TY 2014 Taxes Schedule

Name: ANNABELLE FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAX WITHHELD	947	947		
FEDERAL EXCISE TAX				