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# **Return of Private Foundation**

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

OMB No 1545-0052

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For	calenda	ar year 2014 or tax year beginning , a	ind ending				
	ame of four				A Emplo	yer identification number	
		ARD & THELMA HALL FOUNDATION			ما	2065246	
		THOMAS T. HUFF				-3967042	
		street (or PO box number if mail is not delivered to street address)  BURDICK STREET, SUITE 702	*	oom/suite		none number (see instructions 9 - 2 2 6 - 6 3 3 6	5)
		state or province, country, and ZIP or foreign postal code			20.	7-220-0550	
F	CALAN	MAZOO MI 49007			C If exen	nption application is pending,	check here
G	Check a	ill that apply   Initial return   Initial retur	n of a former public c	harity	D 1 Fo	reign organizations, check he	ere ►
		Final return Amended	return	•	2 Fo:	reign organizations meeting t	he
		Address change Name cha	nge			% test, check here and attach	
н	Check ty	ype of organization X Section 501(c)(3) exempt private	foundation		F If nrivs	ate foundation status was tem	ninated under
	_		e private foundation			n 507(b)(1)(A), check here	<b>▶</b> □
		ket value of all assets at J Accounting method		rual	F If the f	oundation is in a 60-month te	rmination
		ear (from Part II, col (c), Other (specify)				section 507(b)(1)(B), check h	_ }
	ne 16) <b>I</b>		he on cash hasis )				
	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	T	\		(d) Disbursements
	uit.	amounts in columns (b), (c), and (d) may not necessarily equal	expenses per	(b) Net inv		(c) Adjusted net income	for charitable purposes
	.,	the amounts in column (a) (see instructions) )	books	,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)					
	2	Check ► X if the foundation is <b>not</b> required to attach Sch B				······································	
	3	Interest on savings and temporary cash investments	5,438	<del> </del>	5,438		
	4	Dividends and interest from securities	16,011		16,011		
	5a	Gross rents					
<u>a</u>	ь	Net rental income or (loss)					
5	6a	Net gain or (loss) from sale of assets not on line 10	108,203				
š	b	Gross sales price for all assets on line 6a 1,276,082				······	
Œ,	7	Capital gain net income (from Part IV, line 2)		1	08,203		
Q	8	Net short-term capital gain				0	
影	<u> </u>	Income modifications					
2	10a	Gross sales less returns and allowances				<u></u>	
CHANGE Revenue	b b	Less Cost of goods sold					
	I C	Gross profit or (loss) (attach schedule)					
ć	11 12	Other income (attach schedule)					
		Total. Add lines 1 through 11	129,652	<del>                                     </del>	29,652	0	
S	13 14 15 16a	Compensation of office s. difectors, trustees, etc	<u> </u>	<u> </u>			
3Se	14	Other employee salaries and wages					
ě	<b>15</b>	Pension plans (employee benefits ) Legal fees (attach schedule) SEE STMT 1		ļ <del></del>			
X	्डी 16a		12,120				12,120
Operating and Administrative E	b	Accounting fees (attach schedule) STM2 2	2,400				2,400
ij	C	Other professional fees (attacit spredule) NSTMT 3	15,476	1	12,970		2,506
itra	17	Interest COMME 4		<del>                                     </del>			<del></del>
nis.	18	Taxes (attach schedule) (see instructions) STMT 4	70	<u>'</u>	70		
Έ	19	Depreciation (attach schedule) and depletion	6 000	1			6 000
Add	20	Occupancy	6,000	<u>'</u>			6,000
ğ	21	Travel, conferences, and meetings		<del>                                     </del>			
a	22	Printing and publications Other expenses (att sch) STMT 5	245	<del> </del>			245
na	23			<u>'</u>			245
ati	24	Total operating and administrative expenses.	36,311		13 040	o	22 271
Jer		Add lines 13 through 23	57,800		13,040	U	
Ö	25	Contributions, gifts, grants paid			13,040	0	57,800
_	26	Total expenses and disbursements. Add lines 24 and 25	94,111	-	13,040	<u> </u>	81,071
	27	Subtract line 26 from line 12	35,541				
	a	Excess of revenue over expenses and disbursements	33,341		16,612		
	b	Net investment income (if negative, enter -0-)		<del>                                     </del>	10,012	0	
		Agustion net income ill liedative, enter alla	i e	L		U	7

	Part II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End	d of year
_	* 41 % 51	should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing	26,772	-2,02	25 -2,025
	2	Savings and temporary cash investments	19,830	79,58	79,581
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶	218		
i	4	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 (att schedule) SEE WRK 122,745			
		Less allowance for doubtful accounts ▶ 0	133,031	122,74	15 122,745
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments – U S and state government obligations (attach schedule)			
	b	Investments – corporate stock (attach schedule) SEE STMT 6	537,115	1,299,97	0 1,444,554
	С	Investments – corporate bonds (attach schedule) SEE STMT 7	526,155		
	11	Investments – land, buildings, and equipment basis			
	}	Less accumulated depreciation (attach sch.) ▶			
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule) SEE STATEMENT 8	221,833		
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach sch.) ▶			
	15	Other assets (describe ▶ )			
	16	Total assets (to be completed by all filers – see the			
		instructions Also, see page 1, item I)	1,464,954	1,500,27	1,644,855
	17	Accounts payable and accrued expenses			_
<b>,</b> 0	18	Grants payable			4
Ę.	19	Deferred revenue			4
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			_
<u>.</u>	21	Mortgages and other notes payable (attach schedule)			4
_	22	Other liabilities (describe ▶ )			_
_	23	Total liabilities (add lines 17 through 22)	9		<u> </u>
		Foundations that follow SFAS 117, check here			
Ses		and complete lines 24 through 26 and lines 30 and 31.			
ă	24	Unrestricted			-
Net Assets or Fund Balances	25	Temporarily restricted			
ᅙ	26	Permanently restricted			
Ē		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
5			1,464,954	1,500,27	, ,
ş	27	Capital stock, trust principal, or current funds	1,404,934	1,300,27	+
SSe	28	Paid-in or capital surplus, or land, bldg , and equipment fund		· · · · · · · · · · · · · · · · · · ·	-
Ä	29	Retained earnings, accumulated income, endowment, or other funds  Total net assets or fund balances (see instructions)	1,464,954	1,500,27	<del>,                                    </del>
Š	30 31	Total liabilities and net assets/fund balances (see	1,101,331	1,300,21	<del>-</del>
	31	instructions)	1,464,954	1,500,27	,1
_	Part I		2,101,331	2/300/2/	<u></u>
		net assets or fund balances at beginning of year – Part II, column (a), line 30 (mu	st agree with	·	
,		of-year figure reported on prior year's return)	or agree mail	1	1,464,954
		ramount from Part I, line 27a		- 1	
		r increases not included in line 2 (itemize) SEE STATEMENT 9		3	
		ines 1, 2, and 3		4	
		eases not included in line 2 (itemize) SEE STATEMENT 10		5	
		net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (	b), line 30	6	
	· · · · · · ·	The december of the end of the end of year filled a filling of the end of	-,,		- 000 DE

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the

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50,367

81,071

7

Add lines 5 and 6

Part VI instructions

8 Enter qualifying distributions from Part XII, line 4

Form	990-PF (2014) RICHARD & THELMA HALL FOUNDATION 27-3967042				Pa	age <b>4</b>
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)					
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1					
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1			1,:	166
	here ▶ X and enter 1% of Part I, line 27b					
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of					
	Part I, line 12, col (b)	ŀ				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0
3	Add lines 1 and 2	3			1,:	166
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0
5		5			1,:	166
6	Credits/Payments					
а	2014 estimated tax payments and 2013 overpayment credited to 2014  6a 1,801					
b	Exempt foreign organizations – tax withheld at source					
С	Tax paid with application for extension of time to file (Form 8868)  6c 3,000					
d	Backup withholding erroneously withheld 6d 6d					
7	Total credits and payments 7 tag into 50 times 91 of	7			4,	<u>801</u>
8	Enter any penalty for underpayment of estimated tax enters the enters to an enters the enters	8				
9	Tax add: If the total of lines of and the first lines of the first lin	9				
10	Overbayments it into the total and total of this of ania of ania of ania	10			3,0	<u> 535</u>
11	Effect the amount of line to to be ordated to 2010 dominated to.	11				
Pa	rt VII-A Statements Regarding Activities		- 1			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it				Yes	No
	participate or intervene in any political campaign?		ŀ	1a		<u> </u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			İ		v
	Instructions for the definition)?		ļ	1b		X
	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					х
C	Did the foundation file Form 1120-POL for this year?			1c		
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation  \$ (2) On foundation managers  \$	•				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
_	on foundation managers  \$  Has the foundation engaged in any activities that have not previously been reported to the IRS?		Ì	2		X
2	If "Yes," attach a detailed description of the activities					
2	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of					
3	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		l	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	ı	I/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
_	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?		į	6	X	
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	ΧV		7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
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	X	
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			9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				į	
	names and addresses			10		X
			F	om 99	0-PF	(2014)

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P	rt VII-B Statements Regarding Activities	for Which Form 4	720 May Be R	equired (cont	inued)	•	
5a	During the year did the foundation pay or incur any amou	unt to					
	(1) Carry on propaganda, or otherwise attempt to influer	nce legislation (section 49	45(e))?	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	′es 🗓 No		
	(2) Influence the outcome of any specific public election	(see section 4955), or to	carry on,				
	directly or indirectly, any voter registration drive?			\ \\	′es 🗓 No		
	(3) Provide a grant to an individual for travel, study, or o	ther similar purposes?		\ <b>\</b>	′es 🗓 No		
	(4) Provide a grant to an organization other than a chari	table, etc , organization d	escribed in				
	section 4945(d)(4)(A)? (see instructions)			<u> </u>	′es X No		
	(5) Provide for any purpose other than religious, charital	ole, scientific, literary, or e	educational	_			
	purposes, or for the prevention of cruelty to children	or animals?		\\_\ <b></b> \	′es X No		
b	If any answer is "Yes" to 5a(1)-(5), did any of the transa-	ctions fail to qualify under	the exceptions d	escribed in			
	Regulations section 53 4945 or in a current notice regard	ling disaster assistance (	see instructions)?	1	N/A	5b	
	Organizations relying on a current notice regarding disas	ter assistance check her	9		▶ ∐		
C	If the answer is "Yes" to question 5a(4), does the founda	tion claim exemption fron	n the tax	. —	_		
	because it maintained expenditure responsibility for the	grant?		N/A 🗌 Y	'es 🗌 No		
	If "Yes," attach the statement required by Regulations se	ection 53 4945-5(d)					
6a	Did the foundation, during the year, receive any funds, d	rectly or indirectly, to pay	premiums				
	on a personal benefit contract?				′es X No		
b	Did the foundation, during the year, pay premiums, direct	tly or indirectly, on a pers	onal benefit contr	act?		6b	X
	If "Yes" to 6b, file Form 8870				_		
	At any time during the tax year, was the foundation a pair				es X No		
b	If "Yes," did the foundation receive any proceeds or have				N/A	7b	
P	rt VIII Information About Officers, Direc	tors, Trustees, Fou	ndation Mana	agers, Highly	Paid Employe	ees,	
	and Contractors		<del></del>				
1 1	ist all officers, directors, trustees, foundation manage	ers and their compensa	tion (see instruc	tions).			
			(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(e) Eyn	ense account,
	(a) Name and address		hours per week devoted to position	(If not paid, enter -0-)	plans and deferred		allowances
			dovoted to postdon	-	compensation		
TF	OMAS T. HUFF KALAM	AZ00	PRES/SEC				
33	6 S. BURDICK STREET, SUITE 702 MI 49		1.00	0	0	-	0
N.	TALIE T. VALENTINE KALAM	1	VP/TREASURER				
33	6 S. BURDICK STREET, SUITE 702 MI 49	007	3.00	0	0	_	0
	<del></del>	<del>-</del>				-	<del></del>
						<u> </u>	
2	Compensation of five highest-paid employees (other	than those included or	i line 1 – see insi	tructions). If non	e, enter		
	"NONE."	<del></del>					
			(b) Title, and average	(+) Componenties	(d) Contributions to employee benefit	(e) Exp	ense account,
	(a) Name and address of each employee paid more than \$50,0	00	hours per week devoted to position	(c) Compensation	plans and deferred	other	allowances
					compensation		
NO	NE						
						_	
						<del> </del>	
						$\vdash$	
		-					
		1					
Tota	I number of other employees paid over \$50,000			<u> </u>	<u></u>	<u> </u>	0
1018	Thurnber of other employees paid over \$50,000				E-	om 991	0-PF (2014)
					r.	····· •••	(ZU14)

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Part VIII	Information About Officers, Directors, Trustees, Four and Contractors (continued)	ndation Managers, Highly Paid E	
3 Five highe	est-paid independent contractors for professional services (see inst	tructions). If none, enter "NONE."	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	,		
·-			<del></del>
<u> </u>			
Total number of	others receiving over \$50,000 for professional services		<u> </u>
Part IX-A	Summary of Direct Charitable Activities		
	s four largest direct charitable activities during the tax year. Include relevant statistical information other beneficiaries served, conferences convened, research papers produced, etc.	on such as the number of	Expenses
1 N/A			
	<u> </u>		
2			
3			
4			
Part IX-B	Summary of Program-Related Investments (see inst	ructions)	
	argest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A			
2			
	elated investments. See instructions		
3			
Total. Add lines	1 through 3	<b>•</b>	

81,071 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 2 2 Amounts set aside for specific charitable projects that satisfy the 3 3a Suitability test (prior IRS approval required) 3b Cash distribution test (attach the required schedule) b 81,071 4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income 5 1,166 5 Enter 1% of Part I, line 27b (see instructions) Adjusted qualifying distributions. Subtract line 5 from line 4 79,905

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

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	tax has been previously assessed	
d	Subtract line 6c from line 6b Taxable	
	amount - see instructions	<u> </u>
e	Undistributed income for 2013 Subtract line	
	4a from line 2a Taxable amount - see	
	instructions	L

f Undistributed income for 2014 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2015

Amounts 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)

Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions)

Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a

0	Analysis of line 9
а	Excess from 2010

Excess from 2011

Excess from 2012

Excess from 2013 Excess from 2014

Form	9	9	n	-P	F	(2014

68,767

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1a	If the foundation has received a ruling or o					
	foundation, and the ruling is effective for 2			<b>▶</b>		
b	Check box to indicate whether the founda	tion is a private oper	ating foundation descr	ribed in section 49	942(j)(3) or 4942(	(J)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
	investment return from Part X for					
	each year listed					
b	85% of line 2a					
С	Qualifying distributions from Part XII,					
	line 4 for each year listed					
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					
е	Qualifying distributions made directly	<del></del>				
	for active conduct of exempt activities					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test – enter					
	(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					
С	"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	<del>-</del>				
	an exempt organization					
	(4) Gross investment income					
Pi	art XV Supplementary Inform	nation (Complet	e this part only if	the foundation h	ad \$5,000 or more	in assets at
	any time during the ye					
1	Information Regarding Foundation Ma					
а	List any managers of the foundation who		ore than 2% of the tota	I contributions received	by the foundation	
	before the close of any tax year (but only					
	N/A					
b	List any managers of the foundation who	own 10% or more of	the stock of a corpora	ation (or an equally large	portion of the	
	ownership of a partnership or other entity	) of which the founda	ation has a 10% or gre	ater interest		
	N/A					
2	Information Regarding Contribution, G	irant, Gift, Loan, Sc	holarship, etc., Prog	rams:		
	Check here ▶ X if the foundation only				does not accept	
	unsolicited requests for funds. If the found					
	other conditions, complete items 2a, b, c,					
а	The name, address, and telephone numb		of the person to whor	n applications should be	e addressed	
	N/A					
			. <u>.</u>			
b	The form in which applications should be	submitted and infor	mation and materials t	hey should include		
	N/A			· · · ·		
С	Any submission deadlines					
	N/A				<del></del> .	

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

factors N/A

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of Amount contribution any foundation manager recipient Name and address (home or business) or substantial contributor Paid during the year CATHOLIC SCHOOLS OF GREATER K'ZOO PUBLIC 1000 W KILGORE NONE **OPERATIONS** 10,000 KALAMAZOO MI 49008 CATHOLIC SCHOOLS OF GREATER K'ZOO 1000 W KILGORE NONE PUBLIC STEM PROGRAM 2,800 KALAMAZOO MI 49008 KALAMAZOO COUNTRY DAY SCHOOL NONE PUBLIC 4221 E MILHAM AVE COMPUTERS FOR SCHOLARSHIP STUDENTS 10,000 KALAMAZOO MI 49002 MINISTRY WITH COMMUNITY PUBLIC 440 N CHURCH ST NONE **OPERATIONS** 5,000 KALAMAZOO MI 49007 SOUTHWEST MICHIGAN FIRST NONE PUBLIC 241 E MICHIGAN AVE COUNCIL OF 100 KALAMAZOO MI 49007 5,000 KALAMAZOO COMMUNITY FOUNDATION PUBLIC NONE 402 E MICHIGAN AVE DOWNTOWN INITIATIVE FUND 25,000 KALAMAZOO MI 49007 57,800 Total ▶ 3a b Approved for future payment N/A **▶** 3b Total

		Analysis of Income-Producing Ac				· <del>-</del>	r uge 11
		ounts unless otherwise indicated		ed business income	Excluded t	by section 512, 513, or 514	
	Program sei		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
•						• • •	· <u>-</u>
	b				<del>   </del>		·
			·		<del>                                     </del>		·····
				····			
	f				1 1		· · · · · · · · ·
	g Fees an	d contracts from government agencies					
2	-	dues and assessments	<del></del>				
	•	savings and temporary cash investments			14	5,438	
		nd interest from securities			14	16,011	_
		come or (loss) from real estate					······································
_		anced property					
		t-financed property					
6		come or (loss) from personal property			<del> </del> -		
	Other invest				<u> </u>	<del></del>	
		s) from sales of assets other than inventory		_	18	108,203	
	•	or (loss) from special events				··· · · · · · · · · · · · · · · · · ·	
		or (loss) from sales of inventory	}	<del></del>			
	Other reven						
•		ENTERPRISE PRODUCTS LP			1		
	e						
12	Subtotal Ac	id columns (b), (d), and (e)	17	C		129,652	C
		ine 12, columns (b), (d), and (e)			<del></del>	13	129,652
		in line 13 instructions to verify calculations )				_	
	art XVI-B		ccomplishm	ent of Exempt P	urposes	;	
	Line No.	Explain below how each activity for which income	e is reported in c	olumn (e) of Part XVI	-A contribu	ited importantly to the	
	▼	accomplishment of the foundation's exempt purp	oses (other than	by providing funds fo	r such pur	poses) (See instructi	ons )
	N/A						
			···-				
	,,						
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		Exempt Organiza	ations _							
1	Did the orga	nization directly or ind	lirectly engag	ge in any of the follo	owing with any o	other organization described			Yes	No
						ection 527, relating to political				
	organization									
а	Transfers fro	om the reporting found	dation to a no	ncharitable exemp	t organization o	f				
	(1) Cash			•	-			1a(1)		X
	(2) Other as	ssets						1a(2)		X
ь	Other transa									
		assets to a noncharit	able exempt	organization				1b(1)		X
		es of assets from a ne		-	on			1b(2)		X
		of facilities, equipment						1b(3)		X
	` '	rsement arrangement						1b(4)		X
		r loan guarantees						1b(5)		X
		ance of services or m	embership o	r fundraising solicit	ations			1b(6)		X
С	Sharing of fa	acilities, equipment, m	nailing lists, o	ther assets, or paid	d employees			1c		X
						mn (b) should always show ti	ne fair market			
	value of the	goods, other assets,	or services g	iven by the reporting	ig foundation If	the foundation received less	than fair market			
	value in any	transaction or sharing	g arrangemer	nt, show in column	(d) the value of	the goods, other assets, or s	ervices received			
	(a) Line no	(b) Amount involved	(c) Name	e of noncharitable exemp	t organization	(d) Description of transfe	ers, transactions, and charing ar	rangeme	nts	
1/.	A									
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			<del>                                     </del>	<del></del>		- "				
20	la the found	ation directly or indire	ctly affiliated	with or related to	one or more tax	x-exempt organizations				
24		section 501(c) of the						□ Y <sub>ℓ</sub>	es X	No
h		nplete the following so		111211 30011011 001(0	,,(0), 0: 200	527		ш		]
		a) Name of organization	<u> </u>	(b) Type of or	rganization	(c) D	escription of relationship			
_	N/A									
					-					
						··				
					•					
	Under per	naities of perjury, I declare to	hat I have exami	ined this return, including	accompanying sch	nedules and statements, and to the be which preparer has any knowledge	est of my knowledge and belief	, it is true	9,	
	correct, a	nd complete Declaration of	preparer (other	than taxpayer) is based	on all illiornation of	William property flad any kilomouge	May the IRS disc			
Sig	n	, 11 [1					with the preparer (see instructions		elow Yes	No
lei	e .	144			مما	1.1-				
		THUN			<u> </u>		RESIDENT			
	Sign	ature of officer or tryslee			Pate	Title				
	Print/Ty	ype preparer's frame			Preparer's signati	nte	Date	j	Check	rf
aic								0 /	1	ployed
	RHON	DA L. NEWMAN			RHONDA L.		[08/1	J/15	<u> </u>	
	Only Firm's			K THOMPSOI	N & REAH	M PC	PTIN	<del></del>		
	Firm's		STADI		0 4043		Firm's EIN ▶	-38	1 7	600
		KALA	MAZOO,	MI 4900	9-4943			Form <b>9</b> 9		
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**Federal Statements** 

HUF4200C006 Richard & Thelma Hall Foundation 27-3967042 FYE: 12/31/2014

	Statement 1 - Form 990-PF, Part I, Line 16a - Legal Fees           Description         Net         Adjusted Purpose         Charitable Purpose           \$ 12,120         \$ 12,120         \$ 12,120           \$ 12,120         \$ 0         \$ 12,120	Statement 2 - Form 990-PF, Part I, Line 16b - Accounting Fees           Description         Net         Adjusted Net         Charitable Purpose           FEES         \$ 2,400         \$ 2,400         \$ 2,400           \$ 2,400         \$ 0         \$ 2,400	Statement 3 - Form 990-PF, Part I, Line 16c - Other Professional Fees           Description         Net         Adjusted Net         Charitable Purpose           ES         \$ 12,970         \$ 12,970         \$ 2,506           IGN         \$ 15,476         \$ 12,970         \$ 2,506	Statement 4 - Form 990-PF, Part I, Line 18 - TaxesDescriptionNetAdjusted NetCharitable PurposeWITHHELD\$ 70 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
FYE: 12/31/2014	Desci LEGAL FEES TOTAL	Desc ACCOUNTING FEES TOTAL	Desc INV MGMT FEES WEBSITE DESIGN TOTAL	Description FOREIGN TAX WITHHELD

4-4

HUF4200C006 Richard & Thelma Hall Foundation 27-3967042 FYE: 12/31/2014	L L	ederal Statements		8/10/2015 6:14 PM
Stat	Statement 5 - Form 990-PF, Par	990-PF, Part I, Line 23 - Other Expenses	enses	
Description	Total	Net Investment	Adjusted	Charitable Purpose
EXPENSES OFFICE SUPPLIES EMAIL ACCOUNT MAINTENANCE TOTAL	\$ 245		O   W	185 60 \$ 245
Statement 6	- Form 990-PF,	Part II, Line 10b - Corporate Stock Investments	k Investments	
Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
TOTAL	\$ 537,115 \$ 537,115	\$ 1,299,970	COST	\$ 1,444,554 \$ 1,444,554
Statement 7	7 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments	le 10c - Corporate Bond	Investments	
Description	Beg	End of Year	Basis of Valuation	Fair Market Value
TOTAL	\$ 526,155	w w		· ·
State	Statement 8 - Form 990-PF, Part	390-PF, Part II, Line 13 - Other Investments	stments	•
Description	Beginning of Year \$ 221,833 \$	End of Year	Basis of Valuation	Fair Market Value
				5-8

HUF4200C006 Richard & Thelma Hall Foundation 27-3967042 Federal Statements 8/10/2015 6:14 PM

27-3967042

FYE: 12/31/2014

	Statement 9 -	- Form 990-PF	, Part III, Line 3	- Other Increases
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Description	Ar	<u>mount</u>
DISTRIBUTION FROM PARTNERSHIP	\$	473
TOTAL	\$	473

## Statement 10 - Form 990-PF, Part III, Line 5 - Other Decreases

Description	Am	<u>ount</u>
ADJUST BEGINNING BALANCE OF NOTE	\$\$	697
TOTAL	\$	697

Totals

	000 57	O	ther Notes an	ıble	1 0044	
Form	990-PF	For calendar year 2014	4. or tax vear beginnin	g	and ending	2014
		ELMA HALL FOUN		<u> </u>	Empl	oyer Identification Number
	THOMAS T	. norr	· · · · · · · · · · · · · · · · · · ·			3307042
FOR	M 990-PF,	PART II, LINE	E 7 - ADDIT	IONAL INFORMA	ATION	· · · · · · · · · · · · · · · · · · ·
	•	Name of borrower			Relationship to disqualified	l nerson
(1) J	ANINE SCO	TT NOTE RECEIV	/ABLE		TCIBROTISTIP to dioqualitica	person
(2)						
(3)						
(4) (5)						·
(6)						
(7)						
<u>(8)</u>			<del></del>			
(9) (10)						
	Original amoun borrowed	t Date of loan	Maturity date	R	epayment terms	Interest rate
(1)	301.00.00					
(2)						
(3)						
(4) (5)						
(6)		**				
(7)	· · · · · · · · · · · · · · · · · · ·					
(8)	·					
(9) (10)						
(10)					······································	
	Ç.	curity provided by borrower			Purpose of loan	
<u>(1)</u>	Se	curity provided by borrower			T dipose of loan	
(2)						
(3)	.,					
<u>(4)</u>	· · · · · ·					
(5) (6)	• .					
(7)						
(8)						
(9)						-
(10)						-
	Consider	ration furnished by lender		Balance due at beginning of year	Balance due at end of year	Fair market value
(1)	Consider	attori terrilorica by lender		133,031	122,745	122,745
(2)						
(3)					·	
<u>(4)</u>					<u> </u>	
(5) (6)						
(7)						
<u>(8)</u>				- ·-		
<u>(9)</u>		<del></del>		, , , , , , , , , , , , , , , , , , ,	<u> </u>	
(10)				133,031	122,745	122,745

133,031



# Schwab One® Account Account Number:

Statement Period: December 1, 2014 to December 31, 2014 Page 4 of 7

**Income Summary** 

Description	This Period	Year to Date
Federally Taxable Schwab One® Interest Cash Dividends Total Capital Gains Partnership Distributions	0.81 4,136.84 7,739.80	15.12 11,514.08 7,739.80 472.50
Total Income	11,877.45	19,741.50

#### **Investment Detail**

Description	Symbol	Quantity	Price	Market Value
Cash, Money Market Fund (Sweep)				
CASH				79,580.59
Investments				
ACCENTURE PLC CL A F	ACN	450.0000	89.3100	40,189.50
AETNA INC NEW	AET	170.0000	88.8300	15,101.10
AMERICAN EXPRESS COMPANY	AXP	300.0000	93.0400	27,912.00
BEACON ROOFING SUPPLY	BECN	1,000.0000	27.8000	27,800.00
BECTON DICKINSON & CO	BDX	250,0000	139.1600	34,790.00
BORG WARNER INC	BWA	750.0000	54.9500	41,212.50
C V S HEALTH CORPORATION	CVS	155.0000	96.3100	14,928.05
CERNER CORP	CERN	400.0000	64.6600	25,864.00
CHEESECAKE FACTORY INC	CAKE	600,0000	50.3100	30,186.00
CHICAGO BRIDGE & IRON F NY REGISTRY SHS 1 NY SH REP 1 ORD	СВІ	650,0000	41.9800	27,287.00
CITRIX SYSTEMS INC	CTXS	350.0000	63.8000	22,330,00
CORE LABORATORIES N V F	CLB	225.0000	120.3400	27,076.50
COSTCO WHSL CORP NEW	COST	300.0000	141.7500	42,525.00
DELTA AIR LINES INC NEW	DAL	345.0000	49.1900	16,970.55
DICKS SPORTING GOODS INC	DKS	700.0000	49.6500	34,755.00
DISCOVER FINANCIAL SVCS	DFS	400.0000	65.4900	26,196 00
DISNEY WALT CO	DIS	410.0000	94.1900	38,617.90
ECOLAB INC	ECL	350.0000	104.5200	36,582.00
EXPEDITORS INTL WASH	EXPD	500.0000	44 6100	22,305.00
FASTENAL CO	FAST	600.0000	47.5600	28,536.00
FLOWERS FOODS INC	FLO	1,300.0000	19.1900	24,947.00
GOOGLE INC CLASS A VTG VOTING SHARES	GOOGL	30.0000	530.6600	15,919.80
HALLIBURTON CO HLDG CO	HAL	550.0000	39.3300	21,631.50
HANESBRANDS INC	HBI	105.0000	111.6200	11,720.10
JAZZ PHARMACEUTICAL PLCF	JAZZ	40.0000	163.7300	6,549.20
MALLINCKRODT PUB F	MNK	300.0000	99.0300	29,709.00



Schwab One® Account
Account Number:

Statement Period: December 1, 2014 to December 31, 2014 Page 5 of 7

## Investment Detail (continued)

Description	Symbol	Quantity	Price	Market Value
Investments (continued)				
MCKESSON CORPORATION	MCK	70.0000	207.5800	14,530.60
METHODE ELECTRONICS	MEI	750.0000	36.5100	27,382.50
MIDDLEBY CORP THE	MIDD	325.0000	99.1000	32,207.50
MYLAN INC	MYL	625.0000	56.3700	35,231.2
NXP SEMICONDUCTORS NV F	NXPI	400.0000	76.4000	30,560.00
ORACLE CORPORATION	ORCL	500.0000	44.9700	22,485.0
PRA GROUP INC	PRAA	450.0000	57.9300	26,068.5
QUALCOMMING	QCOM	500.0000	74.3300	37,165.0
QUANTA SERVICES INC	PWR	190.0000	28.3900	5,394.10
SHIRE PLC ADR F SPONSORED ADR 1 ADR REP 3 ORD	SHPG	95.0000	212.5400	20,191.3
SKYWORKS SOLUTIONS INC	SWKS	240,0000	72.7100	17,450.4
STARBUCKS CORP	SBUX	450.0000	82.0500	36,922.5
TRIMBLE NAVIGATION LTD	TRMB	1,100.0000	26,5400	29,194.0
UNITED NATURAL FOODS INC	UNFI	450.0000	77.3250	34,796.2
V F CORPORATION	VFC	500.0000	74,9000	37,450.0
VALMONT INDUSTRIES INC	VMI	200.0000	127.0000	25,400.0
VERIZON COMMUNICATIONS	VZ	340.0000	46.7800	15,905.2
VISA INC CL A CLASS A	V	75.0000	262.2000	19,665.0
WELLS FARGO & CO NEW	WFC	345.0000	54.8200	18,912.9
WISCONSIN EGY CP HLDG CO	WEC	405.0000	52.7400	21,359.7
HARBOR INTERNATIONAL OF FUND INSTICE	HAINX	1,021.2730	64.7800	66,158.0
T ROWE PRICE MID CAP 6  GWTH FD	RPMGX	550.0920	75.4400	41,498.9
T ROWE PRICE MID CAP VAL <sup>6</sup> FD	TRMCX	1,465.3800	28.8200	42,232.2
DIGITAL REALTY TRUST INC REIT	DLR	500.0000	66.3000	33,150 0
ENTERPRISE PRD PRTNRS LP	EPD	900.0000	36.1200	32,508.00
VANGUARD FTSE EMERGING MARKETS ETF	vwo	727.0000	40.0200	29,094.54
	Total Account	Value		1,524,134.78

#### **Transaction Detail**

Settle Date	Trade Date	Transaction	Description	Quantity	Price	Total
Cash 8	Mone	y Market Fund(s)	Activity			
12/01	12/01	Qualified Dividend	DELTA AIR LINES INC NEW; DAL			31.05

(Rev. January 2014)

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

** If you are fling for an Automatic 3-Month Extension, complete only Part I and check this box   ** If you are fling for an Automatic 10K Automatics 1) Month Extension, complete only Part I (on page 2 of this form)  Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously flied Form 8668.  Electronic filling (e-fle), You can electronically life Form 8668 if you need 3 3-month automatic 2-month automatic 2-month and a complete Part I unless you have already been granted an automatic 3-month extension on a previously flied Form 8668.   Electronic filling (e-fle), You can electronically life Form 8668 if you need 3 3-month automatics of the form 8668.   Retails for Tanter's associated With Certain Personal Benefit Confricts, which must be sent to the IRS in paper format (see instructions), For most desize on the electronic filling of the form sided in Part I or Part I with the exception of Form 8570, Informatics 3-Month Extension of Time. Only submit original of the for Cherties & Neighbor 1 and requesting an automatic 8-month extension – check this box and complete Part I only All other corporations (including) 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time of life income size returns  Type or Part I. Automatics 3-Month Extension of Time. Only submit original of Incoprise activation automatic 8-month extension – check this box and complete Part I only All other corporations (including) 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income size returns  Type or Part I. Automatics 3-Month Extension of Time, See instructions.  RICHARD 6 THEILING HALL FOUNDATION  C/O THOMAS 7 HUEF  Name of exempt organization or other filer, see instructions.  RICHARD 6 THEILING HALL FOUNDATION  C/O THOMAS 7 HUEF  Name of exempt organization and filer of the part of exempt organization for each return in a part of exempt organization for part of exempt organization for e	Department of the Internal Revenue		▶ iπform	nation about Forn	n 8868 and	its instructions is at www.i	rs.gov/form88	68.		
* If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month automatic extension of time to file (6 months for a coporation required to file Form 990-T), or an additional (not automatic) 3-month automatic extension of time to file (6 months for a coporation required to file Form 990-T), or an additional (not automatic) 3-month automatic extension of time to file (6 months for a coporation required to file Form 990-T), or an additional (not automatic) 3-month automatic extension of time to file (6 months for a coporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time to the IRS in paper format (see instructions), Form on details on the adectionic filing of the form 10 part (in with the seep form 10 part (in the part 10 part 1			tomatic 3-Month E	xtension, complet	te only Part	I and check this box	······			<b>▶</b> X
Do not complete Part II unless you have atready been granted an automatic 3-month extension on a previously filed Form 8658.  Electronic filling (e-file). You can electronically file Form 8858 if you need a 3-month automatic extension of time to file (in months for a corporation required to file Form 990-1). Or an additional filt of submatic 3-month automatic extension of time to file (in months for a corporation required to file Form 990-1). Or an additional fort automatic 3-month extension of time to file any of the forms listed in Part I or Part II with the exception of Form 870. Information Returns for Transfers Associated With Certain Personal Benefit Contracts. Which must be sent to the IRS in paper formal (see instructions). For more details on the electronic filling of this form, yes tower is governed and contract to file income tax returns.  Part I : I without a state of the Form 990-T and requesting an automatic 5-month extension – check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.  Type or I will be filed to the filer of the Form 990-T and requesting an automatic 5-month extension – check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.  Type or I will be a state of extension of the filer of the fi		•		•	-		2 of this form)	•	•	. =
Electronic filling (e-file). You can electronically file Form 8858 if you need a 3-month automatic extension of time to file (6 months for a coporation required to file Form 990-T), or an additional (not automatic) 3-month actension of time You can electronically file Form 8868 for request an advantance of time to file (9 months for a coporation required to file Form 890-T), or an additional (10 months for a coporation required to file Form 890-T (months for a coporation form) and additional form of the form and warms are presented by the form 890-F (months form) and warms are presented by the form 890-F (months form) and warms and the form and the form of the file form of the	•	•	· ·	•	•	• • • • •	•	8868.		
a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time or work an additional (not automatic) 3-month extension of time or work and additional not plant in the three exception of Form 990-T and return for the contracts, which must be sent to the IRS in pages format (see instructions). From 990-T and requesting an automatic 6-month extension – check this box and compilete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns  Type or Name of exempt organization or other filer, see instructions.  Type or RICHARD & THELMA HALL FOUNDATION  CO TROMAS T. HUFF  Number, street, and room or autie no if a PO box, see instructions.  Fire type accessing to the return that this application is for (file a separate application for each return)  Fire type accessing to the return that this application is for (file a separate application for each return)  Fire type (Code)  RICHARD & THELMA HALL FOUNDATION  CO TROMAS T. HUFF  Number, street, and room or autie no if a PO box, see instructions.  Fire type accessing to the return that this application is for (file a separate application for each return)  The fire file in the return that this application is for (file a separate application for each return)  The fire file of the return that this application is for (file a separate application for each return)  The fire file of the return that this application is for (file a separate application for each return)  The fire file of the return that this application is for (file a separate application for each return)  The file of the return that this application is for (file a separate application for each return)  The file of the return that this application is for (file a separate application for each return)  The file of the return that this application is for (file a separate application for each return)  The file of the return that this application is for (file a separat						·	•			
8886 to request an extension of time to file any of the forms listed in Part 1 or Part II with the exception of Form 8870, Information Refutir of Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filting of this form, wast vew ris goverfelle and click on e-pile for Chardres & Nonprofits Part I.: Automatic 3-Month Extension of Time. Only submit original (no e-piles needed).  A corporation required to file Form 990-T and requesting an automatic 8-month extension – check this box and complete Part I city All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns  Filer of the memory of the filer of the filer of the filer of the filer of the income tax returns  Filer of the memory of the filer			•	-			•			
Refur for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). From greated that the electronic filling of this form, was wave in souther and cities on the filling of the electronic filling of the electr	•	•	· ·	•	· ·			•	orm	
Part L: Automatic 3-Month Extension of Time, Only submit corpinal (no coppers needed)   A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only   All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns   Type or	•		· ·			•	-			
Part L: Automatic 3-Month Extension of Time. Only submit original (no copies needed)   Acopration required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete   Part I only						· ·	,			
A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only								onprofit	.s	
Part I anily   All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns    Type or   Name of exempt organization or other filer, see instructions   Employer identification number (EIN) or   RICHARD & THELMA HALL FOUNDATION   27-3967042				<del></del>			<del></del>			<del></del>
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file incorne tax returns    Type or   Name of exempt organization or other filer, see instructions.   Enter filer's identifying number, see instructions	•	required to me	Form 990-1 and red	lnesting an automa	atic 6-month	extension – check this box a	ina complete			. □
Type or print	•				`` ***********************************	·				
Type or Name of exempt organization or other filer, see instructions.  RICHARD & THELMA HALL FOUNDATION C/O THOMAS T. HUFF  Number, street, and room or sult no if a P O box, see instructions.  Social security number (SN)  336 S. BURDICK STREET, SUITE 702  City, town or post office, state, and ZIP code For a foreign address, see instructions  **RALAMAZOO**  MI 49007  Application Is For Code  **Code Is For Code  Code  Form 990-EZ  0 1 Form 990-T (corporation)  0 3 Form 4720 (ndlwdusi)  0 9 Form 990-Form 990-	•	•	ling 1120-C tilers), p	armerships, REMIC	s, and trus	ts must use Form 7004 to rec	luest an extens	ion of t	ime	
Name of exempt organization or other filer, see instructions	to file income	tax returns				-		. 418 . 1		
Print C/O THOMAS T. HUFF Number, street, and room or suite no if a P O box, see instructions. 336 S. BURDICK STREET, SUITE 702  **City, town or post office, state, and ZIP code For a foreign address, see instructions **City, town or post office, state, and ZIP code For a foreign address, see instructions **City, town or post office, state, and ZIP code For a foreign address, see instructions **City, town or post office, state, and ZIP code For a foreign address, see instructions **City, town or post office, state, and ZIP code For a foreign address, see instructions **City, town or post office, state, and ZIP code For a foreign address, see instructions **City, town or post office, state, and ZIP code For a foreign address, see instructions **City, town or post office, state, and ZIP code For a foreign address, see instructions **City, town or post office, state, and ZIP code For a foreign address, see instructions **City, town or post office, state, and ZIP code For a foreign address, see instructions **City, town or post office, state, and ZIP code For a foreign address, see instructions  **City, town or post office, state, and ZIP code For a foreign address, see instructions  **City, town or post office, state, and ZIP code For a foreign address, see instructions  **City, town or post office, state, and ZIP code For a foreign address, see instructions  **City, town or post office, state, and ZIP code For a foreign address, see instructions  **Code  **Form 990 cr form 990-EZ  **Code  **Form 990-T (corporation)  **Option 990-T (corporation	Tues	I Name of an		ather files are see						
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Sa6 S. BURDICK STREET, SUITE 702  City, town or post office, state, and ZIP code For a foreign address, see instructions  KALAMAZOO MI 49007  Enter the Return code for the return that this application is for (file a separate application for each return)  O4  Application B For Code B Form 990-EZ O1 Form 990-EZ O1 Form 990-T (corporation) O7  Form 990-BL O2 Form 990-EZ O1 Form 990-EZ O1 Form 990-T (corporation) O7  Form 990-BL O2 Form 990-EZ O1 Form 990-EZ O1 Form 990-T (corporation) O9  Form 990-PT O4 Form 5227 O1 Form 990-FORM O7  Form 990-PT O4 Form 5227 O1 Form 990-FORM O7  Form 990-T (see 401(a) or 408(a) trust) O5 Form 6089 O1 Form 8670 O1 Form 990-T (see 401(a) or 408(a) trust) O5 Form 6089 O1 Form 8670 O1 Form 990-T (see 401(a) or 408(a) trust) O5 Form 6089 O1 Form 8670 O1 Form 990-T (see 401(a) or 408(a) trust) O5 Form 6089 O1 Form 8670 O1 Form 990-T (see 401(a) or 408(a) trust) O5 Form 6089 O1 Form 8670 O1 Form 990-T (see 401(a) or 408(a) trust) O5 Form 6089 O1 Form 8670 O1 Form 990-T (see 401(a) or 408(a) trust) O5 Form 6089 O1 Form 8670 O1 Form 990-T (see 401(a) or 408(a) trust) O5 Form 6089 O1 Form 8670 O1 Form 8670 O1 Form 990-T (see 401(a) or 408(a) trust) O5 Form 6089 O1 Form 8670 O1 Form 990-T (see 401(a) or 408(a) trust) O5 Form 6089 O1 Form 8670 O1 Form 990-T (see 401(a) or 408(a) trust) O5 Form 6089 O1 Form 8670 O1 Form 8670 O1 Form 990-T (see 401(a) or 408(a) trust) O1 Form 990-T (see 5) Form 6089 O1 Form 8670 O1 Form 8670 O1 Form 990-T (see 5) Form 6089 O1 Form 8670 O1 Form 8670 O1 Form 990-T (see 5) Form 6089 O1 Form 8670 O1 Form 8670 O1 Form 990-T (see 5) Form 6089 O1 Form 8670 O1 Form 8670 O1 Form 990-T (see 5) Form 6080 O1 Form 8670 O1 Form 990-T (see 5) Form 6080 O1 Form 990-T (see 5) Form 6080 O1 Form 8670 O1 Form 990-T (see 5) Form 6080 O1 Form 990-T (see 5) Form 6080 O1 Form 990-T (see 5) Form 6090 O1 Form 990-T (see 5) Form 6080 O1 Form 990-T (see 5) Form 6090 O1 Form 990-T (see 5) Form 6		<del>                                     </del>				-4	······································			
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Enter the Return code for the return that this application is for (file a separate application for each return)  Application Is For Code Return Code Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PT 04 Form 5227 10 Form 990-T (see, 401(a) or 408(a) trust) 05 Form 6089 111 Form 990-T (trust other than above) 06 Form 8870 112  **THOMAS T. HUFF 336 S. BURDICK STREET  **The books are in the care of ▶ RALAMAZOO MI 49007  **Telephone No. ▶ 269-226-6336 FAX No ▶  **If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ▶ If it is for part of the group, check this box ▶ If it is for part of the group, check this box ▶ If it is for part of the group, the care of \$\text{PALAMAZOO}\$  **If the is a for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ▶ If it is for part of the group, check this box ▶ If it is for part of the group, check this box ▶ If it is for part of the group, check this box ▶ If it is for part of the group, check this box ▶ If it is for part of the group, check this box ▶ If it is for part of the group, check this box ▶ If it is for part of the group, check this box ▶ If it is for part of the group, check this box ▶ If it is for part of the group, check this box ▶ If it is for part of the group, check this box ▶ If it is for part of the group, check this box ▶ If it is for part of the group, check this box ▶ If it is for part of the group, check this box ▶ If it is group the group, the part of the group that the group		KAT.AMZ	200	мт	49007	,				
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