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### Form 990-PF

EXTENDED TO NOVEMBER 16, 20 Return of Private Foundation

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

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.

OMB No 1545-0052 pen to Public Inspection

| For            | calen       | dar year 2014 or tax year beginnir   | 1g                |                 |   | , and er                                | ding                                    |  |   |
|----------------|-------------|--|-------------------|-----------------|---|---|---|--|---|
| Nar            | ne of       | foundation   |                   |                 |   |   |   | A Employer identificatio                               | n number                                    |
|                |             | NE CHARITABLE FO   |                   |                 |   | ···                                     |   | 38-3269446   | 5   |
|                |             | nd street (or PO box number if mail is no  |                   |                 | _                                       |   | Room/suite                              | B Telephone number                                     |   |
|                |             | 50 GRAND RIVER A   |                   |                 |   |   | <u> </u>                                | 248-735-60   | <del></del>                                 |
|                |             | own, state or province, country, and I, MI 48374                                   | ZIP or foreign p  | ostal code      | •                                       |   |   | C If exemption application is                          | pending, check here .                       |
| G (            | heck        | all that apply: Initial re   | turn              | i               | nitial return of a fo                   | rmer public c                           | harity                                  | D 1. Foreign organization                              | ıs, check here 🕨 🗀                          |
|                | -           | Final ret  |                   |                 | Amended return                          |   |   | 2 Famiga amanizations m                                | postura the 85% test                        |
|                |             | X Address  |                   |                 | Name change                             |   |   | 2. Foreign organizations m<br>check here and attach of | computation                                 |
| <u> </u>       | _           |  | tion 501(c)(3) ex |                 |   |   |   | E If private foundation st                             |   |
|                |             | ction 4947(a)(1) nonexempt charita   | <del></del>       |                 | ible private founda                     |   | 1                                       | under section 507(b)(1                                 | I)(A), check here $ ightharpoonup$          |
|                |             | arket value of all assets at end of yea  |                   | -               |   | Accri                                   | ıaı                                     | F If the foundation is in a                            |   |
| •              | om 1<br>∙\$ | Part II, col. (c), line 16)<br>1 <b>, 4</b> 55 <b>,</b> 238                        |                   | her (speci      |   | hasis.)                                 |   | under section 507(b)(1                                 | I)(B), Check here . PL                      |
|                |             | Analysis of Revenue and Expens   | es                |                 |   |   | octmont                                 | (a) Advested not                                       | (d) Disbursements                           |
|                | 41 \ L      | (The total of amounts in columns (b), (c) necessarily equal the amounts in columns | and (d) may not   |                 | Revenue and<br>nses per books           | (b) Net inv<br>inco                     |   | (c) Adjusted net income                                | for chantable purposes<br>(cash basis only) |
|                | 1           | Contributions, gifts, grants, etc., re   | ceived            |                 | 118,890.                                |   |   | N/A  | ,,  |
|                | 2           | Check If the foundation is not require   |                   |                 |   |   |   |  |   |
|                | 3           | Interest on savings and temporary cash investments                                 |                   |                 | 89.                                     |   | 89.                                     |  | STATEMENT 1                                 |
|                | 4           | Dividends and interest from securi   | ties              |                 | 28,665.                                 | 2                                       | 8,665.                                  |  | STATEMENT 2                                 |
|                | 5a          | Gross rents  |                   |                 |   | ,                                       |   |  |   |
|                | b           | Net rental income or (loss)  |                   | ļ               |   | *************************************** |   | ······ ,;;;; ;;;; ;;;;;;;;;;;;;;;;;;;;;                | **************************************      |
| Revenue        | 6a          | Net gain or (loss) from sale of assets not Gross sales price for all               |                   |                 | 94,855.                                 |   |   |  |   |
|                | b           | assets on line 6a  | 88,440.           |                 |   |   | 4 055                                   | **************************************                 |   |
| Re             | _           | Capital gain net income (from Part IV, line  | : 2)              |                 |   | 9.                                      | 4,855.                                  |  |   |
|                | 8           | Net short-term capital gain  |                   |                 | ***********************                 | *************************************** |   |  |   |
|                | 100         | Income modifications Gross sales less returns                                      |                   |                 |   |   | ······                                  |  |   |
|                | 1.          | and allowances  Less Cost of goods sold  |                   | <del></del>     | *************************************** |   | · / / / / · / · · · · · · · · · · · · · |  |   |
|                | 1           | Gross profit or (loss)   |                   | İ               |   |   |   |  |   |
|                | 11          | Other income   |                   |                 |   |   |   |  |   |
|                | 12          | Total. Add lines 1 through 11  |                   |                 | 242,499.                                | 12                                      | 3,609.                                  |  |   |
|                | 13          | Compensation of officers, directors, trus  | tees, etc         |                 | 0.                                      |   | 0.                                      |  | 0   |
|                | 14          | Other employee salaries and wages  |                   |                 |   |   |   |  |   |
| ø,             | 15          | Pension plans, employee benefits   | 415, 7 1 1, 25 m  |                 |   | _                                       |   |  |   |
| ıse            | 16a         | · · · · · · · · · · · · · · · · · · ·  | I EV TMT          | <del> </del> -0 | 3,099.                                  |   | 1,549.                                  |  | 1,550                                       |
| Expenses       | b           | Accounting fees  | POMOL AGAS        | 181             | 2 600                                   |   | 1 000                                   |  | 1 000                                       |
|                | _ C         | Other professional fees SES  | TMT 4015          | 07              | 3,600.                                  |   | 1,800.                                  |  | 1,800                                       |
| Administrative | 17<br>18    | Taxes S  | TMT_5             |                 | 4,226.                                  |   | 464.                                    |  | 0   |
| istra          | 19          |  | DEN, H            |                 | 4,220.                                  |   | 707.                                    |  |   |
| ij             | 20          | Occupancy  |                   |                 |   |   |   |  |   |
| Adı            | 21          | Travel, conferences, and meetings  |                   |                 |   |   |   |  |   |
| and            | 22          | Printing and publications  | •                 |                 |   |   |   |  |   |
|                | 1           |  | TMT 6             |                 | 15,530.                                 | 1                                       | 5,395.                                  |  | 137   |
| Operating      | 24          | Total operating and administrativ  | е                 |                 |   |   |   |  |   |
| þe             |             | expenses. Add lines 13 through 2   | 3 .               |                 | 26,455.                                 | 1                                       | 9,208.                                  | -  | 3,487                                       |
| J              | 25          | Contributions, gifts, grants paid  |                   | <u> </u>        | 67,940.                                 |   |   |  | 67,940                                      |
|                | 26          | Total expenses and disbursemen   | ts.               |                 | 04 205                                  |   |   |  | 73 46-                                      |
|                |             | Add lines 24 and 25  |                   | <del> </del>    | 94,395.                                 | 1                                       | 9,208.                                  | <u> </u>   | 71,427                                      |
|                | 27          | Subtract line 26 from line 12  |                   |                 | 140 104                                 |   |   |  |   |
|                |             | Excess of revenue over expenses and di   |                   | ļ               | 148,104.                                | 10                                      | 4,401.                                  |  | <del> </del>                                |
|                |             | Net investment income (if negative,  |                   |                 | ·····                                   | 10                                      | 2,401.                                  | N/A  | -   |
|                | ıC          | Adjusted net income (if negative, en   | ter -U-) .        | į.              |   | •                                       |   | 1 I/ M   | t   |

LHA For Paperwork Reduction Act Notice, see instructions.

|                              |      | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | Beginning of year   | End of         | уваг                                  |
|------------------------------|------|--|---------------------|----------------|---------------------------------------|
|                              | art  | column should be for end-of-year amounts only  | (a) Book Value      | (b) Book Value | (c) Fair Market Value                 |
|                              | 1    | Cash - non-interest-bearing  |                     |                |                                       |
|                              | 2    | Savings and temporary cash investments   | 149,018.            | 203,173.       | 203,173.                              |
|                              | 3    | Accounts receivable  |                     |                |                                       |
|                              |      | Less allowance for doubtful accounts   |                     |                | · · · · · · · · · · · · · · · · · · · |
|                              | 4    | Pledges receivable ▶   |                     |                |                                       |
|                              |      | Less allowance for doubtful accounts   |                     |                |                                       |
|                              | 5    | Grants receivable .  |                     |                | ·                                     |
|                              | 6    | Receivables due from officers, directors, trustees, and other  |                     |                |                                       |
|                              |      | disqualified persons   |                     |                |                                       |
|                              | 7    | Other notes and loans receivable .   |                     |                |                                       |
|                              |      | Less: allowance for doubtful accounts  |                     |                |                                       |
| Ş                            | 8    | Inventories for sale or use  |                     |                |                                       |
| Assets                       | 9    | Prepaid expenses and deferred charges  |                     |                |                                       |
| Ä                            | 10a  | Investments - U S and state government obligations   |                     |                |                                       |
|                              | 6    | Investments - corporate stock STMT 7   | 668,624.            | 712,642.       | 820,025.                              |
|                              | C    | Investments - corporate bonds STMT 8   | 336,489.            | 362,198.       | 355,968.                              |
|                              | 11   | Investments - land, buildings, and equipment basis   |                     |                |                                       |
|                              |      | Less accumulated depreciation  |                     |                |                                       |
|                              | 12   | Investments - mortgage loans   |                     |                |                                       |
|                              | 13   | Investments - other STMT 9   | 51,850.             | 76,072.        | 76,072.                               |
|                              | 14   | Land, buildings, and equipment basis   |                     |                |                                       |
|                              |      | Less accumulated depreciation  | <u></u>             |                | · · · · · · · · · · · · · · · · · · · |
|                              | 15   | Other assets (describe   |                     |                |                                       |
|                              | 16   | Total assets (to be completed by all filers - see the  |                     |                |                                       |
|                              |      | instructions Also, see page 1, item I)   | 1,205,981.          | 1,354,085.     | 1,455,238.                            |
|                              | 17   | Accounts payable and accrued expenses  |                     |                |                                       |
|                              | 18   | Grants payable   |                     |                |                                       |
| es                           | 19   | Deferred revenue   |                     |                |                                       |
| Liabilities                  | 20   | Loans from officers, directors, trustees, and other disqualified persons                                       |                     |                |                                       |
| iab                          | 21   | Mortgages and other notes payable .  |                     |                |                                       |
| _                            | 22   | Other liabilities (describe )  |                     |                |                                       |
|                              |      |  |                     |                |                                       |
|                              | 23   | Total liabilities (add lines 17 through 22)  | 0.                  | 0.             |                                       |
|                              |      | Foundations that follow SFAS 117, check here   |                     |                |                                       |
| (A)                          |      | and complete lines 24 through 26 and lines 30 and 31.  |                     |                |                                       |
| Sec                          | 24   | Unrestricted   |                     |                |                                       |
| <u>a</u>                     | 25   | Temporarily restricted .   |                     |                |                                       |
| ä                            | 26   | Permanently restricted   |                     |                |                                       |
| Ĕ                            |      | Foundations that do not follow SFAS 117, check here  | <b>i</b>            |                |                                       |
| T.                           |      | and complete lines 27 through 31.  |                     | _              |                                       |
| <b>Assets or Fund Balanc</b> | 27   | Capital stock, trust principal, or current funds   | 0.                  | 0.             |                                       |
| sse                          | 28   | Paid-in or capital surplus, or land, bldg, and equipment fund  | 0.                  | 0.             |                                       |
| Ş                            | 29   | Retained earnings, accumulated income, endowment, or other funds   | 1,205,981.          | 1,354,085.     |                                       |
| Net                          | 30   | Total net assets or fund balances  | 1,205,981.          | 1,354,085.     |                                       |
|                              |      |  |                     |                |                                       |
| _                            | 31   | Total liabilities and net assets/fund balances   | 1,205,981.          | 1,354,085.     |                                       |
| F                            | art  | Analysis of Changes in Net Assets or Fund E  | Balances            |                |                                       |
| 1                            | Tota | I net assets or fund balances at beginning of year - Part II, column (a), line                                 | 30                  |                |                                       |
|                              |      | st agree with end-of-year figure reported on prior year's return)  |                     | <u>1</u>       | 1,205,981.                            |
| 2                            | -    | r amount from Part I, line 27a   |                     | 2              | 148,104.                              |
| 3                            | Othe | er increases not included in line 2 (itemize)  |                     | 3              | 0.                                    |
| 4                            | Add  | lines 1, 2, and 3  |                     | 4              | 1,354,085.                            |
| 5                            | Dec  | reases not included in line 2 (itemize)  |                     | 5              | 0.                                    |
| 6                            | Tota | I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c                                | column (b), line 30 | . 6            | 1,354,085.                            |

423511 11-24-14

| Part IV Capital Gains  | and Losses for T                                    | ax on Investmen   |                                      |                      |            |   |  |
|--|---|---|--------------------------------------|----------------------|------------|---|--|
| ' (a) List and descr   | ibe the kind(s) of proper<br>rehouse, or common sto |   |                                      | P - Purc<br>D - Dona | hase \     | c) Date acquired<br>(mo., day, yr.)         | (d) Date sold<br>(mo., day, yr)            |
| 1a THRU SUNTRUST   |   |   |                                      |                      | P 7        | ARIOUS                                      | VARIOUS                                    |
| b THRU SUNTRUST  |   |   |                                      |                      |            | ARIOUS                                      | VARIOUS                                    |
| c THRU SUNTRUST  |   |   |                                      |                      | P 7        | ARIOUS                                      | VARIOUS                                    |
| d CAPITAL GAINS  | DIVIDENDS   |   |                                      |                      |            |   |  |
| 8  | <del></del>   |   |                                      |                      |            |   | <u> </u>                                   |
| (e) Gross sales price  | (f) Depreciation all<br>(or allowable)              |   | st or other basis<br>expense of sale |                      |            | (h) Gain or (loss<br>(e) plus (f) minus     | (g)  |
| a 42,664.  |   |   | 38,686                               |                      |            |   | 3,978.                                     |
| b 345,109.   |   |   | 304,899                              | •                    |            | ·   | 40,210.<br>14,363.                         |
| t 14,363.<br>d 36,304.   | <del></del>   |   |                                      | -                    |            |   | 36,304.                                    |
|  |   |   |                                      |                      |            | <del></del> -                               | 30,304.                                    |
| Complete only for assets showing                                       | g gain in column (h) and                            | owned by the foundation   | n on 12/31/69                        |                      | (1)        | Gains (Col (h) gair                         | n minus                                    |
| (i) F.M V as of 12/31/69   | (j) Adjusted bas                                    | sis (k) E   | xcess of col (I)                     |                      |            | (k), but not less that<br>Losses (from col. | an -0-) <b>or</b>                          |
| a  |   | -   |                                      |                      |            |   | 3,978.                                     |
| b  |   |   |                                      |                      |            | -   | 40,210.                                    |
| C  |   |   | -                                    |                      |            |   | 14,363.                                    |
| d  |   |   |                                      |                      | ·          |   | 36,304.                                    |
| 8  |   |   |                                      |                      |            |   |  |
| 2 Capital gain net income or (net ca                                   | pital loss) { If gain                               | n, also enter in Part I, line<br>is), enter -0- in Part I, line | 7<br>27                              | } _2                 |            |   | 94,855.                                    |
| 3 Net short-term capital gain or (los                                  | •   |   |                                      |                      |            |   |  |
| If gain, also enter in Part I, line 8,                                 |   | ., .,   |                                      | <b>,</b>             |            | >= / =                                      |  |
| If (loss), enter -0- in Part I, line 8                                 |   | 10(e) for Reduced   | J Tay on Nat I                       | <u> </u>             | oont Inc.  | N/F   | <u> </u>                                   |
|  |   |   |                                      |                      | ient mot   | 711G  |  |
| (For optional use by domestic private                                  | roundations subject to                              | ne section 4940(a) tax of                                       | n net investment inc                 | orrie.)              |            |   |  |
| If section 4940(d)(2) applies, leave the                               | nis part blank                                      |   |                                      |                      |            |   |  |
| Was the foundation liable for the sec                                  | tion 4942 tay on the dist                           | whitable amount of any v  | ear in the hase neric                | nd2                  |            |   | Yes X No                                   |
| If "Yes," the foundation does not qual                                 |   | - •   | •                                    |                      |            |   |  |
| 1 Enter the appropriate amount in                                      |   |   |                                      | tries.               |            |   |  |
| (a)<br>Base period years<br>Calendar year (or tax year beginni         | ng in) Adjusted q                                   | (b)<br>Jalifying distributions                                  | Net value of non                     | (c)<br>charitable-   | use assets | Dıstrı<br>(col (b) dı                       | (d)<br>ibution ratio<br>ivided by col (c)) |
| 2013   |   | 55,701.   | -                                    | 1,23                 | 1,507      |   | .045230                                    |
| 2012   |   | 123,407.  |                                      |                      | 2,544      |   | .104357                                    |
| 2011   |   | 88,079.   |                                      |                      | 1,498      |   | .070946                                    |
| 2010   |   | 46,689.   |                                      |                      | 3,023      |   | .043110                                    |
| 2009   |   | 44,278.   |                                      | 81                   | 5,887      | ·   | .054270                                    |
| 2 Total of line 1, column (d)  |   |   |                                      |                      | ••         | 2   | .317913                                    |
| 3 Average distribution ratio for the the foundation has been in existe | •   | de the total on line 2 by 5                                     | , or by the number o                 | of years             |            | 3   | .063583                                    |
| 4 Enter the net value of noncharitat                                   | ele-use assets for 2014 f                           | rom Part X, line 5  |                                      |                      |            | 4   | 1,401,778.                                 |
| 5 Multiply line 4 by line 3  |   |   |                                      |                      |            | 5   | 89,129.                                    |
| 6 Enter 1% of net investment incon                                     | ne (1% of Part I, line 27b                          | )   | •                                    |                      |            | 6   | 1,044.                                     |
| 7 Add lines 5 and 6  |   |   |                                      |                      |            | 7   | 90,173.                                    |
| 8 Enter qualifying distributions from                                  |   |   |                                      |                      | •          | 8   | 71,427.                                    |
| If line 8 is equal to or greater than                                  | line 7, check the box in                            | Part VI, line 1b, and com                                       | plete that part using                | a 1% tax             | rate       |   |  |
| See the Part VI instructions   |   | <del></del> -   | ·                                    | _                    |            |   | Form <b>990-PF</b> (2014                   |
| 423521 11-24-14  |   |   |                                      |                      |            |   | rum <b>330-PF</b> (2014                    |

| Form |   |      | 32694    |               |            | Page 4     |
|------|---|------|----------|---------------|------------|------------|
|      | rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49   | 948  | - see in | stru          | ctio       | ns)        |
| 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 here 🕨 🔲 and enter 1%  | 1    |          |               | 2,0        | 88.        |
|      | of Part I, line 27b   |      |          |               |            |            |
| 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 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)   | 2    |          |               |            | <u>0.</u>  |
| 3    | Add lines 1 and 2 .   | 3_   |          |               | <u>2,0</u> | 88.        |
| 4    | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)   | 4    |          |               |            | 0.         |
| 5    | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-   | 5    |          |               | 2,0        | <u>88.</u> |
| 6    | Credits/Payments  |      |          |               |            |            |
| a    | 2014 estimated tax payments and 2013 overpayment credited to 2014 6a 6a   |      |          |               |            |            |
| b    | Exempt foreign organizations - tax withheld at source 6b  |      |          |               |            |            |
| C    | Tax paid with application for extension of time to file (Form 8868)  6c 2,040.  |      |          |               |            |            |
| d    | Backup withholding erroneously withheld   |      |          |               |            |            |
| 7    | Total credits and payments Add lines 6a through 6d  | 7    |          |               | 2,0        | <u>40.</u> |
| 8    | Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached   | 8    |          |               |            |            |
| 9    | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed   | 9    |          |               |            | 48.        |
| 10   | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid   | 10   |          |               |            |            |
|      | Enter the amount of line 10 to be Credited to 2015 estimated tax ▶ Refunded ▶   | 11   | <u> </u> |               |            |            |
| Pa   | ert VII-A Statements Regarding Activities   |      |          |               |            |            |
| 1a   | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene i   | n    | ļ.       |               | Yes        |            |
|      | any political campaign?   |      |          | 1a            |            | <u>X</u>   |
| b    | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)   | ?    |          | 1b            |            | X          |
|      | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published   | d or |          |               |            |            |
|      | distributed by the foundation in connection with the activities.  |      |          |               |            |            |
|      | Did the foundation file Form 1120-POL for this year?  |      | -        | 10            |            | X          |
| đ    | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  |      |          |               |            |            |
|      | (1) On the foundation $\blacktriangleright$ \$ (2) On foundation managers $\blacktriangleright$ \$  |      |          |               |            |            |
| 8    | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation   |      |          |               |            |            |
|      | managers > \$O.   |      |          |               |            |            |
| 2    | Has the foundation engaged in any activities that have not previously been reported to the IRS?   |      | ļ.       | 2             |            | <u>X</u>   |
| _    | If "Yes," attach a detailed description of the activities.  |      |          |               |            |            |
| 3    | 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  |      | -        | 3             |            | X          |
|      | Did the foundation have unrelated business gross income of \$1,000 or more during the year?   | ).   | /A       | 4a            |            | X          |
|      | If "Yes," has it filed a tax return on Form 990-T for this year?  | IA   | /A       | 4b            |            | X          |
| Ð    | Was there a liquidation, termination, dissolution, or substantial contraction during the year?  |      | ·  -     | 5             |            |            |
|      | If "Yes," attach the statement required by General Instruction T.   |      |          |               |            |            |
| 0    | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either  |      |          |               |            |            |
|      | <ul> <li>By language in the governing instrument, or</li> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state</li> </ul> | lau  | ľ        |               |            |            |
|      | remain in the governing instrument?   | iaw  |          | _             | Х          |            |
| 7    |   |      | · }      | <u>6</u><br>7 | X          |            |
| 7    | 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   |      | 1        | ····          | - 22       |            |
| Q a  | Enter the states to which the foundation reports or with which it is registered (see instructions)  |      |          |               |            |            |
| υa   | MI  |      |          |               |            |            |
| h    | of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)   |      |          |               |            |            |
| J    | of each state as required by General Instruction G? If "No," attach explanation   |      | ŀ        | 8b            | Х          |            |
| g    | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calen  | ndar | -        | 00            | •••        |            |
| •    | year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV  |      |          | 9             |            | Х          |
| 10   | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses  |      |          | 10            |            | X          |

All other program-related investments. See instructions

Total. Add lines 1 through 3

| P      | Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations   | ndations,  | see instructions.)                    |
|--------|--|------------|---------------------------------------|
| 1      | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:  |            |                                       |
| а      | Average monthly fair market value of securities  | 1a         | 1,256,850.                            |
|        | Average of monthly cash balances   | 1b         | 1,256,850.<br>166,275.                |
| C      | Fair market value of all other assets  | 10         |                                       |
| d      | Fotal (add lines 1a, b, and c)   | 1d         | 1,423,125.                            |
| е      | Reduction claimed for blockage or other factors reported on lines 1a and   |            |                                       |
|        | 1c (attach detailed explanation)   |            |                                       |
| 2      | Acquisition indebtedness applicable to line 1 assets   | 2          | 0.                                    |
| 3      | Subtract line 2 from line 1d   | 3          | 1,423,125.                            |
| 4      | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)  | 4          | 21,347.                               |
| 5      | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.  | 5          | 1,401,778.                            |
| 6_     | Minimum investment return. Enter 5% of line 5  | 6          | 70,089.                               |
| P      | Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)                      | id certain |                                       |
| 1      | Minimum investment return from Part X, line 6  | 1          | 70,089.                               |
| 2a     | Tax on investment income for 2014 from Part VI, line 5   |            |                                       |
| b      | Income tax for 2014 (This does not include the tax from Part VI)   |            |                                       |
| C      | Add lines 2a and 2b  | 2c         | 2,088.                                |
| 3      | Distributable amount before adjustments. Subtract line 2c from line 1  | 3          | 68,001.                               |
| 4      | Recoveries of amounts treated as qualifying distributions  | 4          | 0.                                    |
| 5      | Add lines 3 and 4  | 5          | 68,001.                               |
| 6      | Deduction from distributable amount (see instructions)   | 6          | 0.                                    |
| 7_     | Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.   | 7          | 68,001.                               |
| P      | Part XII Qualifying Distributions (see instructions)   |            |                                       |
| 1      | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes  |            |                                       |
| а      | Expenses, contributions, gifts, etc total from Part I, column (d), line 26   | 1a         | 71,427.                               |
| b      | Program-related investments - total from Part IX-B   | 1b         | 0.                                    |
| 2      | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes  | 2          |                                       |
| 3      | Amounts set aside for specific charitable projects that satisfy the  |            |                                       |
| а      | Suitability test (prior IRS approval required)   | 3a         | · · · · · · · · · · · · · · · · · · · |
| _      | - · · · · · · · · · · · · · · · · · · ·  | 3b         |                                       |
| b      | , , , , , , , , , , , , , , , , , , ,  | 20         |                                       |
|        | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4  | 4          | 71,427.                               |
| b      | ·  |            | 71,427.                               |
| b<br>4 | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4  |            | 0.                                    |
| b<br>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 | 5<br>6     | 0.<br>71,427.                         |

Part XIII Undistributed Income (see instructions)

|   | (a)<br>Corpus                              | (b)<br>Years prior to 2013              | (c)<br>2013                            | (d)<br>2014                                      |
|---|--|---|--|--|
| 1 Distributable amount for 2014 from Part XI,   |  | <del></del>                             |  |  |
| line 7  |  |   |  | 68,001.  |
| 2 Undistributed income, if any, as of the end of 2014   |  |   |  |  |
| a Enter amount for 2013 only  |  |   | 0.                                     |  |
| b Total for prior years   |  |   |  |  |
|   |  | 0.                                      | ······································ |  |
| 3 Excess distributions carryover, if any, to 2014   |  |   |  |  |
| a From 2009   |  |   |  |  |
| b From 2010   |  |   |  |  |
| c From 2011 24,091.<br>d From 2012 65,028.  |  |   |  |  |
| <del></del>   |  |   |  |  |
| e From 2013   | 89,119.                                    |   |  |  |
| f Total of lines 3a through e   | 09,119.                                    |   |  |  |
| 4 Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ 71,427.  |  |   |  |  |
|   |  |   | 0.                                     |  |
| a Applied to 2013, but not more than line 2a  | · 1111-11-111-11111-11111-11111-11111-1111 |   | •                                      |  |
| b Applied to undistributed income of prior  |  | 0.                                      |  |  |
| years (Election required - see instructions)  |  |   | ! <del>'</del>                         | (-  -  -  -  -  -  -  -  -  -  -  -  -           |
| c Treated as distributions out of corpus  | 0.   |   |  |  |
| (Election required - see instructions)  | · · · · · · · · · · · · · · · · · · ·      | <del></del>                             |  | 68,001.  |
| d Applied to 2014 distributable amount  | 3,426.                                     |   |  | 00,001.  |
| e Remaining amount distributed out of corpus  | 0.   | ······                                  | . ,                                    | 0.   |
| 5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a))      |  |   |  |  |
| 6 Enter the net total of each column as indicated below:  |  |   |  |  |
| 2 Corpus Add lines 3f, 4c, and 4e Subtract line 5   | 92,545.                                    |   |  |  |
| b Prior years' undistributed income Subtract  |  |   |  | ······································           |
| line 4b from line 2b  |  | 0.                                      |  |  |
| c Enter the amount of prior years'  |  |   |  |  |
| undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed |  | 0.                                      |  |  |
| d Subtract line 6c from line 6b Taxable   |  | <u>` -</u>                              |  |  |
| amount - see instructions   |  | 0.                                      |  |  |
| e Undistributed income for 2013. Subtract line  |  | ······································  |  | ······································           |
| 4a from line 2a Taxable amount - see instr  |  |   | 0.                                     |  |
| f Undistributed income for 2014 Subtract  | ······                                     |   |  |  |
| lines 4d and 5 from line 1. This amount must  |  |   |  |  |
| be distributed in 2015  |  |   |  | 0.   |
| 7 Amounts treated as distributions out of   |  |   |  | 77   |
| corpus to satisfy requirements imposed by   |  |   |  |  |
| section 170(b)(1)(F) or 4942(g)(3) (Election  |  |   |  |  |
| may be required - see instructions)   | 0.   |   |  | ······································           |
| 8 Excess distributions carryover from 2009  |  |   |  |  |
| not applied on line 5 or line 7   | 0.   | ······································  |  |  |
| 9 Excess distributions carryover to 2015.   |  |   |  |  |
| Subtract lines 7 and 8 from line 6a   | 92,545.                                    | *************************************** | ************************************** | <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del> |
| 10 Analysis of line 9   |  |   |  |  |
| a Excess from 2010  |  |   |  |  |
| b Excess from 2011 24,091.  |  |   |  |  |
| c Excess from 2012 65,028.  |  |   |  |  |
| d Excess from 2013  |  |   |  |  |
| e Excess from 2014 3,426.   |  |   |  | Form <b>990-PF</b> (2014)                        |

Part XVI-A Analysis of Income-Producing Activities

|   | (a)<br>Business                                  | ousiness income<br>(b)<br>Amount       | (C)<br>Exclu-<br>sion                            | (d)      | (e) Related or exempt                  |
|---|--|--|--|----------|--|
| 1 Program service revenue   | code   | Amount                                 | code   | Amount   | function income                        |
| a   | _  |  | <del>   </del>                                   |          |  |
| b   | _  |  | <del>  </del>                                    |          | <del></del>                            |
| G   | 1 1  |  | <del>    -</del>                                 |          |  |
| d   | _  |  | -  |          |  |
| e   | <del>-   -</del>                                 | <del>_</del>                           | <del> </del>                                     |          | <del> </del>                           |
| g Fees and contracts from government agencies   | _  |  | + - + -  |          |  |
| g Fees and contracts from government agencies  Membership dues and assessments  | <del>                                     </del> | <del></del>                            | <del>  </del> -                                  |          |  |
| Interest on savings and temporary cash  |  |  | <del>                                     </del> |          |  |
| investments   |  |  | 14   | 89.      |  |
| Dividends and interest from securities  |  |  | 18   | 28,665.  |  |
| Net rental income or (loss) from real estate  |  |  | 1 - 1  |          | ······································ |
| a Debt-financed property  |  |  | †  |          | <del></del>                            |
| b Not debt-financed property  |  |  | +  |          |  |
| Net rental income or (loss) from personal   |  |  | <del>  -</del>                                   |          |  |
|   |  |  |  |          |  |
| property Other investment income  |  |  | <del>  -   -</del>                               |          |  |
|   |  |  |  |          |  |
| Gain or (loss) from sales of assets other   |  |  | 18   | 94,855.  |  |
| than inventory  |  |  | 1 - 0  | 747033.  |  |
| Net income or (loss) from special events  |  |  | <u> </u>   |          |  |
| Gross profit or (loss) from sales of inventory  |  |  |  |          |  |
| Other revenue   |  |  |  |          |  |
| a   | _  | ······································ | <del>  </del>                                    |          |  |
| b   | <del>-   -</del>                                 |  | 1  |          |  |
| C   |  |  | <del>  </del>                                    |          |  |
|   |  |  | 1 1  |          |  |
| d   | <del></del>                                      |  |  |          |  |
| d   |  | <u> </u>                               |  | 123 609  |  |
| e Subtotal Add columns (b), (d), and (e)  |  | 0.                                     |  | 123,609. | 123.60                                 |
| e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)  |  | 0.                                     |  | 123,609. |  |
| d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities  | s to the Accor                                   | nplishment of E                        | xempt P  | 13       | 123,60                                 |
| e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities  | s to the Accor                                   | nplishment of E                        | xempt P  | 13       | 123,60                                 |
| d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities ine No. Explain below how each activity for which in | s to the Accor                                   | nplishment of E                        | xempt P  | 13       | 123,60                                 |
| d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities ine No. Explain below how each activity for which in | s to the Accor                                   | nplishment of E                        | xempt P  | 13       | 123,60                                 |
| d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities ine No. Explain below how each activity for which in | s to the Accor                                   | nplishment of E                        | xempt P  | 13       | 123,60                                 |
| d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities ine No. Explain below how each activity for which in | s to the Accor                                   | nplishment of E                        | xempt P  | 13       | 123,60                                 |
| d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities ine No. Explain below how each activity for which in | s to the Accor                                   | nplishment of E                        | xempt P  | 13       | 123,60                                 |
| subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  we worksheet in line 13 instructions to verify calculations  art XVI-B Relationship of Activities  ne No. Explain below how each activity for which in   | s to the Accor                                   | nplishment of E                        | xempt P  | 13       | 123,60                                 |
| subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  we worksheet in line 13 instructions to verify calculations  art XVI-B Relationship of Activities  ne No. Explain below how each activity for which in   | s to the Accor                                   | nplishment of E                        | xempt P  | 13       | 123,60                                 |
| subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  we worksheet in line 13 instructions to verify calculations  art XVI-B Relationship of Activities  ine No. Explain below how each activity for which in  | s to the Accor                                   | nplishment of E                        | xempt P  | 13       | 123,60                                 |
| subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  we worksheet in line 13 instructions to verify calculations  art XVI-B Relationship of Activities  ine No. Explain below how each activity for which in  | s to the Accor                                   | nplishment of E                        | xempt P  | 13       | 123,60                                 |
| subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  we worksheet in line 13 instructions to verify calculations  art XVI-B Relationship of Activities  ine No. Explain below how each activity for which in  | s to the Accor                                   | nplishment of E                        | xempt P  | 13       | 123,60                                 |
| d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities ine No. Explain below how each activity for which in | s to the Accor                                   | nplishment of E                        | xempt P  | 13       | 123,60                                 |
| d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities ine No. Explain below how each activity for which in | s to the Accor                                   | nplishment of E                        | xempt P  | 13       | 123,60                                 |
| d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities ine No. Explain below how each activity for which in | s to the Accor                                   | nplishment of E                        | xempt P  | 13       | 123,60                                 |
| d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities ine No. Explain below how each activity for which in | s to the Accor                                   | nplishment of E                        | xempt P  | 13       | 123,60                                 |
| d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities ine No. Explain below how each activity for which in | s to the Accor                                   | nplishment of E                        | xempt P  | 13       | 123,60                                 |
| d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities ine No. Explain below how each activity for which in | s to the Accor                                   | nplishment of E                        | xempt P  | 13       | 123,60                                 |
| d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities ine No. Explain below how each activity for which in | s to the Accor                                   | nplishment of E                        | xempt P  | 13       | 123,60                                 |

| •                | Exempt Organ  | izations   |                    |                                       | _  |                                 |               |          |        |
|------------------|---|--|--------------------|---------------------------------------|--|---------------------------------|---------------|----------|--------|
| 1 Did the d      | organization directly or indi                               |  | of the followin    | g with any other organization         | on described in secti                            | on 501(c) of                    |               | Yes      | No     |
|                  | (other than section 501(c)                                  |  |                    |                                       |  | • •                             |               |          |        |
|                  | s from the reporting founda                                 |  |                    | • •                                   |  |                                 |               |          |        |
| (1) Cas          | _   |  |                    | ,                                     |  |                                 | 1a(1)         | [        | X      |
| (2) Oth          |   |  |                    | •                                     | •  | •                               | 1a(2)         |          | X      |
| b Other tra      |   |  | •                  |                                       |  |                                 |               |          |        |
|                  | es of assets to a noncharita                                | terinenza tampya aldı                            | ion                |                                       |  |                                 | 1b(1)         | •        | Х      |
| • •              | chases of assets from a no                                  |  |                    | •                                     |  |                                 | 1b(2)         |          | X      |
| •                | ital of facilities, equipment,                              | ·  | rgamzation         | •                                     | •  |                                 | ——            | -        | X      |
| -                |   |  |                    | •                                     | • ••   | •                               | 1b(3)         |          | X      |
| •                | mbursement arrangements                                     |  |                    |                                       |  | •                               | 1b(4)         |          | X      |
| •                | ns or loan guarantees<br>formance of services or me         | <br>Managana ar fundrais                         | una colinitatio    | 90                                    | •  |                                 | 1b(5)         |          | X      |
| -                |   |  |                    |                                       | •  | •                               | 1b(6)         |          | X      |
|                  | of facilities, equipment, ma<br>swer to any of the above is | -  |                    |                                       | waya ahayi tha fair m                            | narkat valua of the goods       | 1c            |          |        |
|                  | ces given by the reporting fo                               |  |                    |                                       |  |                                 |               | seis,    |        |
|                  | (d) the value of the goods,                                 |  |                    | BU 1655 (IIali Iali IIIaike) Vali     | u <del>o</del> iii aiiy tialisactioli            | or snaming arrangement,         | SIIQW III     |          |        |
| (a) Line no      | (b) Amount involved   | <del>,</del>                                     |                    | exempt organization                   | (d) Description                                  | of transfers, transactions, and | shenna c      | mnae~    |        |
| (a) Little 110   | (b) / (included in volvou                                   | (6) (10)   | N/A                | oxompt organization                   | (u) Description                                  | or transactions, and            | Silaring ar   | rangeme  |        |
|                  | <del></del>   | <del> </del>                                     |                    | <del></del>                           | <del>-                                    </del> |                                 |               |          |        |
|                  |   | <del>                                     </del> |                    |                                       | <del></del>                                      |                                 |               |          |        |
|                  |   | <del>                                     </del> |                    |                                       | <del></del>                                      | <del></del>                     |               |          |        |
|                  |   |  |                    |                                       | <del></del>                                      |                                 |               |          |        |
|                  |   |  |                    | -                                     |  |                                 |               |          |        |
| <del></del>      |   |  |                    |                                       | <del></del>                                      |                                 |               |          |        |
|                  |   |  |                    |                                       |  |                                 |               |          |        |
|                  |   | <del> </del>                                     |                    | <del> </del>                          | <del> </del>                                     |                                 |               |          |        |
|                  |   | <del>                                     </del> |                    |                                       | <del></del>                                      |                                 |               |          |        |
|                  |   | <del> </del>                                     |                    |                                       | <del> </del>                                     |                                 |               |          |        |
| -                |   | <del>                                     </del> | <del></del>        |                                       |  | ·                               | -             |          |        |
|                  | <del></del>   | <del> </del>                                     |                    |                                       |  |                                 |               |          |        |
|                  |   | <del>                                     </del> |                    |                                       |  |                                 |               |          |        |
|                  |   |  |                    |                                       |  |                                 |               |          |        |
|                  |   | <del></del> -                                    |                    |                                       |  |                                 |               |          |        |
| 2a Is the fo     | undation directly or indirec                                | ·tlv affiliated with or r                        | related to one     | or more tax-exempt organ              | izations described                               |                                 |               |          |        |
|                  | on 501(c) of the Code (othe                                 |  |                    | • •                                   | izations described                               | Г                               | Yes           | Гχ       | □No    |
|                  | complete the following sch                                  |  | (0), 01 111 0001   |                                       |  | _                               | 03            | معا      |        |
| <u>u 1, 100,</u> | (a) Name of ord   |  |                    | (b) Type of organization              |  | (c) Description of relations    | ship          |          |        |
|                  | N/A   | <u></u>  |                    | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |  | (-/ <u> </u>                    |               |          |        |
|                  |   | <del></del>                                      |                    |                                       | <del> </del>                                     |                                 |               |          |        |
|                  |   |  |                    |                                       | <del>                                     </del> |                                 |               |          |        |
|                  |   |  |                    |                                       |  |                                 |               |          |        |
|                  |   | <del></del>                                      |                    |                                       | <del>                                     </del> |                                 |               |          |        |
| Und              | fer penalties of perjury, I declare                         | that I have examined this                        | s return, includir | ng accompanying schedules and         | statements, and to the                           | best of my knowledge            | av the IDC    | dinavias | thic   |
| Sign and         | belief, ut strue, correct, and co                           | mplete.Declaration of pro                        | eparer (other tha  | n taxpayer) is based on all inform    | mation of which prepare                          | r has any knowledge             | ay the IRS    | е ргера  | rer    |
| Here             | ( fonds (X)   | 1 WM   | ,<br>_             | 19-17-15                              | TREASU   | 3 <u>11</u>                     | own below     |          | ] No   |
| Si               | gnature of officer or trustee                               | В  |                    | Date                                  | Title  |                                 |               |          |        |
|                  | Print/Type preparer's na                                    | ame  | Preparer's s       | ignature //                           | Date   | Check if PTIN                   |               |          |        |
|                  |   |  | (X)                | 1/                                    |  | self- employed                  |               |          |        |
| Paid             | DAVID M. T  | HOMS   | TX                 | Tho                                   | 8-5-2115   | P0                              | 0187          | 137      |        |
| Prepare          | r Firm's name ►MII  | LER, CANF  | TELD,              | PADDOCK AND                           | STONE, PI  |                                 |               |          |        |
| Use Only         |   | _  | •                  |                                       | •  |                                 |               |          |        |
|                  | Firm's address ► 84   | 0 W. LONG  | LAKE               | ROAD, SUITE                           | 150  |                                 |               |          |        |
|                  |   | ROY, MI 48                                       |                    |                                       |  | Phone no 248-8                  | <u>79-</u> 2  | 000      |        |
|                  | <del></del>   |  |                    |                                       |  |                                 | orm <b>99</b> | 0-PF     | (2014) |

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

2014

Name of the organization

Employer identification number

| <u>W</u>  | VISNE CHARITABLE FOUNDATION  | 38-3269446   |
|---|--|--|
| Organization type (check                                      | cone):   |  |
| Filers of:  | Section:   |  |
| Form 990 or 990-EZ  | 501(c)( ) (enter number) organization  | •  |
|   | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation   |  |
|   | 527 political organization   |  |
| Form 990-PF   | X 501(c)(3) exempt private foundation  |  |
|   | 4947(a)(1) nonexempt charitable trust treated as a private foundation  |  |
|   | 501(c)(3) taxable private foundation   |  |
| Note. Only a section 501(  General Rule  X  For an organizati | n is covered by the <b>General Rule</b> or a <b>Special Rule</b> .  (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule and III. See instructions for determining a contributions to the special Rule and II. See instructions for determining a contributions to the special Rule and II. | otaling \$5,000 or more (in money or                               |
| Special Rules   | my one contributor. Complete rates raina in occ mattackens for determining a contr   | isator s total contributions.                                      |
| sections 509(a)(<br>any one contribu                          | tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% si<br>(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13<br>utor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the<br>EZ, line 1. Complete Parts I and II.   | 3, 16a, or 16b, and that received from                             |
| year, total contri  | tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received ibutions of more than \$1,000 exclusively for religious, charitable, scientific, literary, of cruelty to children or animals. Complete Parts I, II, and III.   | -  |
| year, contributio<br>is checked, ente<br>purpose. Do not      | tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received ons exclusively for religious, charitable, etc., purposes, but no such contributions total on the religious that were received during the year for an exclusively rest complete any of the parts unless the <b>General Rule</b> applies to this organization becable, etc., contributions totaling \$5,000 or more during the year   | aled more than \$1,000. If this box<br>eligious, charitable, etc., |
| but it must answer "No"                                       | n that is not covered by the General Rule and/or the Special Rules does not file Schoon Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or oper the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).   |  |
| LUA For Pananyark Pa  | adjustice Act Notice see the Instructions for Form 990, 990-F7, or 990-PF. Sch   | edulo R /Form 000 000-F7 or 000-PE) /2014)                         |

Name of organization

Employer identification number

# WISNE CHARITABLE FOUNDATION

38-3269446

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if add   | ditional space is needed.  |  |
|------------|--|----------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions    | (d)<br>Type of contribution  |
| 1          | ANTHONY E. WISNE TRUST  46350 GRAND RIVER AVE., SUITE A,  NOVI, MI 48374 | \$118,890.                 | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions    | (d)<br>Type of contribution  |
|            |  |                            | Person Payroll Poncash Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
|            |  | \$                         | Person Payroll Complete Part II for noncash contributions.)          |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions    | (d) Type of contribution   |
|            |  | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions    | (d)<br>Type of contribution  |
|            |  | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions    | (d)<br>Type of contribution  |
|            |  | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Employer identification number

#### WISNE CHARITABLE FOUNDATION

38-3269446

| Part II                      | Noncash Property (see instructions). Use duplicate copies of Part II if | additional space is needed.              |                              |
|------------------------------|---|--|------------------------------|
| (a)<br>No.<br>from<br>Part I | (b) Description of noncash property given                               | (c) FMV (or estimate) (see instructions) | (d)<br>Date received         |
|                              |   | \$                                       |                              |
| (a)<br>No.<br>from<br>Part I | (b) Description of noncash property given                               | (c) FMV (or estimate) (see instructions) | (d)<br>Date received         |
|                              |   | \$                                       |                              |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                              | (c) FMV (or estimate) (see instructions) | (d)<br>Date received         |
|                              |   | \$                                       |                              |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                            | (c) FMV (or estimate) (see instructions) | (d)<br>Date received         |
|                              |   | \$                                       |                              |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                              | (c) FMV (or estimate) (see instructions) | (d)<br>Date received         |
|                              |   | \$                                       |                              |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                              | (c) FMV (or estimate) (see instructions) | (d)<br>Date received         |
|                              |   | \$                                       | 000 000.57 or 000.PE\ (2014) |

| ame of orga               | nizatlon  |  | Employer identification number  |  |  |  |  |  |
|---------------------------|---|--|---|--|--|--|--|--|
|                           | CHARITABLE FOUNDATION   |  | 38-3269446  |  |  |  |  |  |
| Part III                  | Exclusively religious, charitable, etc., contributor. Complete c completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additional | olumns (a) through (e) and the following the following chantable, etc., contributions of \$1,000 to the following contri | d in section 501(c)(7), (8), or (10) that total more than \$1,000 for owing line entry. For organizations or less for the year (Enterthis info once). |  |  |  |  |  |
| (a) No.<br>from           |   |  | //D Description of house its in head  |  |  |  |  |  |
| Part I                    | (b) Purpose of gift   | (c) Use of gift  | (d) Description of how gift is held   |  |  |  |  |  |
|                           |   | (e) Transfer of g  | ift   |  |  |  |  |  |
|                           | Transferee's name, address, an  | d ZIP + 4  | Relationship of transferor to transferee  |  |  |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gift  | (d) Description of how gift is held   |  |  |  |  |  |
|                           |   |  |   |  |  |  |  |  |
| -                         | (e) Transfer of gift  |  |   |  |  |  |  |  |
|                           | Transferee's name, address, an  | d ZIP + 4  | Relationship of transferor to transferee  |  |  |  |  |  |
| (a) No.                   |   |  |   |  |  |  |  |  |
| from<br>Part I            | (b) Purpose of gift   | (c) Use of gift  | (d) Description of how gift is held   |  |  |  |  |  |
|                           |   |  |   |  |  |  |  |  |
|                           | Transferee's name, address, an  | (e) Transfer of g  | r of gift  Relationship of transferor to transferee   |  |  |  |  |  |
|                           | Transferee 3 name, address, an  |  | Tielationship of transletor to transleto  |  |  |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gift  | (d) Description of how gift is held   |  |  |  |  |  |
|                           |   |  |   |  |  |  |  |  |
|                           |   | (e) Transfer of g  | ift   |  |  |  |  |  |
| -                         | Transferee's name, address, ar  | nd ZIP + 4   | Relationship of transferor to transferee  |  |  |  |  |  |
|                           |   |  |   |  |  |  |  |  |
|                           |   |  |   |  |  |  |  |  |

| FORM 990-PF INTERE                         | ST ON SAVIN               | IGS AND TEM                  | PORARY         | CASH IN                  | VESTMENTS                     | STATEMENT                    | 1   |
|--|---------------------------|------------------------------|----------------|--------------------------|-------------------------------|------------------------------|-----|
| SOURCE                                     |                           | REVE                         |                |                          | (B)<br>VESTMENT<br>COME       | (C)<br>ADJUSTED<br>NET INCOM |     |
| KEYBANK NATIONAL AS<br>UNITED STATES TREAS |                           | 43.<br>46.                   |                |                          |                               |                              |     |
| TOTAL TO PART I, LI                        | NE 3                      |                              | 89.            |                          | 89.                           |                              |     |
| FORM 990-PF                                | DIVIDENDS                 | S AND INTER                  | EST FRO        | OM SECUR                 | ITIES                         | STATEMENT                    | 2   |
| SOURCE                                     | GROSS<br>AMOUNT           | CAPITAL<br>GAINS<br>DIVIDEND | RI             | (A)<br>EVENUE<br>R BOOKS | (B)<br>NET INVES<br>MENT INCO |                              |     |
| SUNTRUST BANK SUNTRUST BANK SUNTRUST BANK  | 24.<br>28,641.<br>36,304. | •                            | 0.<br>0.<br>4. | 24.<br>28,641.<br>0.     |                               | 24.<br>1.<br>0.              |     |
| TO PART I, LINE 4                          | 64,969.                   | 36,30                        | 4.             | 28,665.                  | 28,66                         | 55.                          |     |
| FORM 990-PF                                |                           | LEGAL                        | FEES           |                          |                               | STATEMENT                    | 3   |
| DESCRIPTION                                |                           | (A)<br>EXPENSES<br>PER BOOKS | NET I          | B)<br>NVEST-<br>INCOME   | (C)<br>ADJUSTED<br>NET INCOM  |                              |     |
| MILLER, CANFIELD, PAND STONE, PLC          | ADDOCK                    | 3,099.                       |                | 1,549.                   |                               | 1,5                          | 50. |
| TO FM 990-PF, PG 1,                        | LN 16A                    | 3,099.                       |                | 1,549.                   |                               | 1,5                          | 50. |

| FORM 990-PF  | OTHER PROFES                   | SIONAL FEES                       | STATEMENT 4 |                               |  |
|--|--------------------------------|-----------------------------------|-------------|-------------------------------|--|
| DESCRIPTION  | (A)<br>EXPENSES<br>PER BOOKS   |                                   |             | (D)<br>CHARITABLE<br>PURPOSES |  |
| EPOCH RESTAURANT GROUP - MANAGEMENT FEES   | 3,600.                         | 1,800.                            |             | 1,800.                        |  |
| TO FORM 990-PF, PG 1, LN 16C   | 3,600.                         | 1,800.                            |             | 1,800.                        |  |
| FORM 990-PF  | TAX                            | ES                                | S           | IATEMENT 5                    |  |
| DESCRIPTION  | (A)<br>EXPENSES<br>PER BOOKS   | (B)<br>NET INVEST-<br>MENT INCOME |             | (D)<br>CHARITABLE<br>PURPOSES |  |
| FOREIGN INCOME TAX WITHHOLDING EXCISE TAX  | 464.<br>3,762.                 |                                   |             | 0.                            |  |
| TO FORM 990-PF, PG 1, LN 18  | 4,226.                         | 464.                              |             | 0.                            |  |
| FORM 990-PF  | OTHER E                        | XPENSES                           | S           | FATEMENT 6                    |  |
| DESCRIPTION  | (A)<br>EXPENSES<br>PER BOOKS   |                                   |             |                               |  |
| INVESTMENT ADVISORY FEES - SUNTRUST BANK FEES RECORD AND EQUIPMENT STORAGE OFFICE SUPPLIES | 15,258.<br>15.<br>150.<br>107. | 15,258.<br>8.<br>75.<br>54.       |             | 0.<br>7.<br>75.<br>55.        |  |
| TO FORM 990-PF, PG 1, LN 23  | 15,530.                        | 15,395.                           |             | 137.                          |  |

| FORM ·990-PF                 | CORPORATE STOCK |            | STATEMENT            | 7   |  |
|------------------------------|-----------------|------------|----------------------|-----|--|
| DESCRIPTION                  |                 | BOOK VALUE | FAIR MARKET<br>VALUE |     |  |
| MANNING & NAPIER FD WORLD O  | PPTYS SER       | 95,357.    | 95,14                | 7.  |  |
| OPPENHEIMER DEVEL MKTS CLS   | Y               | 28,031.    | 34,11                |     |  |
| FEDERATED EQUITY FDS STRATE  |                 | 45,767.    | 60,48                |     |  |
| T ROWE PRICE LARGE CAP GROW  |                 | 71,969.    | 137,99               |     |  |
| T ROWE PRICE SMALL CAP GROW  |                 | 8,990.     | 12,80                |     |  |
| CAMBIAR SMALL CAP FUND       |                 | 13,098.    | 12,67                |     |  |
| EATON VANCE ATLANTA CAPITAL  | SMID CAP FUND   | 34,779.    | 38,28                |     |  |
| JOHN HANCOCK DISCIPLINED VA  |                 | 121,199.   | 139,49               |     |  |
| JP MORGAN US EQUITY FUND     |                 | 80,065.    | 88,79                |     |  |
| MAINSTAY ICAP INTL FUND      |                 | 60,322.    | 58,29                |     |  |
| BRANDES INTL SMALL CAP EQUI' | TY FUND         | 25,971.    | 23,56                |     |  |
| ISHARES CORE MSCI PACIFIC    |                 | 38,605.    | 35,22                |     |  |
| ISHARES CORE MSCI EUROPE     |                 | 38,760.    | 35,77                |     |  |
| VAN ECK EMERGING MARKETS FU  | ND              | 25,378.    |                      |     |  |
| WELLS FARO ADVANTAGE ABSOLU  |                 | 24,351.    |                      |     |  |
| TOTAL TO FORM 990-PF, PART   | II, LINE 10B    | 712,642.   | 820,02               | 5.  |  |
| FORM 990-PF                  | CORPORATE BONDS |            | STATEMENT            | 8   |  |
| DESCRIPTION                  |                 | BOOK VALUE | FAIR MARKET<br>VALUE | 1   |  |
| PIMCO FUNDS INVT GRADE CORP  | BD INSTI. CLS A | 22,997.    | 24,03                | 4 . |  |
| DOUBLELINE FUNDS - TOTAL RE  |                 | 61,609.    | 60,07                |     |  |
| PIMCO FUNDS EMERGING LOCAL   |                 | 27,664.    | 21,97                |     |  |
| WASATCH FDS LONG SHORT FUND  | DD ID INCIL CE  | 80,275.    | 83,29                |     |  |
| EATON VANCE FLOATING RATE    |                 | 30,767.    | 29,90                |     |  |
| ISHARES BARCLAYS 3-7 YEAR    |                 | 35,700.    | 36,08                |     |  |
| OSTERWEIS STRATEGIC INCOME   | FUND            | 54,622.    | 52,67                |     |  |
| PIMCO 1-5 YEAR US TIPS INDE  |                 | 24,343.    | 23,74                |     |  |
| VANGUARD MORTGAGE-BACKED SE  |                 | 24,221.    | 24,19                |     |  |
| TOTAL TO FORM 990-PF, PART   | II, LINE 10C    | 362,198.   | 355,96               | 8   |  |

| FORM '990-PF OTHE                   | R INVESTMENTS       | · · · · · · · · · · · · · · · · · · · | STATEMENT            | 9  |
|-------------------------------------|---------------------|---------------------------------------|----------------------|----|
| DESCRIPTION                         | VALUATION<br>METHOD | BOOK VALUE                            | FAIR MARKET<br>VALUE |    |
| PWM FIDUCIARY MASTER DEP ACCT       | COST                | 76,072.                               | 76,072               | 2. |
| TOTAL TO FORM 990-PF, PART II, LINE | 13                  | 76,072.                               | 76,072               | 2. |

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, show any relationship to any foundation manager Foundation Purpose of grant or Amount status of contribution Name and address (home or business) or substantial contributor recipient THE UNIVERSITY OF FINDLAY NONE PUBLIC CHARITY GENERAL 1000 NORTH MAIN STREET FINDLAY, OH 45840 7,500. U OF D JESUIT HIGH SCHOOL & ACADEMY NONE PUBLIC CHARITY GENERAL 8400 S. CAMBRIDGE AVE. DETROIT, MI 48221 10,000. WOMEN PLAYING FOR TIME PUBLIC CHARITY GENERAL NONE 3160 SOUTHGATE COMMERCE BLVD, #50 ORLANDO, FL 32806 3,000. LEUKEMIA & LYMPHOMA SOCIETY NONE PUBLIC CHARITY GENERAL 1471 E. TWELVE MILE ROAD MADISON HEIGHTS, MI 48071 1,000. NONE PUBLIC CHARITY GENERAL FRAGILE X ASSOC OF MICHIGAN P.O. BOX 1414 TROY, MI 48099 500. AUTISM SOCIETY OF OAKLAND COUNTY NONE PUBLIC CHARITY GENERAL 3770 WOODMAN DRIVE 1,440. TROY, MI 48084 NONE PUBLIC CHARITY GENERAL SUNSHINE KIDS FOUNDATION 1041 MILLCREEK DRIVE 1,000. FEASTERVILLE, PA 19053 FRANCISCAN OUTREACH PROGRAM NONE PUBLIC CHARITY GENERAL 1645 W. LEMOYNE STREET 5,000. CHICAGO, IL 60622 NONE PUBLIC CHARITY GENERAL CAPUCHIN SOUP KITCHEN 1264 MELDRUM ST 5,000. DETROIT, MI 48207 NONE PUBLIC CHARITY GENERAL MERCY HOUSING 4001 W MCNICHOLS RD DETROIT, MI 48221 1,000. 41,440. Total from continuation sheets

| Part XV Supplementary Information Grants and Contributions Paid During the  |                               | <del></del>          |                                  | Γ            |
|---|-------------------------------|----------------------|----------------------------------|--------------|
| · Recipient   | If recipient is an individual | <del></del>          |                                  | <del> </del> |
| Recipient if recipient is an individual, show any relationship to any foundation manager or substantial contributor |                               | Foundation status of | Purpose of grant or contribution | Amount       |
|   | or substantial contributor    | recipient            |                                  | <del></del>  |
|   |                               |                      |                                  |              |
| ARMINGTON AREA GOODFELLOWS  | NONE                          | PUBLIC CHARITY       | GENERAL                          |              |
| 1455 WEST 11 MILE ROAD  |                               |                      |                                  |              |
| ARMINGTON HILLS, MI 48336   |                               |                      |                                  | 2,00         |
|   |                               |                      |                                  |              |
| OVENANT HOUSE   | NONE                          | PUBLIC CHARITY       | GENERAL                          |              |
| 59 MARTIN LUTHER KING JR BLVD   |                               |                      |                                  | 4 00         |
| ETROIT, MI 48201  |                               |                      |                                  | 4,00         |
|   |                               |                      |                                  |              |
|   |                               |                      |                                  |              |
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|   |                               |                      |                                  |              |
|   |                               |                      |                                  |              |

| Form 8  | 868 (Rev. 1-2014)  |                      |   |              |  | Page 2      |
|---|--|----------------------|---|--------------|--|-------------|
|   | u are filing for an Additional (Not Automatic) 3-Month Ex  | ctension, c          | complete only Part II and check this    | box          |  | X           |
|   | Only complete Part II if you have already been granted an  |                      |   |              | 3868.                                  |             |
|   | u are filing for an Automatic 3-Month Extension, comple  |                      |   |              |  |             |
| Part  | # Additional (Not Automatic) 3-Month E   | xtensio              | n of Time. Only file the origin         | al (no co    | opies needed).                         |             |
|   |  |                      | Enter filer's                           | identifyin   | g number, see in                       | structions  |
| Туре  | Name of exempt organization or other filer, see instru   | Employer             | Employer identification number (EIN) or |              |  |             |
| print   | print  |                      |   |              |  |             |
| File by th  |  |                      |   |              | 38-32694                               |             |
| due date<br>filing you  | , I Number, street, and room or suite no. If a r.o. box, s   |                      |   | Social se    | curity number (SSI                     | N)          |
| return S  | E/O STACEY DEANGELIS - 840   |                      | ·                                       |              |  |             |
| instructio  | City, town or post office, state, and zir code. For a r  | oreign add           | ress, see instructions.                 |              |  |             |
|   | TROY, MI 48098   |                      |   |              |  |             |
| F-44  | I - D.A  |                      |   |              |  | 0 4         |
| Entert  | he Return code for the return that this application is for (fil-   | e a separa           | te application for each return)         |              |  | 0 1 1       |
| Applic  | ation  | Return               | Application                             |              | <del></del>                            | Return      |
| Is For  |  | Code                 | Is For                                  |              |  | Code        |
|   | 990 or Form 990-EZ   | 01                   |   |              | ······································ |             |
|   | 990-BL   | 02                   | Form 1041-A                             |              |  | 08          |
|   | 1720 (individual)  | 03                   | Form 4720 (other than individual)       |              |  | 09          |
|   | 990-PF   | 04                   | Form 5227                               |              |  | 10          |
| Form 9  | 990-T (sec. 401(a) or 408(a) trust)  | 05                   | Form 6069                               |              |  | 11          |
| Form 9  | 990-T (trust other than above)   | 06                   | Form 8870                               |              |  | 12          |
| STOP  | Do not complete Part II if you were not already granted  | d an auton           | natic 3-month extension on a prev       | iously file  | ed Form 8868.                          |             |
|   | SUSAN DAVIS  |                      |   |              |  |             |
|   | books are in the care of books are in the care | VER A                | VE, SUITE A - NOVI                      | , MI         | 48374                                  |             |
| Tel   | epnone No. ► 248-735-6010  |                      | Fax No. ▶                               |              |  |             |
|   | ne organization does not have an office or place of busines  |                      |   |              | <b>&gt;</b>                            |             |
| • If th   | is is for a Group Return, enter the organization's four digit  | _                    |   |              |  |             |
| box   |  |                      | ch a list with the names and EINs of    | all memb     | ers the extension i                    | s for.      |
|   |  |                      | BER 15, 2015.                           |              |  |             |
|   | For calendar year $\frac{2014}{}$ , or other tax year beginning  |                      | , and endin                             |              |  | ·           |
| 6   | If the tax year entered in line 5 is for less than 12 months, o  | check reas           | on: Ll Initial return L                 | Final r      | eturn                                  |             |
| -   | Change in accounting period  |                      |   |              |  |             |
| 7   | State in detail why you need the extension ADDITIONAL TIME IS NEEDED IN  | ORDER                | TO COMPILE THE IN                       | FORMA        | TION NEED                              | ED TO       |
|   | PREPARE A COMPLETE AND ACCURA  |                      |   |              | 11011 11222                            |             |
|   |  |                      |   |              |  |             |
|   |  |                      |   |              |  |             |
|   |  |                      |   |              |  |             |
|   |  |                      |   |              |  |             |
| 8a  | If this application is for Forms 990-BL, 990-PF, 990-T, 4720   | ), or 6069,          | enter the tentative tax, less any       |              |  |             |
|   | nonrefundable credits. See instructions.   |                      |   | 8a           | \$                                     | 2,040.      |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated |  |                      |   |              |  |             |
|   | tax payments made. Include any prior year overpayment a  | llowed as a          | a credit and any amount paid            |              |  | _           |
| previously with Form 8868.  |  |                      |   | 8b           | \$                                     | _0.         |
| C   | Balance due. Subtract line 8b from line 8a. Include your p   | ayment wit           | th this form, if required, by using     |              |  |             |
|   | EFTPS (Electronic Federal Tax Payment System). See insti   |                      |   | 8c           | \$                                     | 2,040.      |
|   |  |                      | st be completed for Part II             |              |  |             |
| Under<br>It Is tru  | penaities of perjury, I declare that I have examined this form, inclui<br>e, correct, and complete, and that I am authorized to prepare this 1   | ding accomp<br>form. | panying schedules and statements, and t | o the best c | of my knowledge and                    | belief,     |
| Signati   | ure > Title >  | SECY                 | & TREASURER                             | Date         | • <b>&gt;</b>                          |             |
|   |  |                      |   |              | Form 8868 (                            | Ray 1-2014\ |