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EXTENDED TO NOVEMBER 16, 2015

Return of Private Foundation

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

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

OMB No 1545-0052

2014

Open to Public Inspection

Form 990-PF

Department of the Treasury
Internal Revenue Service

For calendar year 2014 or tax year beginning

, and ending

Name of foundation THE MARTIN FAMILY FOUNDATION		A Employer identification number 38-3340278
Number and street (or P O box number if mail is not delivered to street address) 115 DEPOT ST	Room/suite	B Telephone number (734) 994-5050
City or town, state or province, country, and ZIP or foreign postal code ANN ARBOR, MI 48104		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1 Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 6,025,313.	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received		1,250,000.		N/A	
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B					
3 Interest on savings and temporary cash investments		126,396.	126,396.		STATEMENT 1
4 Dividends and interest from securities		73,002.	73,002.		STATEMENT 2
5a Gross rents					
b Net rental income or (loss)					
6a Net gain or (loss) from sale of assets not on line 10		62,736.			
b Gross sales price for all assets on line 6a	253,963.		62,736.		
7 Capital gain net income (from Part IV, line 2)					
8 Net short-term capital gain					
9 Income modifications					
10a Gross sales less returns and allowances					
b Less Cost of goods sold					
c Gross profit or (loss)					
11 Other income		-141,840.	-96,355.		STATEMENT 3
12 Total Add lines 1 through 11		1,370,294.	165,779.		
13 Compensation of officers, directors, trustees, etc.		0.	0.		0.
14 Other employee salaries and wages					
15 Pension plans, employee benefits					
16a Legal fees					
b Accounting fees	STMT 4	5,100.	0.		5,100.
c Other professional fees					
17 Interest					
18 Taxes	STMT 5	4,460.	1,168.		0.
19 Depreciation and depletion					
20 Occupancy					
21 Travel, conferences, and meetings					
22 Printing and publications					
23 Other expenses	STMT 6	20,518.	15,298.		5,220.
24 Total operating and administrative expenses Add lines 13 through 23		30,078.	16,466.		10,320.
25 Contributions, gifts, grants paid		130,750.			130,750.
26 Total expenses and disbursements. Add lines 24 and 25		160,828.	16,466.		141,070.
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements		1,209,466.			
b Net investment income (if negative, enter -0-)			149,313.		
c Adjusted net income (if negative, enter -0-)				N/A	

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LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2014)

Part II Balance Sheets		Beginning of year		End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value	
Assets	1 Cash - non-interest-bearing	39,107.	77,090.	77,090.	
	2 Savings and temporary cash investments	174,871.	1,952,394.	1,952,394.	
	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 ▶				
	8 Inventories for sale or use				
	9 Prepaid expenses and deferred charges				
	10a Investments - U.S. and state government obligations				
	b Investments - corporate stock STMT 7	1,482,181.	1,525,898.	2,752,071.	
	c Investments - corporate bonds				
	Liabilities	11 Investments - land, buildings, and equipment basis ▶			
Less accumulated depreciation ▶					
12 Investments - mortgage loans					
13 Investments - other STMT 8		1,885,258.	1,235,565.	1,243,758.	
14 Land, buildings, and equipment: basis ▶					
Less accumulated depreciation ▶					
15 Other assets (describe ▶)					
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)		3,581,417.	4,790,947.	6,025,313.	
17 Accounts payable and accrued expenses					
18 Grants payable					
Liabilities	19 Deferred revenue				
	20 Loans from officers, directors, trustees and other disqualified persons				
	21 Mortgages and other notes payable				
	22 Other liabilities (describe ▶)				
23 Total liabilities (add lines 17 through 22)	0.	0.			
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/>				
	and complete lines 24 through 26 and lines 30 and 31.				
	24 Unrestricted				
	25 Temporarily restricted				
	26 Permanently restricted				
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/>				
	and complete lines 27 through 31				
	27 Capital stock, trust principal, or current funds	0.	0.		
	28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.		
	29 Retained earnings, accumulated income, endowment, or other funds	3,581,417.	4,790,947.		
30 Total net assets or fund balances	3,581,417.	4,790,947.			
31 Total liabilities and net assets/fund balances	3,581,417.	4,790,947.			

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	3,581,417.
2 Enter amount from Part I, line 27a	2	1,209,466.
3 Other increases not included in line 2 (itemize) ▶ PRIOR PERIOD ADJUSTMENT	3	64.
4 Add lines 1, 2, and 3	4	4,790,947.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	4,790,947.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a PUBLICLY TRADED SECURITIES		VARIOUS	VARIOUS
b CAPITAL GAINS DIVIDENDS			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 231,553.		191,227.	40,326.
b 22,410.			22,410.
c			
d			
e			

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			40,326.
b			22,410.
c			
d			
e			

2 Capital gain net income or (net capital loss)	<div> <div>If gain, also enter in Part I, line 7</div> <div>If (loss), enter -0- in Part I, line 7</div> </div>	2	62,736.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8		3	N/A

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2013	115,973.	2,947,098.	.039352
2012	71,430.	2,430,692.	.029387
2011	53,850.	1,299,203.	.041448
2010	46,717.	1,078,200.	.043329
2009	73,613.	937,581.	.078514

2 Total of line 1, column (d)	2	.232030
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.046406
4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5	4	3,760,230.
5 Multiply line 4 by line 3	5	174,497.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	1,493.
7 Add lines 5 and 6	7	175,990.
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.	8	141,070.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)		1	2,986.
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		2	0.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		3	2,986.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
3 Add lines 1 and 2		5	2,986.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			
6 Credits/Payments:			
a 2014 estimated tax payments and 2013 overpayment credited to 2014	6a	3,960.	
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c	5,000.	
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	8,960.	
8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> 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		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	5,974.	
11 Enter the amount of line 10 to be: Credited to 2015 estimated tax <input type="checkbox"/> 5,974. Refunded <input type="checkbox"/> 0.	11	0.	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		X
1c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ 0. (2) On foundation managers. \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		X
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		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	X	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <u>MI</u>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

Form 990-PF (2014)

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	

Website address **► N/A**

14 The books are in care of **► KELLY FRITZSCH** Telephone no. **► (734) 994-5050**
 Located at **► 115 DEPOT STREET, ANN ARBOR, MI** ZIP+4 **► 48104**

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year **► 15** **N/A**

16 At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? **Yes** **No**
 See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the foreign country **►**

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(6) Agree to pay money or property to a government official? (Exception Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here ►	1b	X
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014?	1c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? If "Yes," list the years ►	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) N/A	2b	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ►		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014.)	3b	X
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b	X

Form 990-PF (2014)

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions)

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

N/A

5b

Organizations relying on a current notice regarding disaster assistance check here

☒

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

X

If "Yes" to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SALLY A. MARTIN 115 DEPOT STREET ANN ARBOR, MI 48104	PRESIDENT 1.00	0.	0.	0.
WILLIAM C. MARTIN 115 DEPOT STREET ANN ARBOR, MI 48104	V.P./SEC./TREASURER 1.00	0.	0.	0.
MICHAEL C. MARTIN 115 DEPOT STREET ANN ARBOR, MI 48104	DIRECTOR 1.00	0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000

0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services

0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 N/A	
2	
3	
4	

Part IX-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	

Total. Add lines 1 through 3

0.

Form 990-PF (2014)

Part X**Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	3,278,790.
b	Average of monthly cash balances	1b	538,702.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	3,817,492.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	3,817,492.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	57,262.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,760,230.
6	Minimum investment return. Enter 5% of line 5	6	188,012.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	188,012.
2a	Tax on investment income for 2014 from Part VI, line 5	2a	2,986.
b	Income tax for 2014. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	2,986.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	185,026.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	185,026.
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	185,026.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	141,070.
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:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	141,070.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	141,070.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Form 990-PF (2014)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				185,026.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			136,138.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2014:				
a From 2009				
b From 2010				
c From 2011				
d From 2012				
e From 2013				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2014 from Part XII, line 4: ► \$ 141,070.				
a Applied to 2013, but not more than line 2a			136,138.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2014 distributable amount				4,932.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 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				180,094.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	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	0.			
10 Analysis of line 9:				
a Excess from 2010				
b Excess from 2011				
c Excess from 2012				
d Excess from 2013				
e Excess from 2014				

N/A

- ☐ 4942(1)(3) or ☐ 4942(1)(5)

- (4) Gross investment income

[illegible]

Part XV **Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

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

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

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

<div>Recipient</div> <div>Name and address (home or business)</div>	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
826 MICHIGAN 115 E. LIBERTY ST. ANN ARBOR, MI 48104		501(C)(3)	EDUCATIONAL	1,000.
AMERICAN RED CROSS P.O. BOX 4002018 DES MOINES, IA 50340-2018		501(C)(3)	HUMANITARIAN	2,500.
ANN ARBOR AREA COMMUNITY FOUNDATION 201 S. MAIN ST., SUITE 501 ANN ARBOR, MI 48104-2113		501(C)(3)	HUMANITARIAN	1,000.
ANN ARBOR HANDS ON MUSEUM 200 E ANN STREET ANN ARBOR, MI 48104		501(C)(3)	EDUCATIONAL	1,000.
ANN ARBOR IN CONCERT 3588 PLYMOUTH RD., #384 ANN ARBOR, MI 48105		501(C)(3)	EDUCATIONAL	1,000.
Total	SEE CONTINUATION SHEET(S)			▶ 3a 130,750.
b Approved for future payment				
NONE				
Total			▶ 3b	0.

Part XVII



Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- | 1 | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | Yes | No |
|---|--|-------|----|
| | | | |
| a | Transfers from the reporting foundation to a noncharitable exempt organization of: | | |
| | (1) Cash | 1a(1) | X |
| | (2) Other assets | 1a(2) | X |
| b | Other transactions: | | |
| | (1) Sales of assets to a noncharitable exempt organization | 1b(1) | X |
| | (2) Purchases of assets from a noncharitable exempt organization | 1b(2) | X |
| | (3) Rental of facilities, equipment, or other assets | 1b(3) | X |
| | (4) Reimbursement arrangements | 1b(4) | X |
| | (5) Loans or loan guarantees | 1b(5) | X |
| | (6) Performance of services or membership or fundraising solicitations | 1b(6) | X |
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees | 1c | X |
| d | If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. | | |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No
- b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				May the IRS discuss this return with the preparer shown below (see instr.)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	 Signature of officer or trustee		18/26/15 Date			PRESIDENT Title	
Paid Preparer Use Only	Print/Type preparer's name BRIAN D. MILLER, CPA		Preparer's signature 		Date 8-21-15	Check <input type="checkbox"/> if self-employed	PTIN P00091396
	Firm's name ▶ REHMANN ROBSON LLC					Firm's EIN ▶ 38-3635706	
	Firm's address ▶ 555 BRIARWOOD CIRCLE #300 ANN ARBOR, MI 48108					Phone no. 734-761-2005	

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

THE MARTIN FAMILY FOUNDATION**38-3340278**

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

- ☐ 501(c)() (enter number) organization
- ☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- ☐ 527 political organization

Form 990-PF

- ☒ 501(c)(3) exempt private foundation
- ☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
- ☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization	Employer identification number
THE MARTIN FAMILY FOUNDATION	38-3340278

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<u>WILLIAM C. AND SALLY A. MARTIN</u> <u>115 DEPOT STREET</u> <u>ANN ARBOR, MI 48104</u>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>2</u>	<u>PETER B FLETCHER ESTATE C/O BANK OF ANN ARBOR</u> <u>125 S. FIFTH AVENUE</u> <u>ANN ARBOR, MI 48104</u>	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization

Employer identification number

THE MARTIN FAMILY FOUNDATION**38-3340278****Part II Noncash Property** (see instructions) Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization	Employer identification number
THE MARTIN FAMILY FOUNDATION	38-3340278

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from 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, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ANN ARBOR PUBLIC SCHOOLS 2555 S. STATE ST. ANN ARBOR, MI 48104		501(C)(3)	EDUCATIONAL	500.
ANN ARBOR SUMMER FESTIVAL 310 DEPOT ST., SUITE 3 ANN ARBOR, MI 48104		501(C)(3)	EDUCATIONAL	2,000.
ARBOR HOSPICE FOUNDATION 2366 OAK VALLEY DRIVE ANN ARBOR, MI 48103		501(C)(3)	HUMANITARIAN	2,500.
BAY CLIFF HEALTH CAMP 214 W. MICHIGAN ST. MARQUETTE, MI 49855		501(C)(3)	HUMANITARIAN	10,000.
BOOTJACK FIRE DEPARTMENT 45166 BOOTJACK RD. LAKE LINDEN, MI 49945		501(C)(3)	HUMANITARIAN	1,000.
CANCER SUPPORT COMMUNITY 2010 HOGBACK RD., SUITE 3 ANN ARBOR, MI 48105		501(C)(3)	HUMANITARIAN	500.
COUNCIL OF MICHIGAN FOUNDATIONS ONE SOUTH HARBOR AVE., STE. 3 GRAND HAVEN, MI 49417		501(C)(3)	HUMANITARIAN	1,000.
GLORIA DEI LUTHERAN CHURCH 1000 QUINCY ST. HANCOCK, MI 49930		501(C)(3)	HUMANITARIAN	1,000.
HABITAT FOR HUMANITY 170 APRILL DR., SUITE A ANN ARBOR, MI 48103		501(C)(3)	HUMANITARIAN	1,000.
KENYON COLLEGE 209 CHASE AVE GAMBIER, OH 43022		501(C)(3)	EDUCATIONAL	2,500.
Total from continuation sheets				124,250.

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
KEWEENAW COMMUNITY FOUNDATION 236 QUINCY ST. HANCOCK, MI 49930		501(C)(3)	HUMANITARIAN	4,000.
KEWEENAW HERITAGE CENTER 25880 RED JACKET RD. CALUMET, MI 49913		501(C)(3)	HUMANITARIAN	1,000.
LEGACY LAND CONSERVANCY 1100 N. MAIN ST., #203 ANN ARBOR, MI 48104		501(C)(3)	HUMANITARIAN	500.
MICHIGAN THEATER 603 E. LIBERTY ANN ARBOR, MI 48104		501(C)(3)	MUSICAL	3,000.
NOBLE NETWORK OF CHARTER SCHOOLS 1 N. STATE ST. CHICAGO, IL 60602		501(C)(3)	MUSICAL	1,500.
RONALD KNOX MONTESSORI SCHOOL 2031 ELMWOOD AVE. WILMETTE, IL 60091		501(C)(3)	EDUCATIONAL	1,000.
SALVATION ARMY - ANN ARBOR 100 S. ARBANA DR ANN ARBOR, MI 48107		501(C)(3)	HUMANITARIAN	5,000.
SALVATION ARMY - HANCOCK 408 RAVINE ST. HANCOCK, MI 49930		501(C)(3)	HUMANITARIAN	3,000.
UNIV OF MICH - CEW - 310560 330 E. LIBERTY ANN ARBOR, MI 48104-2274		501(C)(3)	EDUCATIONAL	2,000.
UNIV OF MICH - MICHIGAN SEA GRANT - 311949 520 E. LIBERTY, SUITE 310 ANN ARBOR, MI 48104		501(C)(3)	EDUCATIONAL	1,000.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
UNIV OF MICH - PEDIATRIC - 314815 OFFICE OF GIFT ADM., 3003 S. STATE ST., STE. 8000 ANN ARBOR, MI 48109-1288		501(C)(3)	EDUCATIONAL	1,000.
UNIV OF MICH - TELLING IT PROGRAM - 312781 701 E UNIVERSITY ANN ARBOR, MI 48109		501(C)(3)	EDUCATIONAL	5,000.
UNIV OF MICH - TURNER SENIOR RESOURCE - 365615 2025 TRAVERWOOD DRIVE ANN ARBOR, MI 48105		501(C)(3)	EDUCATIONAL	2,500.
UNIVERSITY MUSICAL SOCIETY BURTON MEMORIAL TOWER / 881 N. UNIVERSITY AVE. ANN ARBOR, MI 48109-1011		501(C)(3)	MUSICAL	5,000.
YOUTH CHORAL THEATER OF CHICAGO 708 CHURCH ST., SUITE 203 EVANSTON, IL 60201		501(C)(3)	MUSICAL	1,000.
YPSILANTI MEALS ON WHEELS 1110 W. CROSS ST. YPSILANTI, MI 48197		501(C)(3)	HUMANITARIAN	1,000.
ANN ARBOR CENTER FOR INDEPENDENT LIVING 3941 RESEARCH PARK ANN ARBOR, MI 48108		501(C)(3)	HUMANITARIAN	1,000.
ANN ARBOR MEALS ON WHEELS 2025 TRAVERWOOD DR., SUITE A2 ANN ARBOR, MI 48105		501(C)(3)	HUMANITARIAN	1,000.
CAMPAIGN FOR THE ARK 316 S MAIN ST ANN ARBOR, MI 48105		501(C)(3)	MUSICAL	5,000.
BURNS PARK PTO PLAYGROUND 1414 WELLS ST ANN ARBOR, MI 48104		501(C)(3)	EDUCATIONAL	2,500.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
DIABETES RESEARCH INSTITUTE 381 PARK AVE SOUTH, SUITE 1118 NEW YORK, NY 10016		501(C)(3)	HUMANITARIAN	2,250.
FINDLANDIA UNIVERSITY 601 QUINCY ST HANCOCK, MI 49930		501(C)(3)	EDUCATIONAL	3,000.
GIRLS GROUP 2531 JACKSON AVE. #188 ANN ARBOR, MI 48103		501(C)(3)	HUMANITARIAN	5,000.
HARC 3075 CLARK RD. SUITE 203 YPSILANTI, MI 48197		501(C)(3)	EDUCATIONAL	2,000.
HUMANE SOCIETY OF HURON VALLEY 3100 CHERRY HILL RD ANN ARBOR, MI 48105		501(C)(3)	HUMANITARIAN	500.
JEWISH COMMUNITY CENTER 2935 BIRCH HOLLOW DRIVE ANN ARBOR, MI 48108		501(C)(3)	HUMANITARIAN	1,500.
THE KITE NETWORK 4624 PACKARD STREET ANN ARBOR, MI 48108		501(C)(3)	EDUCATIONAL	1,500.
LESLIE SCIENCE & NATURE CENTER 1831 TRAVER RD. ANN ARBOR, MI 48105		501(C)(3)	EDUCATIONAL	1,500.
MICHIGAN RADIO 535 W WILLIAM SUITE 110 ANN ARBOR, MI 48103		501(C)(3)	EDUCATIONAL	2,500.
MICHIGAN SHORES CLUB 911 MICHIGAN AVE WILMETTE, IL 60091		501(C)(3)	HUMANITARIAN	500.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
MICHIGAN SHORES FOUNDATION 911 MICHIGAN AVE WILMETTE, IL 60091		501(C)(3)	HUMANITARIAN	500.
MONTESSORI SCHOOL OF ENGLEWOOD 6550 S STEELEY AVENUE CHICAGO, IL 60636		501(C)(3)	EDUCATIONAL	500.
NORTH STAR REACH 1050 HIGHLAND ANN ARBOR, MI 48108		501(C)(3)	EDUCATIONAL	1,000.
OUILMETTE FOUNDATION 3000 GLENVIEW RD WILMETTE, IL 60091		501(C)(3)	HUMANITARIAN	3,000.
OUR OWN THING CHORALE 1410 S ZEEB RD ANN ARBOR, MI 48103		501(C)(3)	MUSICAL	1,000.
RONALD MCDONALD HOUSE 1600 WASHINGTON HEIGHTS ANN ARBOR, MI 48104		501(C)(3)	HUMANITARIAN	2,000.
SHELTER ASSOCIATION OF WASHTENAW COUNTY 312 W HURON ST ANN ARBOR, MI 48103		501(C)(3)	HUMANITARIAN	5,000.
U OF M - CCT- CADIOVASCULAR 1500 E MEDICAL CENTER ANN ARBOR, MI 48105		501(C)(3)	HUMANITARIAN	2,500.
U OF M - ELI ENGLISH LANGUAGE INSTITUTE 555 SOUTH FOREST ANN ARBOR, MI 48104		501(C)(3)	EDUCATIONAL	1,000.
U OF M - MAD MICHIGAN ALZHEIMER DISEASE CENTER 2101 COMMONWEALTH BLVD SUITE D ANN ARBOR, MI 48105		501(C)(3)	HUMANITARIAN	1,000.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
U OF M - SOD - SCHOOL OF DENTISTRY 1011 N UNIVERSITY AVE ANN ARBOR, MI 48109		501(C)(3)	HUMANITARIAN	1,000.
U OF M - RAD RADIOLOGY ONCOLOGY OFFICE OF GIFT ADM., 3003 S. STATE ST., STE. 8000 ANN ARBOR, MI 48109-1288		501(C)(3)	HUMANITARIAN	1,000.
U OF M - UROLOGY 1500 E MEDICAL CENTER ANN ARBOR, MI 48109		501(C)(3)	HUMANITARIAN	2,500.
WILMETTE PUBLIC SCHOOLS DISTRICT 39 615 LOCUST RD WILMETTE, IL 60091		501(C)(3)	EDUCATIONAL	2,000.
WITTENBERG UNIVERSITY 200 W WARD ST SPRINGFIELD, OH 45504		501(C)(3)	EDUCATIONAL	1,000.
U OF M -CSMOT - CS MOTT HOSPITAL 1540 E HOSPITAL DRIVE ANN ARBOR, MI 48109		501(C)(3)	HUMANITARIAN	10,000.
Total from continuation sheets				

December 01, 2014 To December 31, 2014

Account Name The Martin Family Foundation

Account No 19-1077

Summary Of Investment Holdings

Shares or Par Value	Investment Category	Tax Cost	Unit Value	Market Value	Estimated Ann Inc	Curr Yield	Accrued Income
<u>Money Market Funds</u>							
96,410.43	Northern Institutional US Government Select	96,410.43	100.00	96,410.43	9.64	0.01%	0.80
	<i>Totals</i>	96,410.43		96,410.43	9.64	0.01%	0.80
<u>Common Stock</u>							
22,894	Activision Blizzard Inc	2,780.53	20.15	461,314.10	4,578.80	0.99%	0.00
755	American Tower Corp	47,946.99	98.85	74,631.75	1,147.60	1.54%	286.90
595	Apple Inc	51,816.40	110.38	65,676.10	1,118.60	1.70%	0.00
1,530	AT&T Inc	47,918.38	33.59	51,392.70	2,876.40	5.60%	0.00
1,650	Comcast Corp Cl A	49,403.04	58.01	95,716.50	1,485.00	1.55%	0.00
915	Danaher Corp	49,802.65	85.71	78,424.65	366.00	0.47%	91.50
1,120	DaVita Healthcare Partners Inc	49,404.10	75.74	84,828.80	0.00	0.00%	0.00
1,245	eBay Inc	45,544.28	56.12	69,869.40	0.00	0.00%	0.00
330	EOG Resources Inc	28,739.01	92.07	30,383.10	221.10	0.73%	0.00
870	Express Scripts Holding Company	49,472.18	84.67	73,662.90	0.00	0.00%	0.00
1,770	Intel Corp	49,475.07	36.29	64,233.30	1,593.00	2.48%	0.00
245	Intl Business Machines Corp	50,221.55	160.44	39,307.80	1,078.00	2.74%	0.00
1,205	Marathon Petroleum Corp	50,259.97	90.26	108,763.30	2,410.00	2.22%	0.00
500	McDonalds Corp Common Stock	48,654.74	93.70	46,850.00	1,700.00	3.63%	0.00
1,290	Merck & Co Inc New Com	49,446.16	56.79	73,259.10	2,322.00	3.17%	580.50
360	National Oilwell Varco Inc	29,991.82	65.53	23,590.80	662.40	2.81%	0.00
2,700	NiSource Inc Common	49,528.22	42.42	114,534.00	2,808.00	2.45%	0.00
290	Norfolk Southern Corp	26,214.20	109.61	31,786.90	661.20	2.08%	0.00
735	Pepsico Inc	48,374.96	94.56	69,501.60	1,925.70	2.77%	481.43
2,175	Pfizer Inc	55,820.38	31.15	67,751.25	2,436.00	3.60%	0.00
780	Procter & Gamble	39,345.65	91.09	71,050.20	2,008.03	2.83%	0.00
725	Qualcomm Inc	45,111.75	74.33	53,889.25	1,218.00	2.26%	0.00
1,060	St Jude Medical Inc	44,337.22	65.03	68,931.80	1,144.80	1.66%	286.20
1,020	United Parcel Service Inc	74,980.40	111.17	113,393.40	2,733.60	2.41%	0.00

December 01, 2014 To December 31, 2014

Account No 19-1077

Account Name The Martin Family Foundation

Summary Of Investment Holdings

Shares or Par Value	Investment Category	Tax Cost	Unit Value	Market Value	Estimated Ann Inc	Curr Yield	Accrued Income
350	Visa Inc	55,929.99	262.20	91,770.00	672.00	0.73%	0.00
2,310	W P Carey Inc	76,888.08	70.10	161,931.00	8,778.00	5.42%	2,194.50
860	Wal Mart Stores Inc	52,102.02	85.88	73,856.80	1,651.20	2.24%	412.80
1,343	Waste Management Inc	23,547.88	51.32	68,922.76	2,014.50	2.92%	0.00
Totals		1,287,662.69		2,429,223.26	49,609.93	2.04%	4,333.83
Common Stock Foreign							
328	BP PLC	13,535.00	38.12	12,503.36	787.20	6.30%	0.00
490	Diageo Plc	48,205.28	114.09	55,904.10	1,651.18	2.95%	0.00
905	Novartis AG	49,676.64	92.66	83,857.30	2,116.18	2.52%	0.00
670	Schlumberger Ltd	16,828.83	85.41	57,224.70	1,072.00	1.87%	268.00
1,180	Toronto Dominion	49,989.69	47.78	56,380.40	1,952.19	3.46%	0.00
Totals		178,239.44		265,869.86	7,578.75	2.85%	268.00
Exchange Traded Fund - Equity							
1,240	JPMorgan Chase - Alerian MLP Index	55,712.20	45.95	56,978.00	2,886.47	5.07%	0.00
Totals		55,712.20		56,978.00	2,886.47	5.07%	0.00
Mutual Fund - Fixed Income							
7,398	DoubleLine Core Fixed Income Fund C I I	82,103.93	10.98	81,231.93	3,295.15	4.06%	255.98
5,983	Templeton Global Bond Fund	80,000.00	12.41	74,255.79	2,531.04	3.41%	0.00
8,018	Vanguard Interim-Term Investment - Grade Adm	81,048.92	9.83	78,819.68	2,485.30	3.15%	211.08
Totals		243,152.85		234,307.40	8,311.49	3.55%	467.06
Mutual Fund - Equity							
3,041	PrimeCap Odyssey Aggressive Growth Fd	100,000.00	32.93	100,152.08	174.64	0.17%	0.00
1,062	T Rowe Price Health Sciences Fund	70,000.00	67.99	72,263.92	0.00	0.00%	0.00
Totals		170,000.00		172,416.00	174.64	0.10%	0.00
Mutual Fund - Global/Int'l							
1,881	Columbia Acorn International Fund Z	74,000.00	41.73	78,516.87	1,284.53	1.64%	0.00

December 01, 2014 To December 31, 2014

Account Name The Martin Family Foundation

Account No 19-1077

Summary Of Investment Holdings

Shares or Par Value	Investment Category	Tax Cost	Unit Value	Market Value	Estimated Ann Inc	Curr Yield	Accrued Income
3,322,455	Matthews Pacific Tiger Fund - Institutional	75,000.00	26.56	88,244.40	595.32	0.67%	0.00
1,763,429	Oppenheimer International Growth - Y	65,000.00	35.08	61,861.09	719.97	1.16%	0.00
Totals		214,000.00		228,622.36	2,599.82	1.14%	0.00
Total Investments		222,500.00 222,500.00		3,483,827.31	71,170.74	2.04%	5,069.69
Plus Accrued Income				5,069.69			
Plus Net Cash				0.00			
Total Market Value				3,488,897.00			

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
INTEREST INCOME	624.	624.	
MINOT HI INVESTORS LLC	111,525.	111,525.	
PETER B. FLETCHER ESTATE	14,247.	14,247.	
TOTAL TO PART I, LINE 3	126,396.	126,396.	

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
BANK OF ANN ARBOR	95,412.	22,410.	73,002.	73,002.	
TO PART I, LINE 4	95,412.	22,410.	73,002.	73,002.	

FORM 990-PF OTHER INCOME STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
MINOT HI INVESTORS LLC - UNRELATED BUSINESS INCOME/(LOSS)	-25,278.	0.	
RCA VG, LLC- UNRELATED BUSINESS INCOME / (LOSS)	-116,562.	-96,355.	
TOTAL TO FORM 990-PF, PART I, LINE 11	-141,840.	-96,355.	

FORM 990-PF	ACCOUNTING FEES			STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	5,100.	0.		5,100.
TO FORM 990-PF, PG 1, LN 16B	5,100.	0.		5,100.

FORM 990-PF	TAXES			STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TAXES	3,292.	0.		0.
FOREIGN TAX WITHHOLDINGS	1,168.	1,168.		0.
TO FORM 990-PF, PG 1, LN 18	4,460.	1,168.		0.

FORM 990-PF	OTHER EXPENSES			STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
DUES AND FEES	1,300.	0.		1,300.
MANAGEMENT FEES	19,123.	15,298.		3,825.
MISCELLANEOUS	20.	0.		20.
BANK FEES	75.	0.		75.
TO FORM 990-PF, PG 1, LN 23	20,518.	15,298.		5,220.

FORM 990-PF	CORPORATE STOCK	STATEMENT	7
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
CORPORATE STOCK	1,525,898.	2,752,071.
TOTAL TO FORM 990-PF, PART II, LINE 10B	1,525,898.	2,752,071.

FORM 990-PF	OTHER INVESTMENTS	STATEMENT	8
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DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
INVESTMENT IN MINOT HI INVESTORS LLC	FMV	685,089.	685,089.
INVESTMENT IN RCA VG LLC	FMV	-201,677.	-201,677.
OTHER INVESTMENTS	FMV	627,153.	635,346.
INVESTMENT IN CLAROS	FMV	125,000.	125,000.
TOTAL TO FORM 990-PF, PART II, LINE 13		1,235,565.	1,243,758.

FORM 990-PF	PART XV - LINE 1A LIST OF FOUNDATION MANAGERS	STATEMENT	9
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NAME OF MANAGER

SALLY A. MARTIN
WILLIAM C. MARTIN

FORM 990-PF	OTHER REVENUE	STATEMENT	10
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DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
MINOT HI INVESTORS LLC - UNRELATED BUSINESS INCOME/(LOSS)	900099	-25,278.			
RCA VG, LLC- UNRELATED BUSINESS INCOME / (LOSS)	900099	-20,207.	16	-96,355.	
TOTAL TO FORM 990-PF, PG 12, LN 11		-45,485.		-96,355.	

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

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

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions THE MARTIN FAMILY FOUNDATION	Employer identification number (EIN) or 38-3340278
	Number, street, and room or suite no. If a P.O. box, see instructions 115 DEPOT STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ANN ARBOR, MI 48104	

Enter the Return code for the return that this application is for (file a separate application for each return)

04

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

KELLY FRITZSCH

- The books are in the care of ► **115 DEPOT STREET - ANN ARBOR, MI 48104**

Telephone No ► **(734) 994-5050**

Fax No ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2015**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ► ☒ calendar year **2014** or
 ► ☐ tax year beginning _____, and ending _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a 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.	3a	\$	8,960.
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 allowed as a credit	3b	\$	3,960.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	5,000.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions	
Type or print Name of exempt organization or other filer, see instructions. THE MARTIN FAMILY FOUNDATION	Employer identification number (EIN) or 38-3340278
File by the due date for filing your return. See instructions. Number, street, and room or suite no. If a P O box, see instructions. 115 DEPOT ST	Social security number (SSN)
City, town or post office, state, and ZIP code. For a foreign address, see instructions. ANN ARBOR, MI 48104	

Enter the Return code for the return that this application is for (file a separate application for each return)

04

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

KELLY FRITZSCH

- The books are in the care of **115 DEPOT STREET - ANN ARBOR, MI 48104**

Telephone No **(734) 994-5050**

Fax No

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2015**

5 For calendar year **2014**, or other tax year beginning , and ending

6 If the tax year entered in line 5 is for less than 12 months, check reason. ☐ Initial return ☐ Final return

☐ Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

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	\$	8,960.
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 allowed as a credit and any amount paid previously with Form 8868	8b	\$	8,960.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature

Title **CPA**

Date

Form 8868 (Rev. 1-2014)