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# EXTENDED TO AUGUST 17, 2015 Return of Private Foundation

Form 990-PF

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

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

Departm	nent	of the Treasury				social security numbers on			<b>20</b> 17
Internal	Reve	enue Service			n about For	n 990-PF and its separate		s.gov/torm990pt.	Open to Public Inspection
		dar year 2014 o	or tax year I	beginning			, and ending	A F	
Name	of	foundation						A Employer identification	number
T.T	NT	DEN DAV	TD NE	T.SON F	ACIMIOS	<b>ТОМ</b>		38-6505470	
		d street (or PO b					Room/suite	B Telephone number	
		CENTE				•	8888	248-456-34	56
		wn, state or pro				ostal code	10000	C If exemption application is pe	
		CIAC, M		341	51 151 51 <b>3</b> 11 <b>F</b>			,	
	_	all that apply:		Initial return		Initial return of a fo	rmer public charity	D 1. Foreign organizations.	, check here $\blacktriangleright$
				Final return		Amended return			
				Address cha	nge	Name change		Foreign organizations mee     check here and attach cor	nputation
H Ch	eck	type of organiz	ation:	X Section	501(c)(3) ex	empt private foundation		E If private foundation stat	us was terminated
	Sec	ction 4947(a)(1	) nonex <u>em</u> p	ot charitable 1	trust	Other taxable private founda	tion	under section 507(b)(1)	(A), check here $ ightharpoonup$
I Fair	mai	rket value of all	assets at e	nd of year	J Accounts	*	Accrual	F If the foundation is in a 6	0-month termination
		Part II, col. (c),				her (specify)	<del></del>	under section 507(b)(1)	(B), check here
<u>▶</u> \$					(Part I, colu	mn (d) must be on cash l			(4)
Par	<u>t I</u>	Analysis of Re (The total of amonecessarily equa	ounts in colum	nns (b), (c), and	(d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
$\Box$	1	Contributions,				88,500.			
				is not required to					
ĺ	3	Interest on saving	s and tempor	rary					
	4	Dividends and		m securities					
(1U)	5a	Gross rents	_						
<b>≓</b>	b	Net rental income	or (loss)						
രം	6a	Net gain or (loss)		ssets not on lir	ne 10				
ž ž	þ	Gross sales price assets on line 6a	for all				<del></del> .		
AUL % Revenue	7	Capital gain net in	ncome (from F	Part IV, line 2)			0.	·	
⋖"	8	Net short-term		า				-	
	9	Income modific							
		and allowances	}	<del>_</del>	<u>.</u>				
		Less Cost of goo	_						•
		Gross profit or	(1088)		•	-			
K		Other income Total. Add line	se 1 through	h 11		88,500.	0	0.	
	13	Compensation of			etc	0.	0		0.
- 1		Other employe							
1		Pension plans,		_					
se l		Legal fees							
ë		Accounting fee							
Ä	C	Other profession	onal fees	,.					
Administrative Expenses	17	Interest	٠٠٠٠ .	·· '.					
rat	-	Taxes .	-						
nis		Depreciation a	nd depletioi	n					
			••						
Ϋ́		Travel, confere						ļ	
10		Printing and pr				37.		. 0.	0.
ig :		Other expense	-	•	MT. 1	37.	0		_U.
Operating	24	Total operation				37.	o	. o.	0.
ŏ.	) F	expenses. Add			•	88,350.			88,350.
1		Contributions, Total expense	-			00,330.			00,330.
[	20	Add lines 24 a		uisenienis.		88,387.	0	. 0.	88,350.
	27	Subtract line 2		12.					00,350.
[		Excess of revenu			sements	113.			
		Net investmen	-				0		
		Adjusted net i						0.	

	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	f year
Ρ.	aπ	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	174.	287.	
		Savings and temporary cash investments	2,20	2071	
					<del></del>
	3	Accounts receivable			
		Less: allowance for doubtful accounts ▶			<del></del>
	4	Pledges receivable -			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other		·	
		disqualified persons	3,000.	3,000.	
	7	Other notes and loans receivable			
	l	Less: allowance for doubtful accounts	i .		
<i>.</i>	۰				<u></u>
ets:	_	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
•		Investments - U.S. and state government obligations			
	b	Investments - corporate stock			
		Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
		Land, buildings, and equipment: basis			
			-	-	-
	45			<del></del>	
	1	Other assets (describe			
	10	Total assets (to be completed by all filers - see the	2 174	2 005	2 227
		instructions. Also, see page 1, item I)	3,174.	3,287.	3,287.
	Į.	Accounts payable and accrued expenses			
	18	Grants payable			
Se	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abi	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			
		·			
S		and complete lines 24 through 26 and lines 30 and 31.			
ဋ	1	Unrestricted			
aja	25	Temporarily restricted		<del></del>	
Ö	26	Permanently restricted			
Ĕ		Foundations that do not follow SFAS 117, check here			
Œ	Ì	and complete lines 27 through 31.			
S O	27	Capital stock, trust principal, or current funds	2,387.	2,387.	
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Net Assets or Fund Balances	29	Retained earnings, accumulated income, endowment, or other funds	787.	900.	
<u>e</u>	30	Total net assets or fund balances	3,174.	3,287.	
Z	"		3,2,20	3,207.	
	24	Total liabilities and net assets/fund balances	3,174.	3,287.	
	131			3,201.	
P	art	Analysis of Changes in Net Assets or Fund Ba	alances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 3	20		
			JO		2 174
		st agree with end-of-year figure reported on prior year's return)			3,174.
		r amount from Part I, line 27a			113.
		r increases not included in line 2 (itemize)	·	3	0.
		lines 1, 2, and 3		4	3,287.
		eases not included in line 2 (itemize)		5	<u> </u>
6	Total	net assets or fund halances at end of year /line 4 minus line 5) - Part II co	tumn (h) tine 30	ء	3 287

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Form **990-PF** (2014)

Form 990-PF (2014) LINDEN DAVID NELSON FOUNDATION

14,941.427327 the foundation has been in existence if less than 5 years 3 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5 308. 4,601,960. 5 Multiply line 4 by line 3 5 0. 6 6 Enter 1% of net investment income (1% of Part I, line 27b) 4,601,960. 7 7 Add lines 5 and 6 88,350. Enter qualifying distributions from Part XII, line 4 8

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.

orm-990-PF (2014) LINDEN DAVID NELSON FOUNDATION		<u>-650547</u>		<u>age 4</u>
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 494	0(e), or 4948	- see instr	uction	s)
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			<u>0.</u>
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.	). 丿			_
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	ļ		0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	-		<u>0.</u>
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			0.
6 Credits/Payments:				
a 2014 estimated tax payments and 2013 overpayment credited to 2014				
b Exempt foreign organizations - tax withheld at source				
c Tax paid with application for extension of time to file (Form 8868)				
d Backup withholding erroneously withheld				^
7 Total credits and payments. Add lines 6a through 6d	7			<u>0.</u>
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		_	<u> </u>
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	<u>10</u> ≥ 10			
11 Enter the amount of line 10 to be: Credited to 2015 estimated tax ▶ Re Part VII-A Statements Regarding Activities	efunded 🖊   11			
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate	or intervene in		Yes	No
any political campaign?	OF THE CAPACITIC III	1a	1.00	X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for	the definition)?	1b	1	X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any material				
distributed by the foundation in connection with the activities.				
c Did the foundation file Form 1120-POL for this year?		10	1 1	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 four	ndation			
managers. ▶ \$0 .				
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		. 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 inc	corporation, or			
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		. 3		<u>X</u>
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		. 4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	;	N/A 4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5	1	<u>X</u>
If "Yes," attach the statement required by General Instruction T.				
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
By language in the governing instrument, or				
By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict	with the state law		1,,	
remain in the governing instrument?		. 6	X	<del></del>
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	7		<u>X</u>
8a Enter the states to which the foundation reports or with which it is registered (see instructions)				
MI		<del></del>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or design		<del></del>		
of each state as required by General Instruction G? If "No," attach explanation		N/A 8b		
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942		,	+	
year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV		9		X_
10. Did any nersons become substantial contributors during the tax year? if "Year" attach a cabadula listing their parest and ad-		10	1	×

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Pa	art 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 ► BETTY CROFT Telephone no. ► 248-4!		<u>456</u>	
	Located at ► 1999 CENTERPOINT PARKWAY, STE. 300, PONTIAC, MI ZIP+4 ►4	<u> 3341</u>		
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	N	<u>/A</u>	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	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			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required		_	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available	1		
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	If the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
D	o If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
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			7.
_	before the first day of the tax year beginning in 2014?	1c		X
Z	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?  Yes X No			
	If "Yes," list the years \[ \begin{array}{cccccccccccccccccccccccccccccccccccc			
h	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
U	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	1		
	etatement - coa instructions \	2b		
c	of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	-20		
Ĭ	The providence of occident to talk and a sound applied to any of the your motion in au, not the your motion.	ļ		
3a	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	ľ		
	during the year?			
b	of "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after			
_	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2014.)	3b		
4a	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	_	X
	o Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	<u> </u>		- <del></del> -
	had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		X

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Part VII-B   Statements Regarding Activities for Which	Form 4720 May Be F	Required (contin	ued) :	1
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	es 🔀 No	
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indire			
any voter registration drive?		··· · —	es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	- "	. L Ye	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section			
4945(d)(4)(A)? (see instructions)			es 🔀 No	
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or f			
the prevention of cruelty to children or animals?			es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	-	-	37/3	
section 53.4945 or in a current notice regarding disaster assistance (see instru			N/A 5	<u>b</u>
Organizations relying on a current notice regarding disaster assistance check i	* * *			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	-	I/A Ye		
expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53.494		I/А 16	ו סא 📖 צי	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to				
a account has off a subsection	pay premiums on		es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	nersonal henefit contract?			b X
If "Yes" to 6b, file Form 8870.	porsonal penone contract:	•••••	۲	
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	Ye	es 🔀 No	
b If "Yes," did the foundation receive any proceeds or have any net income attrib			N/A 7	<u> </u>
Part VIII Information About Officers, Directors, Trust		nagers, 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	(c) Compensation	(d) Contributions to employee benefit plans and deterred compensation	(e) Expense account, other
	to position	(If not paid, enter -0-)	compensation	allowances
LINDEN DAVID NELSON	PRESIDENT			
1999 CENTERPOINT PARKWAY, STE 300		_	_	
PONTIAC, MI 48341	5.00	0.	0.	<u> </u>
SANFORD NELSON	BOARD MEMBER			
1999 CENTERPOINT PARKWAY, STE 300	0.00			•
PONTIAC, MI 48341	0.00	0.	0.	0.
ARIELLE NELSON	BOARD MEMBER			
1999 CENTERPOINT PARKWAY, STE 300	1 000		ا م ا	•
PONTIAC, MI 48341	0.00	0.	0.	0.
	1			
	i			
2 Compensation of five highest-paid employees (other than those inc	cluded on line 1). If none,	enter "NONE."		
(a) Name and address of each ampleus and more than \$50,000	(b) Title, and average		(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deterred compensation	account, other allowances
NONE				
	1	1		
	_			
	-			
Total number of other amployees naid over \$50,000	I	L		

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Part VIII Information About Officers, Directors, Trustees, Foundation Ma Paid Employees, and Contractors (continued)	anagers, Highly		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE.	n		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Con	pensation
NONE	, , , , , , , , , , , , , , , , , , , ,		
		<del></del>	
Total number of others receiving over \$50,000 for professional services		<b>•</b>	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 inform number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	ation such as the	Expense	s
1 N/A			
2			
3			
_ <del></del>		<u></u>	
4			
Down IV Die			
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	12.	Amount	
1 N/A			
2			-
All other program-related investments. See instructions.			
3			
Total. Add lines 1 through 3	<b>&gt;</b>		0.

0 . Form **990-PF** (2014)

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

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

income. Enter 1% of Part I, line 27b ....

Adjusted qualifying distributions. Subtract line 5 from line 4

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				15.
a Enter amount for 2013 only			0.	
b Total for prior years:				
g rounter prior youre.		0.		
3 Excess distributions carryover, if any, to 2014:				
a From 2009 . 79,467.				
bFrom 2010 185, 442.				
cFrom 2011 74, 261.				
dFrom 2012 79, 429.				
eFrom 2013 74,162.				
f Total of lines 3a through e	492,761.			
4 Qualifying distributions for 2014 from	452,701.			
Part XII, line 4: ►\$ 88,350.				
a Applied to 2013, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		0.		
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount				15.
e Remaining amount distributed out of corpus	88,335.			15.
5 Excess distributions carryover applied to 2014	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	581,096.			
<b>b</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.		<del></del> -	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				
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	E0 46E			
not applied on line 5 or line 7	79,467.			
9 Excess distributions carryover to 2015.	501 600			
Subtract lines 7 and 8 from line 6a	501,629.			
10 Analysis of line 9:				
a Excess from 2010 185, 442.				
b Excess from 2011 74, 261.				
c Excess from 2012 79, 429.				
d Excess from 2013 74, 162.				
e Excess from 2014 88, 335.	1			Form <b>990-PF</b> (2014)
17				

	DAVID NELSO			38-650	)5470 Page 10
Part XIV Private Operating			-A, question 9)	N/A	
1 a If the foundation has received a ruling					
foundation, and the ruling is effective f			▶ └	Lie de la	
b Check box to indicate whether the four		<u>ig foundation described i</u>		4942(j)(3) or 494	2(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(5) 0040	Prior 3 years	(4) 0044	(a) Takal
income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
investment return from Part X for					
each year listed					
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Inf	ormation (Comple	te this part only	if the foundatior	n had \$5,000 or mo	re in assets
at any time during	the year-see instr	ructions.)	N/A		
1 Information Regarding Foundati	ion Managers:			-	
List any managers of the foundation w year (but only if they have contributed)	tho have contributed more more than \$5,000). (See s	than 2% of the total cont ection 507(d)(2).)	ributions received by the	e foundation before the close	e of any tax
b List any managers of the foundation w other entity) of which the foundation h			or an equally large port	on of the ownership of a pa	rtnership or
2 Information Regarding Contribution Check here ► X if the foundation the foundation makes gifts, grants, etc.	only makes contributions	to preselected charitable	organizations and does		
a The name, address, and telephone nu	mber or e-mail address of t	the person to whom appli	cations should be addre	ssed:	
b The form in which applications should	be submitted and informa	tion and materials they sl	nould include:		
c Any submission deadlines:				· · · · · · · · · · · · · · · · · · ·	
d Any restrictions or limitations on awar	ds, such as by geographic	al areas, charitable fields,	kinds of institutions, or	other factors:	<del></del>

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated	business income	Exclu	ded by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a	- 0000		-		
b				<del></del>	
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments				<u> </u>	<u></u> .
4 Dividends and interest from securities		<u></u> _			
5 Net rental income or (loss) from real estate:	<u> </u>				
a Debt-financed property			<u> </u>		
b Not debt-financed property					
6 Net rental income or (loss) from personal			;		
property			ļ		
7 Other investment income			ļ		
8 Gain or (loss) from sales of assets other					
than inventory	<u></u>	<del></del> _			
9 Net income or (loss) from special events	<del> </del>		-		
10 Gross profit or (loss) from sales of inventory	<del></del>		<u> </u>		
11 Other revenue:	1				
a		·			
b	<u> </u>	<del>-</del> ·	-		<u> </u>
C	<del></del>		<del>                                     </del>		
d					
e		0.		0.	0.
13 Total. Add line 12, columns (b), (d), and (e)			<u>.</u>		0.
(See worksheet in line 13 instructions to verify calculations.)	•	••			<del></del>
Part XVI-B Relationship of Activities t	to the Accou	malishment of Ex	/emn	t Durnosee	
Part XVI-D Relationship of Activities to		inplianment of Lx			
Line No. Explain below how each activity for which inco	me is reported in	column (e) of Part XVI-A	contrit	outed importantly to the accor	nplishment of
▼ the foundation's exempt purposes (other than	by providing fund	ds for such purposes).			
		<del> </del>			
		<del> </del>			
				<del></del>	<del></del>
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			$I\!I$	Λ											
Sign Here	and re		4. A	ect,	*	obmplete Declarat						reparer	best of my knowledge has any knowledge	je	May the IRS discuss this return with the preparer shown below (see instr.)?  X Yes No
Paid Preparer Use Only		Print/Ty	pe pr	epar	er's		Preg	arer's sig			Date 07/27/		Check if self- employed		TIN P00991922
		Firm's name ► UHY ADVISORS MI, INC.							Firm's EIN ▶ 38-1910111						
		Fırm's a	ddres	ss Þ		7725 ST			SUITE MI 48	210 334			Phone no. 2	48	-355-0280
										· · · · ·					Form <b>990-PF</b> (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** LINDEN DAVID NELSON FOUNDATION 38-6505470 Organization type (check one): Filers of: Section: 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt chantable trust not 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 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, Ine 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),

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)

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).

Name of organization

Employer identification number

#### LINDEN DAVID NELSON FOUNDATION

38-6505470

(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LINDEN NELSON  1999 CENTERPOINT PARKWAY, SUITE 300  PONTIAC, MI 48341	\$ 88,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Occupiete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Omnicash Complete Part II for noncash contributions )

Name of organization

Employer identification number

## LINDEN DAVID NELSON FOUNDATION

38-6505470

Part II	Noncash Property	(see instructions). Use duplicate copies of Part II if additional space is needed.
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art II	Noncash Property (see instructions). Use duplicate copies of P	art ii ii additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b></b> \$	
(a) No. rom	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. rom	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
53 11-05-	114		990, 990-EZ, or 990-PF) (2

Employer identification number

rt III	DAVID NELSON FOUNDATION		38-6505470					
# C III	Exclusively religious, charitable, etc., contr the year from any one contributor. Complete c	ction 501(c)(7) (8) or (10) that total more than \$1,000 to						
	completing Part III, enter the total of exclusively religious	s, charitable, etc., contributions of \$1,000 or less fo	or the year (Enter this info once) >\$					
	Use duplicate copies of Part III if additional	al space is needed	<del></del>					
No. om art 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							
-								
) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
art I	(b) raipose of girt	(c) ose of gat	(a) Description of now girt is field					
- :								
	(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
-								
) No.								
rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
_   -								
-		(e) Transfer of gift						
			Dolotionohin of transferor to transferos					
-	Transfered o name, address, an	III ZIF T T	Relationship of transferor to transferee					
-	Transfer de d'Harrie, address, di		Relationship of transferor to transferee					
No.	(b) Purpose of gift	(c) Use of gift	Relationship of transferor to transferee  (d) Description of how gift is held					
No.								
No. om art I		(c) Use of gift						
No. om art I	(b) Purpose of gift	(c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held					
No.		(c) Use of gift  (e) Transfer of gift						

LINDEN DAVID NELSON FOUNDATION

Part XV . Supplementary Information 3 Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation status of recipient Purpose of grant or contribution Amount Name and address (home or business) N/A 501(C)3 TO SUPPORT MEDICAL ALZHEIMER'S ASSOCIATION RESEARCH FOR DISEASE 25200 TELEGRAPH ROAD 1,000. SOUTHFIELD, MI 48033 501(C)3 TO SUPPORT COLLEGE N/A COLLEGE FOR CREATIVE STUDIES EDUCATION FUNDING FOR 201 KIRBY STREET YOUTH 3,000. DETROIT, MI 48202 4 000 Total from continuation sheets

FORM 990-PF	OTHER EXPENSES		STATEMENT 1		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
BANK CHARGES	37.	0.	0.	0.	
TO FORM 990-PF, PG 1, LN 23	37.	0.	0.	0.	