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## Form **990-PF**

#### **Return of Private Foundation** or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

2014

Department of the Treasuly Internal Revenue Service

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

Open to Public Inspection

		r year 2014, or ta	x year beginnir	ng		<u>, 2014,</u>	and ending	g			
Name of f		-							A	Employer identification nu	mber
JAYD	EN I	LAMB MEMORI et (or P O box number	AL FOUNDA	TION	uddrann)	<del></del>	Room/suite		_	46-1889688 <u> </u>	
		,		to street a	iddress)	i	Room/suite		В	Telephone number (see instr	<u>-</u>
		POSEYVILLE e or province, country, a		tal code					╁	(989) 423-14	60
MIDL		c or province, cooney,	and Zir Or loreign pos	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ΜI	48640		C	If exemption application is	pending, check here.
		I that analy	Initial return		Initial return of			ests /	†	, ,,	
G Che	eck ai	I that apply	<b>⊣</b>	F	<b>—</b>		r public cha	iity	D	1 Foreign organizations, che	eck here
		-	Final return	-	Amended retu	rn			1	2 Foreign organizations med	ating the 85% test, check
			Address chan	<del></del>	Name change				┨	here and attach computati	
H Che		pe of organization	1 .1		(c)(3) exempt pn				l _	•	
	Se	ction 4947(a)(1) r	onexempt charit	able tru	st Other ta	<del></del>	vate found	ation	ļΕ	If private foundation status	
		t value of all assets a		J Acc	ounting method	X C	ash   A	ccrual		under section 507(b)(1)(A)	), check here
•	n Part	II, column (c), line 16	)		Other (specify)	_		_	F	If the foundation is in a 60	-month termination
<b>^</b> \$		29,	925.	(Part I,	column (d) must	be on c	ash basis )		<u> </u>	under section 507(b)(1)(B)	), check here L
Part	Α	nalysis of Re	venue and		(a) Revenue a	and	(b) Net in	vestmen	ıt	(c) Adjusted net	(d) Disbursements
	E	xpenses (The	total of amounts	ın	expenses per b			ome		income	for charitable
		olumns (b), (c), an arrly equal the am									purposes
		ee instructions))	bunts in column	(a)							(cash basis only)
	1	_ <del></del>	s, etc. received (attach sche	edule)	29.	756.					
	2		ndn is <b>not</b> required to attact	•	23,	, <u>J J J </u>	×, 🐒			.c	*
		L]" ""0 102"	•		655						
	3	-	mporary cash investments								'
	4		m securities								
	1.	Gross rents									*
	<b>*</b>	Net rental income or (loss)				200	- A		×.	7. S.	A
R		Net gain or (loss) from sal					٠.		·····-	RECEIVE	7.0
E V	"	Gross sales price for assets on line 6a				.3		1		TILUCIVEI	
Ě	7		me (from Part IV, line 2	2)		è			ଞ୍ଚା		tico
n N	8		lgaın		7,3**	1	) /#		91	MAY 1 7 a	
າ ອີ	9				*	```	<u>~</u>		<u> </u>	111/41 4 1 2015	Ç *.
j -	10 a	retums and		016	ļ			- 1	ب	,	:HS
ਰੇ		allowances - b Less Cost of		<u>,816.</u>	<u> </u>				$-\epsilon$	IGNENT TIT	454
_1	•	goods sold	7,	<u>,082.</u>		.ă.`				SPEN OF	
;	(	Gross profit or (loss) (atta	=		2,	734.	4.~		***		3
e E	11	Other income (attach	schedule) · · · ·								
	ł										<u> </u>
<u></u>	12		hrough 11 · · ·		32,	490.					
	13	•	cers, directors, trustee		ļ	0.					<del> </del>
弖	14	• •	laries and wages .		ļ	0.					
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	15		oyee benefits		<u> </u>	0.				<del> </del>	<del> </del>
variable of the second of the	1	a Legal fees (attach sc								ļ <del></del>	<del> </del>
M	i i	<b>b</b> Accounting fees (atta				250.				ļ	<u> </u>
I N		C Other prof fees (atta-	•								
PS	17										<del> </del>
P S T R	18		see instrs)								<u> </u>
A A	19	Depreciation (attach sch) and depletion									
i į	20					848.				<del> </del>	<del> </del>
N V G E	21	Travel, conferences,			4,	040.					<del> </del>
A E	22		ons		2	702.				<del> </del>	+
N X	23	Other expenses (atta				, , , , ,					<del> </del>
E		See Line 23 Str	•		2.	324.					1
N S	24	Total operating and			<del></del>						
E S	]		13 through 23	· · · ·	10,	124.					L
-	25	Contributions, gifts, grants	spaid · · · · ·		4,	478.					
	26	Total expenses and									
					14,	602.					
	27	Subtract line 26 from		-							
	'	a Excess of revenue of and disbursements	•		17	000					
	١.					888.					<del> </del>
	1	D Net investment inco		•	<b> </b>						
	<u> </u>	C Adjusted net incom	e (if negative, enter -0	<del>-)</del>	<u></u>					<u></u>	<u> </u>

Page 2

Part		Balance Sheets	Itached schedules and amounts in the description olumn should be for end-of-year amounts only	Beginning of year	End of	year
ı dil		(;	See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash → non-interest-be	earing	12,037.	29 <b>,</b> 925.	29,925.
	2	Savings and temporary	cash investments			
	3	Accounts receivable .				
		Less allowance for dou				
	4	Pledges receivable				
		Less allowance for dou	ibtful accounts			
	5	Grants receivable				
	6		rs, directors, trustees, and other schedule) (see instructions)			
	7	Other notes and loans received	vable (attach sch)			
A		Less allowance for dou				
A S E	8	Inventories for sale or u	ise			
E	9	Prepaid expenses and	deferred charges			
Ś	10 a	Investments – US and obligations (attach sche	d state government edule)			
	t	Investments — corporate sto	ock (attach schedule)			
		c Investments — corporate bo	nds (attach schedule)			
	11	Investments – land, bu equipment basis	ıldıngs, and	î.	WA	
		Less accumulated deprecia (attach schedule)	tion			
	12	Investments - mortgag	je loans			
	13		ttach schedule)			
	14		uipment. basis	.*	¥- \$	T. A. C.
		Less accumulated deprecia (attach schedule)	tion			
		Other assets (describe Total assets (to be cor	noleted by all filers -			
		see the instructions. Als	so, see page 1, item I)	12,037.	29,925.	29,925.
L	17		accrued expenses			
À	18	. ,				
B	19			ļ		
Ļ	20		s, trustees, & other disqualified persons			
I T	21		payable (attach schedule)			
i E	22	Other liabilities (describ	pe ►)			
S	23	Total liabilities (add lin	nes 17 through 22)			
		Foundations that folloand complete lines 24	bw SFAS 117, check here X through 26 and lines 30 and 31.			
NF	24	Unrestricted		12,037.	29,925.	
N F E U T N	25	Temporarily restricted				
D	26	Permanently restricted				
S B S A E L		Foundations that do rand complete lines 27	not follow SFAS 117, check here .			
ΕĹ	27	Capital stock, trust prin	cipal, or current funds			
SN	28		land, bldg, and equipment fund			
O E	29	Retained earnings, accumul	ated income, endowment, or other funds			
RS	30		nd balances (see instructions)	12,037.	29,925.	
	31		et assets/fund balances	12,037.	29,925.	
Par		Analysis of Chang	es in Net Assets or Fund Balanc			
	Tota	I net assets or fund balar	nces at beginning of year - Part II, column (	(a), line 30 (must agree w	ith	12,037.
2			27a			17,888.
3			2 (itemize) •			1,,000.
4	Add	lines 1, 2, and 3			4	29,925.
	_				<u> </u>	=======================================
6	Tota	I net assets or fund balar	mize)	art II, column (b), line 30	6	29,925.

Page 3

(a) List and describ 2-story brick warehous	e the kind(s) of property sold (e.g., rea se, or common stock, 200 shares MLC	l estate, Company)	(b) How acquire P — Purchase D — Donation	d (C) Date acquired (month, day year)	(d) Date sold (month, day, year)
1a ,					
b	-				
С					L
d			 		
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sale		(h) Gain or (e) plus (f) m	
a					
					<del></del>
<u> </u>				<del>-</del>	
d					
<u>e</u>	<u></u>				
	ving gain in column (h) and owned by t			(I) Gains (Co	
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if an		gain minus column ( than -0-) <b>or</b> Losses (f	k), but not less rom column (h)) 
a					
b					
С					
d					
е					
2 Capital gain net income or (net	t capital loss) If gain, also	enter in Part I, line 7 ter -0- in Part I, line 7			
3 Net short-term capital gain or (	(loss) as defined in sections 1222(5) ar				
	8, column (c) (see instructions) If (los		3	,	
	er Section 4940(e) for Reduc		ent Incom		
	ction 4942 tax on the distributable amo lify under section 4940(e) Do not com		eriod?	Tyes	X No
1 Enter the appropriate amount i	in each column for each year, see the	instructions before making ar	ny entries		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use ass	ets (c	(d) Distribution olumn (b) divided	
2013	7,179.				
2012					
2011	<del></del>	<del>                                     </del>			<del></del>
2010					
2009					
2 Total of line 1, column (d)				2	
3 Average distribution ratio for th		on line 2 by 5, or by the		3	
number of years the foundation	ne 5-year base period — divide the tota in has been in existence if less than 5 y	ears	· · · ·		
•	ne 5-year base penod — divide the tota n has been in existence if less than 5 y ritable-use assets for 2014 from Part X			1	0
4 Enter the net value of nonchar	n has been in existence if less than 5 y	, line 5			0
4 Enter the net value of nonchar  5 Multiply line 4 by line 3	n has been in existence if less than 5 y	, line 5		5	0
<ul> <li>Enter the net value of nonchar</li> <li>Multiply line 4 by line 3</li> <li>Enter 1% of net investment inc</li> </ul>	n has been in existence if less than 5 y	, line 5		5	0
<ul> <li>Enter the net value of nonchar</li> <li>Multiply line 4 by line 3</li> <li>Enter 1% of net investment inc</li> <li>Add lines 5 and 6</li> </ul>	n has been in existence if less than 5 yritable-use assets for 2014 from Part X	, line 5		5	0

Par		ons			
1 a	Exempt operating foundations described in section 4940(d)(2), check here b and enter 'N/A' on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary — see instrs)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V,				
	check here . ► and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)				
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				0.
3	Add lines 1 and 2				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4				0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0				0.
6	Credits/Payments				l
а	2014 estimated tax pmts 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)				
ď	Backup withholding erroneously withheld				
7	Total credits and payments Add lines 6a through 6d				
8	Enter any penalty for underpayment of estimated tax. Check here				
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed				0.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				0.
11	Enter the amount of line 10 to be Credited to 2015 estimated tax Refunded 11				
Par	t VII-A   Statements Regarding Activities				
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No
ıa	participate or intervene in any political campaign?	[	1 a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?		1 b		<u>x</u>
	If the answer is 'Yes' to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities				
С	Did the foundation file Form 1120-POL for this year?	[	1 c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			3	
	(1) On the foundation . • \$ (2) On foundation managers • \$			×	ļ
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers • \$	_		**	j
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	٠ ٠ ـ إ	2		X
	If 'Yes,' attach a detailed description of the activities		1		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles				
	of incorporation, or bylaws, or other similar instruments? If Yes, attach a conformed copy of the changes	_	3		<u>X</u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	· · -	4 a		<u>X</u>
_ b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	· · -	4 b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	ŀ	5		X
	If 'Yes,' attach the statement required by General Instruction T	Į	٠	,	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		[		. [
	By language in the governing instrument, or		Ì	٠.	
	<ul> <li>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?</li> </ul>		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	[	7	X	
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	MI - Michigan				
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	[-	8 b		X
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If 'Yes,' complete Part XIV		9	Х	
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses		10		X
BAA		For	n <b>990</b>	-PF (	2014)

Form	1990-PF (2014) JAYDEN LAMB MEMORIAL FOUNDATION	46-18	89688	Pa	age <b>5</b>
	t 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 per advisory privileges? If 'Yes,' attach statement (see instructions)	son had	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption applic	ation?	13	Х	
	Website address				
14	The books are in care of Nicole Lamb Telephone	no ► <u>(</u> 9	<u> 189) 423</u>	-146	0
	Located at 2109 Poseyville Rd Midland MI ZP+4	48460			
15	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-PF in fieu of Form 1041 — Check here			. *	
	and enter the amount of tax-exempt interest received or accrued during the year	15	<u> </u>		
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority bank, securities, or other financial account in a foreign country?		16	Yes	No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22 1) If "enter the name of the foreign country	Yes,'			
Par	t 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.		- 10	Yes	No
1 a	During the year did the foundation (either directly or indirectly)		1   ' 🔏		F <sub>x</sub>
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes X	No "		( ) j
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?		]No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		No 🍇 🧍		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes [X	No		**i
	(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)?	Yes X	]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)	Yes X	]No		
t	o 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)?		1 b		
	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 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)).				
ê	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   20 , 20 , 20				1 4
k	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement — see instructions.)		2b		
	of the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here		, ,		
	► 20 _ , 20 _ , 20 _ , 20				1
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business	Yes X	No ~	,	• * .
t	of 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)		3 b		
<b>4</b> a	Did the foundation invest during the year any amount in a manner that would jeopardize its chantable purposes?				Х
t	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?	<u></u>	4b		X
BAA			Form 99	0-PF (2	2014)

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Form 990-PF (2014) JAYDEN LAMB MEMORI	AL FOUNDATION		46-188	9688 Page <b>6</b>
Part VII-B   Statements Regarding Activiti	es for Which Form	4720 May Be Req	uired (continued)	
5 a During the year did the foundation pay or incur ar				
(1) Carry on propaganda, or otherwise attempt to	o influence legislation (se	ection 4945(e))?	Yes X	No
(2) Influence the outcome of any specific public on, directly or indirectly, any voter registration	election (see section 495 n drive?	5), or to carry	Yes   X	No
(3) Provide a grant to an individual for travel, stu			· · · · X Yes	No
(4) Provide a grant to an organization other than in section 4945(d)(4)(A)? (see instructions).			· · · · Yes X	No
(5) Provide for any purpose other than religious, educational purposes, or for the prevention of	charitable, scientific, lite of cruelty to children or ar	rary, or nimals?	· · · · Yes X	No
b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53 4945 or in a (see instructions)?	current notice regarding	disaster assistance		5b X
Organizations relying on a current notice regarding	ng disaster assistance ch	neck here		
c If the answer is 'Yes' to question 5a(4), does the tax because it maintained expenditure responsib	foundation claim exempt ility for the grant?	on from the	· · · · Yes	No
If 'Yes,' attach the statement required by Regulat	ions section 53 4945-5(a	()		
6 a Did the foundation, during the year, receive any to on a personal benefit contract?				No State Sta
<b>b</b> Did the foundation, during the year, pay premium  If Yes' to 6b. file Form 8870	is, directly or indirectly, o	n a personal benefit con	ract /	· ·   6 b   X
7 a At any time during the tax year, was the foundation	on a party to a prohibited	tax shelter transaction?	· · · · Yes X	No
b If 'Yes,' did the foundation receive any proceeds				
Part VIII Information About Officers, D				
and Contractors		<u> </u>		
1 List all officers, directors, trustees, foundation	n managers and their c	ompensation (see insti		
(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
Thomas Lamb				
2109 Poseyville Rd Midland MI 48640	Director 20.00	0.	0.	0.
Nicole Lamb 2109 Poseyville Rd	Director			
Midland MI 48640	10.00	0.	0.	0.
Tammy Sherman				
4132 Alpine Way	Director			_
Midland MI 48640	2.00	0.	0.	0.
See Information about Officers, Directors, Trustees, Etc		!		
		0.	0.	0.
2 Compensation of five highest-paid employee	s (other than those inc		<del>_</del>	
(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				
	ļ			
Total number of other employees paid over \$50,000 .			<u> </u>	None
BAA	TEEA0306 06/			Form <b>990-PF</b> (2014)

and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (see in	nstructions). If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
None		
<del></del>		
		<del></del>
Total number of others receiving over \$50,000 for professional services		None
Pantix A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical organizations and other beneficianes served, conferences convened, research papers produced, etc.	information such as the number of	Expenses
1 Duane Jaeger and family. 5348 Wakefield Dr. N.	Greenwood IN	
To assist with closure after the loss of a child		
cancer.		4,478.
2		
<del></del>		
3		
4		
PartilX:B Summary of Program-Related Investments (see Instru	ctions)	
Describe the two largest program-related investments made by the foundation during	the tax year on lines 1 and 2	Amount_
1		
~		
<del></del>		
2		
All other assume related instantinous Co		
All other program-related investments See instructions 3		
J		
Total. Add lines 1 through 3		<del></del>
BAA		Form <b>990-PF</b> (2014)

Par	see instructions.)	gn 10	undations,
1 a	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes Average monthly fair market value of securities	1 a	
b	Average of monthly cash balances	1 b	
C	Fair market value of all other assets (see instructions)	1 c	
d	<b>Total</b> (add lines 1a, b, and c)	1 d	
	Reduction claimed for blockage or other factors reported on lines 1a and 1c		
	(attach detailed explanation)	- 1	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	0.
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	0.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0.
6	Minimum investment return. Enter 5% of line 5	6	0.
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating and certain foreign organizations check here	four	
1	Minimum investment return from Part X, line 6	1	
2 a	Tax on investment income for 2014 from Part VI, line 5		
b	Income tax for 2014. (This does not include the tax from Part VI )		
С	Add lines 2a and 2b	2 c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	
	TXII Qualifying Distributions (see instructions)	as e	
1 a	Amounts paid (including administrative expenses) to accomplish chantable, etc., purposes. Expenses, contributions, gifts, etc.— total from Part I, column (d), line 26	1 a	
b	Program-related investments — total from Part IX-B	1 b	<del></del>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	4,478.
3 a	Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required)	3 a	
b	Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	4,478.
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 (see instructions)	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	4,478.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the forqualifies for the section 4940(e) reduction of tax in those years.	undat	ion
BAA	<del></del>		Form <b>990-PF</b> (2014)

#### Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
Distributable amount for 2014 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2014 a Enter amount for 2013 only			0.	4
b Total for prior years 20 , 20 , 20				/
3 Excess distributions carryover, if any, to 2014	,			* ` ,
<b>a</b> From 2009	, i	y . "		
	` .	(		?* , , , , , , , , , , , , , , , , , , ,
c From 2011		* *	ì.	,
d From 2012	· · · · · · · · · · · · · · · · · · ·		,	
e From 2013 · · · · · 7,179.	7,179.		٠	, , , ,
<ul><li>f Total of lines 3a through e</li><li>4 Qualifying distributions for 2014 from Part</li></ul>	7,179.		· · · · · · · · · · · · · · · · · · ·	*
			·	* * * * * * * * * * * * * * * * * * *
XII, line 4: \$\\\ \\$ \\\\\\\\\\\\\\\\\\\\\\\\\\\\				
a Applied to 2010, but not more than line 2a	· · · · · · · · · · · · · · · · · · ·		2 . · M	
Applied to undistributed income of prior years (Election required — see instructions)			* * * * * * * * * * * * * * * * * * * *	
c Treated as distributions out of corpus (Election required — see instructions)				
d Applied to 2014 distributable amount			<i>1 4</i>	
e Remaining amount distributed out of corpus .	4,478.	1. M. 1. 1. 1.		# 12 4 h/ ha h
<b>5</b> Excess distributions carryover applied to 2014				
(If an amount appears in column (d), the same amount must be shown in column (a))				
Sume amount must be unown in column (ay)				<b>                                     </b>
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	11,657.		* * * * * * * * * * * * * * * * * * *	
<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				
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 instructions	*	* * * *	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)				
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions) .	0.			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	11,657.			
10 Analysis of line 9				
a Excess from 2010 0 .				
b Excess from 2011 0 .				
<b>c</b> Excess from 2012 0 .	7			
<b>d</b> Excess from 2013 7,179.		1		1
e Excess from 2014 4,478.		<u> </u>	<u>                                     </u>	

	t XIV	Private Operating Foundati					
1 a	If the fo	undation has received a ruling or detei tive for 2014, enter the date of the rulin	mination letter that i	t is a private operati		he ruling	06/05/14
		box to indicate whether the foundation	•			X 4942(j)(3) or	4942(j)(5)
	•	ne lesser of the adjusted net	Tax year	g loandation docume	Pnor 3 years	111 10 120/(0/ 0.	1 10 120/(0)
	ıncome	from Part I or the minimum	(a) 2014	<b>(b)</b> 2013	(c) 2012	(d) 2011	(e) Total
		ent return from Part X for ear listed	0.	0.			N/A
k	85% of	line 2a	0.	0.			N/A
C	Qualify	ing distributions from Part XII,	4 470	7 170			11 657
c	Amounts	or each year listed	4,478.	7,179.			11,657.
_		conduct of exempt activities					
€	for activ	ing distributions made directly ve conduct of exempt activities. It line 2d from line 2c.	4,478.	7,179.	_ 0.	0.	11,657.
3		ete 3a, b, or c for the tive test relied upon:					i
a	'Assets	'alternative test — enter					
	(1) Va	ue of all assets					
	(2) Va	ue of assets qualifying under ction 4942(j)(3)(B)(i)					
Ł	minimum	nent' alternative test — enter 2/3 of Investment return shown in Part X, each year listed					
c	'Suppo	rt' alternative test - enter					
	inv div on	al support other than gross estment income (interest, idends, rents, payments secunties loans (section 2(a)(5)), or royalties)					
		```			<del></del>		<u> </u>
	mor	port from general public and 5 or e exempt organizations as provided ection 4942(j)(3)(B)(iii)				ļ	
		gest amount of support from exempt organization					
		oss investment income					
Pai		Supplementary Information (			foundation had	\$5,000 or more	e in
<del></del>		assets at any time during the ation Regarding Foundation Manage	<del></del>	structions.			
_	List any	y managers of the foundation who have f any tax year (but only if they have co	e contributed more th	nan 2% of the total o \$5,000) (See section	contributions received on 507(d)(2))	d by the foundation t	pefore the
t	List any	managers of the foundation who own	10% or more of the	stock of a corporati	on (or an equally larg	ge portion of the own	ership of
	a partn	ership or other entity) of which the four	ndation has a 10% of	r greater interest			
	Inform	ation Regarding Contribution, Grant	. Gift. Loan. Schola	rship, etc. Prograi	 ms:		
	Check reques	here  if the foundation only makes gitter it in the foundation makes gitter items 2a, b, c, and d	ces contributions to p	oreselected charitab	le organizations and		
		me, address, and telephone number of	r e-mail address of the	he person to whom	applications should t	oe addressed	
		as Lamb					
	2109	Poseyville Rd					
	Midl	and	MI 48640		9) 213-7470		
k		m in which applications should be subi					
	Name	, address, Phone number	, number of	people in f	amily, durat	ion of ıllne	ss.
	: Any su	omission deadlines					
	none						
	Any res	strictions or limitations on awards, such	as by geographical	areas, chantable fie	elds, kinds of instituti	ons, or other factors	
	None						

Part XV | Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment							
Recipient		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		
Name and address (home or b	usiness)	substantial contributor	Toopion		<u> </u>		
a Paid during the year  Duane Jaeger  5348 Wakefield Dr N  Greenwood	IN 49776	none	none	To assist with closure after the loss of a child with pediatric cancer			
Greenwood	IN 497/6		none	Chird with pediatric cancer	4,470.		
Total		<u> </u>			1 179		
b Approved for future payment							

Part XVI-A	Analysis o	f Income-Producing	<b>Activities</b>
------------	------------	--------------------	-------------------

Enter gross amounts unless otherwise indicated		Unrelate	ed business income	Excluded by	section 512, 513, or 514	(0)	
		• am service revenue.	(a) Business code	(b) Amount	(c) Exclu- sion code	( <b>d)</b> Amount	(e) Related or exempt function income (See instructions)
a	ٽ اا						
k							
C					<u> </u>		
C	'				<del>  -</del>		
•	·		<del></del>				
t	. <del></del>				<del> </del>		
		and contracts from government agencies			<del> </del>		
2		lon savings and temporary cash investments	<u> </u>		+		<del></del>
3 4		ends and interest from securities		<u> </u>	<del></del>	<del></del>	
5		ental income or (loss) from real estate		<u> </u>	+		
		inanced property	f		+		
		ebt-financed property		<u> </u>	<del>  </del>		
6		tal income or (loss) from personal property	ļ	<u> </u>	+		
7		investment income			1	·	
8		(loss) from sales of assets other than inventory			1		
9		come or (loss) from special events			3	2,734.	
10		profit or (loss) from sales of inventory			<del> </del>		
11		revenue	<del></del>			* (J.	
···			<u>`</u>	*** *** *** ***	+	4 80v	
k					<del>                                     </del>		
	;						
(	1			-	1 1		
6	,						
12	Subto	tal. Add columns (b), (d), and (e)				2,734.	
13	Total.	Add line 12, columns (b), (d), and (e)				13	2,734.
(See	worksl	neet in line 13 instructions to venfy calculations	.)				
Pai	+ Y\/!	B Relationship of Activities to the	Accomp	lishment of Even	nt Purnos	266	
		<del></del>	-				
Lin	e No. ▼	Explain below how each activity for which inco accomplishment of the foundation's exempt po	ome is repor	ted in column (e) of Par er than by providing fur	t XVI-A contri ds for such r	buted importantly to t	he ctions )
	·	accomplishment of the loandation's exempt p					<del></del>
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BAA

Form **990-PF** (2014)

# Form 990-PF (2014) JAYDEN LAMB MEMORIAL FOUNDATION 46-1889688 Part XVIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

de re a Tr (1 (2 b Or (1 (2 (3) (4 (5)	escribections to ansfers Cash Cash Cash Cash Cash Cash Cash Cas	ganization directly in section 501(c) of political organization from the reporting	of the Code (other ons? foundation to a reconstruction to a recons	er than section 5 noncharitable ex  pt organization e exempt organi ssets  or fundraising s	01(c)(3) ŏrganızatıor cempt organızatıor	ions) or in s	ection 527,		1 a (2) 1 b (1) 1 b (2) 1 b (3) 1 b (4) 1 b (5) 1 b (6)	Yes	X X X X X X X X X X X X X X X X X X X
d If the	the ans e goods y trans	f facilities, equipme wer to any of the ab s, other assets, or s action or sharing ar (b) Amount involved	pove is 'Yes,' cor ervices given by tangement, show	mplete the follow	ving schedule Co undation. If the fo the value of the g	umn (b) sho undation rec oods, other	ould always sheeved less that assets, or sen	now the fair marke an fair market valu	et value of ue in	nements	<u>X</u>
(a) Line		(w) Amount myored	- (S) Name o	A HOHEHAIRADIC CAC	mpt organization	(4, 5)	Joniphon of Hall	sicio, iranoactiono, ar	o sharing an an	gennerite	<del>'</del>
	_		<del> </del>								
			<u> </u>								
		<del></del>	<del></del>			<del> </del>					
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	_+_	<del></del>	<del> </del>			<del>                                     </del>			<del></del>		
		·	+								
	$\neg + \neg$		1	-		<del> </del>					
			<del> </del>			ļ ————					
	$\top$	<del></del>									
			<del>                                     </del>		<del></del>						
de	escribed	ndation directly or ii I in section 501(c) o	of the Code (other	d with, or related er than section 5	d to, one or more 01(c)(3)) or in sec	ax-exempt of the street of the	organizations		· · · Tyes	× X	No
		Name of organization		(b) Tvo	e of organization		(c	) Description of re	lationship		
	Under pe	naities of perjury, I declar- and complete Declaration	e that I have examine of preparer (other tha	d this return, including taxpayer) is based	g accompanying schedi on all information of wh	iles and statement	ents, and to the be any knowledge	st of my knowledge and	belief, it is true,		
Sign				. , , , ,					May the	RS discu	iss
Here		1/2/	-		04/14/15	<b>▶</b> <sub>D1</sub>	rector		this retur preparer	shown b	elow
	Signat	ure of officer or trustee			Date	Title	LCCCOI		(see insti	Yes	No.
		Pnnt/Type preparer's nar	me	Preparer's	signature	T	Date	Check X if	PTIN		
Paid		Robert Schi	an	Rober	t Schian_	1,	05/01/15	self-employed	P00114	1058	
	ror		SCHIAN'S T						3657806	.000	
Prepa		—	<u>30011AN 3 1</u> 11160 <u>M</u> APL						<u> </u>		
Use Only		_	BIRCH RUN	<u> </u>		MI 4841	.5	Phone по			

#### 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, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

name of the organization		Employer Identification formation			
JAYDEN LAMB MEMORIAL FOU	46-1889688				
Organization type (check one)					
Filers of:	Section:				
Form 990 or 990-EZ	501(c)( ) (enter number) organ	nization			
	4947(a)(1) nonexempt charitable trus	st <b>not</b> treated as a private foundation			
	527 political organization				
Form 990-PF	X 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trus	st 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 (1	0) organization can check boxes for both the Gener	ral Rule and a Special Rule. See instructions			
General Rule					
X For an organization filing Form 990, property) from any one contributor (	990-EZ, or 990-PF that received, during the year, complete Parts I and II See instructions for determine	contributions totaling \$5,000 or more (in money or ining a contributor's total contributions			
Special Rules					
For an organization described in secunder sections 509(a)(1) and 170(b) received from any one contributor, d	tion 501(c)(3) filing Form 990 or 990-EZ that met th (1)(A)(vi), that checked Schedule A (Form 990 or 99 uring the year, total contributions of the greater of (* urm 990-EZ, line 1. Complete Parts I and II	90-EZ). Part II. line 13. 16a. or 16b. and that			
during the year, total contributions of	tion 501(c)(7), (8), or (10) filing Form 990 or 990-Ez more than \$1,000 e <i>xclusively</i> for religious, charitat uelty to children or animals Complete Parts I, II, and	ble, scientific, literary, or educational			
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 <b>General Rule</b> 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 cov 990-PF), but it must answer 'No' on Par	ered by the General Rule and/or the Special Rules t IV, line 2, of its Form 990, or check the box on line eet the filing requirements of Schedule B (Form 990	does not file Schedule B (Form 990, 990-EZ, or e H of its Form 990-EZ or on its Form 990-PF,			

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF.

Page

<u>1</u> of

1 of **Part 1** 

Name of organization

JAYDEN LAMB MEMORIAL FOUNDATION

Employer Identification number 46-1889688

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	J_RANCK  15460 JEFFERSON RD  MORLEY  MI 49336	\$ <u>15.</u> 1 <u>00</u> .	Person Payroll X Noncash  (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ELMERS CRAIN AND DOZER  1993 GLOVER PARKWAY  MOUNT PLEASANT  MI 48858	\$ <u>5</u> _0 <u>00</u> .	Person  Payroll X  Noncash  (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)

F	orm	9	90	-P	F,	Page	1,	Part	I,	Line	23
	_		_								

Form 990-PF,	Page	1, Part	I, Line 23
Line 23 Stmt			

Other expenses	Rev/Exp Book	Net Inv Inc	Adj Net Inc_	Charity Disb
dues	20.			
supplies	2,304.			

Total

2,324.

Form 990-PF, Page 6, Part VIII, Line 1

Information about Officers, Directors, Trustees, Etc.

(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
Person . X Business . Barbara Lamb				
10855 Hill Rd	Director			
Posen MI 49776 Person. X Business	2.00	0.	0.	0.
Amber Phillips				
5987 Midland Rd	Director			
Midland MI 48640	2.00	0.	<u> </u>	0.

Total	
-------	--

0.	0.	0.