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## Form **990-PF**

## **Return of Private Foundation**

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 Department of the Treasury Internal Revenue Service

	OMB No	154	5-0052
	20	1	4
-0	sen to Pub	die le	coection

	For	cale	endar year 2014 or tax year beginn	ing JUI	<u>. 1, </u>	2014	, and e	nding	JUN	<u>30, 201:</u>	)	
	Na	me (	of foundation						A Empi	oyer identificatio	n number	
	ç	ידו	NAI MEDICAL STAF	F FOUNDA	OITA	N.			23	-7078893	3	
			and street (or P O box number if mail is n					Room/suite	7	hone number		
	2	200	00 TOWN CENTER					1780		8-353-03	L50	
			town, state or province, country, an	d ZIP or foreign i	postal co	de		•	1_	ption application is		
				075-1313						,		
			ck all that apply: Initial re			Initial return of a	former public (	charity	D 1. For	eign organization	s, check here	
	_		Final re			Amended return	•	•		•	•	
			Address	s change		Name change			2 For	eign organizations m ck here and attach c	eeting the 85% test, omputation	
	H (	Chec		ction 501(c)(3) e	xempt pr	ıvate foundation			F If nriv	ate foundation sta	atus was terminate	ď
		] s	ection 4947(a)(1) nonexempt charit			xable private found	lation			section 507(b)(1		
	l Fa	air m	narket value of all assets at end of ye	ar J Account	ing meth	od <sup>.</sup> X Cash	Accr	ual	F If the	foundation is in a	60-month termina	tion
	(fi	rom	Part II, col (c), line 16)	0 🔲	ther (spe	cify)				section 507(b)(1		
	<b>&gt;</b>	\$	4,360,400	(Part I, colu	ımn (d) r	nust be on cash	basis.)				<b>,</b>	
	Pa	art	Analysis of Revenue and Expens (The total of amounts in columns (b), (c)	Ses		Revenue and		vestment	(c)	Adjusted net	(d) Disbursen for charitable pu	nents
			necessarily equal the amounts in colum	nn (a) )	exp	enses per books	inco	ome 	<u> </u>	ıncome	(cash basis o	
		1						- <b></b>		N/A		
		2	Check X if the foundation is not requi	red to attach Sch B								
		3	Interest on savings and temporary cash investments			40.	<u> </u>	40.			Statemen	
ξ		4	Dividends and interest from securi	ties		78,759.	7	8,759.			Statemen	t 2
2015		58	a Gross rents						ļ			
ဖ		1	Net rental income or (loss)		<u> </u>	450 045					ļ <u> </u>	
1	<u>o</u>	6	Net gain or (loss) from sale of assets not Gross sales price for all			<u>170,347.</u>						<del></del>
بح	enc	l t	assets on line 6a	<u> 24,262.</u>	ļ		1 77	0 247	-	<del>  RFC</del>	EIV.E.D	
SEP	Revenue	7	· =	e 2)			1/	0,347.		0		<u> </u>
		8	Net short-term capital gain							<del>  Ci  </del>	0 8 2013	<del>-</del> ,
씾		9	Income modifications Gross sales less returns						-	四   四	0 2013	E
Ž,		108						···	1	LOCO	ENI LIT	<del>'</del> i
SCANNED		l	Cless Cost of goods sold Cross profit or (loss)		<del> </del>				l	UGU		
Ø		11										
		12	Total. Add lines 1 through 11			249,146.	24	9,146.				
-		13	Compensation of officers, directors, trust	tees, etc		20,199.	2	0,199.				0.
		14	Other employee salaries and wages									
		15	Pension plans, employee benefits									
	ses	16a	Legal fees									
	ĕ	ь	Accounting fees S	Stmt 3		2,122.		0.				<u>0.</u>
	EX	C	Other professional fees	tmt 4		44,271.		0.			•	0.
	ive	17	Interest	ļ								
	trat	18		tmt 5		8,108.		1,459.				0.
	nis	19	Depreciation and depletion									
	Ë	20	Occupancy _	1	-							
	ΨF	21	Travel, conferences, and meetings			1,986.		0.				0.
	an	22	Printing and publications					005				
	Operating and Administrative Expense	23		tmt 6		235.		235.				0.
	irat	24	Total operating and administrative	,		76 001	2.					0
	ď		expenses. Add lines 13 through 23	3		76,921.		L,893.			110,	<u>0.</u>
			Contributions, gifts, grants paid	_		110,410.					110,	<del>4</del> 10.
		26	Total expenses and disbursement	\$		187,331.	2.	L,893.			110,	<b>41</b> 0
-		97	Add lines 24 and 25 Subtract line 26 from line 12:			101,331.		1,023.				<u> </u>
			Subtract line 26 from line 12:  Excess of revenue over expenses and dis	h		61,815.		İ				
			Net investment income (if negative, i	r		01,010.	22	7,253.				
			Adjusted net income (if negative, ent	· •						I/A		
7	2350				_						5 000 DI	

11-24-14 LHA For Paperwork Reduction Act Notice, see instructions

Fo	<u>rm 9</u>	90-PF(2014) SINAI MEDICAL STAFF FOU				7078893	Page
ſī	Part	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		End of	·	
	UI L	COLAMU SUODIO DE LOS ESIG-OL-AEST AUTORITZ ONIÁ	(a) Book Value	(b) Book Value		(c) Fair Market	
	1	Cash - non-interest-bearing	465 433	100.0	1.		1.
		Savings and temporary cash investments	467,133.	189,2	56.	189,	,256.
	3	Accounts receivable	4				
		Less: allowance for doubtful accounts			<del></del>	<del></del>	
	4	Pledges receivable -	1				
		Less: allowance for doubtful accounts ▶					
	1 -	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons		<u>.</u>	$\longrightarrow$		
	7	Other notes and loans receivable	-				
		Less; allowance for doubtful accounts			$\rightarrow$		
ş	8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges	_				
۹	10a	Investments - U.S. and state government obligations					
	b	Investments - corporate stock Stmt 8	3,504,225.	3,681,0	28.	3,681,	
	C	Investments - corporate bonds Stmt 9	265,249.	490,1	15.	490,	115.
	11	Investments - land, buildings, and equipment basis					
		Less accumulated depreciation			$\longrightarrow$		
	12	Investments - mortgage loans		····	$\rightarrow$		
	13	Investments - other			$\longrightarrow$		
	14	Land, buildings, and equipment: basis					
	l	Less accumulated depreciation			<b> </b>		
		Other assets (describe)					
	16	Total assets (to be completed by all filers - see the		4 0 6 0 4 4		4 262	400
	<u> </u>	instructions. Also, see page 1, item I)	4,236,607.	4,360,40	<del>) 0 •  </del>	4,360,	400.
		Accounts payable and accrued expenses					
	18	Grants payable					
es	19	Deferred revenue		·	-+		
Liabilities		Loans from officers, directors, trustees, and other disqualified persons					
<u>.</u> 13.	21	Mortgages and other notes payable					
_	22	Other liabilities (describe )		<u> </u>			
			0.				
_	23	Total liabilities (add lines 17 through 22)  Foundations that follow SFAS 117, check here	0.		0.		
		Touristions that follow of the first smooth note					
Se	0.4	and complete lines 24 through 26 and lines 30 and 31.					
ĕ	24	Unrestricted Temporarily restricted			$\dashv$		
3918	25 26	Temporarily restricted Permanently restricted			$\dashv$		
ğ	20	Foundations that do not follow SFAS 117, check here					
Ē		and complete lines 27 through 31.					
ō	27	Capital stock, trust principal, or current funds	4,236,607.	4,360,40	00.		
Net Assets or Fund Balances		Paid-in or capital surplus, or land, bldg., and equipment fund	0.	1,000,10	0.		
ASS		Retained earnings, accumulated income, endowment, or other funds	0.		0.		
et/		Total net assets or fund balances	4,236,607.	4,360,40			
Z	30	Total net assets of fullo balances	= 1230,0011	1/300/10	<b>~</b>		
	21	Total liabilities and net assets/fund balances	4,236,607.	4,360,40	0.		
		<del></del>		1,000,10	<u> </u>		
Р	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	30				
	(mus	t agree with end-of-year figure reported on prior year's return)			1	4,236,	
		amount from Part I, line 27a			2		815.
		increases not included in line 2 (itemize)	See Stat	ement 7	3		978.
4	Add I	ines 1, 2, and 3			4	4,360,	
5	Decre	ases not included in line 2 (itemize)			5	<del></del>	0.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30		6	4,360,	
						Form <b>990-PF</b>	= (2014)

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.

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228,592.

110,410.

7 Add lines 5 and 6

	n 990-PF (2014) SINAI MEDICAL STAFF FOUNDATION art VI Excise Tax Based on Investment Income (Section 4940	1/01	AC	)40(b) 4040(a)	or 4	<u> 23-</u>	7078	89:	3	Page 4
					01 4	340	- 500	11150	uctic	115)
`1	Exempt operating foundations described in section 4940(d)(2), check here and ent									
	Date of ruling or determination letter: (attach copy of letter if nece	ssary	y-se 1	e instructions)	ł				A 1	- 1 =
١	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	<u> </u>	_ ar	id enter 1%	-	_1_	<del> </del>		4,:	545.
	of Part I, line 27b	-4 D-		1 40 1 (1)	l					
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% (									0
_	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Oth	iers ei	nte	r -U-)	H	2			4 [	$\frac{0.}{545.}$
3	Add lines 1 and 2  Subtate A (compared to seek and 4047/o)/11 trusts and toughts foundations only. Other	30r0 a	2010	- 0 \	ŀ	3	ļ		4,	0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Oth	ieis e	:1116	1 -0-)	ŀ	5	<u> </u>		A =	345.
0	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-				ŀ				<del>'</del>	145.
6	Credits/Payments:	6a	1	3,80	n					
	2014 estimated tax payments and 2013 overpayment credited to 2014	6b	+	3,00	٠-۱					
	Exempt foreign organizations - tax withheld at source  Tax paid with application for extension of time to file (Form 8868)	6c	+							
		6d	+-		$\dashv$					
	Backup withholding erroneously withheld  Latel gradies and payments. Add lines for through fid.	<u>ou</u>			$\dashv$	7			3 6	00.
	Total credits and payments. Add lines 6a through 6d  Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attach	hod			}	8	<u> </u>		<u> </u>	00.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	ieu			<b>.</b> ⊦	9				45.
						10				45.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  Enter the amount of line 10 to be: Credited to 2015 estimated tax			Refunded	< ⊦	11				
	rt VII-A Statements Regarding Activities			Included						
	During the tax year, did the foundation attempt to influence any national, state, or local legislat	ion o	nr di	d it narticinate or inten	iono ir				Yes	No
14	any political campaign?	יט ונטוו	n ui	o it participate or interv	/C/1C II			1a		
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes	s /spp	יחו פ	structions for the defin	ition)?	,		1b	-	X
U	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and							-10		
	distributed by the foundation in connection with the activities.	COPIC		or any materials publ	,0,,00	,				
r	Did the foundation file Form 1120-POL for this year?							1c		x
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	ear.								
٠	(1) On the foundation. > \$ 0. (2) On foundation managers.			1	0.					
ρ	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure									
·	managers. $\blacktriangleright$ \$0.	0 1471		, , , , , , , , , , , , , , , , , , , ,						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS'	?						2		Х
	If "Yes," attach a detailed description of the activities.									
	Has the foundation made any changes, not previously reported to the IRS, in its governing inst	trume	ent.	articles of incorporation	n. or		i			
•	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		•		•		į	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?							4a	_	X
	If "Yes," has it filed a tax return on Form 990-T for this year?					N	/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?					•	ĺ	5		X
	If "Yes," attach the statement required by General Instruction T									
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eithe	er:					Ì		ı	
	By language in the governing instrument, or							ŀ	ı	
	By state legislation that effectively amends the governing instrument so that no mandatory discovering instrument so the solution of	irectio	ons	that conflict with the s	tate la	W				
	remain in the governing instrument?						Ĺ	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," compl	lete F	Par	t II, col (c), and Part	ΧV		}	7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	<b>_</b>					]			
	MI		0.	and for done t-1				1		
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attor	ney (	uen	erai (or designate)				_	Ţ.	
	of each state as required by General Instruction G? If "No," attach explanation	- 40	401	MON == 4040(N/5) /	-l		H	85	X	<del></del>
	Is the foundation claiming status as a private operating foundation within the meaning of section				aiend	ar			l	v
	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," com						-	9	$\dashv$	$\frac{x}{x}$
U	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule lis	sting ti	heir	names and addresses			Form	10 990	·PF (2	
							1 0111		(4	-017)

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Form 990-PF (2014) SINAI MEDICAL STAFF FC	UNDATION		23-7078	393	Page 6
Part VII-B   Statements Regarding Activities for Whi	ch Form 4720 May Be	Required (cont	nued)		
5a During the year did the foundation pay or incur any amount to:			1		
(1) Carry on propaganda, or otherwise attempt to influence legislation (se	ection 4945(e))?	[]	Yes 🗶 No		
(2) Influence the outcome of any specific public election (see section 495	55); or to carry on, directly or ind	lirectly,			
any voter registration drive?		,	res 🗶 No 📗		
(3) Provide a grant to an individual for travel, study, or other similar purp	oses?		res 🗶 No 📗	ĺ	
(4) Provide a grant to an organization other than a charitable, etc., organization	zation described in section			ļ	
4945(d)(4)(A)? (see instructions)		<i>`</i>	res X No		
(5) Provide for any purpose other than religious, charitable, scientific, lite	rary, or educational purposes, or	r for			
the prevention of cruelty to children or animals?		<u> </u>	es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify	under the exceptions described	l in Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see in		•	N/A	5b	
Organizations relying on a current notice regarding disaster assistance che					
c If the answer is "Yes" to question 5a(4), does the foundation claim exempti		ained			
expenditure responsibility for the grant?		. —	es No	- 1	ĺ
If "Yes," attach the statement required by Regulations section 53.4					
6a Did the foundation, during the year, receive any funds, directly or indirectly			1	1	
a personal benefit contract?	, to pay promisino on	v	es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, or	a nersonal henefit contract?	<u> </u>		6b	X
If "Yes" to 6b. file Form 8870	a personal benefit contract.		<u> </u>	00	1
7a At any time during the tax year, was the foundation a party to a prohibited t	av chalter transaction?	$\Box$	es X No		ļ
b If "Yes," did the foundation receive any proceeds or have any net income at		· ·	· · · · · · · · · · · · · · · · · · ·	7b	
Part VIII Information About Officers, Directors, Tru		anagere Highl		70	
Paid Employees, and Contractors	istees, i ouridation wi	anagers, riigin	У		
1 List all officers, directors, trustees, foundation managers and th	eir compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) E	xpense
(a) Name and address	hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred compensation	accour	xpense nt, other vances
Robert A. Karbel, PLLC	to position Foundation Ma	enter'-0-)	compensation	allow	rances
	FOundacton Ma	allager			
	10.00	20,199.	0.		0
Southfield, MI 48075	President	20,133.	0.		0.
Robert S. Michaels	president				
29877 Telegraph Road, Suite #300	1 00	0.	ا م ا		0
Southfield, MI 48034	1.00 Vice Presiden		0.		0.
Marc Feldman, MD	vice Presiden	ייי			
22162 Malden					^
Farmington Hills, MI 48336	1.00	0.	0.	-	0.
Gaylord D. Alexander	Secretary/Tre	easurer			
1330 E. Indian Mound			_ [		_
Bloomfield Hills, MI 48322	1.00	0.	0		<u>0.</u>
2 Compensation of five highest-paid employees (other than those		enter "NONE."	(d) Contributions to		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	accoun	pense it, other
(2)	devoted to position	(0)	compensation	allow	ances
NONE					
	_				
		<u> </u>			
		[			
	7	<u> </u>	[		
Total number of other employees paid over \$50,000					0
		-	Form 9	90-PF	(2014)

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Total. Add lines 1 through 3

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110,410.

1b

2

3a 3b

4

5

6

h

Program-related investments - total from Part IX-B

b Cash distribution test (attach the required schedule)

a Suitability test (prior IRS approval required)

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

Amounts set aside for specific charitable projects that satisfy the:

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

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

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7	<u> </u>			211,503
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			71,090.	
ь Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to 2014:	j			
a From 2009				
<b>b</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: ► \$ 110, 410.			E1 000	
a Applied to 2013, but not more than line 2a			71,090.	<u></u>
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.			20 220
d Applied to 2014 distributable amount				39,320.
e Remaining amount distributed out of corpus	0.			0.
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			
6 Enter the net total of each column as indicated below:				
2 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				<u>172,183.</u>
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by		1		
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2009	0			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	0.			
O Analysis of line 9:			<del></del>	
a Excess from 2010				
b Excess from 2011				
c Excess from 2012				
d Excess from 2013				
e Excess from 2014			1	
23581				Form 990-PF (2014)

Form 990-PF (2014)

Total

	Unrelated b	usiness income		oy section 512, 513, or 514	(e)
nter gross amounts unless otherwise indicated.  . 1 Program service revenue;	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a					
b					
c	1 1				
d	t				
e	1				
f					
g Fees and contracts from government agencies					
Membership dues and assessments					<del></del>
Interest on savings and temporary cash					
investments			14	40.	
Dividends and interest from securities		<del></del>	14	78,759.	
Net rental income or (loss) from real estate:				· · · · · · · · · · · · · · · · · · ·	
a Debt-financed property					
<b>b</b> Not debt-financed property	<u> </u>		<del> </del>		
Net rental income or (loss) from personal					
property			<del> </del>		3.11-
Other investment income		<del></del>	+		
Gain or (loss) from sales of assets other			18	170,347.	
than inventory Net income or (loss) from special events			1-10	1/0,34/.	
Gross profit or (loss) from sales of inventory			<del>                                     </del>		
Other revenue:			<del>                                     </del>		
a					
b					
C		·-			
d					
е					
Subtotal. Add columns (b), (d), and (e)		0.	<u> </u>	249,146.	
Total Add line 12, columns (b), (d), and (e)				13	249,14
	}				· ·
ee worksheet in line 13 instructions to verify calculations.		plishment of Ex	kempt Ρι	ırposes	
Part XVI-B Relationship of Activities	s to the Accom			<del></del>	Ishment of
ret XVI-B  Relationship of Activities  The No.   Explain below how each activity for which in	s to the Accomp	lumn (e) of Part XVI-A		<del></del>	lishment of
Part XVI-B Relationship of Activities	s to the Accomp	lumn (e) of Part XVI-A		<del></del>	lishment of
Part XVI-B Relationship of Activities  ine No.   Explain below how each activity for which in	s to the Accomp	lumn (e) of Part XVI-A		<del></del>	lishment of
ret XVI-B  Relationship of Activities  ne No.   Explain below how each activity for which in	s to the Accomp	lumn (e) of Part XVI-A		<del></del>	lishment of
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Part XVI-B Relationship of Activities  ine No.   Explain below how each activity for which in	s to the Accomp	lumn (e) of Part XVI-A		<del></del>	lishment of
ret XVI-B  Relationship of Activities  The No.   Explain below how each activity for which in	s to the Accomp	lumn (e) of Part XVI-A		<del></del>	lishment of
ret XVI-B  Relationship of Activities  ne No.   Explain below how each activity for which in	s to the Accomp	lumn (e) of Part XVI-A		<del></del>	lishment of
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Form 990-PF (2014)

423621 11-24-14

•	Exempt Organ		1137013 10	una mansaotio		onompo with none	iaiitabi		
1 Did th	e organization directly or ind		y of the follow	ring with any other organ	uzation described ii	n section 501(c) of	<u> </u>	Yes	No
	de (other than section 501(d					.,			
a Transt	ers from the reporting found	dation to a nonchari	table exempt o	organization of.					
(1) C	ash						1a(1)		X
(2) 0	ther assets						1a(2)		X
<b>b</b> Other	transactions;								
(1) S	ales of assets to a noncharita	able exempt organiz	ation				1b(1)		_X
(2) P	urchases of assets from a no	oncharitable exempt	organization				1b(2)		_X
(3) R	ental of facilities, equipment,	or other assets					1b(3)		_X
(4) R	eimbursement arrangements	5					1b(4)		_ <u>X</u>
(5) Lo	oans or loan guarantees						1b(5)		X
(6) Pe	erformance of services or me	embership or fundra	nsing solicitati	ions			1b(6)		<u>_X</u>
c Sharin	g of facilities, equipment, ma	uling lists, other ass	ets, or paid er	mployees			1c		X
<b>d</b> If the a	nswer to any of the above is	"Yes," complete the	following sch	edule. Column (b) shou	d always show the	fair market value of the goods	, other ass	ets,	
	• • •				value in any transa	action or sharing arrangement,	, show in		
	(d) the value of the goods,	·					<del>.</del>		
(a) Line no	(b) Amount involved	(c) Name o		le exempt organization	(d) Desc	ription of transfers, transactions, an	d sharing arra	angemer	ıts
	<u>-</u>		N/A	- 11-71					
	***************************************							_	
	<del></del>								
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						<del></del>			
				<u> </u>		<del></del>	<del></del>		
	oundation directly or indirect	•	-		anizations describe	ed			
	on 501(c) of the Code (other		)(3)) or in sect	tion 527?		L	Yes	X	No
b If Yes,	complete the following sche			1 4 2 7 1		(1)	,		
	(a) Name of orga	anization		(b) Type of organization	on	(c) Description of relations	<u></u>		
	N/A					· · · · · · · · · · · · · · · · · · ·			
<del></del>						Ab 1 - 1 - 1 - 1 - 1			
	er penalties of perjury, I declare the belief, it is true, correct, and com						y the IRS dis	cuss thi	s
Sign   and Here	RDAG	16.10		19/2/2015			own below (s		13
	The way	100			_ Mana	ger	X Yes		No
31	gnature of officer or trustee		Decarate	Date	Title	Check   If PTIN			
	Print/Type preparer's nar	ne	Preparer's si	gnature	Date	self- employed			
Paid		<b>-</b> ••	1	4 St	00/05/1	1 ' ' 1	00400	F 0	
reparei	Steven M. H		New		08/25/1		<u>09409</u>		
Jse Only	1	s % Ebace	in Acc	ountants		Firm's EIN ► 38-2	00/63	3	
Jae Oilly		1 4 4 7.7 77 -	M41 -	Ob 104		-			
	Firm's address ► 184		-			Dh (240)	cen n	166	
	_lSou	<u>ıthfield,</u>	M1 48	U / D		Phone no. (248)	557-7 orm <b>990-</b>		<u></u>
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form 990-PF Intere	st on Sav	ings and Ter	mporary	Cash I	nvestments	Statement
Jource		Reve	a) enue Books		(b) nvestment ncome	(c) Adjusted Net Income
IELLS FARGO ADVISOR	.S		40.	-	40.	. * * *
otal to Part I, li	ne 3		40.		40.	
'orm 990-PF	Dividend	ls and Inter	rest fro	om Secur	ities	Statement 2
ource	Gross Amount	Capital Gains Dividend	Re	(a) evenue Books	(b) Net Invest- ment Income	_
ividend Income	78,759		0.	78,759.	78,759	•
o Part I, line 4	78,759		0.	78,759.	78,759	•
orm 990-PF		Accounti	ng Fees		<u> </u>	Statement 3
escription		(a) Expenses Per Books	(b Net In ment I	vest-	(c) Adjusted Net Income	(d) Charitable Purposes
ccounting	<del></del>	2,122.		0.		0.
o Form 990-PF, Pg	1, ln 16b	2,122.		0.		0.
orm 990-PF	0	ther Profes	sional	Fees	S	tatement 4
escription	_	(a) Expenses Per Books	(b Net In ment I	vest-	(c) Adjusted Net Income	(d) Charitable Purposes
rokerage Fees		44,271.		0.		0.
o Form 990-PF, Pg 1		44,271.	<del></del>	0.	<del></del>	0.

form 990-PF	Tax		Statement 5		
escription	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjuste Net Inco		
'OREIGN TAX WITHHELD NCOME TAX PAYMENTS	1,459. 6,649.	•			0.
'o Form 990-PF, Pg 1, ln 18	8,108.	1,459.			0.
orm 990-PF	Other E	xpenses		Statement	6
escription	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Incom		
nvestment Expenses 'eb Design	75. 160.	75. 160.			0.
'o Form 990-PF, Pg 1, ln 23	235.	235.			0.
orm 990-PF Other Increases	s in Net Asso	ets or Fund B	alances	Statement	7
escription				Amount	
nrealized Appreciation of Ma	rketable Sed	curities		61,97	78.
otal to Form 990-PF, Part II	I, line 3			61,97	78.
orm 990-PF	Corporate	e Stock		Statement	8
escription		Во	ok Value	Fair Market Value	:
chedule Attached			3,681,028.	3,681,02	8.
otal to Form 990-PF, Part II	, line 10b	· · · · · · · · · · · · · · · · · · ·	3,681,028.	3,681,02	8.

Form 990-PF Corporate Bond	ls	Statement 9
Description	Book Value	Fair Market Value
Schedule Attached	490,115.	490,115.
otal to Form 990-PF, Part II, line 10c	490,115.	490,115.

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount any foundation manager or substantial contributor status of contribution Name and address (home or business) recipient 501 (c) (3) Charitable Hospice of Michigan 989 Spaulding SE Ada, MI 49301 24,810, 501 (c) (3) Charitable Congregation Shaarey Zedek 27375 Bell Rd 100. Southfield, MI 48034 501 (c) (3) Charitable Gildas Club 3517 Rochester Rd 15,000, Royal Oak, MI 48073 Tamarack Camps 501 (c) (3) Charitable 4361 Perryville Rd 20,000. Groveland, MI 48462 501 (c) (3) Charitable Michigan Humane Society 30300 Telegraph Rd Suite 220 100. Bingham Farms MI 48025

Total from continuation sheets

60,010,