




See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-PF



Department of the Treasury
Internal Revenue Service

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 instructions is at www.irs.gov/form990pf.

OMB No 1545-0052






2014

Open to Public Inspection

For calendar year 2014, or tax year beginning 07-01-2014

, and ending 06-30-2015

Name of foundation THOMAS AND CAROL CRACCHIOLO FOUNDATION		A Employer identification number 38-2543263	
Number and street (or P O box number if mail is not delivered to street address) 100 MAPLE PARK BLVD NO 130		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code ST CLAIR SHORES, MI 480812253		B Telephone number (see instructions) (586) 445-8111	
G Check all that apply <div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input checked="" type="checkbox"/> Amended return</div> <div><input checked="" type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div>		C If exemption application is pending, check here <input type="checkbox"/> D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 12,727,671		J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	110,640			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	187,953	187,938		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	768,893			
	b Gross sales price for all assets on line 6a 4,474,513				
	7 Capital gain net income (from Part IV, line 2)		768,893		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	1,067,486	956,831		
	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule).				
	b Accounting fees (attach schedule).	 31,017	12,896		18,121
	c Other professional fees (attach schedule)	 20,483	20,483		0
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	 14,433	675		20
	19 Depreciation (attach schedule) and depletion	 44	0		
	20 Occupancy	7,000	2,800		4,200
	21 Travel, conferences, and meetings.				
	22 Printing and publications				
	23 Other expenses (attach schedule).	 242	0		242
	24 Total operating and administrative expenses. Add lines 13 through 23	73,219	36,854		22,583
	25 Contributions, gifts, grants paid	530,486			530,486
	26 Total expenses and disbursements. Add lines 24 and 25	603,705	36,854		553,069
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	463,781			
	b Net investment income (if negative, enter -0-)		919,977		
	c Adjusted net income (if negative, enter -0-)				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)		Beginning of year	End of year	
				(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing				
	2	Savings and temporary cash investments		139,662	194,940	194,940
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____				
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____				
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges				
	10a	Investments—U S and state government obligations (attach schedule)				
	b	Investments—corporate stock (attach schedule).		4,338,895	5,711,196	7,300,708
	c	Investments—corporate bonds (attach schedule)				
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____				
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)		5,264,286	4,249,445	5,231,959
	14	Land, buildings, and equipment basis ▶ _____ 1,567 Less accumulated depreciation (attach schedule) ▶ _____ 1,503		108	64	64
Liabilities	15	Other assets (describe ▶ _____)				
	16	Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)		9,742,951	10,155,645	12,727,671
	17	Accounts payable and accrued expenses				
	18	Grants payable				
	19	Deferred revenue				
	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable (attach schedule)				
Net Assets or Fund Balances	22	Other liabilities (describe ▶ _____)				
	23	Total liabilities (add lines 17 through 22)		0	0	
		Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted				
	25	Temporarily restricted				
	26	Permanently restricted				
		Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds		0	0	
	28	Paid-in or capital surplus, or land, bldg, and equipment fund		0	0	
	29	Retained earnings, accumulated income, endowment, or other funds		9,742,951	10,155,645	
	30	Total net assets or fund balances (see instructions)		9,742,951	10,155,645	
	31	Total liabilities and net assets/fund balances (see instructions)		9,742,951	10,155,645	

Part III Analysis of Changes in Net Assets or Fund Balances		
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1 9,742,951
2	Enter amount from Part I, line 27a	2 463,781
3	Other increases not included in line 2 (itemize) ▶ _____	3 0
4	Add lines 1, 2, and 3	4 10,206,732
5	Decreases not included in line 2 (itemize) ▶ _____	5 51,087
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6 10,155,645

Part IV Capital Gains and Losses for Tax on Investment Income

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 4,185,182		3,705,620	479,562
b 35,649			35,649
c 253,682			253,682
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
a			479,562
b			35,649
c			253,682
d			
e			

2 Capital gain net income or (net capital loss)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	768,893
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8		3	

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2013	455,760	11,631,423	0.039184
2012	400,754	10,011,661	0.040029
2011	426,051	8,269,925	0.051518
2010	364,752	8,411,237	0.043365
2009	347,997	7,863,196	0.044256

2 Total of line 1, column (d).	2	0.218352
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0.043670
4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5.	4	12,758,749
5 Multiply line 4 by line 3	5	557,175
6 Enter 1% of net investment income (1% of Part I, line 27b).	6	9,200
7 Add lines 5 and 6	7	566,375
8 Enter qualifying distributions from Part XII, line 4.	8	553,069

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

Part VI

Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b _____		1	18,400
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0
3 Add lines 1 and 2.		3	18,400
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-.		5	18,400
6 Credits/Payments			
a 2014 estimated tax payments and 2013 overpayment credited to 2014	6a	18,455	
b Exempt foreign organizations—tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d.		7	18,455
8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached.		8	55
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed .		9	0
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid .		10	
11 Enter the amount of line 10 to be Credited to 2015 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>		11	

Part VII-A

Statements Regarding Activities

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

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <u>N/A</u>	13	Yes	
14	The books are in care of ▶ <u>THOMAS A CRACCHIOLO</u> Telephone no ▶ <u>(586) 445-8111</u> Located at ▶ <u>24055 JEFFERSON STE 200 ST CLAIR SHORES MI</u> ZIP+4 ▶ <u>480801514</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 ▶ 15			
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes", enter the name of the foreign country ▶	16	Yes []	No []

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? [] 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? [] Yes [x] No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? [] Yes [x] No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? [] 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		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? [] Organizations relying on a current notice regarding disaster assistance check here. ▶ []	1b	
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	No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? [] Yes [x] No If "Yes," list the years ▶ 20____, 20____, 20____, 20____		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions).	2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? [] Yes [x] No		
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014).	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b	No

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

5a

During the year did the foundation pay or incur any amount to

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

☐ Yes

☒ No

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

☐ Yes

☒ No

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

☐ Yes

☒ No

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

☐ Yes

☒ No

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

☐ Yes

☒ No

b

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

5b

Organizations relying on a current notice regarding disaster assistance check here.

c

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

☐ Yes

☐ No

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

6a

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

☐ Yes

☒ No

b

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

6b

No

If "Yes" to 6b, file Form 8870

7a

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

☐ Yes

☒ No

b

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

7b

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

1

List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(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
See Additional Data Table				

2

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

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

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

0

Form 990-PF (2014)

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

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

Total number of others receiving over \$50,000 for professional services. 0

Part IX-A

Summary of Direct Charitable Activities

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

	Expenses
1	
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	0
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3	0

Part X

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities.	1a	12,612,422
b	Average of monthly cash balances.	1b	340,623
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	12,953,045
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d.	3	12,953,045
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	194,296
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	12,758,749
6	Minimum investment return. Enter 5% of line 5.	6	637,937

Part XI

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

1	Minimum investment return from Part X, line 6	1	637,937
2a	Tax on investment income for 2014 from Part VI, line 5.	2a	18,400
b	Income tax for 2014 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	18,400
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	619,537
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	619,537
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	619,537

Part XII

Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.	1a	553,069
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	553,069
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	553,069
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years			

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				619,537
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only.			537,205	
b Total for prior years 20__, 20__, 20__		0		
3 Excess distributions carryover, if any, to 2014				
a From 2009.				
b From 2010.				
c From 2011.				
d From 2012.				
e From 2013.				
f Total of lines 3a through e.	0			
4 Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ 553,069				
a Applied to 2013, but not more than line 2a			537,205	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2014 distributable amount.				15,864
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0			
b Prior years' undistributed income Subtract line 4b from line 2b.		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				603,673
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions).	0			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	0			
10 Analysis of line 9				
a Excess from 2010.				
b Excess from 2011.				
c Excess from 2012.				
d Excess from 2013.				
e Excess from 2014.				

Part XIV

--

☐ 4942(j)(3) or ☐ 4942(j)(5)

Tax year	Prior 3 years			(e) Total
(a) 2014	(b) 2013	(c) 2012	(d) 2011	

--	--	--	--	--

--	--	--	--	--

--	--	--	--	--

--	--	--	--	--

--	--	--	--	--

--	--	--	--	--

--	--	--	--	--

--	--	--	--	--

--	--	--	--	--

--	--	--	--	--

--	--	--	--	--

--	--	--	--	--

--	--	--	--	--

--	--	--	--	--

Part XV

ers:

ave contributed more than 2% of the total contributions received by the foundation
f they have contributed more than \$5,000) (See section 507(d)(2))

own 10% or more of the stock of a corporation (or an equally large portion of the
of which the foundation has a 10% or greater interest

2

Does not make contributions to preselected charitable organizations and does not accept
 contribution makes gifts, grants, etc (see instructions) to individuals or organizations under
 and d

or email address of the person to whom applications should be addressed

submitted and information and materials they should include

such as by geographical areas, charitable fields, kinds of institutions, or other

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 business)				
a Paid during the year See Additional Data Table				
Total			▶ 3a	530,486
b Approved for future payment				
Total			▶ 3b	0

Enter gross amounts unless otherwise indicated

Form **990-PF** (2014)

1. Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a	Transfers from the reporting foundation to a noncharitable exempt organization of			
(1)	Cash.	1a(1)		No
(2)	Other assets.	1a(2)		No
b	Other transactions			
(1)	Sales of assets to a noncharitable exempt organization	1b(1)		No
(2)	Purchases of assets from a noncharitable exempt organization	1b(2)		No
(3)	Rental of facilities, equipment, or other assets	1b(3)		No
(4)	Reimbursement arrangements.	1b(4)		No
(5)	Loans or loan guarantees.	1b(5)		No
(6)	Performance of services or membership or fundraising solicitations.	1b(6)		No
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	1c		No

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

[illegible]

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

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

**Sign
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

* * * * *

2016-11-10

* * * * *

Signature of officer or trustee

Date

Title

May the IRS discuss this return with the preparer shown below
(see instr)? ☒ Yes ☐ No

Print/Type preparer's name
MICHAEL J
PREDHOMME

Preparer's Signature

Date _____

Check if self-employed ☐

PTIN

P00011558

Firm's name ►
PREDHOMME & CO

Firm's EIN ▶ 38-2622899

Firm's address ▶
260 E BROWN STREET SUITE 320 BIRMINGHAM,
MI 480096210

Phone no (248) 540-1040

**Paid
Preparer
Use
Only**

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
THOMAS A CRACCHIOLO	PRESIDENT/DIRECTOR 25 00	0	0	0
100 MAPLE PARK BLVD STE 130 ST CLAIR SHORES, MI 48081				
CAROL A CRACCHIOLO	VICE PRESIDENT/DIRECTOR 2 00	0	0	0
100 MAPLE PARK BLVD STE 130 ST CLAIR SHORES, MI 48081				
ANN CRACCHIOLO CARAWAY	SECRETARY/DIRECTOR 2 00	0	0	0
100 MAPLE PARK BLVD STE 130 ST CLAIR SHORES, MI 48081				
LISA CRACCHIOLO PERACCHIO	TREASURER/DIRECTOR 25 00	0	0	0
100 MAPLE PARK BLVD STE 130 ST CLAIR SHORES, MI 48081				
BERNADETTE M CRACCHIOLO	DIRECTOR 2 00	0	0	0
100 MAPLE PARK BLVD STE 130 ST CLAIR SHORES, MI 48081				
CAROL CRACCHIOLO LAUB	DIRECTOR 2 00	0	0	0
100 MAPLE PARK BLVD STE 130 ST CLAIR SHORES, MI 48081				

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).


THOMAS A CRACCHIOLO

CAROL A CRACCHIOLO


Form 990PF Part XV Line 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 business)				
a Paid during the year				
ADDISON TOWNSHIP PUBLIC LIBRARY 1440 ROCHESTER ROAD LEONARD,MI 48367	NONE	PUBLIC	OPERATING FUND	1,000
ANGELS' PLACE 25240 LAHSER ROAD SOUTHFIELD,MI 48033	NONE	PUBLIC	OPERATING FUND	1,000
AVE MARIA UNIVERSITY 5050 AVE MARIA BLVD AVE MARIA,FL 341429505	NONE	PUBLIC	OPERATING FUND	1,000
BEAUMONT FOUNDATION OF GROSSE POINTE PO BOX 5802 TROY,MI 480079620	NONE	PUBLIC	OPERATING FUND	1,000
BOYS & GIRLS CLUB OF SE MICHIGAN 26777 HALSTED ROAD SUITE 100 FARMINGTON HILLS,MI 48331	NONE	PUBLIC	OPERATING FUND	2,000
CAFE OF LIFE INC PO BOX 367794 BONITA SPRINGS,FL 34136	NONE	PUBLIC	OPERATING FUND	5,000
CAPUCHIN SOUP KITCHEN 1820 MT ELLIOTT AVENUE DETROIT,MI 482073496	NONE	PUBLIC	OPERATING FUND	12,000
CAPUCHIN SOUP KITCHEN CHILDREN & YOUTH PROGRAM 1820 MT ELLIOTT AVENUE DETROIT,MI 482073496	NONE	PUBLIC	OPERATING FUND	5,000
CARDINAL CLUB C/O CHARLES M MOORE 401 S OLD WOODWARD STE 340 BIRMINGHAM,MI 48009	NONE	PUBLIC	OPERATING FUND	488
CATHOLIC TV PO BOX 9196-34 CHESTNUT ST WATERTOWN,MA 02471	NONE	PUBLIC	OPERATING FUND	500
CHARITY NAVIGATOR 139 HARRISTOWN ROAD SUITE 201 GLEN ROCK,NJ 07452	NONE	PUBLIC	OPERATING FUND	250
CORNERSTONE SCHOOLS 6861 E NEVADA DETROIT,MI 48234	NONE	PUBLIC	OPERATING FUND	2,000
COVENANT HOUSE MICHIGAN 2959 MARTIN LUTHER KING JR BLVD DETROIT,MI 48208	NONE	PUBLIC	OPERATING FUND	5,000
CROSSPOINTE CHRISTIAN CHURCH 21336 MACK AVE GROSSE POINTE WOODS,MI 48236	NONE	PUBLIC	OPERATING FUND	1,000
DETROIT AUDUBON SOCIETY 24433 W NINE MILE ROAD SOUTHFIELD,MI 480333935	NONE	PUBLIC	OPERATING FUND	500
Total				530,486


Form 990PF Part XV Line 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 business)				
a Paid during the year				
DETROIT INSTITUTE OF ARTS 5200 WOODWARD AVENUE DETROIT,MI 48202	NONE	PUBLIC	OPERATING FUND	400
DETROIT SYMPHONY ORCHESTRA 3711 WOODWARD AVENUE DETROIT,MI 48201	NONE	PUBLIC	OPERATING FUND	1,000
DISCALCED CARMELITE AUXILIARY ARCHDIOCESE OF DETROIT 1234 WASHINGTON BLVD DETROIT,MI 48226	NONE	PUBLIC	OPERATING FUND	500
DOCTORS WITHOUT BORDERS USA 333 SEVENTH AVENUE 2ND FLOOR NEW YORK,NY 10001	NONE	PUBLIC	OPERATING FUND	2,000
EPIPHANY EDUCATION CENTER 5555 CONNER AVENUE SUITE 3258 DETROIT,MI 48213	NONE	PUBLIC	OPERATING FUND	1,050
FOOD BANK OF EASTERN MICHIGAN 2312 LAPEER ROAD FLINT,MI 48503	NONE	PUBLIC	OPERATING FUND	10,000
FORGOTTEN HARVEST 21800 GREENFIELD ROAD OAK PARK,MI 48237	NONE	PUBLIC	OPERATING FUND	10,000
GLEANERS COMMUNITY FOOD BANK 2131 BEAUFAIT DETROIT,MI 48207	NONE	PUBLIC	OPERATING FUND	15,000
GRACE CENTERS OF HOPE 35 E HURON STREET PO BOX 420725 PONTIAC,MI 483420725	NONE	PUBLIC	OPERATING FUND	35,000
GROSSE POINTE HISTORICAL SOCIETY 381 KERCHEVAL AVENUE SUITE 2 GROSSE POINTE FARMS,MI 48236	NONE	PUBLIC	OPERATING FUND	500
GROSSE POINTE LIBRARY FOUNDATION 10 KERCHEVAL AVENUE GROSSE POINTE FARMS,MI 48236	NONE	PUBLIC	OPERATING FUND	2,000
GROSSE POINTE WAR MEMORIAL 32 LAKE SHORE DRIVE GROSSE POINTE FARMS,MI 48236	NONE	PUBLIC	OPERATING FUND	2,000
HABITAT FOR HUMANITY OF COLLIER COUNTY 11145 TAMIAMI TRAIL EAST NAPLES,FL 341139976	NONE	PUBLIC	OPERATING FUND	1,000
HART HAITI AFRICAN RELIEF TEAM 28 MCKINLEY PLACE GROSSE POINTE FARMS,MI 48236	NONE	PUBLIC	OPERATING FUND	20,000
HEALING THE CHILDRENMICHIGAN 2140 44TH STREET SE SUITE 105 GRAND RAPIDS,MI 495085086	NONE	PUBLIC	OPERATING FUND	10,000
Total  3a				530,486


Form 990PF Part XV Line 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 business)				
a Paid during the year				
HEIFER INTERNATIONAL PO BOX 1692 MERRIFIELD,VA 221161692	NONE	PUBLIC	OPERATING FUND	1,000
HOLY CROSS CHILDREN'S SERVICES HCCS 8759 CLINTON-MACON ROAD CLINTON,MI 49236	NONE	PUBLIC	OPERATING FUND	40,000
IHM SERVANTS IMMACULATE HEART MARY 610 WEST ELM AVENUE MONROE,MI 481627909	NONE	PUBLIC	OPERATING FUND	5,000
ITALIAN AMERICAN CULTURAL SOCIETY 43843 ROMEO PLANK ROAD CLINTON TOWNSHIP,MI 48038	NONE	PUBLIC	OPERATING FUND	500
ITMS-INTERNATIONAL THOMAS MERTON SOCIETY 2001 NEWBURG ROAD LOUISVILLE,KY 40205	NONE	PUBLIC	OPERATING FUND	250
LEGATUS 49495 GRATIOT AVENUE CHESTERFIELD,MI 48051	NONE	PUBLIC	OPERATING FUND	1,693
LIONS CLUB-GROSSE POINTE LIONS CHARITABLES PO BOX 36160 GROSSE POINTE FARMS,MI 48236	NONE	PUBLIC	OPERATING FUND	1,000
LOYOLA HIGH SCHOOL 15325 PINEHURST DETROIT,MI 48238	NONE	PUBLIC	OPERATING FUND	1,000
LYF INC (LEARNING YOUR FUNCTION INC) 26652 CASTLEVIEW WAY WESLEY CHAPEL,FL 33544	NONE	PUBLIC	OPERATING FUND	10,000
MANNA COMMUNITY MEALS 1950 TRUMBULL DETROIT,MI 48216	NONE	PUBLIC	OPERATING FUND	10,000
MARYS MANTLE PO BOX 115 BLOOMFIELD HILLS,MI 48303	NONE	PUBLIC	OPERATING FUND	10,000
MEN OF THE SACRED HEARTS 35735 MOUND ROAD STERLING HEIGHTS,MI 483104728	NONE	PUBLIC	OPERATING FUND	750
MERCY EDUCATION PROJECT 1450 HOWARD ST DETROIT,MI 48216	NONE	PUBLIC	OPERATING FUND	25,000
MICHIGAN PARKINSON FOUNDATION 30400 TELEGRAPH ROAD SUITE 150 BINGHAM FARMS,MI 48025	NONE	PUBLIC	OPERATING FUND	5,000
MOST HOLY TRINITY CHURCH 1050 PORTER STREET DETROIT,MI 482262405	NONE	PUBLIC	OPERATING FUND	500
Total  3a				530,486


Form 990PF Part XV Line 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 business)				
a Paid during the year				
MOST HOLY TRINITY SCHOOL 1229 LABROSSE DETROIT,MI 48226	NONE	PUBLIC	OPERATING FUND	5,000
NEIGHBORHOOD CLUB 17154 WATERLOO GROSSE POINTE,MI 48230	NONE	PUBLIC	OPERATING FUND	2,000
OLD NEWSBOYS GOODFELLOW FUND OF DETROIT PO BOX 838 WARREN,MI 480900838	NONE	PUBLIC	OPERATING FUND	500
OUR LADY OF THE ROSARY CHURCH 5930 WOODWARD AVENUE DETROIT,MI 48202	NONE	PUBLIC	OPERATING FUND	2,000
OUR LADY STAR OF THE SEA 467 FAIRFORD ROAD GROSSE POINTE WOODS,MI 48236	NONE	PUBLIC	OPERATING FUND	14,650
OUR LADY STAR OF THE SEA SCHOOL 469 FAIRFIELD ROAD GROSSE POINTE WOODS,MI 48236	NONE	PUBLIC	OPERATING FUND	1,000
PREGNANCY AID 17325 MACK AVENUE DETROIT,MI 48236	NONE	PUBLIC	OPERATING FUND	1,000
ROSE HILL FOUNDATION 5130 ROSE HILL BOULEVARD HOLLY,MI 484429507	NONE	PUBLIC	OPERATING FUND	2,000
SACRED HEART MAJOR SEMINARY 2701 CHICAGO BLVD DETROIT,MI 482061779	NONE	PUBLIC	OPERATING FUND	10,000
SERVICES FOR OLDER CITIZENS 17150 WATERLOO SUITE 300 GROSSE POINTE,MI 48230	NONE	PUBLIC	OPERATING FUND	3,000
SEVEN PONDS NATURE CONSERVANCY 3854 CRAWFORD ROAD DRYDEN,MI 48428	NONE	PUBLIC	OPERATING FUND	1,000
SISTERS OF CHRISTIAN LOVE PO BOX 32694 DETROIT,MI 48232	NONE	PUBLIC	OPERATING FUND	1,000
SISTERS HOME VISITORS OF MARY 121 EAST BOSTON BLVD DETROIT,MI 48202	NONE	PUBLIC	OPERATING FUND	5,000
SIX RIVERS RLC PO BOX 80902 ROCHESTER,MI 483080902	NONE	PUBLIC	OPERATING FUND	500
SOLANUS CASEY CENTER 1820 MT ELLIOTT AVENUE DETROIT,MI 482073485	NONE	PUBLIC	OPERATING FUND	2,900
Total  3a				530,486

Form 990PF Part XV Line 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 business)				
a Paid during the year				
SPECIAL KIDS 21131 MACK AVENUE GROSSE POINTE WOODS,MI 48230	NONE	PUBLIC	OPERATING FUND	2,000
SS PETER AND PAUL JESUIT CHURCH & WARMING CTR 438 SAINT ANTOINE STREET DETROIT,MI 48226	NONE	PUBLIC	OPERATING FUND	500
ST AMBROSEST VINCENT DE PAUL 15020 HAMPTON GROSSE POINTE PARK,MI 48230	NONE	PUBLIC	OPERATING FUND	5,000
ST BENEDICT MONASTERY 2711 E DRAHNER OXFORD,MI 48371	NONE	PUBLIC	OPERATING FUND	1,500
DIOCESE OF MERU - ST FRANCIS HOME FOR BOYS PO BOX 196 MERU KE	NONE	PUBLIC	OPERATING FUND	67,180
ST JOHN HOSPITAL - FONTBONNE AUXILIARY 22101 MOROSS ROAD MOB SUITE 102 DETROIT,MI 48236	NONE	PUBLIC	OPERATING FUND	1,000
ST MATTHEW'S HOUSE 2001 AIRPORT ROAD SOUTH NAPLES,FL 34112	NONE	PUBLIC	OPERATING FUND	115,000
ST PATRICK SENIOR CENTER 58 PARSONS STREET DETROIT,MI 482012002	NONE	PUBLIC	OPERATING FUND	7,325
ST PAUL ON THE LAKE - CSA 157 LAKE SHORE RD GROSSE POINTE FARMS,MI 48236	NONE	PUBLIC	OPERATING FUND	5,000
ST PHILOMENA PARISH 4281 MARSEILLES DETROIT,MI 48224	NONE	PUBLIC	OPERATING FUND	500
ST VINCENT DE PAUL SOCIETY 15020 HAMPTON GROSSE POINTE PARK,MI 48230	NONE	PUBLIC	OPERATING FUND	300
TARAHUMARA CHILDREN'S HOSPITAL 32538 SABRINA COURT WARREN,MI 48093	NONE	PUBLIC	OPERATING FUND	5,000
THAW - THE HEAT AND WARMTH FUND 607 SHELBY-SUITE 400 DETROIT,MI 48226	NONE	PUBLIC	OPERATING FUND	2,500
UNIVERSITY LIGGETT SCHOOL 1045 COOK ROAD GROSSE POINTE WOODS,MI 48236	NONE	PUBLIC	OPERATING FUND	5,000
VILLAGE OF GROSSE POINTE SHORES 795 LAKE SHORE RD GROSSE POINTE SHORES,MI 48236	NONE	PUBLIC	OPERATING FUND	250
Total  3a				530,486

Form 990PF Part XV Line 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 business)				
a <i>Paid during the year</i>				
WIGS 4 KIDS 30126 HARPER AVE ST CLAIR SHORES,MI 48082	NONE	PUBLIC	OPERATING FUND	1,000
Total  3a				530,486

TY 2014 Accounting Fees Schedule

Name: THOMAS AND CAROL CRACCHIOLO FOUNDATION

EIN: 38-2543263

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAX PREPARATION	4,890	2,445		2,445
BOOKKEEPING & ACCTG FEES	26,127	10,451		15,676

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2014 Depreciation Schedule

Name: THOMAS AND CAROL CRACCHIOLO FOUNDATION

EIN: 38-2543263

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
DELL COMPUTER AND MONITOR	2002-01-01	930	930	SL	5 000000000000	0	0		
COMPUTER	2012-06-11	637	210	200DB	5 000000000000	44	0		

TY 2014 General Explanation Attachment**Name:** THOMAS AND CAROL CRACCHIOLO FOUNDATION**EIN:** 38-2543263

Identifier	Return Reference	Explanation
	AMENDED FORM 990-PF FOR YEAR ENDED JUNE 30, 2015 LINES LISTED BELOW	PAGE 1, PART 1, LINE 1 THIS AMENDED RETURN IS FILED IN ORDER TO REPORT A CONTRIBUTION OF STOCK MADE TO THE FOUNDATION THE FAIR MARKET VALUE OF THE CONTRIBUTED STOCK IS REPORTED ON LINE 1 FOR \$110,640 THE CONTRIBUTION WAS INADVERTENTLY OMITTED FROM THE ORIGINAL RETURN PAGE 1, PART 1, LINE 12 TOTAL REVENUE ON THIS LINE HAS BEEN INCREASED BY THE CONTRIBUTION OF \$110,640 LINE 12 ON THE ORIGINAL RETURN WAS \$956,846, LINE 12 ON THE AMENDED RETURN IS \$1,067,486 PAGE 1, PART 1, LINE 27A EXCESS REVENUE OVER EXPENSES AND DISBURSEMENTS HAS BEEN INCREASED ON THIS LINE BY THE CONTRIBUTION OF \$110,640 LINE 27A ON THE ORIGINAL RETURN WAS \$353,141, LINE 27A ON THE AMENDED RETURN IS \$463,781 PAGE 2, PART III, LINE 2 THIS LINE ON THE AMENDED RETURN REFLECTS THE AMENDED LINE 27A FROM PAGE 1 OF \$463,781 PAGE 2, PART III, LINE 3 OTHER INCREASES REPORTED ON THE ORIGINAL RETURN FROM BASIS ADJUSTMENTS WERE \$59,553, THIS LINE ON THE AMENDED RETURN IS NOW -0-, AND THE AMENDED RETURN INCLUDES BASIS ADJUSTMENTS ON LINE 5 FOR DECREASES OF \$51,087 THIS AMOUNT REFLECTS THE DIFFERENCE BETWEEN THE DONOR'S COST OF DONATED STOCKS THAT HAVE BEEN SOLD BY THE FOUNDATION AND THE FAIR MARKET VALUE ON THE DATE OF DONATION PAGE 4, PART VII-A, QUESTION 10 THIS QUESTION IS NOW ANSWERED "YES" ON THE AMENDED RETURN SCHEDULE B IS COMPLETED AND INCLUDED WITH THE AMENDED RETURN TO REPORT THE CONTRIBUTION THAT WAS OMITTED FROM THE ORIGINAL RETURN

TY 2014 Investments Corporate Stock Schedule

Name: THOMAS AND CAROL CRACCHIOLO FOUNDATION

EIN: 38-2543263

Name of Stock	End of Year Book Value	End of Year Fair Market Value
CORPORATE STOCK	5,711,196	7,300,708

TY 2014 Investments - Other Schedule

Name: THOMAS AND CAROL CRACCHIOLO FOUNDATION

EIN: 38-2543263

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
MUTUAL FUNDS	AT COST	4,249,445	5,231,959

TY 2014 Land, Etc. Schedule**Name:** THOMAS AND CAROL CRACCHIOLO FOUNDATION**EIN:** 38-2543263

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
DELL COMPUTER AND MONITOR	930	930	0	
COMPUTER	637	573	64	

TY 2014 Other Decreases Schedule**Name:** THOMAS AND CAROL CRACCHIOLO FOUNDATION**EIN:** 38-2543263

Description	Amount
BASIS ADJUSTMENTS	51,087

TY 2014 Other Expenses Schedule**Name:** THOMAS AND CAROL CRACCHIOLO FOUNDATION**EIN:** 38-2543263

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
POSTAGE	98	0		98
OFFICE EXPENSE	144	0		144

TY 2014 Other Professional Fees Schedule**Name:** THOMAS AND CAROL CRACCHIOLO FOUNDATION**EIN:** 38-2543263

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT FEES	20,483	20,483		0

TY 2014 Substantial Contributors Schedule**Name:** THOMAS AND CAROL CRACCHIOLO FOUNDATION**EIN:** 38-2543263

Name	Address
THOMAS A CRACCHIOLO	100 MAPLE PARK BLVD STE 130 ST CLAIR SHORES, MI 48081

TY 2014 Taxes Schedule**Name:** THOMAS AND CAROL CRACCHIOLO FOUNDATION**EIN:** 38-2543263

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL TAX PAYMENTS	13,738	0		0
STATE OF MICHIGAN NON PROFIT CORPORATION REPORT FEE	20	0		20
FOREIGN TAX PAID	655	655		0
ADR FEES PAID	20	20		0

Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 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 THOMAS AND CAROL CRACCHIOLO FOUNDATION	Employer identification number 38-2543263
---	---

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 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 other 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 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, 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 THOMAS AND CAROL CRACCHIOLO FOUNDATION	Employer identification number 38-2543263
---	---

Part I

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THOMAS A CRACCHIOLO 100 MAPLE PARK BLVD STE 130 ST CLAIR SHORES, MI48081	\$ 110,640	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization THOMAS AND CAROL CRACCHIOLO FOUNDATION	Employer identification number 38-2543263
--	--

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	