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Form

990-PF

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

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Information about Form 990-PF and its 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 ALICE A STODDARD TRUST UW MONROE BANK & TRUST TRUSTEE | | A Employer identification number 38-6052244 | |
| Number and street (or P O box number if mail is not delivered to street address) 102 EAST FRONT STREET | | B Telephone number (see instructions) (734) 242-2047 | |
| City or town, state or province, country, and ZIP or foreign postal code MONROE, MI 48161 | | C If exemption application is pending, check here <input type="checkbox"/> | |
| G Check all that apply <div><input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change</div> | | D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> | |
| H Check type of organization <input type="checkbox"/> Section 501(c)(3) exempt private foundation <input checked="" type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation | | E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> | |
| I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 223,974 | | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/> | |
| 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 (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)) | | (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) | | | | |
| | 2 Check <input checked="" 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. | 4,506 | 4,506 | | |
| | 5a Gross rents | | | | |
| | b Net rental income or (loss) _____ | | | | |
| | 6a Net gain or (loss) from sale of assets not on line 10 | 10,591 | | | |
| | b Gross sales price for all assets on line 6a 31,086 | | | | |
| | 7 Capital gain net income (from Part IV, line 2) . . . | | 10,591 | | |
| | 8 Net short-term capital gain | | | | |
| | 9 Income modifications | | | | |
| | 10a Gross sales less returns and allowances | | | | |
| | b Less Cost of goods sold | | | | |
| | c Gross profit or (loss) (attach schedule) | | | | |
| | 11 Other income (attach schedule) | | | | |
| | 12 Total. Add lines 1 through 11 | 15,097 | 15,097 | | |
| Operating and Administrative Expenses | 13 Compensation of officers, directors, trustees, etc | 3,000 | 1,500 | | 1,500 |
| | 14 Other employee salaries and wages | | | | |
| | 15 Pension plans, employee benefits | | | | |
| | 16a Legal fees (attach schedule) | | | | |
| | b Accounting fees (attach schedule) | 925 | 462 | | 463 |
| | c Other professional fees (attach schedule) | | | | |
| | 17 Interest | | | | |
| | 18 Taxes (attach schedule) (see instructions) . . . | | | | |
| | 19 Depreciation (attach schedule) and depletion . . . | | | | |
| | 20 Occupancy | | | | |
| | 21 Travel, conferences, and meetings | | | | |
| | 22 Printing and publications | | | | |
| | 23 Other expenses (attach schedule) | 10 | 10 | | |
| | 24 Total operating and administrative expenses. Add lines 13 through 23 | 3,935 | 1,972 | | 1,963 |
| | 25 Contributions, gifts, grants paid | 10,981 | | | 10,981 |
| | 26 Total expenses and disbursements. Add lines 24 and 25 | 14,916 | 1,972 | | 12,944 |
| | 27 Subtract line 26 from line 12 | | | | |
| | a Excess of revenue over expenses and disbursements | 181 | | | |
| | b Net investment income (if negative, enter -0-) | | 13,125 | | |
| | 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 | -5,969 | 10 | 10 |
| | 2 | Savings and temporary cash investments | 75 | 4,788 | 4,788 |
| | 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) | 110,780 | <input checked="" type="checkbox"/> 100,007 | 133,165 |
| | c | Investments—corporate bonds (attach schedule). | 76,740 | <input checked="" type="checkbox"/> 87,983 | 86,011 |
| | 11 | Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____ | | | |
| | 12 | Investments—mortgage loans | | | |
| | 13 | Investments—other (attach schedule) | | | |
| | 14 | Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____ | | | |
| 15 | Other assets (describe ▶ _____) | | | | |
| 16 | Total assets (to be completed by all filers—see the instructions Also, see page 1, item I) | 181,626 | 192,788 | 223,974 | |
| Liabilities | 17 | Accounts payable and accrued expenses | | | |
| | 18 | Grants payable | | 10,981 | |
| | 19 | Deferred revenue | | | |
| | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| | 21 | Mortgages and other notes payable (attach schedule) | | | |
| | 22 | Other liabilities (describe ▶ _____) | | | |
| | 23 | Total liabilities (add lines 17 through 22) | | 10,981 | |
| Net Assets or Fund Balances | Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31. | | | | |
| | 24 | Unrestricted | | | |
| | 25 | Temporarily restricted | | | |
| | 26 | Permanently restricted | | | |
| | Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31. | | | | |
| | 27 | Capital stock, trust principal, or current funds | 181,626 | 181,807 | |
| | 28 | Paid-in or capital surplus, or land, bldg , and equipment fund | | | |
| | 29 | Retained earnings, accumulated income, endowment, or other funds | | | |
| | 30 | Total net assets or fund balances (see instructions) | 181,626 | 181,807 | |
| 31 | Total liabilities and net assets/fund balances (see instructions) . . | 181,626 | 192,788 | | |

| 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) | 181,626 |
| 2 | Enter amount from Part I, line 27a | 181 |
| 3 | Other increases not included in line 2 (itemize) ▶ _____ | |
| 4 | Add lines 1, 2, and 3 | 181,807 |
| 5 | Decreases not included in line 2 (itemize) ▶ _____ | |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . | 181,807 |

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 | SEE ATTACHED - MB&T | P | 2014-07-01 | 2015-06-30 |
| b | SEE ATTACHED - MB&T | P | 2013-07-01 | 2015-06-30 |
| c | | | | |
| d | | | | |
| e | | | | |

| | | | |
|-----------------------|--|---|--|
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) (e) plus (f) minus (g) |
| a 1,700 | | 1,485 | 215 |
| b 28,250 | | 19,010 | 9,240 |
| c | | | |
| d | | | |
| e | | | |

| | | | |
|---|--------------------------------------|---|--|
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 | | | (I) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h)) |
| (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 | |
| a | | | 215 |
| b | | | 9,240 |
| c | | | |
| 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 | 10,591 |
| 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 | 215 |

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 | 12,295 | 213,335 | 0 057632 |
| 2012 | 11,883 | 201,007 | 0 059117 |
| 2011 | 3,555 | 188,263 | 0 018883 |
| 2010 | 4,215 | 188,389 | 0 022374 |
| 2009 | 4,370 | 170,312 | 0 025659 |

| | | |
|---|---|----------|
| 2 Total of line 1, column (d). | 2 | 0 183665 |
| 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 036733 |
| 4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5. | 4 | 219,456 |
| 5 Multiply line 4 by line 3. | 5 | 8,061 |
| 6 Enter 1% of net investment income (1% of Part I, line 27b). | 6 | 131 |
| 7 Add lines 5 and 6. | 7 | 8,192 |
| 8 Enter qualifying distributions from Part XII, line 4. | 8 | 12,944 |

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 checked="" type="checkbox"/> and enter 1% of Part I, line 27b | 1 | 131 |
| 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 | |
| 3 | Add lines 1 and 2. | 3 | 131 |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | 5 | 131 |
| 6 | Credits/Payments | | |
| a | 2014 estimated tax payments and 2013 overpayment credited to 2014 | 6a | 159 |
| 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 | 159 |
| 8 | Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached. | 8 | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | 28 |
| 11 | Enter the amount of line 10 to be Credited to 2015 estimated tax <input type="checkbox"/> 28 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? | 1a | 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> | 1b | | No |
| c | Did the foundation file Form 1120-POL for this year? | 1c | | 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"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____ | | | |
| e | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____ | | | |
| 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 | | No |

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? | 13 | Yes | |
| Website address N/A | | | | |
| 14 | The books are in care of MONROE BANK TR-JAIME MCDONALD Telephone no (734) 242-2047 Located at 102 EAST FRONT STREET MONROE MI ZIP+4 48161 | | | |
| 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? | 16 | Yes | No |
| 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 | | | | |

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required

| | | | | |
|---|---|----|-----|----|
| File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | | Yes | No |
| 1a | During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| b | If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here. | 1b | | |
| 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? If "Yes," list the years 20 , 20 , 20 , 20 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions). | 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| b | If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014.). | 3b | | |
| 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))? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| | (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| | (3) Provide a grant to an individual for travel, study, or other similar purposes? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| | (4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions). | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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 | | No |
| | 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? | | | |
| | 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? | | | |
| | | | | |
| 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? | | | |
| | | | | |
| 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 |
| MONROE BANK & TRUST MONROE BANK & TRUST 102 EAST FRONT STREET MONROE, MI 48161 | TRUSTEE 2 00 | 3,000 | 0 | 0 |
| 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. | | | | |

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. | | |

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 THE CHARITABLE ACTIVITY OF THIS FOUNDATION IS TO MAKE GRANTS TO THE UNIVERSITY OF MICHIGAN FOR RESEARCH OF LYMPH GLAND DISEASES | 10,981 |
| 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 | |
| 2 | |
| | |
| | |
| All other program-related investments. See instructions. | |
| 3 | |
| | |
| | |
| Total. Add lines 1 through 3. | |

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 | 219,120 |
| b | Average of monthly cash balances. | 1b | 3,678 |
| c | Fair market value of all other assets (see instructions). | 1c | 0 |
| d | Total (add lines 1a, b, and c). | 1d | 222,798 |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). | 1e | |
| 2 | Acquisition indebtedness applicable to line 1 assets. | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | 222,798 |
| 4 | Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). | 4 | 3,342 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 | 219,456 |
| 6 | Minimum investment return. Enter 5% of line 5. | 6 | 10,973 |

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 | 10,973 |
| 2a | Tax on investment income for 2014 from Part VI, line 5. | 2a | 131 |
| b | Income tax for 2014 (This does not include the tax from Part VI). | 2b | |
| c | Add lines 2a and 2b. | 2c | 131 |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1. | 3 | 10,842 |
| 4 | Recoveries of amounts treated as qualifying distributions. | 4 | |
| 5 | Add lines 3 and 4. | 5 | 10,842 |
| 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 | 10,842 |

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 | 12,944 |
| b | Program-related investments—total from Part IX-B. | 1b | |
| 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 | 12,944 |
| 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 | 131 |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4. | 6 | 12,813 |

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 | | | | 10,842 |
| 2 Undistributed income, if any, as of the end of 2014 | | | | |
| a Enter amount for 2013 only. | | | | |
| b Total for prior years 20____, 20____, 20____ | | | | |
| 3 Excess distributions carryover, if any, to 2014 | | | | |
| a From 2009. | | | | |
| b From 2010. | | | | |
| c From 2011. | | | | |
| d From 2012. | | | | 2,084 |
| e From 2013. | | | | 1,910 |
| f Total of lines 3a through e. | 3,994 | | | |
| 4 Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ 12,944 | | | | |
| a Applied to 2013, but not more than line 2a | | | | |
| b 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. | | | | 10,842 |
| e Remaining amount distributed out of corpus | 2,102 | | | |
| 5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a).) | | | | |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 6,096 | | | |
| b Prior years' undistributed income Subtract line 4b from line 2b. | | | | |
| 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 | | | | |
| e Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount—see instructions | | | | |
| 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) . . . | | | | |
| 9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a | 6,096 | | | |
| 10 Analysis of line 9 | | | | |
| a Excess from 2010. . . . | | | | |
| b Excess from 2011. . . . | | | | |
| c Excess from 2012. . . . | | | | 2,084 |
| d Excess from 2013. . . . | | | | 1,910 |
| e Excess from 2014. . . . | | | | 2,102 |

Part XIVPrivate Operating Foundations (see instructions and Part VII-A, question 9)

1a

If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling.

b

Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

☐ 4942(j)(3) or ☐ 4942(j)(5)

| | | | | | | |
|----|--|----------|---------------|----------|----------|-----------|
| 2a | Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed. | Tax year | Prior 3 years | | | (e) Total |
| | | (a) 2014 | (b) 2013 | (c) 2012 | (d) 2011 | |
| | | | | | | |
| b | 85% of line 2a | | | | | |
| c | Qualifying distributions from Part XII, line 4 for each year listed. | | | | | |
| d | Amounts included in line 2c not used directly for active conduct of exempt activities. | | | | | |
| e | Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c. | | | | | |
| 3 | Complete 3a, b, or c for the alternative test relied upon | | | | | |
| a | "Assets" alternative test—enter | | | | | |
| | (1) Value of all assets | | | | | |
| | (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b | "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. | | | | | |
| c | "Support" alternative test—enter | | | | | |
| | (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties). | | | | | |
| | (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). | | | | | |
| | (3) Largest amount of support from an exempt organization | | | | | |
| | (4) Gross investment income | | | | | |

Part XVSupplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1

Information Regarding Foundation Managers:

a

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

b

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

2

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

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

a

The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

UNIV OF MICHIGAN MEDICAL RESEARCH
MEDICAL ADMINISTRATION BOX 0624
ANN ARBOR, MI 48109
(734) 763-9600

b

The form in which applications should be submitted and information and materials they should include

SAMPLE APPLICATION ATTACHED

c

Any submission deadlines

FEBRUARY 1

d

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

INDIVIDUALS MUST BE SELECTED BY THE UNIVERSITY OF MICHIGAN FOR LYMPH GLAND RESEARCH

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Form **990-PF** (2014)

Enter gross amounts unless otherwise indicated

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form **990-PF** (2014)

TY 2014 Accounting Fees Schedule

Name: ALICE A STODDARD TRUST UW
MONROE BANK & TRUST TRUSTEE

EIN: 38-6052244

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|-----------------------|--------|--------------------------|------------------------|---|
| INDIRECT- TAX SERVICE | 925 | 462 | | 463 |

**TY 2014 Investments Corporate
Bonds Schedule**

Name: ALICE A STODDARD TRUST UW
MONROE BANK & TRUST TRUSTEE

EIN: 38-6052244

| Name of Bond | End of Year Book Value | End of Year Fair Market Value |
|--------------------------------------|-----------------------------------|--|
| 232/266 SHS FIDELITY ADVISOR EMG MKT | 3,560 | 3,447 |
| 460/554 SHS WELLS FARGO ADV INTL BND | 5,964 | 5,467 |
| 743/849 SHS DODGE & COX INCOME FD | 11,474 | 11,561 |
| 451/520 SHS FEDERATED ULTRA SHT BD | 4,788 | 4,742 |
| 465/55 SHS PRINCIPAL HIGH YIELD INST | 4,313 | 4,028 |
| 484/571 SHS RIDGEWORTH SEIX FLOATING | 5,049 | 5,020 |
| 4,232/4,813 SHS VANGUARD TTL BND MKT | 52,835 | 51,746 |

TY 2014 Investments Corporate Stock Schedule

Name: ALICE A STODDARD TRUST UW
MONROE BANK & TRUST TRUSTEE
EIN: 38-6052244

| Name of Stock | End of Year Book Value | End of Year Fair Market Value |
|--------------------------------------|------------------------|-------------------------------|
| 92/73 SHS T ROWE PRICE REAL ESTATE | 766 | 1,938 |
| 236/218 SHS ACADIAN EMERGING MARKETS | 3,628 | 3,741 |
| 87/86 SHS EATON VANCE PARAMETRIC | 3,858 | 3,792 |
| 441/434 SHS VANGUARD DEV MRKTS | 4,835 | 5,560 |
| 98/94 SHS DFA US SMALL CAP VALUE | 3,101 | 3,206 |
| 221/231 SHS PERRITT MICROCAP OPPOR | 6,225 | 7,613 |
| 200/192 SHS TRIBUTARY SMALL CO INST | 3,656 | 4,443 |
| 253/174 SHS VANGUARD 500 INDX SGNL | 24,562 | 33,560 |
| 39/45 SHS VANGUARD CONSUMER STP | 2,388 | 2,889 |
| 68/68 SHS VANGUARD ENERGY INDX FFD | 3,968 | 3,395 |
| 155/54 SHS VANGUARD FINLS INDX FD | 1,172 | 1,385 |
| 622/416 SHS VANGUARD GRWTH INDX | 13,564 | 23,558 |
| 55/79 SHS VANGUARD HEALTH CARE INDX | 4,177 | 5,667 |
| 55/80 SHS VANGUARD INFO TECH INDX | 3,906 | 4,453 |
| 131/34 SHS VANGUARD MID CAP INDEX | 3,204 | 5,404 |
| 149/116 SHS VANGUARD SMALL CAP INDEX | 4,394 | 6,660 |
| 541/487 SHS VANGUARD VALUE INDX | 12,603 | 15,901 |

TY 2014 Other Expenses Schedule

Name: ALICE A STODDARD TRUST UW
MONROE BANK & TRUST TRUSTEE
EIN: 38-6052244

| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|----------------------|-----------------------------------|--------------------------|---------------------|--|
| EXPENSES | | | | |
| BOND REDEMPTION FEES | 10 | 10 | | |

Schedule D

Covering the Period 06/28/2014 To 06/30/2015

Date Run : 09/02/2015

Processing Date : 09/02/2015

Time Printed : 9:20:56 AM

Taxpayer ID :38-6052244

Account Name : Alice Stoddard Trust Under Will

Account Number : 24000379

| Shares/PV Asset Sold | How Acq | Date Acquir | Date Sold | Holding Period | Sales Proceeds | Original Cost | Realized Gain/Loss |
|---|---------|-------------|------------|----------------|----------------|---------------|--------------------|
| 4.057 DFA US Small Cap Value 233203819 | Buy | 02/06/2014 | 06/30/2014 | Short | 150.00 | 133.64 | 16.36 |
| 1.060 Vanguard Consumer Staples FDS 92204A850 | Buy | 02/06/2014 | 08/13/2014 | Short | 60.00 | 54.20 | 5.80 |
| 1.574 Vanguard Consumer Staples FDS 92204A850 | Buy | 02/06/2014 | 06/30/2014 | Short | 90.00 | 80.48 | 9.52 |
| 2.642 Vanguard Energy Index FFD Admir 92204A843 | Buy | 02/06/2014 | 06/30/2014 | Short | 190.00 | 155.98 | 34.02 |
| 10.135 Vanguard Energy Index FFD Admir 92204A843 | Buy | 02/06/2014 | 08/13/2014 | Short | 700.00 | 598.37 | 101.63 |
| 6.885 Vanguard Finls Index FD Admiral 92204A835 | Buy | 02/06/2014 | 06/30/2014 | Short | 160.00 | 148.03 | 11.97 |
| 2.329 Vanguard Health Care Index 92204A827 | Buy | 02/06/2014 | 06/30/2014 | Short | 130.00 | 118.17 | 11.83 |
| 2.220 Vanguard Information Tech Index 92204A793 | Buy | 02/06/2014 | 06/30/2014 | Short | 110.00 | 98.92 | 11.08 |
| 2.183 Vanguard Information Tech Index 92204A793 | Buy | 02/06/2014 | 08/13/2014 | Short | 110.00 | 97.28 | 12.72 |
| 18.668 Acadian Emerging Markets Instl 00758M162 | Free | 01/11/2012 | 08/13/2014 | Long | 370.00 | 308.77 | 61.23 |
| 9.674 Acadian Emerging Markets Instl 00758M162 | Free | 01/11/2012 | 06/30/2014 | Long | 190.00 | 160.01 | 29.99 |
| 0.287 DFA US Small Cap Value 233203819 | Buy | 02/06/2014 | 03/09/2015 | Long | 10.00 | 9.45 | 0.55 |
| 35.997 Dodge & Cox Income 256210105 | Free | 09/27/2010 | 06/30/2014 | Long | 500.00 | 480.92 | 19.08 |
| 3.625 Eaton Vance Parametric Tx-Mgd Emerging Mkts 277907606 | Free | 10/29/2009 | 06/30/2014 | Long | 190.00 | 148.41 | 41.59 |

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Taxpayer ID :38-6052244

Account Name : Alice Stoddard Trust Under Will

Account Number : 24000379

| Shares/PV Asset Sold | How Acq | Date Acquir | Date Sold | Holding Period | Sales Proceeds | Original Cost | Realized Gain/Loss |
|---|---------|-------------|------------|----------------|----------------|---------------|--------------------|
| 5.826 Eaton Vance Parametric Tx-Mgd Emerging Mkts 277907606 | Free | 10/29/2009 | 08/13/2014 | Long | 310.02 | 238.52 | 71.50 |
| 21.786 Federated Ultra Short Bond Instl Cl I #108 31428Q747 | Buy | 12/20/2012 | 06/30/2014 | Long | 200.00 | 201.08 | -1.08 |
| 9.729 Fidelity Advisor Emerging Mkts Inc Fd Class I 315920702 | Free | 10/29/2009 | 06/30/2014 | Long | 140.00 | 123.85 | 16.15 |
| 1.407 Fidelity Advisor Emerging Mkts Inc Fd Class I 315920702 | Free | 10/29/2009 | 08/13/2014 | Long | 19.99 | 17.91 | 2.08 |
| 9.995 Perritt Microcap Opportunities Fd 714402203 | Free | 01/11/2012 | 06/30/2014 | Long | 370.00 | 247.38 | 122.62 |
| 21.519 Principal High Yield Inst 74254U481 | Buy | 12/20/2012 | 06/30/2014 | Long | 170.00 | 169.35 | 0.65 |
| 23.153 RidgeWorth Seix Floating Rate High Inc 76628T678 | Free | 01/11/2012 | 06/30/2014 | Long | 210.00 | 201.66 | 8.34 |
| 8.811 T. Rowe Price Real Estate 779919109 | Free | 01/14/2009 | 08/13/2014 | Long | 220.01 | 82.65 | 137.36 |
| 10.354 T. Rowe Price Real Estate 779919109 | Free | 01/14/2009 | 03/09/2015 | Long | 281.63 | 97.12 | 184.51 |
| 8.458 Tributary Small Company Instl 320269764 | Buy | 12/20/2012 | 06/30/2014 | Long | 210.00 | 160.62 | 49.38 |
| 18.148 Vanguard 500 Index Fund Admiral 922908710 | Buy | 12/20/2012 | 03/09/2015 | Long | 3,494.37 | 2,429.56 | 1,064.81 |
| 11.180 Vanguard 500 Index Signal 922908496 | Buy | 12/20/2012 | 06/30/2014 | Long | 1,670.00 | 1,236.40 | 433.60 |
| 9.280 Vanguard 500 Index Signal 922908496 | Buy | 12/20/2012 | 08/13/2014 | Long | 1,380.07 | 1,026.27 | 353.80 |

Schedule D

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Taxpayer ID :38-6052244

Account Name : Alice Stoddard Trust Under Will

Account Number : 24000379

| Shares/PV Asset Sold | How Acq | Date Acquir | Date Sold | Holding Period | Sales Proceeds | Original Cost | Realized Gain/Loss |
|---|---------|-------------|------------|----------------|----------------|---------------|--------------------|
| 19.751 Vanguard Developed Mkts Index 921943809 | Free | 07/24/2008 | 06/30/2014 | Long | 270.00 | 269.16 | 0.84 |
| 94.868 Vanguard Finls Index FD Admiral 92204A835 | Buy | 02/06/2014 | 03/09/2015 | Long | 2,339.45 | 2,039.66 | 299.79 |
| 90.010 Vanguard Growth Index ADM 922908660 | Free | 10/29/2009 | 03/09/2015 | Long | 5,017.14 | 2,310.34 | 2,706.80 |
| 47.467 Vanguard Growth Index Signal 922908470 | Free | 10/29/2009 | 08/13/2014 | Long | 2,230.00 | 1,128.29 | 1,101.71 |
| 27.778 Vanguard Growth Index Signal 922908470 | Free | 10/29/2009 | 06/30/2014 | Long | 1,310.00 | 660.28 | 649.72 |
| 2.868 Vanguard Health Care Index 92204A827 | Buy | 02/06/2014 | 03/09/2015 | Long | 191.11 | 145.52 | 45.59 |
| 5.607 Vanguard Mid Cap Index Signal 922908447 | Free | 01/11/2012 | 06/30/2014 | Long | 260.00 | 163.28 | 96.72 |
| 3.502 Vanguard Mid Cap Index Signal 922908447 | Free | 01/11/2012 | 08/13/2014 | Long | 160.02 | 101.98 | 58.04 |
| 4.211 Vanguard Mid-Cap Index Admiral 922908645 | Free | 01/11/2012 | 03/09/2015 | Long | 662.79 | 388.63 | 274.16 |
| 10.491 Vanguard Small Cap Index - ADM 922908686 | Free | 01/11/2012 | 03/09/2015 | Long | 600.95 | 362.85 | 238.10 |
| 6.329 Vanguard Small Cap Index Signal 922908421 | Free | 01/11/2012 | 06/30/2014 | Long | 320.00 | 197.21 | 122.79 |
| 1.023 Vanguard Small Cap Index Signal 922908421 | Free | 01/11/2012 | 08/13/2014 | Long | 49.98 | 31.88 | 18.10 |
| 204.986 Vanguard Total Bond Market Idx. Fund 921937868 | Free | 01/11/2012 | 06/30/2014 | Long | 2,220.00 | 2,256.90 | -36.90 |
| 38.719 Vanguard Value Index ADM 922908678 | Free | 10/29/2009 | 03/09/2015 | Long | 1,271.92 | 699.81 | 572.11 |
| 23.433 Vanguard Value Index Signal 922908462 | Free | 10/29/2009 | 06/30/2014 | Long | 770.00 | 440.78 | 329.22 |

Schedule D

Covering the Period 06/28/2014 To 06/30/2015

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Time Printed : 9:20:56 AM

Taxpayer ID :38-6052244

Account Name : Alice Stoddard Trust Under Will

Account Number : 24000379

| Shares/PV Asset Sold | How Acq | Date Acquir | Date Sold | Holding Period | Sales Proceeds | Original Cost | Realized Gain/Loss |
|---|------------|----------------|------------|-------------------|-------------------|------------------|-----------------------|
| 12.248 Vanguard Value Index Signal 922908462 | Free | 10/29/2009 | 08/13/2014 | Long | 400.01 | 230.38 | 169.63 |
| 20.961 Wells Fargo Advantage Intl Bond 94985D582 | Free | 02/12/2008 | 06/30/2014 | Long | 240.00 | 242.73 | -2.73 |
| | | | | | 29,949.46 | 20,494.68 | 9,454.78 |

Gain/Loss Summary

Short Term GL

| | |
|---------------------|--------------|
| Gains From Sales : | 214.93 |
| Losses From Sales : | 0.00 |
| Common Funds : | 0.00 |
| <hr/> | |
| Short Term Gains : | 214.93 |
| Short Term Losses : | 0.00 |
| Net Short Term G/L: | <hr/> 214.93 |
| Capital Gain Dist : | <hr/> 0.00 |

Long Term GL

| | |
|---------------------|----------------|
| Gains From Sales : | 9,280.56 |
| Losses From Sales : | -40.71 |
| Common Funds : | 0.00 |
| <hr/> | |
| Long Term Gains : | 9,280.56 |
| Long Term Losses : | -40.71 |
| Net Long Term G/L : | <hr/> 9,239.85 |
| Capital Gain Dist : | <hr/> 1,135.82 |

Account's Fiscal Year Ends Month 6

| | | | |
|--------------------|------------|-----------|--------------|
| | Short Term | Long Term | Last Updated |
| Loss Carry Forward | 0.00 | 0.00 | N o n e |

Schedule D

Covering the Period 06/28/2014 To 06/30/2015

Date Run : 09/02/2015

Processing Date : 09/02/2015

Time Printed : 9:20:56 AM

Taxpayer ID :38-6052244

Account Name : Alice Stoddard Trust Under Will

Account Number : 24000379

| Date | Transaction | Description | Income Cash | Principal Cash |
|------------|---------------------------|---|-------------|----------------|
| 11/19/2014 | Capital Gains - Long Term | Perritt Microcap Opportunities Fd | | 534.19 |
| | | 220.777 Shares | | |
| 12/18/2014 | Capital Gains - Long Term | DFA US Small Cap Value | | 125.13 |
| | | 94.425 Shares | | |
| 12/19/2014 | Capital Gains - Long Term | Principal High Yield Inst | | 23.41 |
| | | 477.779 Shares | | |
| 12/22/2014 | Capital Gains - Long Term | Dodge & Cox Income | | 34.10 |
| | | 757.773 Shares | | |
| 12/23/2014 | Capital Gains - Long Term | Vanguard Total Bond Market Ind ADM | | 64.87 |
| | | 4,324.673 Shares | | |
| 12/29/2014 | Capital Gains - Long Term | Fidelity Advisor Emerging Markets Income Fu | | 2.21 |
| | | 220.885 Shares | | |
| 12/31/2014 | Capital Gains - Long Term | Tributary Small Company Instl | | 342.40 |
| | | 191.983 Shares | | |
| 03/30/2015 | Capital Gains - Long Term | Dodge & Cox Income | | 0.85 |
| | | 849.47 Shares | | |
| 04/03/2015 | Capital Gains - Long Term | Vanguard Total Bond Market Ind ADM | | 8.66 |
| | | 4,813.623 Shares | | |

Student Medical Research Program
Medical Administration
M7330 Medical Science I Box 0624

Mrs. Jeanne Jaeger
Coordinator, SMRP
(313) 936-1494

Instructions Regarding Completion of Applications For
Medical School Student Research Applications

The Committee on Student Medical Research has as its goal the development of satisfying research experiences for all interested students. Many of the research experiences are supported by the individual prospective faculty advisor's own research or training grants. When the prospective faculty advisor does not have funds available for student research, the student may apply for a stipend of approximately \$546.00 per month for a minimum of two (2) months (8 weeks) and a maximum of three (3) months (12 weeks). The final payment will not be paid until a report, abstract and survey form are received from the student, and a letter of evaluation from the preceptor. If the faculty advisor has limited funds, we will fund part of the stipend.

The student may consult with several staff members in order to select the setting in which he/she would like to work. Before completing the application form, the student and prospective faculty research advisor must agree on a mutually acceptable project. The student must become well acquainted with the research project before completing the application form. Usually this requires considerable consultation with the prospective faculty research advisor and reading relevant medical literature. The student is expected to complete the first pages of the application form. The entire application should be edited and approved by the faculty research advisor who must also complete the last page of the application. Each student may submit only one proposal.

Selection of an appropriate project and its careful presentation in the application form are all-important in securing approval of the fellowship. Each application is studied and graded by members of the Committee on Student Medical Research. Average grades of the applications are rank-ordered. In the past, funds have not been available to support all applicants, and selection has been based on the results of this grading procedure. Since judgment regarding the approval of an application is based almost entirely on what is written on the application form, it behooves the student to do a thoughtful job. A careful and concise statement of the specific aims, the research plan, previous work in the field, and the significance of the project are essential. This presentation should be an exact statement of what the student plans to do. A description of how this problem fits into the broader research that is being conducted in the advisor's laboratory (if it does) is also helpful. It is important that the proposed project is one that can realistically be accomplished by the student during this research period. The proposed project must be one in which the student enters into the intellectual aspects of problem solving. The student must clearly be more than "a pair of hands".

Students in academic difficulty do not qualify for research fellowships. Also students who will be entering their 3rd or 4th year of medical school next fall are ineligible for financial support from the program as are students who are enrolled in a program leading to a Ph.D. in the biomedical sciences or related areas. All undergrads must provide one (1) certified transcript of their current grade standing. Deadline for receipt of applications in the Office of Student Medical Research is February 1, 1988.

SPECIFIC INSTRUCTIONS
(Please follow carefully)

1. The student is responsible for assuring that all portions of the application are received before the deadline of 4:00 p.m. February 1, 1988.
2. The student should prepare the first pages of the application and the proposal. This material should be presented to the advisor for signature. The last page should be given to the advisor for completion and confidential transmission to the Committee. The two portions may be submitted separately or together.
3. The actual proposal must be typed on 8 1/2" by 11" paper using adequate margins. Only two sheets of paper maximum may be used, with typing on one side only. References only may be typed on a third sheet if additional space is needed. The Committee staff will obliterate ANY text (other than references) appearing on the third sheet. Since such action may render your proposal illogical, DON'T EXCEED THE TWO PAGE LIMIT FOR TEXT.

Double-spaced proposals are preferred but obviously it is possible to present more material with single spacing. However, in previous years shorter proposals that are good have succeeded while longer proposals often suffered from extraneous material and failed. It is not necessary for the student to have done the actual typing. The use of a secretary's services (discuss with your advisor) is permitted. The applicant's name should appear in the upper right-hand corner of each page.

4. The proposal must be agreeable to your advisor. The following outline should be used:
 - A. Specific aims.
 - B. Research plan (include methods in your discussion).
 - C. Previous work related to this problem by others and by yourself (cite references).
 - D. Significance of proposed research.
5. This year we will assess to what extent the advisor wrote the proposal. This data will be used in future years to aid the Committee in developing various regulations. Some credit generally is given by reviewers to students who prepare the proposal essentially independently. However, it is much more important to have a well-written proposal.
6. One original and 7 high quality copies of all materials must be received in the Committee Office by the deadline. Exceptions are granted in extreme cases only (such as documented hospitalization for a substantive time in January). Undergraduates must include one certified transcript of their current grade standing when turning in all materials. Make an additional copy for yourself to keep. Allow adequate time if the U.S. or campus mails are used.

UNIVERSITY OF MICHIGAN MEDICAL SCHOOL
STUDENT MEDICAL RESEARCH PROGRAM
Medical Administration
M7330 Medical Science I Box 0624
936-1494

STUDENT RESEARCH FELLOWSHIP APPLICATION

Applicant is to prepare pages 1 and 2 of this form and the proposal. Both applicant and Research Advisor are to sign page 2 of this form. The original is to be signed by the Research Supervisor who will complete and sign page 3. See accompanying instructions.

Applicant's Name _____ Date of Application _____

Mailing Address-street, city, state, zip Fellowship Start & End Dates _____

Telephone Number _____ Research Supervisor(Name & Title) _____

Social Security with Student ID _____ Department(Office & Phone Numbers) _____

Class: Expected Graduation Date & Degree _____

(Check one) Medical School M-1 _____ M-2 _____

Inteflex I-1 _____ I-2 _____ I-3 _____ I-4 _____

Undergraduate _____ List College and Status _____

Accepted to U/M Medical School _____ Will you attend? Yes _____ No _____

Descriptive Title of Proposed Research:

The student's previous experience (here or elsewhere). Describe briefly (include dates).

Date

Applicant's Signature

Date

Research Supervisor's Signature

Student Name

This page is confidential. It does not go to reviewers.

We are not always able to provide funding to all deserving students. In order to ensure that all possible funding sources are available to you, please provide the information requested below:

Michigan Resident_____ Non Resident_____ If non-resident please
indicate permanent address_____

Male_____ Female_____ Race_____ (See listing of race codes below.)
(Optional)

RACE CODES

A - Black American
B - Black
I - American Indian
W - White
O - Asian or Pacific Islander
M - Hispanic-Mexican, American or Chicano
P - Hispanic-Puerto Rican (Mainland)
R - Hispanic-Puerto Rican (Commonwealth)
C - Hispanic-Cuban
H - Hispanic-Other

Supervisor's Name

Applicant's Name

SUPPORTING STATEMENT FROM RESEARCH SUPERVISOR
STUDENT RESEARCH FELLOWSHIP APPLICATION

Please describe the interaction of the supervisor, other individuals, and the student in the research program. Also summarize the major educational benefits to be derived. This page is to be returned by the prospective research supervisor directly to the Office of Student Medical Research, Medical Administration, M7330 Med. Sci. I Box C624.

COMMENTARY:

1. How long and how well have you known the applicant?
2. To what degree was the proposal suggested by you?
3. To what extent was the proposal written by you? (This question will help us develop regulations for future years.)
4. To what degree will the applicant proceed independently?
5. Estimate the applicant's overall research potential:
Superior_____ Very good_____ Good_____ Fair_____ Poor_____

The Research Supervisor agrees not only to supervise the student's research accomplishments and to assure that the student's final report is submitted to the Office of Student Medical Research within two weeks of the ending date of the appointment period in order to permit final payment of the student's stipend.

Signature of Supervisor