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### Form 990-PF

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

OMB No. 1545-0052

2015

Department of the Treasury Internal Revenue Service ➤ Do not enter social security numbers on this form as it may be made public. ➤ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

| For cale              | ndar     | year 2015, or tax year beginning   | , 2015 <sub>.</sub>  | and ending                    |                | <u>,</u>   |                                  |
|-----------------------|----------|--|--|-------------------------------|----------------|--|----------------------------------|
| Name of fo            |          |  |  |                               | A              | Employer identification num  | nber                             |
|                       |          | MILY FOUNDATION  It (or P.O. box number if mail is not delivered to street a     | ddress)  | Room/suite                    | В              | 20-2766137 Telephone number (see instr   | uctions)                         |
| 33 BI                 | LOOM     | FIELD HILLS PKWY   |  | 260                           |                | (248) 642-577  |                                  |
| City or tow           | n, state | or province, country, and ZIP or foreign postal code                             |  |                               | c              | F overester application is   | non-ding shock have b            |
|                       |          | LD HILLS   |  | 48304                         |                | If exemption application is  | pending, creax nere.             |
| <b>G</b> Che          | ck all   | that apply: Initial return   | Initial return of a forme  | er public chanty              | D              | 1 Foreign organizations, che   | ck here · · · · ▶ 🗍              |
|                       |          | Final return   | Amended return   |                               |                | 2 Foreign organizations mee  | ting the REPL test check         |
|                       |          | Address change   | Name change  | d _att                        | 4              | here and attach computation  |                                  |
| H Che                 |          |  | (c)(3) exempt private fou  | indation<br>rivate foundation | E              | •  |                                  |
| - Foir                |          | ction 4947(a)(1) nonexempt charitable trus                                       |  |                               | <b> </b>       | If private foundation status<br>under section 507(b)(1)(A)   | was terminated<br>. check here > |
|                       |          | U l. m (-) Um - 4()  | counting method: XC  | ash Accrual                   | _              |  | لسا                              |
| <b>►</b> \$           |          |  | column (d) must be on c  | ash basis.)                   | F              | If the foundation is in a 60-<br>under section 507(b)(1)(B)  |                                  |
|                       | A        | nalysis of Revenue and   |  |                               | <del>-</del> - | T  |                                  |
|                       |          | Kpenses (The total of amounts in lumns (b), (c), and (d) may not neces-          | (a) Revenue and expenses per books   | (b) Net investmer income      | ĸ              | (c) Adjusted net income  | (d) Disbursements for charitable |
| <u> </u>              | CO<br>Sa | lūmns (b), (c), and (d) may not neces-<br>rily equal the amounts in column (a)   |  |                               |                |  | purposes                         |
| <u> </u>              |          | ee instructions).)   |  |                               |                |  | (cash basis only)                |
| <u></u>               | 1        | Contributions, quits, grants, etc., received (attach schedule)                   |  |                               |                |  | - "#i                            |
| ٠<br>-                | 2        | Ck ► X if the foundation is not required to attach Sch B                         | and the second   |                               | , ,            | 6.   |                                  |
| 5                     | 3        | Interest on savings and temporary cash investments                               | <b> </b>   |                               | 4.             |  |                                  |
| 2                     | 4        | Dividends and interest from securities   | 155,171.   | 155,1                         |                |  |                                  |
| - Can                 |          | Gross rents  |  |                               |                |  |                                  |
| j                     | b        | Net rental income or (loss)  | THE PROPERTY OF THE PARTY OF   |                               |                |  |                                  |
| R                     | 6 a      | Net gain or (loss) from sale of assets not on line 10                            |  |                               |                |  |                                  |
| ZV                    | _        | Bross sales price for all assets on line 6a · · ·                                |  |                               |                |  |                                  |
| REVENUE               | 7        | Capital gain net income (from Part IV, line 2)                                   |  | 244,20                        | 02.            |  | <i>(</i> )                       |
| ∭ N<br>∭ N            | 8<br>9   | Net short-term capital gain  |  |                               |                | 0.   |                                  |
| WE.                   | 10 a     | Gross sales less   |  |                               |                |  |                                  |
|                       |          | allowances · · ·   |  |                               |                |  |                                  |
|                       | b        | Less: Cost of goods sold   |  |                               |                |  |                                  |
|                       | C        | Gross profit or (loss) (attach schedule)   |  |                               |                |  |                                  |
|                       | 11       | Other Income (attach schedule) - · · · · · ·                                     |  |                               |                |  |                                  |
|                       |          | See Line 11 Stmt   | 26.  |                               | 3.             |  |                                  |
|                       | 12       |  | 155,201.   | 399,3                         | <u> 30.</u>    | 0.   |                                  |
|                       | 13       | Other employee salaries and wages  |  |                               |                |  |                                  |
|                       | 15       | Pension plans, employee benefits   |  |                               |                | <del> </del>   |                                  |
|                       |          | Legal fees (attach schedule) . L-16a Strat.                                      | L  | 2,8                           | 41.            |  | 2,841.                           |
| A<br>D                | t        | Accounting fees (attach sch)   |  |                               |                | <u> </u>   | 2/0111                           |
| Ţ                     |          | Other prof. fees (attach sch) L-16c Stmt.  | 66,183.  | 33,0                          | 91.            |  | 33,092.                          |
| O I<br>P S<br>E T     | 17       | Interest   |  |                               | -(             |  |                                  |
| PSTRR                 | 18       | Taxes (attach schedule)(see Instrs) MORGAN STANLEY POREIGN TAX                   | 2,553.   | 6 4 6                         | -              | 70   |                                  |
| A A                   | 19       | Depreciation (attach schedule) and depletion                                     |  | 722 A                         |                | 8 3018 S   |                                  |
| l i                   | 20       | Occupancy  |  | A A                           | Πā             | (1) × × × × × × × × × × × × × × × × × × ×  | <u> </u>                         |
| N Ý<br>G E            | 21       | Travel, conferences, and meetings  |  | 23                            |                | ا ا  |                                  |
| A E                   | 22       | Printing and publications  |  |                               | 30             |  |                                  |
| A N D                 | 23       | Other expenses (attach schedule)   |  | La serial de                  | بقيلا          | المستخطية المستخطية  |                                  |
| N                     |          |  |  |                               |                |  | <del> </del>                     |
| E<br>N<br>S<br>E<br>S | 24       | Total operating and administrative expenses. Add lines 13 through 23 · · · · · · | 74,418.  | 35,9                          | 32             |  | 35 022                           |
| S                     | 25       | Contributions, gifts, grants paid  | 290,000.   | 33,3                          | J.Z.,          |  | 35,933.<br>290,000.              |
|                       | 26       | Total expenses and disbursements.  | 230,0001   | <u> </u>                      |                |  | 230/000.                         |
|                       |          | Add lines 24 and 25 · · · · · · · · · · · · · · · · · ·                          | 364,418.   | 35,9                          | 32.            |  | 325,933.                         |
|                       | 27       | Subtract line 26 from line 12:   |  |                               |                |  |                                  |
|                       | *        | Excess of revenue over expenses and disbursements                                | -209,217.  | **                            |                |  |                                  |
|                       | ١.       | Net investment income (if negative, enter -0-)                                   |  | 363,4                         | 48             | The second secon | 200 - 1                          |
|                       | ŀ        | C Adjusted net Income (if negative, enter -0-)                                   |  | 303,4                         |                | 0.   |                                  |
| RAA F                 |          | perwork Reduction Act Notice, see ins  | The state of the s | TEEA0301 1                    | 2/04/1         |  | Form <b>990-PF</b> (2015)        |

|                                      |       | Balance Sheets                                  | Attached schedules and amounts in the description<br>column should be for end-of-year amounts only. | Beginning of year           | End of         | year   |
|--------------------------------------|-------|---|---|-----------------------------|----------------|--|
|                                      |       | balance Sheets                                  | See instructions.)  | (a) Book Value              | (b) Book Value | (c) Fair Market Value  |
|                                      | 1     | Cash - non-interest-bo                          | earing  | 230,768.                    | 218,545.       | 218,545.   |
|                                      | 2     | Savings and temporary                           | cash investments  |                             |                |  |
| · ·                                  | 3     | Accounts receivable .                           |   |                             |                |  |
| - 1                                  |       | Less: allowance for do                          |   |                             |                |  |
| - 1                                  | 4     | Pledges receivable                              |   |                             |                |  |
| 1                                    | •     | Less: allowance for do                          |   |                             |                |  |
| )                                    | 5     |   |   | <del></del>                 |                |  |
|                                      | 6     |   | rs, directors, trustees, and other  |                             |                |  |
|                                      | _     | disqualifled persons (attach                    | schedule) (see Instructions)  |                             |                |  |
|                                      | 7     | Other notes and loans recei                     |   |                             |                |  |
| ŝ                                    |       | Less: allowance for do                          |   |                             |                |  |
| S                                    | 8     |   | use   |                             |                |  |
| SSET                                 | 9     |   | deferred charges  |                             |                |  |
| S                                    | 10 a  | Investments — U.S. an obligations (attach sch   | d state government<br>edule)  |                             |                |  |
|                                      | b     | investments - corporate st                      | ock (attach schedule) . L-10b. Stmt   | 1,254,606.                  | 1,048,658.     | 1,202,924.   |
|                                      | C     | : Investments - corporate b                     | onds (attach schedule)  |                             |                |  |
|                                      | 11    | Investments - land, be equipment: basis         | uildings, and   |                             |                | The same of the sa |
|                                      |       | Less: accumulated deprecia<br>(attach schedule) |   |                             |                |  |
|                                      | 12    |   | ge loans  | <del></del>                 |                |  |
|                                      |       | Investments - mortga                            | attach schedule) L-13 Stmt  | 2 502 266                   | 2 061 670      | 2 600 023  |
|                                      | 13    |   | !   | 3,503,366.                  | 3,861,678.     | 3,699,037.   |
| 1                                    | 14    | Land, buildings, and e                          |   |                             | <u> </u>       |  |
|                                      |       | Less accumulated deprecial (attach schedule)    |   |                             |                |  |
|                                      | 15    | Other assets (describe                          | Pre-paid Excise Tax )   | 3,723.                      | 89.            | 89.  |
|                                      | 16    | see the instructions. A                         | mpleted by all filers —<br>Iso, see page 1, item I)   | 4,992,463.                  | 5,128,970.     | 5,120,595.   |
| Ļ.                                   | 17    |   | accrued expenses  |                             |                |  |
| Å                                    | 18    | Grants payable                                  |   |                             |                |  |
| B                                    | 19    | Deferred revenue                                |   |                             |                |  |
| I.                                   | 20    | Loans from officers, directo                    | rs, trustees, & other disqualified persons  |                             |                |  |
| <u>Ī</u>                             | 21    | Mortgages and other notes                       | payable (attach schedule)   |                             |                |  |
| Ţ                                    | 22    | Other liabilities (descri                       | · ·   |                             |                |  |
| E<br>S                               | 23    | Total liabilities (add l                        | ines 17 through 22)   | [                           |                |  |
|                                      |       |   | ow SFAS 117, check here 4 through 26 and lines 30 and 31.   |                             |                |  |
| NF                                   | 24    | Unrestricted                                    |   |                             |                |  |
| N F<br>E U<br>T N                    | 25    |   |   | <del> </del>                | <del></del>    |  |
| D                                    | 26    |   | <b> </b>  |                             |                |  |
|                                      |       |   | not follow SFAS 117, check here . ► X   |                             |                |  |
| A<br>S<br>S<br>A<br>E<br>L<br>T<br>A | 27    |   | ncipal, or current funds  | 4,992,463.                  | 5,128,881.     |  |
| SN                                   | 28    | Paid-in or capital surplus, o                   | r land, bldg., and equipment fund   |                             |                |  |
| O E                                  | 29    | Retained earnings, accumi                       | stated income, endowment, or other funds  |                             | 89.            |  |
| RS                                   | 30    | Total net assets or fi                          | und balances (see instructions)   | 4,992,463.                  | 5,128,970.     |  |
|                                      | 31    | Total ilabilities and respectively.             | et assets/fund balances   | 4,992,463.                  | 5,128,970.     |  |
|                                      |       | Analysis of Chan                                | ges in Net Assets or Fund Balanc  | es                          |                |  |
| 1                                    | Tota  | i not accete or fund hals                       | ances at beginning of year - Part II, column on prior year's return)                                | (a) line 30 (must agree wi  | ith            | 1 992 163  |
|                                      | CILU- | or-year ngure reported (                        | n pnor years retum)   |                             | 2              | 4,992,463.   |
| 2                                    | cnte  | r amount from Part I, III                       | 0.2 (Hamira)  |                             | 3              | -209,217.  |
| 3                                    | Other | increases not included in lin                   | e 2 (itemize) See Other Increases S   | uiii                        |                | 345,724.   |
| 4                                    |       |   |   |                             |                | 5,128,970.   |
| 5                                    | Decre | eases not included in line 2 (f                 | lemize)   | Port II column (b) line 20  |                | F 100 070  |
| 6                                    | ıota  | ii net assets of fund bala                      | inces at end of year (line 4 minus line 5) — P  | art II, column (b), line 30 | 6              | 5,128,970.   |

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|--|--|---|---|---|----------------------------------|
|  | osses for Tax on investment  |   |   | 17.   | 1 /26                            |
| (a) List and describe<br>2-story brick warehouse                       | the kind(s) of property sold (e.g., real e<br>; or common stock, 200 shares MLC C      | state,<br>company)                              | b) How acquired P — Purchase D — Donation | (C) Date acquired (mo., day, yr.)                       | (d) Date sold<br>(mo., day, yr.) |
| 1a MORGAN STANLEY 310  | 142640 093 SHORT TERM C  | OVERED P  |   | 01/02/15  | 12/31/15                         |
| b MORGAN STANLEY 310   | 142640 093 LONG TERM CO  | VERED P   |   | 01/01/14  | 12/31/15                         |
| • MORGAN STANLEY 310   | 142640 093 LONG TERN NO  | N-COVERED P                                     | <del></del>                               | 01/01/14  | 12/31/15                         |
| d  |  |   |   | <del> </del>  |                                  |
|  |  |   |   | <u> </u>  | <u> </u>                         |
| (e) Gross sales price  | (f) Depreciation allowed (or allowable)  | (g) Cost or other basis<br>plus expense of sale | ·   | (h) Gain or<br>(e) plus (f) mi                          |                                  |
| a 514,905.   |  | 526   | ,183.                                     |   | -11,278.                         |
| b 1,304,600.   |  | 1,110   | ,662.                                     |   | 193,938.                         |
| c 240,544.   |  | 179   | ,002.                                     |   | 61,542.                          |
| d  |  |   |   | <del></del>   |                                  |
| e  |  |   |   |   |                                  |
|  | ng gain in column (h) and owned by the   |   |   | (I) Gains (Co   |                                  |
| (i) F.M.V.<br>as of 12/31/69   | (j) Adjusted basis<br>as of 12/31/69   | (k) Excess of col. (i) over col. (j), if any    |   | gain minus col. (k), b<br>nan -0-) <b>or</b> Losses (fi |                                  |
| a  |  |   |   |   | -11,278.                         |
| b  |  |   |   |   | 193,938.                         |
| C  |  |   |   |   | 61,542.                          |
| d  |  |   |   |   |                                  |
| e  |  |   |   |   |                                  |
| If gain, also enter in Part I, line 8                                  | oss) as defined in sections 1222(5) and<br>3, column (c) (see instructions). If (loss) | , enter -0-                                     | 3   |   | -11,278.                         |
|  | r Section 4940(e) for Reduced  |   |   | <del></del>   | 11,210.                          |
| If 'Yes,' the foundation does not qualif                               | on 4942 tax on the distributable amour yunder section 4940(e). Do not comple           | ete this part.                                  |   | · · · · []Yes   | X No                             |
|  | each column for each year; see the in  |   | renules.                                  |   |                                  |
| (a) Base period years Calendar year (or tax year beginning in)         | (b) Adjusted qualifying distributions  | (c) Net value of noncharitable-use asse         | ts (co                                    | (d) Distribution (b) divided by c                       | ratio<br>ol. (c))                |
| 2014   | 323,551.   | 5,512   | ,202.                                     |   | 0.058697                         |
| 2013   | 302,170.   | 5,327   | ,064.                                     |   | 0.056724                         |
| 2012   | 293,406.   | 5,114   | ,724.                                     |   | 0.057365                         |
| 2011   | 220,000.   | 5,286   | ,382.                                     |   | 0.041616                         |
| 2010   | 200,000.   | 5,074   | ,663.                                     |   | 0.039411                         |
| 2 Total of line 1, column (d)  |  |   | 2   |   | 0.253813                         |
| 3 Average distribution ratio for the<br>number of years the foundation | 5-year base period — divide the total of has been in existence if less than 5 years.   | on line 2 by 5, or by the ars                   | 3   |   | 0.050763                         |
| 4 Enter the net value of noncharit                                     | able-use assets for 2015 from Part X, li   | ine 5   | 4   | -   | 5,355,244.                       |
| 5 Multiply line 4 by line 3  |  |   | 5   |   | 271,848.                         |
| 6 Enter 1% of net investment inco                                      | ome (1% of Part I, line 27b)   |   | 6   | -   | 3,634.                           |
|  |  |   |   | <del> </del>  | 275,482.                         |
| a Enter qualifying distributions fro                                   | m Part XII, line 4   |   | 8   |   | 325,933.                         |

|     | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in  | nstruc  | tions | )              |          |             |
|-----|---|---------|-------|----------------|----------|-------------|
| 1 a | Exempt operating foundations described in section 4940(d)(2), check here b and enter 'N/A' on line 1.   |         |       |                |          |             |
|     | Date of ruling or determination letter: (attach copy of letter if necessary — see Instrs)   |         |       |                |          |             |
| ь   |   | 1       |       |                | 3,6      | 34.         |
|     | check here . ► X and enter 1% of Part I, line 27b   |         |       |                |          |             |
| C   | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)   |         |       |                |          |             |
|     | 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       |       |                | 3,6      | <u>34.</u>  |
| 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       |       |                | 3,6      | 34.         |
| 6   | Credits/Payments:   |         |       |                |          |             |
| а   | 2015 estimated tax pmts and 2014 overpayment credited to 2015   |         |       |                |          |             |
| b   | Exempt foreign organizations — tax withheld at source   |         |       |                |          |             |
|     | Tax paid with application for extension of time to file (Form 8868) 6 c   |         |       |                |          |             |
| d   | Backup withholding erroneously withheld   |         |       |                |          |             |
| 7   | Total credits and payments. Add lines 6a through 6d   | 7       |       |                | 3,7      | 23.         |
| 8   | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached  | 8       |       |                |          |             |
| 9   |   | 9       |       |                |          |             |
| 10  | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid   | 10      |       |                |          | 89.         |
| 11  |   | 11      |       |                | •        |             |
|     | Statements Regarding Activities   |         |       |                |          |             |
| 1 a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it  |         |       | •              | /es      | No          |
|     | participate or intervene in any political campaign?   |         | · •   | 1 a            |          | Х           |
| b   | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?  |         |       | 1 Ь            |          | х           |
|     | 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.   |         |       |                |          |             |
| c   | Did the foundation file Form 1120-POL for this year?  |         |       | 1 c            |          | Х           |
|     | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  |         |       |                |          | اث          |
|     | (1) On the foundation > \$ (2) On foundation managers > \$  |         |       |                |          | f           |
|     | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers > \$   |         |       |                |          |             |
| 2   | Has the foundation engaged in any activities that have not previously been reported to the IRS?   |         | · · L | 2              | !        | <u> </u>    |
|     | If 'Yes,' attach a detailed description of the activities.  |         |       |                |          |             |
| 3   | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles  |         |       |                |          |             |
|     | of incorporation, or bylaws, or other similar instruments? If Yes,' attach a conformed copy of the changes  |         | }     | 3<br>4a        | }        | <u>X</u>    |
|     | olf 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?  |         | · .\- |                | $\dashv$ | <u> </u>    |
| _   | Was there a liquidation, termination, dissolution, or substantial contraction during the year?  | • • •   |       | 4 b            | $\dashv$ | <del></del> |
| 5   |   |         |       | <b>3</b>       |          | Х           |
| 6   | If 'Yes,' attach the statement required by General Instruction T.  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<br>with the state law remain in the governing instrument?   |         |       | 6              | Х        |             |
| 7   | Did the foundation have at least \$5,000 in assets at any time during the year? If Yes,' complete Part II, col (c), and Part XV   |         | · - L | 7              | Х        |             |
| 8 a | Enter the states to which the foundation reports or with which it is registered (see instructions)  |         |       |                |          |             |
|     | MI - Michigan   |         | . ]   |                |          |             |
| b   | of the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation   | · • • • |       | 8 b            | X        |             |
| 9   | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If 'Yes,' complete Part XI | 5)<br>V |       | 9              |          | Х           |
| 10  | Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses  | · • • • |       | 10             |          | <u>x</u>    |
| BAA |   |         | For   | n <b>990</b> - | PF (2    | (015)       |

| опп | 990-PF (2015) FOREN FAMILY FOR DATION  | 20-27661                                | 37           | Page              | 5          |
|-----|--|---|--------------|-------------------|------------|
| _   | Statements Regarding Activities (continued)  |   | <del>,</del> | <del></del>       | _          |
| 11  | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)  |   | . 11         | x                 | _          |
|     | advisory privileges? If 'Yes,' attach statement (see instructions)   |   |              | L x               | _          |
| 13  | Did the foundation comply with the public inspection requirements for its annual returns and exemption applic  | cation?                                 | . 13         | Х                 | _          |
| 4.4 | Website address  | 7230                                    | 502          |                   | <b>-</b> - |
| 14  | Located at 102 Five Oak Circle Lebanon TN ZIP+4  | 710. <u>(239)</u><br>37087              | _593         | -49/1 _           | · -        |
| 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                                    |              | <del>-</del>      | _          |
| 16  | At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority bank, securities, or other financial account in a foreign country?   | overa                                   | . 16         | Yes No            | _          |
|     | See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country   |   |              |                   |            |
|     | 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            | _          |
| 1 a | During the year did the foundation (either directly or indirectly):  |   |              |                   | I          |
|     | , and an are are a second of the second of t | Yes X No                                |              |                   | I          |
|     | (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                                |              |                   | ı          |
|     | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?   | Yes X No                                | :            |                   | ı          |
|     | (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                                |              |                   | l          |
|     | (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 XNo                                 |              |                   |            |
| b   | olf 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)?  |   | . 1b         |                   |            |
|     | Organizations relying on a current notice regarding disaster assistance check here   | ▶ 🔲                                     |              |                   | I          |
| 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 2015?  |   | . 1c         | Х                 |            |
| 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 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015?  | Yes X No                                |              |                   |            |
|     | If 'Yes,' list the years ▶ 20 , 20 , 20  |   |              |                   |            |
| ŧ   | Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to   | o                                       |              |                   |            |
|     | all years listed, answer 'No' and attach statement — see instructions.)  | • | . 2b         |                   |            |
| C   | 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  |   |              |                   |            |
| 3 a | 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                                |              |                   | ı          |
| t   | of If Yes,' did it have excess business holdings in 2015 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   |   |              | :<br>!            |            |
|     | determine if the foundation had excess business holdings in 2015.)   |   | . 3b         |                   |            |
| 4 a | a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?  |   | . 4a         | x                 |            |
| ŧ   | 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  |   |              |                   | 1          |
|     | the tax year beginning in 2015?  |   |              |                   | _          |
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| form 990-PF (2015) FOREN FAMILY FOND  |  | 4720 May Da Dag  | 20-276   | 66137 Page                                     |
|---|--|--|--|--|
| Statements Regarding Activities  5 a During the year did the foundation pay or incur are  |  | 14/20 May be Req   | uirea (continuea)  |  |
| (1) Carry on propaganda, or otherwise attempt to  | -  | ection 4945(e))?   | · · · · · Yes X  | No   |
| (2) Influence the outcome of any specific public on, directly or indirectly, any voter registration   | election (see section 495<br>n drive?  | 5); or to carry  | ···· Yes X   | No   |
| (3) Provide a grant to an individual for travel, stu  |  |  | Yes X  | No   |
| (4) Provide a grant to an organization other than<br>in section 4945(d)(4)(A)? (see instructions).  | a charitable, etc, organiz   | zation described   | Yes X  | No   |
| (5) Provide for any purpose other than religious,<br>educational purposes, or for the prevention of   | charitable, scientific, liter<br>of cruelty to children or an  | rary, or<br>nimals?  | · · · · · Yes X  | No   |
| b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53.4945 or in a (see instructions)?  | current notice regarding :   | disaster assistance  |  | 5b X   |
| Organizations relying on a current notice regarding   |  |  |  |  |
| c If the answer is 'Yes' to question 5a(4), does the tax because it maintained expenditure responsible of 'Yes,' attach the statement required by Regulation  | ility for the grant?   | <i></i> .  | Yes X  | No   |
| 6 a Did the foundation, during the year, receive any f<br>on a personal benefit contract?   | unds, directly or indirectly   | y, to pay premiums   | Yes X  | No   |
| b Did the foundation, during the year, pay premium  | s, directly or indirectly, o   | n a personal benefit con   | tract?   | 6b X   |
| If 'Yes' to 6b, file Form 8870.  7 a At any time during the tax year, was the foundation  | on a nasti ta a probibitad   | tov shalter transaction?   | □vos Ū   | Ma   |
| b If Yes,' did the foundation receive any proceeds  |  |  |  |  |
| Information About Officers, D   |  |  |  |  |
| and Contractors   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |  | g, g,  | p.e  |
| 1 List all officers, directors, trustees, foundatio   | n managers and their c   |  | 41   |  |
|   | ii illanayera anu uleli c  | ompensation (see inst  | ructions).   |  |
| (a) Name and address  | (b) Title, and average hours per week devoted to position  | (c)Compensation<br>(lf not paid,<br>enter -0-)                                 | (d)Contributions to<br>employee benefit<br>plans and deferred<br>compensation  | (e) Expense account, other allowances          |
|   | (b) Title, and average hours per week  | (c)Compensation<br>(If not paid,   | (d)Contributions to<br>employee benefit<br>plans and deferred  | (e) Expense account, other allowances          |
| (a) Name and address BELINDA FOREN  | (b) Title, and average hours per week  | (c)Compensation<br>(If not paid,   | (d)Contributions to<br>employee benefit<br>plans and deferred  | (e) Expense account, other allowances          |
| (a) Name and address  BELINDA FOREN  102 FIVE OAK CIRCLE  LEBANON TN 37087  | (b) Title, and average<br>hours per week<br>devoted to position  | (c)Compensation<br>(If not paid,   | (d)Contributions to<br>employee benefit<br>plans and deferred  | (e) Expense account, other allowances          |
| (a) Name and address  BELINDA FOREN  102 FIVE OAK CIRCLE  LEBANON TN 37087  | (b) Title, and average<br>hours per week<br>devoted to position<br>PRESIDENT   | (c)Compensation<br>(If not pald,<br>enter -0-)                                 | (d)Contributions to<br>employee benefit<br>plans and deferred<br>compensation  | other allowances                               |
| (a) Name and address  BELINDA FOREN  102 FIVE OAK CIRCLE  LEBANON TN 37087  DONALD FOREN  30524 NEWPORT   | (b) Title, and average hours per week devoted to position  PRESIDENT  5.00  VICE PRES  | (c)Compensation<br>(if not paid,<br>enter -0-)                                 | (d)Contributions to employee benefit plans and deferred compensation   | other allowances                               |
| (a) Name and address  BELINDA FOREN  102 FIVE OAK CIRCLE  LEBANON TN 37087  DONALD FOREN  30524 NEWPORT  WARREN MI 48088  | (b) Title, and average hours per week devoted to position  PRESIDENT  5.00   | (c)Compensation<br>(if not paid,<br>enter -0-)                                 | (d)Contributions to<br>employee benefit<br>plans and deferred<br>compensation  | other allowances                               |
| (a) Name and address  BELINDA FOREN  102 FIVE OAK CIRCLE LEBANON TN 37087  DONALD FOREN 30524 NEWPORT WARREN MI 48088 JESSICA TROTTER   | (b) Title, and average hours per week devoted to position  PRESIDENT  5.00  VICE PRES  5.00  | (c)Compensation<br>(if not paid,<br>enter -0-)                                 | (d)Contributions to employee benefit plans and deferred compensation   | other allowances                               |
| (a) Name and address  BELINDA FOREN  102 FIVE OAK CIRCLE LEBANON TN 37087  DONALD FOREN  30524 NEWPORT WARREN MI 48088  JESSICA TROTTER  471 County Road 1466   | (b) Title, and average hours per week devoted to position  PRESIDENT 5.00  VICE PRES 5.00  | (c)Compensation<br>(If not paid,<br>enter -0-)                                 | (d)Contributions to employee benefit plans and deferred compensation   | other allowances  0.                           |
| (a) Name and address  BELINDA FOREN  102 FIVE OAK CIRCLE  LEBANON TN 37087  DONALD FOREN  30524 NEWPORT  WARREN MI 48088  JESSICA TROTTER  471 County Road 1466  Cullman AL 35055   | (b) Title, and average hours per week devoted to position  PRESIDENT 5.00  VICE PRES 5.00  SECY 1.00   | (c)Compensation<br>(if not paid,<br>enter -0-)                                 | (d)Contributions to employee benefit plans and deferred compensation   | other allowances                               |
| (a) Name and address  BELINDA FOREN  102 FIVE OAK CIRCLE  LEBANON TN 37087  DONALD FOREN  30524 NEWPORT  WARREN MI 48088  JESSICA TROTTER  471 County Road 1466  Cullman AL 35055   | (b) Title, and average hours per week devoted to position  PRESIDENT 5.00  VICE PRES 5.00  SECY 1.00   | (c)Compensation<br>(If not paid,<br>enter -0-)                                 | (d)Contributions to employee benefit plans and deferred compensation   | other allowances  0.                           |
| (a) Name and address  BELINDA FOREN  102 FIVE OAK CIRCLE  LEBANON TN 37087  DONALD FOREN  30524 NEWPORT  WARREN MI 48088  JESSICA TROTTER  471 County Road 1466  Cullman AL 35055  See Information about Officers, Directors, Trustees, Etc.  | (b) Title, and average hours per week devoted to position  PRESIDENT 5.00  VICE PRES 5.00  SECY 1.00   | (c)Compensation (If not paid, enter -0-)  0.                                   | (d)Contributions to employee benefit plans and deferred compensation  0.   | 0 . 0 . 0 .                                    |
| (a) Name and address  BELINDA FOREN  102 FIVE OAK CIRCLE LEBANON TN 37087  DONALD FOREN  30524 NEWPORT WARREN MI 48088  JESSICA TROTTER  471 County Road 1466  Cullman AL 35055  See Information about Officers, Directors, Trustees, Etc.  | (b) Title, and average hours per week devoted to position  PRESIDENT 5.00  VICE PRES 5.00  SECY 1.00   | (c)Compensation (If not paid, enter -0-)  0.  0.  0.  luded on line 1 — see in | (d)Contributions to employee benefit plans and deferred compensation  0.  0.   | 0. 0. 0. mter 'NONE.'                          |
| (a) Name and address  BELINDA FOREN  102 FIVE OAK CIRCLE  LEBANON TN 37087  DONALD FOREN  30524 NEWPORT  WARREN MI 48088  JESSICA TROTTER  471 County Road 1466  Cullman AL 35055  See Information about Officers, Directors, Trustees, Etc.  | (b) Title, and average hours per week devoted to position  PRESIDENT 5.00  VICE PRES 5.00  SECY 1.00   | (c)Compensation (If not paid, enter -0-)  0.                                   | (d)Contributions to employee benefit plans and deferred compensation  0.   | 0 . 0 . 0 .                                    |
| (a) Name and address  BELINDA FOREN  102 FIVE OAK CIRCLE  LEBANON TN 37087  DONALD FOREN  30524 NEWPORT  WARREN MI 48088  JESSICA TROTTER  471 County Road 1466  Cullman AL 35055  See Information about Officers, Directors, Trustees, Etc.  2 Compensation of five highest-paid employee paid more than \$50,000                | (b) Title, and average hours per week devoted to position  PRESIDENT  5.00  VICE PRES  5.00  SECY  1.00  s (other than those inc.) (b) Title, and average hours per week | (c)Compensation (If not paid, enter -0-)  0.  0.  0.  luded on line 1 — see in | (d)Contributions to employee benefit plans and deferred compensation  0.  0.  (d)Contributions to employee benefit plans and deferred compensation | 0.  0.  0.  nter 'NONE.'  (e) Expense account, |
| (a) Name and address  BELINDA FOREN  102 FIVE OAK CIRCLE  LEBANON TN 37087  DONALD FOREN  30524 NEWPORT  WARREN MI 48088  JESSICA TROTTER  471 County Road 1466  Cullman AL 35055  See Information about Officers, Directors, Trustees, Etc.  2 Compensation of five highest-paid employee paid more than \$50,000                | (b) Title, and average hours per week devoted to position  PRESIDENT  5.00  VICE PRES  5.00  SECY  1.00  s (other than those inc.) (b) Title, and average hours per week | (c)Compensation (If not paid, enter -0-)  0.  0.  0.  luded on line 1 — see in | (d)Contributions to employee benefit plans and deferred compensation  0.  0.  (d)Contributions to employee benefit plans and deferred compensation | 0.  0.  0.  nter 'NONE.'  (e) Expense account, |
| (a) Name and address  BELINDA FOREN  102 FIVE OAK CIRCLE  LEBANON TN 37087  DONALD FOREN  30524 NEWPORT  WARREN MI 48088  JESSICA TROTTER  471 County Road 1466  Cullman AL 35055  See Information about Officers, Directors, Trustees, Etc.  2 Compensation of five highest-paid employee  (a) Name and address of each employee | (b) Title, and average hours per week devoted to position  PRESIDENT  5.00  VICE PRES  5.00  SECY  1.00  s (other than those inc.) (b) Title, and average hours per week | (c)Compensation (If not paid, enter -0-)  0.  0.  0.  luded on line 1 — see in | (d)Contributions to employee benefit plans and deferred compensation  0.  0.  (d)Contributions to employee benefit plans and deferred compensation | 0.  0.  0.  nter 'NONE.'  (e) Expense account, |
| (a) Name and address  BELINDA FOREN  102 FIVE OAK CIRCLE  LEBANON TN 37087  DONALD FOREN  30524 NEWPORT  WARREN MI 48088  JESSICA TROTTER  471 County Road 1466  Cullman AL 35055  See Information about Officers, Directors, Trustees, Etc.  2 Compensation of five highest-paid employee paid more than \$50,000                | (b) Title, and average hours per week devoted to position  PRESIDENT  5.00  VICE PRES  5.00  SECY  1.00  s (other than those inc.) (b) Title, and average hours per week | (c)Compensation (If not paid, enter -0-)  0.  0.  0.  luded on line 1 — see in | (d)Contributions to employee benefit plans and deferred compensation  0.  0.  (d)Contributions to employee benefit plans and deferred compensation | 0.  0.  0.  nter 'NONE.'  (e) Expense account, |
| (a) Name and address  BELINDA FOREN  102 FIVE OAK CIRCLE  LEBANON TN 37087  DONALD FOREN  30524 NEWPORT  WARREN MI 48088  JESSICA TROTTER  471 County Road 1466  Cullman AL 35055  See Information about Officers, Directors, Trustees, Etc.  2 Compensation of five highest-paid employee paid more than \$50,000                | (b) Title, and average hours per week devoted to position  PRESIDENT  5.00  VICE PRES  5.00  SECY  1.00  s (other than those inc.) (b) Title, and average hours per week | (c)Compensation (If not paid, enter -0-)  0.  0.  0.  luded on line 1 — see in | (d)Contributions to employee benefit plans and deferred compensation  0.  0.  (d)Contributions to employee benefit plans and deferred compensation | 0.  0.  0.  nter 'NONE.'  (e) Expense account, |
| (a) Name and address  BELINDA FOREN  102 FIVE OAK CIRCLE  LEBANON TN 37087  DONALD FOREN  30524 NEWPORT  WARREN MI 48088  JESSICA TROTTER  471 County Road 1466  Cullman AL 35055  See Information about Officers, Directors, Trustees, Etc.  2 Compensation of five highest-paid employee paid more than \$50,000                | (b) Title, and average hours per week devoted to position  PRESIDENT  5.00  VICE PRES  5.00  SECY  1.00  s (other than those inc.) (b) Title, and average hours per week | (c)Compensation (If not paid, enter -0-)  0.  0.  0.  luded on line 1 — see in | (d)Contributions to employee benefit plans and deferred compensation  0.  0.  (d)Contributions to employee benefit plans and deferred compensation | 0.  0.  0.  nter 'NONE.'  (e) Expense account, |

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Form 990-PF (2015)

| orm      | 990-PF (2015) FOREN FAMILY FCONDATION  | 20-2766137 Page        |
|----------|--|------------------------|
|          | Information About Officers, Directors, Trustees, Foundation Managers, Fand Contractors (continued)   | Highly Paid Employees, |
| 3        | Five highest-paid independent contractors for professional services (see instructions). If none, ent   | ter 'NONE.'            |
|          | (a) Name and address of each person paid more than \$50,000 (b) Type of ser  | vice (c) Compensation  |
| NON      | E  |                        |
| ~        |  |                        |
|          |  |                        |
|          |  |                        |
|          |  | j                      |
|          |  |                        |
|          |  |                        |
| <b>-</b> |  | <u> </u>               |
|          |  |                        |
| <b>-</b> |  |                        |
|          |  | }                      |
|          |  |                        |
|          |  |                        |
|          |  | 1                      |
| Total    | number of others receiving over \$50,000 for professional services   | Non                    |
|          |  | Non                    |
|          | Summary of Direct Charitable Activities  |                        |
| List the | e foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number zations and other beneficiaries served, conferences convened, research papers produced, etc. | er of Expenses         |
| 1        | N/A  |                        |
|          |  |                        |
|          |  | 0                      |
| 2        |  |                        |
|          |  |                        |
| _        |  |                        |
| 3        |  |                        |
|          |  |                        |
| 4        |  |                        |
| 7        |  |                        |
|          |  |                        |
|          | Summary of Program-Related Investments (see instructions)  |                        |
| _        |  |                        |
|          | cribe the two largest program-related investments made by the foundation during the tax year on lines 1 and  | d 2. Amount            |
| 1        |  |                        |
|          |  |                        |
| 2        |  |                        |
| -        |  |                        |
|          |  |                        |
| All o    | ther program-related investments. See instructions.  |                        |
| 3        |  |                        |
|          |  |                        |
|          |  | į                      |

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   | 1 a     | 5,226,800.         |
|----|---|---------|--------------------|
| ı  | O Average of monthly cash balances  | 1 b     | 209,996.           |
| ,  | Fair market value of all other assets (see instructions)  | 1 c     |                    |
| (  | d Total (add lines 1a, b, and c)  | 1 d     | 5,436,796.         |
|    | Reduction claimed for blockage or other factors reported on lines 1a and 1c   |         | 0/100/150.         |
|    | (attach detailed explanation)   |         |                    |
| 2  | Acquisition indebtedness applicable to line 1 assets  | 2       |                    |
| 3  | Subtract line 2 from line 1d  | 3       | 5,436,796.         |
| 4  | Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)   | 4       | 81,552.            |
| 5  | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4  | 5       | 5,355,244.         |
| 6  | Minimum investment return. Enter 5% of line 5   | 6       | 267,762.           |
|    | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating  | foun    |                    |
|    | and certain foreign organizations check here ► □ and do not complete this part.)  |         |                    |
| 1  | Minimum investment return from Part X, line 6   | 1       | 267,762.           |
| 2  | Tax on investment income for 2015 from Part VI, line 5  |         |                    |
|    | b Income tax for 2015. (This does not include the tax from Part VI.) 2 b  |         |                    |
|    | C Add lines 2a and 2b   | 2 c     | 3,634.             |
| 3  | Distributable amount before adjustments. Subtract line 2c from line 1   | 3       | 264,128.           |
| 4  | Recoveries of amounts treated as qualifying distributions   | 4       |                    |
| 5  | Add lines 3 and 4   | 5       | 264,128.           |
| 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       | 264,128.           |
|    | 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 · · · · · · · · · · · · · · · · · · | 1 a     | 325,933.           |
|    | b Program-related investments — total from Part IX-B  | 1 b     |                    |
| 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)  | 3 a     |                    |
|    | b Cash distribution test (attach the required schedule)   | 3 b     |                    |
| 4  | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4  | 4       | 325,933.           |
| 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       | 3,634.             |
| 6  |   | 6       | 322,299.           |
| •  | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the fo qualifies for the section 4940(e) reduction of tax in those years.                         | لـــــا |                    |
| BA |   | -       | Form 990-PF (2015) |

### Undistributed Income (see instructions)

|  | (a)<br>Corpus | (b)<br>Years prior to 2014                      | (c)<br>2014 | <b>(d)</b><br>2015 |
|--|---------------|---|-------------|--------------------|
| 1 Distributable amount for 2015 from Part XI, line 7 · · · · · · · · · · · · · · · · · ·   |               |   |             | 264,128.           |
| 2 Undistributed income, if any, as of the end of 2015:   |               |   |             |                    |
| a Enter amount for 2014 only   |               |   | 0.          |                    |
| <b>b</b> Total for prior years: 20 , 20 , 20   |               |   |             |                    |
| 3 Excess distributions carryover, if any, to 2015:   |               |   |             |                    |
| a From 2010 0 .  |               |   |             |                    |
| <b>b</b> From 2011 0 .   |               |   |             |                    |
| c From 2012 0 .  |               |   |             |                    |
| <b>d</b> From 2013 0 .   |               |   |             |                    |
| e From 2014 169,341.   |               |   |             |                    |
| f Total of lines 3a through e  | 169,341.      |   |             |                    |
| 4 Qualifying distributions for 2015 from Part  |               |   |             |                    |
| XII, line 4: \$ 325, 933.  |               |   |             |                    |
| a Applied to 2014, but not more than line 2a   |               |   | 0.          |                    |
| b Applied to undistributed income of prior years (Election required — see instructions)  |               | 0.  |             |                    |
| c Treated as distributions out of corpus<br>(Election required — see instructions)   | 0.            |   |             |                    |
| d Applied to 2015 distributable amount   |               |   |             | 94,787.            |
| e Remaining amount distributed out of corpus   | 231,146.      |   |             |                    |
| 5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a).)  | 169,341.      |   |             | 169,341.           |
| 6 Enter the net total of each column as indicated below:   |               |   |             |                    |
| a Corpus Add lines 3f, 4c, and 4e. Subtract line 5   | 231,146.      | en <u>jav</u> anen o <u>r</u> en er om <u>o</u> |             | •                  |
| <b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b  |               | 0.  |             |                    |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed |               |   |             |                    |
| d Subtract line 6c from line 6b. Taxable amount – see instructions   |               | 0.  |             |                    |
| e Undistributed income for 2014 Subtract line 4a from line 2a. Taxable amount — see instructions   |               |   | 0.          |                    |
| f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016  |               |   |             | 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 2010 not applied on line 5 or line 7 (see instructions)  | 0.            |   |             | ·                  |
| 9 Excess distributions carryover to 2016.<br>Subtract lines 7 and 8 from line 6a   | 231,146.      |   |             |                    |
| 10 Analysis of line 9:   |               |   |             |                    |
| a Excess from 2011 0 .   |               |   |             |                    |
| <b>b</b> Excess from 2012 0 .  |               |   |             |                    |
| © Excess from 2013 0 .   |               |   |             |                    |
| d Excess from 2014 0 .   |               |   |             |                    |
| e Excess from 2015 231,146.  |               |   |             | Form 990-PF (2015) |

BLOOMFIELD HILLS

48304

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

LETTER FORM WITH COPY OF 501(C)(3) EXEMPTION LETTER

c Any submission deadlines:

AUGUST 1 EACH YEAR

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

501(C)(3) ORGS ONLY; ANIMAL WELFARE, MEDICAL, RELIGIOUS, CIVIC

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

| Recipient  | If recipient is an individual,<br>show any relationship to any<br>foundation manager or | Foundation status of contribution contribution |                    | Amount         |
|--|---|--|--------------------|----------------|
| Name and address (home or business)                    | substantial contributor   |  | <b></b>            |                |
| a Paid during the year                                 | 40  |  |                    |                |
| THE DAC FOUNDATION                                     | N/A   |  |                    |                |
| 241 MADISON AVE  |   | E01 (C) (2)                                    | MILITARY ACADEMIES | 7 500          |
| DETROIT MI 48226                                       |   | 201 (C) (3)                                    | MILITARY ACADEMIES | 7,500.         |
| ROSWELL CANCER INSTITUTE                               | N/A   |  |                    |                |
| P.O. BOX 631   |   | 503 (0) (2)                                    | MIDICAL            | 17 400         |
| BUFFALO NY 14240                                       |   | [201 (C) (3)                                   | MEDICAL            | 17,400.        |
| WAYNE STATE UNIVERSITY                                 | N/A   | ŀ  | (                  |                |
| 5050 ANTHONY WAYNE DRIVE                               |   | 501/01/21                                      | EDUCATION          | 10 100         |
| DETROIT MI 48202                                       |   | 301 (0) (3)                                    | EDUCATION          | 19,100.        |
| YES CENTER INC   | N/A   | 1  | 1                  |                |
| 327 HARRISON ST  |   | E01 (C) (3)                                    | EDUCATION          | 3 500          |
| GRAND LEDGE MI 48837                                   | lt .  | 1201 (C) (3)                                   | EDUCATION          | 3,500.         |
| EWHA WOMEN'S UNIV ALUM OF NE OHIO                      | N/A   |  | ]                  |                |
| P.O. BOX 24495   |   | E03 (C) (3)                                    | EDUCATION          | 1 000          |
| MAYFIELD HTS OH 44124                                  | 1   | 1201 (C) (3)                                   | EDUCATION          | 1,000.         |
| WESLEY UMC OF MEDFORD                                  | N/A   |  |                    |                |
| 100 WINTHROP STREET                                    |   | 501 (0) (7)                                    | EDUCATION          | 3,400.         |
| MEDFORD MA 02155                                       | N/A   | 301 (6) (1)                                    | EDUCATION          | 3,400.         |
| NATIONAL ALOPECIA AREATA                               | IN/A  |  | ļ                  |                |
| 14 MITCHELL BLVD                                       |   | 501 (C) (3)                                    | MEDICAL            | 3,200.         |
| SAN RAFAEL CA 94903<br>UNIVERSITY OF MICHIGAN DEARBORN |   | 301 (6) (3)                                    | Institute          | 3,200.         |
| 4901 EVERGREEN ROAD                                    | N/A   |  | <u> </u>           |                |
| DEARBORN MI 48128                                      |   | 501 (C) (3)                                    | EDUCATION          | 9,000.         |
| THETA TAU EDUCATIONAL FOUNDATION                       | l e   | 301 (0, (3,                                    | BECHTION           | <b>5,000</b> , |
| 1011 SAN JACINTO, SUITE 205                            | I I I   | Ì  |                    |                |
| AUSTIN TX 78701  |   | 501 (C) (3)                                    | EDUCATION          | 2,200.         |
| See Line 3a statement                                  |   | 001 (0, (0,                                    |                    |                |
| ood Elito od dialomoni                                 |   |  |                    |                |
|  |   |  | ·                  | 223,700.       |
|  |   |  | 1                  | ,              |
|  |   |  | ļ                  |                |
|  |   |  |                    |                |
| Total  |   |  | 3a                 | 290,000.       |
| b Approved for future payment                          | 7   |  |                    |                |
| ,  | -   |  |                    |                |
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|  |   | 1  |                    |                |
|  |   | 1  |                    | [              |
|  |   | 1  |                    | ŀ              |
| Total  |   |  | 3b                 |                |

### Analysis of Income-Producing Activities

| Enter gn                 | Enter gross amounts unless otherwise indicated.  |  | I be a second second         | Control                          | h.,  |   |  |  |
|--------------------------|--|--|------------------------------|----------------------------------|--|---|--|--|
| Program service revenue: |  | (a) Business code  | d business income (b) Amount | (c)<br>Exclusion<br>sion<br>code | by section 512, 513, or 514<br>(d)<br>Amount           | (e) Related or exempt function income (See instructions.) |  |  |
| 8                        |  |  |                              |                                  |  |   |  |  |
| <u> </u>                 |  |  |                              | +                                |  |   |  |  |
| ~<br>c                   |  |  | <del></del>                  | +                                | <del></del>  | <del></del>   |  |  |
| ď.–                      |  |  |                              | +-+                              | <del></del>  | <del></del>   |  |  |
| <u> </u>                 |  |  |                              | ++                               |  | · <del>·············</del>                                |  |  |
| <u>,</u> —               |  |  |                              | ++                               |  | <del></del>   |  |  |
|                          | and and and and form any mank against  |  |                              | ++                               |  | <del></del>   |  |  |
|                          | ees and contracts from government agencies   |  |                              | ++                               |  |   |  |  |
|                          | embership dues and assessments   |  |                              | +                                |  |   |  |  |
|                          | erest on savings and temporary cash investments  | ·  | <del> </del>                 | 14                               | 4.   | <del></del>   |  |  |
|                          | vidends and interest from securities   | e page emission  |                              | 14                               | 155,171.   |   |  |  |
|                          | et rental income or (loss) from real estate:   |  |                              |                                  | · · · · · · · · · · · · · · · · · · ·                  |   |  |  |
|                          | ebt-financed property  | <b></b>  |                              |                                  |  | <del> </del>  |  |  |
|                          | ot debt-financed property  |  |                              | ++                               |  | <del></del>   |  |  |
|                          | et rental income or (loss) from personal property  | L  |                              |                                  |  |   |  |  |
|                          | ther investment income   | <u> </u>   |                              |                                  |  | <del></del>   |  |  |
|                          | ain or (loss) from sales of assets other than inventory  |  | <u> </u>                     | <del></del>                      |  |   |  |  |
|                          | et income or (loss) from special events  |  |                              | 1                                |  |   |  |  |
|                          | ross profit or (loss) from sales of inventory  |  | 27.                          |                                  |  |   |  |  |
| 11 0                     | ther revenue:  | ر الله المراجع br>المراجع المراجع المراج |                              | <u> </u>                         | <u></u>  | <u> </u>  |  |  |
| a                        |  | <u> </u>   |                              |                                  |  |   |  |  |
| ь_                       |  |  |                              |                                  |  |   |  |  |
|                          |  | ļ  |                              |                                  |  | ·   |  |  |
| d_                       |  |  |                              |                                  |  |   |  |  |
| e_                       |  |  |                              |                                  |  | <del></del>   |  |  |
|                          | ubtotal. Add columns (b), (d), and (e)   |  |                              |                                  |  |   |  |  |
|                          | otal. Add line 12, columns (b), (d), and (e)   |  |                              |                                  | 13   | 155,175.  |  |  |
| (See wo                  | orksheet in line 13 instructions to verify calculations  | <u>s.)                                    </u>   |                              |                                  |  |   |  |  |
|                          | Relationship of Activities to the  | Accomp   | lishment of Exem             | npt Purp                         | oses   |   |  |  |
| 13-1                     |  |  | had in anhuma (a) of Day     | 4 V// A ===                      |  |   |  |  |
| Line N                   | 6. Explain below how each activity for which incomposition accomplishment of the foundation's exempt p | ome is repon<br>urposes (oth   | er than by providing fur     | nds for suc                      | ntributed importantly to t<br>n purposes). (See instru | ne  |  |  |
|                          | _ <del></del>  | <del></del>  |                              |                                  |  | ctions.)  |  |  |
|                          | k- /-  |  |                              |                                  |  | ctions.)  |  |  |
|                          | N/A  |  |                              |                                  |  | ctions.)  |  |  |
|                          | N/A  |  |                              |                                  |  | ctions.)  |  |  |
|                          | N/A  |  |                              |                                  |  | ctions.)  |  |  |
|                          | N/A  |  |                              |                                  |  | ctions.)  |  |  |
|                          | N/A  |  |                              |                                  |  | ctions.)  |  |  |
|                          | N/A  |  |                              |                                  |  | ctions.)  |  |  |
|                          | N/A  |  |                              |                                  |  | ctions.)  |  |  |
|                          | N/A  |  |                              |                                  |  | ctions.)  |  |  |
|                          | N/A  |  |                              |                                  |  | ctions.)  |  |  |
|                          | N/A  |  |                              |                                  |  | ctions.)  |  |  |
|                          | N/A  |  |                              |                                  |  | ctions.)  |  |  |
|                          | N/A  |  |                              |                                  |  | ctions.)  |  |  |
|                          | N/A  |  |                              |                                  |  | ctions.)  |  |  |
|                          | N/A  |  |                              |                                  |  | ctions.)  |  |  |
|                          | N/A  |  |                              |                                  |  | ctions.)  |  |  |
|                          | N/A  |  |                              |                                  |  | ctions.)  |  |  |
|                          | N/A  |  |                              |                                  |  | ctions.)  |  |  |
|                          | N/A  |  |                              |                                  |  | ctions.)  |  |  |
|                          | N/A  |  |                              |                                  |  | ctions.)  |  |  |
|                          | N/A  |  |                              |                                  |  | ctions.)  |  |  |
|                          | N/A  |  |                              |                                  |  | ctions.)  |  |  |
|                          | N/A  |  |                              |                                  |  | ctions.)  |  |  |
|                          | N/A  |  |                              |                                  |  | ctions.)  |  |  |

20-2766137 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

|            |                  | <del></del>  |                                    |  | <del></del>                              |  |                                 |                               |                         | V                     |           |
|------------|------------------|--|------------------------------------|--|--|--|---------------------------------|-------------------------------|-------------------------|-----------------------|-----------|
| des        | scribed          | ganization directly of<br>in section 501(c) of<br>political organization | the Code (other                    | age in any of the<br>r than section 50   | following with an<br>11(c)(3) organizat  | y other organi<br>ions) or in sec                | ization<br>ction 527,           |                               |                         | Yes                   | No        |
| a Tra      | insfers          | from the reporting f   | oundation to a n                   | oncharitable exe                         | empt organization                        | of:  |                                 |                               |                         |                       |           |
| (1)        | Cash             |  |                                    |  |  |  |                                 |                               | 1 a (1)                 |                       | Х         |
|            |                  | assets   |                                    |  |  |  |                                 |                               | 1 a (2)                 |                       | х         |
| b Oth      | her trar         | nsactions:   |                                    |  |  |  |                                 |                               |                         |                       |           |
|            |                  | of assets to a nonc  | haritable exemn                    | ot omanization.                          |  |  |                                 |                               | 1 b (1)                 |                       | Х         |
| ٠,         |                  | nases of assets from   | •                                  | -  |  |  |                                 |                               | <u> </u>                | _                     | X         |
| ٠,         |                  |  |                                    |  |  |  |                                 |                               | 1 b (3)                 | ├──                   |           |
|            |                  | al of facilities, equipr   | •                                  |  |  |  |                                 |                               |                         | ┝┈╡                   | X         |
| (4)        |                  | bursement arranger   |                                    |  |  |  |                                 |                               | 1 b (4)                 |                       | X         |
|            |                  | s or loan guarantees   |                                    |  |  |  |                                 |                               | 1 b (5)                 |                       | Х         |
|            |                  | rmance of services   |                                    |  |  |  |                                 |                               |                         | ļi                    | X         |
| c Sh       | aring o          | f facilities, equipme  | nt, mailing lists,                 | other assets, or                         | paid employees.                          | • • • • • •                                      | · • • • • • •                   | • • • • • •                   | 1c                      | <u> </u>              | <u> </u>  |
| the<br>any | goods<br>y trans | wer to any of the ab<br>s, other assets, or se<br>action or sharing an   | ervices given by<br>angement, show | the reporting fou<br>v in column (d) t   | undation. If the fo<br>he value of the g | undation rece<br>ods, other as                   | ived less that<br>sets, or serv | n fair market vices received. | value in                |                       |           |
| (a) Line I | no               | (b) Amount involved  | (c) Name o                         | f noncharitable exer                     | mpt organization                         | (d) Desi   | cription of trans               | fers, transactions            | , and sharing arran     | gement                | <u> </u>  |
|            |                  |  |                                    |  |  | ļ  |                                 |                               |                         |                       |           |
|            |                  |  |                                    |  | <u></u>                                  |  |                                 |                               |                         |                       |           |
|            |                  |  | l                                  |  |  |  |                                 |                               |                         |                       |           |
|            |                  |  |                                    |  |  |  |                                 |                               |                         |                       |           |
|            |                  |  | 1                                  | · ·                                      |  |  |                                 |                               |                         |                       |           |
|            |                  |  |                                    |  |  |  |                                 |                               |                         |                       |           |
|            |                  |  |                                    |  |  | _  |                                 |                               |                         |                       |           |
|            | <del>-   -</del> |  |                                    |  |  |  |                                 | <del></del> -                 |                         |                       |           |
|            |                  |  | <del> </del>                       | <del></del>                              |  |  |                                 |                               |                         |                       |           |
|            |                  | _  | <del> </del>                       | <del></del>                              |  | <del>                                     </del> | <del></del>                     | <del></del>                   |                         |                       |           |
|            | -                | <del></del>  | <del></del>                        |  |  | <del> </del>                                     |                                 |                               |                         |                       |           |
|            |                  |  | <del> </del>                       | <del></del>                              | <del></del>                              | <del>                                     </del> |                                 | <del></del>                   | <del></del> -           |                       |           |
|            |                  |  | <del> </del>                       |  |  | <u> </u>   |                                 |                               |                         |                       |           |
|            |                  |  | <u> </u>                           |  |  |  |                                 |                               |                         |                       |           |
|            |                  |  | <u> </u>                           | <u></u>                                  |  |  |                                 |                               |                         |                       |           |
|            |                  |  |                                    |  |  | <u> </u>   |                                 |                               |                         |                       |           |
|            |                  |  |                                    |  |  | <u> </u>   |                                 |                               |                         |                       |           |
| de         | scribed          | indation directly or in<br>in section 501(c) o<br>omplete the followin   | f the Code (othe                   | d with, or related<br>er than section 50 | l to, one or more<br>01(c)(3)) or in se  | tax-exempt or<br>tion 527?                       | ganizations                     |                               | · · · · Tyes            | x                     | No        |
|            | (a)              | Name of organization   | on                                 | (b) Typ                                  | e of organization                        |  | (c)                             | Description o                 | f relationship          |                       |           |
|            |                  | <del></del>  |                                    |  |  |  |                                 |                               |                         |                       |           |
|            |                  |  |                                    |  |  |  |                                 |                               | · · · · · ·             |                       |           |
|            |                  |  |                                    |  |  |  |                                 |                               |                         |                       |           |
|            |                  |  |                                    |  | - <u></u>                                |  |                                 |                               |                         |                       |           |
|            |                  |  |                                    |  | · · · · · · · · · · · · · · · · · · ·    |  |                                 | <del></del>                   |                         |                       |           |
|            | Under ne         | enalties of perjury, I declare   | e that I have examine              | d this return, including                 | accompanying sched                       | ules and statemen                                | ts, and to the be               | st of my knowledge            | and belief, it is true. |                       |           |
| Sign       | correct, a       | and complete. Declaration  | of preparer (other tha             | en texpayer) is based                    | on all information of wi                 | ich preparer has a                               | ny knowledge.                   | ,g.                           |                         | G-12                  |           |
|            |                  | 40   |                                    |  |  | •  |                                 |                               | May the this retur      | n with the            | В         |
| Here       |                  | Belda  | fore                               |  | 05/16/16                                 | TRU  | STEE                            |                               | preparer<br>(see iņst   | shown be<br>uctions)? | elow<br>? |
| - 1        | Signat           | ture of officer or trustee   | Γ                                  | . 1                                      | Date /                                   | Title  |                                 |                               |                         | Yes                   | No        |
|            |                  | Print/Type preparer's nar  | ne                                 | A Presidente                             | signature                                | Da   | ite                             | Check                         | if PTIN                 |                       |           |
| Paid       |                  | John E. Gre  | nke                                |  | E. Grenke                                |  | 5/11/16                         | self-employe                  | <b>⊸</b> "              | 5515                  |           |
|            |                  |  |                                    | /1                                       | 3  | 10,  | <del>~/ + ~/ + 0</del>          |                               | 120150.                 | تدير                  |           |
| Prepar     |                  | I -  |                                    | cerike. J.D                              | ., P.C.                                  |  |                                 | inusena - 8                   | 1-0862074               |                       |           |
| Use O      | nly              | _  | 838 W Lone                         |  |  |  |                                 | <b>~</b>                      |                         |                       |           |
|            |                  | <u>                                     </u>                             | Bloomfield                         | Hills /                                  |  | <u>MI 48302</u>                                  | 2                               | Phone no. (                   | 248) 220-               |                       | _         |
| BAA        |                  |  |                                    |  |  |  |                                 |                               | Form <b>99</b>          | 0-PF (2               | 2015)     |

Total

<u>0.</u>

| FOREN FAMILY FOUNDATION   | 20-2766137  |   |   |                                       |
|---|---|---|---|---------------------------------------|
| Form 990-PF, Page 1, Part I, Line<br>Line 11 Stmt   | 11  |   |   |                                       |
| Other income: MORGAN STANLEY 310 142640 346 NON DIV DIST  | 3. 23.  | Net Inv Inc A                               | dj Net Inc  |                                       |
| Total =   | 26.   | 3.  |   |                                       |
| Form 990-PF, Page 2, Part III, Lir<br>Other Increases Strnt   | ne 3  |   |   |                                       |
| NET CAPITAL GAIN<br>BASIS INCREASE  |   |   | 1,202.  |                                       |
| Total   |   | 345   | 5,724.  |                                       |
| Form 990-PF, Page 6, Part VIII, L   |   | c.  |   |                                       |
| (a)<br>Name and address   | (b) Title, and average hours per week devoted to position | (c) Compensation s (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
| Person. X Business .  ROBERT CARLONE  4000 TOWNCENTER STE 18  SOUTHFIELD MI 480  Person. X Business .  JOHN E. GRENKE | 1.00  | 0.  | 0.  | 0.                                    |
| 33 BLOOMFIELD HILLS PKWY STE<br>BLOOMFIELD HILLS MI 483   |   | -\ o.                                       | 0.  | 0.                                    |

Form 990-PF, Page 11, Part XV, line 3a Line 3a statement

|  |  | 1 - 1         |                                  |                       |
|--|--|---------------|----------------------------------|-----------------------|
| Recipient                                  | If recipient is<br>an individual,      | Foun-         | Purpose of grant or contribution | Person or<br>Business |
| Name and address                           | show any                               | status        | grant or contribution            | Checkbox              |
| (home or business)                         | relationship to                        | of re-        |                                  |                       |
| (nome or basiness)                         | any foundation                         | cipient       |                                  | Amount                |
|  | manager or                             |               |                                  |                       |
|  | substantial                            |               | '                                |                       |
| <del>-</del>                               | contributor                            |               |                                  |                       |
|  |  |               | <del></del>                      | <del></del>           |
| a Paid during the year                     |  |               |                                  |                       |
| BOBBY TRIPODI FOUNDATION                   | <u>N/A</u>                             |               |                                  | Person or             |
| 5905 BRECKSVILLE ROAD                      |  |               |                                  | Business X            |
| INDEPENDENCE OH 44131                      |  | 501 (C) (3)   | RELIGION                         | 1,250.                |
| GENESEE COUNTY EDUCATION FOUNDATION        | <u>N/A</u>                             |               |                                  | Person or             |
| 2413 W. Maple Ave.                         |  |               |                                  | Business X            |
| FLINT MI 48507                             | 27 / 2                                 | 501 (C) (3)   | EDUCATION                        | 5,300.                |
| UNIVERSITY OF MICHIGAN                     | <u>N/A</u>                             |               |                                  | Person or             |
| 2200 BONISTEEL BLVD, 1107 GERSTACKER BLDG. |  | E01 (0) (2)   | POUCATION                        | Business X            |
| ANN ARBOR MI 48109                         | N / B                                  | 501 (C) (3)   | EDUCATION                        | 9,000.<br>Person or   |
| MACOMB COMMUNITY COLLEGE                   | N/A                                    |               |                                  | Business X            |
| 14500 E. 12 MILE ROAD WARREN MI 48088      |  | 501 (C) (3)   | EDUCATION                        | 18,000.               |
| MARINE MAMMAL CENTER                       | N/A                                    | 301(0)(3)     | EDUCATION                        | Person or             |
| 2000 BUNKER RD FORT CRONHKITE              |  |               |                                  | Business X            |
| SUASALITO CA 94965                         |  | 501 (C) (3)   | ANIMAL WELFARE                   | 50,000.               |
| ST JUDE'S CHILDRENS HOSPITAL               | N/A                                    | 302 (0) (0)   | INVERTED WEDETING                | Person or             |
| 501 ST JUDE PLACE                          |  |               |                                  | Business X            |
| MEMPHIS TN 38105                           | <b></b>                                | 501 (C) (3)   | MEDICAL                          | 15,000.               |
| OHIO WILDLIFE CENTER                       | N/A                                    | 1             |                                  | Person or             |
| 6131 COOK ROAD                             |  |               |                                  | Business X            |
| POWELL OH 43065                            |  | 501 (C) (3)   | ANIMAL WELFARE                   | 1,750.                |
| OHIO STATE UNIVERSITY FOUNDATION           | N/A                                    | T             |                                  | Person or             |
| P.O. BOX 869                               |  |               |                                  | Business X            |
| ATHENS OH 45701                            |  | 501 (C) (3)   | EDUCATION                        | 14,000.               |
| HENRY FORD COMMUNITY COLLEGE FOUNDATION    | N/A                                    |               |                                  | Person or             |
| 5101 EVERGREEN RD                          |  |               |                                  | Business X            |
| DEARBORN MI 48128                          |  | 501 (C) (3)   | EDUCATION                        | 1,400.                |
| ELIZABETH LAKE ANIMAL RESCUE               | N/A                                    |               |                                  | Person or             |
| 195 S_ROSLYN                               | [                                      |               |                                  | Business X            |
| WATERFORD MI 48328                         |  | 501 (C) (3)   | ANIMAL WELFARE                   |                       |
| ELEPHANT SANCTUARY OF TENNESSEE            | N/A                                    |               |                                  | Person or             |
| PO BOX 393                                 |  |               |                                  | Business X            |
| HOHENWALD TN 38462                         | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | 1 201 (C) (3) | ANIMAL WELFARE                   | 18,000.               |
| MOVE CHURCH                                | N/A                                    |               |                                  | Person or             |
| PO BOX 1094                                | J                                      | F01/->/8      | DEL TOTON                        | Business X            |
| GARDENDALE AL 35071                        | N7 / 2                                 | 1 201 (C) (4) | RELIGION                         | 8,700.                |
| GARFIELD MEMORIAL UNITED METHODIST CHURCH  | N/A                                    |               |                                  | Person or Business X  |
| 3650 LANDER ROAD                           |  | 501/01/21     | RELIGION                         |                       |
| CLEVELAND OH 44124                         | N/A                                    | 501 (c) (3)   | KETIGION                         | 1,000.                |
| LINK OF CULLMAN COUNTY                     | N/A                                    |               | [                                | Business X            |
| 1101 3RD Ave SE                            |  | 501 (c) (3)   | GENERAL CHARITABLE               | 8,700.                |
| CULLMAN AL 35055                           | <del> </del>                           | 201 (0) (3)   | CHILDREN CHANTIABLE              | Person or             |
| STIGGY'S DOGS<br>2610 BOWEN ROAD           |  |               |                                  | Business X            |
| HOWELL MI 48855                            |  | 501 (c) (3)   | ANIMAL WELFARE                   | 7,500.                |
|  | 1                                      | 1 1-1 101     |                                  | 7.000                 |

Form 990-PF, Page 11, Part XV, line 3a Line 3a statement

Continued

| Recipient  Name and address                    | If recipient is<br>an individual,<br>show any                                 | Foun-<br>dation<br>status | Purpose of grant or contribution | Person or<br>Business<br>Checkbox |
|--|---|---------------------------|----------------------------------|-----------------------------------|
| (home or business)                             | relationship to<br>any foundation<br>manager or<br>substantial<br>contributor | of re-<br>cipient         |                                  | Amount                            |
| a Paid during the year                         |   |                           |                                  |                                   |
| ALAQUA ANIMAL REFUGE                           |   |                           |                                  | Person or                         |
| 914 WHITFIELD ROAD                             |   |                           |                                  | Business X                        |
| FREEPORT FL 32439                              | N/A   | 501 (c) (3)               | ANIMAL WELFARE                   | 24,000.                           |
| TAIL WAGGERS 1990                              |   |                           |                                  | Person or                         |
| 28402 FIVE MILE ROAD                           |   |                           |                                  | Business X                        |
| LIVONIA MI 48154                               | N/A   | 501 (c) (3)               | ANIMAL WELFARE                   | 5,000.                            |
| SUPPORT & RESOURCE CENTER                      |   |                           |                                  | Person or                         |
| 4476 S. DORT HWY                               |   |                           |                                  | Business X                        |
| BURTON MI 48529                                | N/A   | 501 (c) (3)               | MEDICAL                          | 10,700.                           |
| CENTRAL COAST FRIENDS OF THE ELEPHANT SEAL     |   |                           |                                  | Person or                         |
| P.O. BOX 490                                   |   |                           |                                  | Business X                        |
| CAMBRIA CA 93429                               | N/A   | 501 (c) (3)               | ANIMAL WELFARE                   | 1,000.                            |
| OTR LIVING WATER MINISTRY                      |   |                           |                                  | Person or                         |
| 10301 PEACHTREE LANE                           |   |                           |                                  | Business X                        |
| CINCINNATI OH 45242                            | N/A   | 501 (c) (3)               | GENERAL CHARITABLE               | 1,000.                            |
| WIGS FOR KIDS                                  |   |                           |                                  | Person or                         |
| 30126 HARPER                                   |   |                           |                                  | Business X                        |
| ST CLAIR SHORES MI 48082                       | N/A   | 501 (c) (3)               | GENERAL CHARITABLE               | 2,200.                            |
| INTERNATIONAL FOUNDATION FOR EWHA WOMEN'S UNIV |   |                           |                                  | Person or                         |
| 475 RIVERSIDE DRIVE, ROOM 1505                 |   |                           |                                  | Business X                        |
| NEW YORK NY 10115                              | N/A   | 501 (c) (3)               | EDUCATION                        | 2,600.                            |
| CLEVELAND KOREAN PRESBYTERIAN CHURCH           |   |                           |                                  | Person or                         |
| 4839 PEAR RD.                                  |   |                           |                                  | Business X                        |
| CLEVELAND OH 44109                             | N/A   | 501 (c) (3)               | RELIGION                         | 1,500.                            |
| BROOKLYN POETS INC                             |   |                           |                                  | Person or                         |
| 3 MESEROLE ST, STE 30                          |   |                           |                                  | Business X                        |
| BROOKLYN NY 11206                              | N/A   | 501 (C) (3)               | ARTS                             | 4,000.                            |
| GRACE CENTERS OF HOPE                          |   |                           |                                  | Person or                         |
| 35 EAST HURON STREET                           |   | <b> </b>                  |                                  | Business X                        |
| PONTIAC MI 48342                               | N/A   | 501 (C) (3)               | MEDICAL                          | 8,100.                            |

Total

223,700.

Form 990-PF, Page 1, Part I Line 16a - Legal Fees

| Name of<br>Provider | Type of Service<br>Provided | Amount<br>Paid<br>Per Books | Net<br>Investment<br>Income | Adjusted<br>Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
|---------------------|-----------------------------|-----------------------------|-----------------------------|---------------------------|---|
| MONAGHAN PC         | LEGAL                       | 5,682.                      | 2,841.                      |                           | 2,841.                                      |

Form 990-PF, Page 1, Part I Line 16a - Legal Fees Continued

| Name of<br>Provider | Type of Service<br>Provided | Amount<br>Paid<br>Per Books | Net<br>Investment<br>Income | Adjusted<br>Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
|---------------------|-----------------------------|-----------------------------|-----------------------------|---------------------------|---|
| Total               | 1                           | 5,682.                      | 2,841.                      |                           | 2,841.                                      |

Form 990-PF, Page 1, Part I

Line 16c - Other Professional Fees

| Name of<br>Provider | Type of Service<br>Provided | Amount<br>Paid<br>Per Books | Net<br>Investment<br>Income | Adjusted<br>Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
|---------------------|-----------------------------|-----------------------------|-----------------------------|---------------------------|---|
| MORGAN STANLEY      | INVESTMENT                  | 66,183.                     | 33,091.                     |                           | 33,092.                                     |
| Total               |                             | 66,183.                     | 33,091.                     |                           | 33,092.                                     |

Form 990-PF, Page 2, Part II, Line 10b **L-10b Stmt** 

|   | End of Year   |                      |  |  |
|---|---------------|----------------------|--|--|
| Line 10b - Investments - Corporate Stock: | Book<br>Value | Fair Market<br>Value |  |  |
| MORGAN STANLEY 310-142640-093             | 1,048,658.    | 1,202,924.           |  |  |
| Total                                     | 1,048,658.    | 1,202,924.           |  |  |

Form 990-PF, Page 2, Part II, Line 13 L-13 Stmt

|                                | End of        | End of Year          |  |  |  |
|--------------------------------|---------------|----------------------|--|--|--|
| Line 13 - Investments - Other: | Book<br>Value | Fair Market<br>Value |  |  |  |
| MORGAN STANLEY 310-142640-093  | 3,859,479.    | 3,695,885.           |  |  |  |
| MORGAN STANLEY 310-128797-093  | 2,199.        | 3,152.               |  |  |  |

Total 3,861,678. 3,699,037.

### **Supporting Statement of:**

Form 990-PF, p2/Line 1(b)

| Description                   | Amount   |
|-------------------------------|----------|
| Morgan Stanley 310 128797 093 | 46,046.  |
| Morgan Stanley 310 142640 093 | 172,499. |
| Total                         | 218,545. |

### **Supporting Statement of:**

Form 990-PF, p2/Line 27(b)

|        | Description |     |        |     | Amount      |
|--------|-------------|-----|--------|-----|-------------|
| MORGAN | STANLEY     | 310 | 142640 | 093 | 5,080,636.  |
| MORGAN | STANLEY     | 310 | 128797 | 093 | <br>48,245. |
| Total  |             |     |        |     | 5,128,881.  |

### **Supporting Statement of:**

Form 990-PF, p8/Part X, Line la

|        |         | 1   | Amount     |            |
|--------|---------|-----|------------|------------|
| MORGAN | STANLEY | 310 | 128797 093 | 2,902.     |
| MORGAN | STANLEY | 310 | 142640 093 | 5,223,898. |
| Total  |         |     |            | 5,226,800. |

### **Supporting Statement of:**

Form 990-PF, p8/Part X, Line 1b

|        |         | Amount |        |     |          |
|--------|---------|--------|--------|-----|----------|
| MORGAN | STANLEY | 310    | 128797 | 093 | 110,692. |
| MORGAN | STANLEY | 310    | 142640 | 093 | 99,304.  |

Total \_\_\_\_\_\_209,996.

### **Supporting Statement of:**

Form 990-PF,p12/Line 3 Column (d)

| Description                    | Amount |
|--------------------------------|--------|
| Morgan Stanley 310 1421649 346 | 4.     |
| Total                          | 4.     |

### Supporting Statement of:

Form 990-PF,p12/Line 4 Column (d)

|        | <u></u> | ı   | Descripti | on  |     |      |      | Amount  |
|--------|---------|-----|-----------|-----|-----|------|------|---------|
| Morgan | Stanley | 310 | 128797    | 355 |     |      |      | 16.     |
|        | Stanley |     |           |     | Cap | Gain | dist | 17.     |
|        | Stanley |     |           |     |     |      |      | 91,811. |
|        | Stanley |     |           |     | Cap | Gain | Dist | 63,327. |

Total 155,171.

### **Additional Information**

Paper Filing

Preparer attempted to file 2015 Form 990-PF electeronically, but the attached documents exceeded the data capacity for electronic filing. To ensure an accurate filing, preparer elects to file a paper copy of the return.

## CLIENT STATEMENT | For the Period December 1-31, 2015

**Brokerage Account** 

Investment Objectives †: Income, Speculation, Capital Appreciation, Aggressive Income † Inform us if your investment objectives, as defined in the Expanded Disclosures, change.

### HOLDINGS

This section reflects positions purchased/sold on a trade date basis. "Market Valua" and "Unnealized Gain/(Loss)" may not reflect the value that could be obtained in the market. Fixed Income securities are sorted contingent income feature (e.g., Range Accrual Notes or Contingent Income Notes) are estimates and ascume specified accrual conditions are met during the relevant period and payment in full of all contingent include return of principal or capital gains which could overstate such estimates, and d) for securities that have a defined maturity date within the next 12 months, is reflected only through maturity date. Actual by maturity or pre-refunding date, and alphabetically within date. Estimated Annual Income a) is calculated on a pre-tax basis, b) does not include any reduction for applicable non-US withholding taxes, c) may interest. For Floating Rate Securitles, the accrued interest, annual income and current yield are estimates based on the current floating coupon rate and may not reflect historic rates within the accrual period. gme or yield may be lower than the estimates. Current yield reflects the income generated by an investment, and does not reflect changes in its price. Structured investments, identified on the tion Description Details line as "Asset Class: Struct Inv," may appear in various statement product cétegories. When displayed, the accrued interest, annual income and current yield for those with a

# CASH, BANK DEPOSIT PROGRAM AND MONEY MARKET FUNDS

Cash, Bank Deposit Program, and Money Market Funds are generally displayed on a settlement date basis. You have the right to instruct us to liquidate your bank deposit balance(s) or shares of any money market fund balance(s) at any time and have the proceeds of such liquidation remitted to you. Estimated Annual Income, Accrued Interest, and APYS will only be displayed for fully settled positions.

| Description .                         |             | Market Value | Current Yield % | Est Ann Income APY % |
|---------------------------------------|-------------|--------------|-----------------|----------------------|
| MS ACTIVE ASSETS MONEY TRUST          |             | \$48,048.32  | 0.050           | \$23.02              |
| 1   P   P   P   P   P   P   P   P   P |             |              |                 |                      |
| <b>8</b>                              | ercentage   |              |                 |                      |
| 100                                   | rf Hokdings | Market Value |                 | Est Ann Income       |
| CASH, BDP, AND MMFs 93                | 3.59%       | \$46,046.32  |                 | \$23.02              |

Money market funds seek to maintain a share price of \$1.00, therefore the dollar amounts listed equal the number of shares. Additional information concerning these transactions is available upon request. For more ermation about the pricing of Money Market Funds, please see the Expanded Disclosures. The money market funds reflected above include the balances in your automatic sweep feature, if any, and may include r money market funds that have been purchased in your account.

## **MUTUAL FUNDS**

|   |                              |          | _         |             |            |              |             |                |        |
|---|------------------------------|----------|-----------|-------------|------------|--------------|-------------|----------------|--------|
| Security Description  | Trade Date                   | Quantity | Unit Cost | Share Price | Total Cost | Market Value | Gain/(Loss) | Est Ann Income | Yead % |
| OPPENHEIMER GLOBAL OPP A (OPGIX)  |                              | ı        | \$0.000   |             | \$0.00     | \$0.00       |             |                |        |
| Long Term Reinvestments   |                              | 69.834   |           |             | 2,178.23   | 3,130.66     |             |                |        |
| Short Term Reinvestments  |                              | 0.483    |           |             | 20.72      | 21.65        |             |                |        |
|   | Total                        | 70.317   |           |             | 2,198.95   | 3,152.31     | 952.43 [1   | 3.00           | 60.0   |
| Enrolled In MS Dividend Reinvestment: Capital Gains Reinverd: Asset Class: Fauities | nvest: Asset Clacs: Fauities |          |           |             |            |              | 0.93 ST     |                |        |

Hed in Mis Unknord Hemyestment; Capital Gains Hemyest; Asset Class:



## **Morgan** Stantey

CLIENT STATEMENT | For the Period Decamber 1-31, 2015

INTERESTED PARTY COPY THE CARD OF THE CARD THE PARTY OF THE P

| MUTUAL FUNDS                            | Percentage of Holdings    | Total (204) | Mariest Vedera<br>\$3,152.31 | Unrestruct<br>Gela/(Loss)<br>1992.43 LT<br>\$0.53 ST | Est Ann logane Vield %               | Current Water & Course |
|---|---------------------------|-------------|------------------------------|--|--------------------------------------|------------------------|
|   | Percentage<br>of Holdings | Total Cost  | Maries Valve                 | Unreelized<br>Gein/Nors)                             | Est Ann Income<br>Accrused in larget | Corner t               |
| TAL MARKET VALUE                        |                           | £2,188.55   | \$49,186.63                  | \$92.43 CT   | 22.22                                | <b>3500</b>            |
| TOTAL VALUE (includes accrued interest) | 100.00%                   |             | \$48,188.63                  |  |                                      |                        |

Unrealized Gain/(Lost) totals only reflect positions that have both cost basis and market value information available. Cash, MMF, Deposits and positions stating 'Please Provide' are not included.