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For calendar year 2015, or tax year beginning 01-01-2015 , and ending 12-31-2015

Name of foundation GRANGER FOUNDATION		<b>A Employer identification number</b> 38-2251879	
Number and street (or P O box number if mail is not delivered to street address) PO BOX 27185		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code LANSING, MI 489097185		<b>B</b> Telephone number (see instructions) (517) 371-9765	
<b>G</b> Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		<b>C</b> If exemption application is pending, check here <input type="checkbox"/> <b>D 1.</b> Foreign organizations, check here <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> <b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> <b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
<b>H</b> Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			
<b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16) <b>\$</b> 11,045,651		<b>J</b> Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis )	

Part I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )	Revenue and expenses per books (a)	Net investment income (b)	Adjusted net income (c)	Disbursements for charitable purposes (d) (cash basis only)
Revenue	<b>1</b> Contributions, gifts, grants, etc , received (attach schedule) . . . . .	600,000			
	<b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	<b>3</b> Interest on savings and temporary cash investments . . . . .	38	38		
	<b>4</b> Dividends and interest from securities . . . . .	178,891	178,891		
	<b>5a</b> Gross rents . . . . .				
	<b>b</b> Net rental income or (loss) _____				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10 _____	433,378			
	<b>b</b> Gross sales price for all assets on line 6a 3,480,201				
	<b>7</b> Capital gain net income (from Part IV, line 2) . . . . .		433,378		
	<b>8</b> Net short-term capital gain . . . . .				
	<b>9</b> Income modifications . . . . .				
	<b>10a</b> Gross sales less returns and allowances _____				
Operating and Administrative Expenses	<b>b</b> Less Cost of goods sold . . . . .				
	<b>c</b> Gross profit or (loss) (attach schedule) . . . . .				
	<b>11</b> Other income (attach schedule) . . . . .				
	<b>12 Total.</b> Add lines 1 through 11 . . . . .	1,212,307	612,307		
	<b>13</b> Compensation of officers, directors, trustees, etc . . . . .	0	0		0
	<b>14</b> Other employee salaries and wages . . . . .				
	<b>15</b> Pension plans, employee benefits . . . . .				
	<b>16a</b> Legal fees (attach schedule). . . . .				
	<b>b</b> Accounting fees (attach schedule). . . . .				
	<b>c</b> Other professional fees (attach schedule) . . . . .				
	<b>17</b> Interest . . . . .				
	<b>18</b> Taxes (attach schedule) (see instructions) . . . . .				
	<b>19</b> Depreciation (attach schedule) and depletion . . . . .				
	<b>20</b> Occupancy . . . . .				
	<b>21</b> Travel, conferences, and meetings. . . . .				
	<b>22</b> Printing and publications . . . . .				
	<b>23</b> Other expenses (attach schedule). . . . .	 37,132	37,132		0
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	37,132	37,132		0
	<b>25</b> Contributions, gifts, grants paid . . . . .	1,253,200			1,253,200
	<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	1,290,332	37,132		1,253,200
	<b>27</b> Subtract line 26 from line 12				
	<b>a Excess of revenue over expenses and disbursement</b>	-78,025			
	<b>b Net investment income</b> (if negative, enter -0-)		575,175		
	<b>c Adjusted net income</b> (if negative, enter -0-)				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing . . . . .	3,595	3,593	3,593
	2	Savings and temporary cash investments . . . . .			
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable . . . . .			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions). . . . .			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use . . . . .			
	9	Prepaid expenses and deferred charges . . . . .			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule) . . . . .	7,141,384	7,063,361	8,957,719
	c	Investments—corporate bonds (attach schedule) . . . . .			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans . . . . .			
	13	Investments—other (attach schedule) . . . . .			
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)	1,123,575	1,343,762	2,084,339	
16	Total assets(to be completed by all filers—see the instructions Also, see page 1, item I)	8,268,554	8,410,716	11,045,651	
Liabilities	17	Accounts payable and accrued expenses . . . . .			
	18	Grants payable . . . . .			
	19	Deferred revenue . . . . .			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule). . . . .			
	22	Other liabilities (describe ▶ _____)	524,398	744,585	
	23	Total liabilities(add lines 17 through 22) . . . . .	524,398	744,585	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted . . . . .			
	25	Temporarily restricted . . . . .			
	26	Permanently restricted . . . . .			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds . . . . .	0	0	
	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0	0	
	29	Retained earnings, accumulated income, endowment, or other funds	7,744,156	7,666,131	
	30	Total net assets or fund balances(see instructions) . . . . .	7,744,156	7,666,131	
	31	Total liabilities and net assets/fund balances(see instructions) . . . . .	8,268,554	8,410,716	

Part III Analysis of Changes in Net Assets or Fund Balances					
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	1	7,744,156		
2	Enter amount from Part I, line 27a . . . . .	2	-78,025		
3	Other increases not included in line 2 (itemize) ▶ _____	3	0		
4	Add lines 1, 2, and 3 . . . . .	4	7,666,131		
5	Decreases not included in line 2 (itemize) ▶ _____	5	0		
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	6	7,666,131		

Part IV

Capital Gains and Losses for Tax on Investment Income

List and describe the kind(s) of property sold (e g , real estate, <b>(a)</b> 2-story brick warehouse, or common stock, 200 shs MLC Co )		How acquired P—Purchase <b>(b)</b> D—Donation	Date acquired <b>(c)</b> (mo , day, yr )	Date sold <b>(d)</b> (mo , day, yr )
<b>1a</b> See Additional Data Table				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				

<b>(e)</b> Gross sales price	Depreciation allowed <b>(f)</b> (or allowable)	Cost or other basis <b>(g)</b> plus expense of sale	Gain or (loss) <b>(h)</b> (e) plus (f) minus (g)
<b>a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0- ) or Losses (from col (h)) <b>(l)</b>
<b>(i)</b> F M V as of 12/31/69	Adjusted basis <b>(j)</b> as of 12/31/69	Excess of col (i) <b>(k)</b> over col (j), if any	
<b>a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	<b>2</b>	433,378
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)  If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8		<b>3</b>	

Part V

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

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )  
If section 4940(d)(2) applies, leave this part blank

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

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

<b>(a)</b> Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	<b>(c)</b> Net value of noncharitable-use assets	<b>(d)</b> Distribution ratio (col (b) divided by col (c))
2014	1,176,651	9,321,725	0 126227
2013	1,091,000	8,816,128	0 123750
2012	948,821	7,881,017	0 120393
2011	1,173,300	8,349,993	0 140515
2010	1,232,548	8,214,690	0 150042

<b>2</b> Total of line 1, column (d).	<b>2</b>	0 660927
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>	0 132185
<b>4</b> Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.	<b>4</b>	9,464,400
<b>5</b> Multiply line 4 by line 3.	<b>5</b>	1,251,052
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b).	<b>6</b>	5,752
<b>7</b> Add lines 5 and 6.	<b>7</b>	1,256,804
<b>8</b> Enter qualifying distributions from Part XII, line 4.	<b>8</b>	1,253,200

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See  
the Part VI instructions

Part VII

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

1a

Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1  
Date of ruling or determination letter \_\_\_\_\_  
(attach copy of letter if necessary—see instructions)

b

Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☐ 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)

2

Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)

3

Add lines 1 and 2. . . . .

4

Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)

5

**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0- . . . . .

6

Credits/Payments

a

2015 estimated tax payments and 2014 overpayment credited to 2015

6a

14,448

b

Exempt foreign organizations—tax withheld at source . . . . .

6b

c

Tax paid with application for extension of time to file (Form 8868). . . . .

6c

d

Backup withholding erroneously withheld . . . . .

6d

7

Total credits and payments. Add lines 6a through 6d. . . . .

7

14,448

8

Enter any **penalty** for underpayment of estimated tax. Check here ☒ if Form 2220 is attached

8

9

**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** . . . . .

9

10

**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid**. . . . .

10

2,944

11

Enter the amount of line 10 to be **Credited to 2015 estimated tax** ☐ 2,944 **Refunded** ☐

11

0

Part VII-A

Statements Regarding Activities

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .		Yes	No
1a				No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . . <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>			No
1b				No
c	Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .			No
1c				No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ _____ 0 (2) On foundation managers <input type="checkbox"/> \$ _____ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . <i>If "Yes," attach a detailed description of the activities</i>	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	4a		No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T</i>	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i> . . . . .	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> MI _____			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i> . . . . .	9		No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> . . . . .	10		No

Form 990-PF (2015)

**Part VII-A Statements Regarding Activities (continued)**

<b>11</b>	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). . . . .	<b>11</b>		<b>No</b>
<b>12</b>	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) . . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>WWW.GRANGERFOUNDATION.ORG</u>	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of ► <u>RAY A EASTON</u> Telephone no ► <u>(517) 371-9765</u> Located at ► <u>16980 WOOD RD Lansing MI</u> ZIP+4 ► <u>48906</u>			
<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . ► <b>15</b>			
<b>16</b>	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ►	<b>16</b>	<b>Yes</b>	<b>No</b>

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

<b>File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.</b>			<b>Yes</b>	<b>No</b>
<b>1a</b>	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days ). . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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)? . . . . . <b>1b</b>			
	Organizations relying on a current notice regarding disaster assistance check here. . . . . ► <input type="checkbox"/>			
<b>c</b>	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? . . . . . <b>1c</b>			<b>No</b>
<b>2</b>	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))			
<b>a</b>	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? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20____, 20____, 20____, 20____			
<b>b</b>	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 <b>all</b> years listed, answer "No" and attach statement—see instructions ). . . . . <b>2b</b>			
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____			
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	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? ( <i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015</i> ). . . . . <b>3b</b>			
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>		<b>No</b>
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	<b>4b</b>		<b>No</b>

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

<b>5a</b> During the year did the foundation pay or incur any amount to <b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <span style="float:right"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <b>(2)</b> Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? . . . . . <span style="float:right"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes? <span style="float:right"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <b>(4)</b> Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). . . . . <span style="float:right"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <b>(5)</b> Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . . <span style="float:right"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>			
<b>b</b> If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? . . . . . <span style="float:right"><b>5b</b></span> Organizations relying on a current notice regarding disaster assistance check here. . . . . <span style="float:right">▶</span>			
<b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . . <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>			
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . <span style="float:right"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>			
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . <span style="float:right"><b>6b</b></span> <i>If "Yes" to 6b, file Form 8870</i>			No
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <span style="float:right"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>			
<b>b</b> If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . . <span style="float:right"><b>7b</b></span>			

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

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				
<b>Total</b> number of other employees paid over \$50,000. . . . . ▶				0

Part VII

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

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

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

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

Part IX-A

Summary of Direct Charitable Activities

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

	Expenses
1 THE FOUNDATION DOES NOT CONDUCT ACTIVITIES. MONEY IS GIVEN BY CONTRIBUTORS TO THE FOUNDATION AND PAID TO EXEMPT ORGANIZATIONS BASED ON AN APPLICATION PROCESS	0
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

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



**Part X Minimum Investment Return**

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	9,411,008
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	197,520
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	9,608,528
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	9,608,528
<b>4</b>	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	144,128
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	<b>5</b>	9,464,400
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	473,220

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

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	473,220
<b>2a</b>	Tax on investment income for 2015 from Part VI, line 5. . . . .	<b>2a</b>	11,504
<b>b</b>	Income tax for 2015 (This does not include the tax from Part VI ). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	11,504
<b>3</b>	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	<b>3</b>	461,716
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	0
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	461,716
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	<b>7</b>	461,716

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
<b>a</b>	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	<b>1a</b>	1,253,200
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	1,253,200
<b>5</b>	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). . . . .	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	1,253,200

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

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

		(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
<b>1</b>	Distributable amount for 2015 from Part XI, line 7				461,716
<b>2</b>	Undistributed income, if any, as of the end of 2015				
<b>a</b>	Enter amount for 2014 only. . . . .			0	
<b>b</b>	Total for prior years 20____, 20____, 20____		0		
<b>3</b>	Excess distributions carryover, if any, to 2015				
<b>a</b>	From 2010. . . . .	843,940			
<b>b</b>	From 2011. . . . .	762,832			
<b>c</b>	From 2012. . . . .	559,124			
<b>d</b>	From 2013. . . . .	659,965			
<b>e</b>	From 2014. . . . .	717,854			
<b>f</b>	<b>Total</b> of lines 3a through e. . . . .	3,543,715			
<b>4</b>	Qualifying distributions for 2015 from Part XII, line 4 ► \$ 1,253,200				
<b>a</b>	Applied to 2014, but not more than line 2a			0	
<b>b</b>	Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b>	Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b>	Applied to 2015 distributable amount. . . . .				461,716
<b>e</b>	Remaining amount distributed out of corpus	791,484			
<b>5</b>	Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a) )	0			0
<b>6</b>	<b>Enter the net total of each column as indicated below:</b>				
<b>a</b>	Corpus Add lines 3f, 4c, and 4e Subtract line 5	4,335,199			
<b>b</b>	Prior years' undistributed income Subtract line 4b from line 2b. . . . .		0		
<b>c</b>	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
<b>d</b>	Subtract line 6c from line 6b Taxable amount—see instructions. . . . .		0		
<b>e</b>	Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions. . . . .			0	
<b>f</b>	Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015. . . . .				0
<b>7</b>	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .	0			
<b>8</b>	Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions). . . . .	843,940			
<b>9</b>	<b>Excess distributions carryover to 2016.</b> Subtract lines 7 and 8 from line 6a. . . . .	3,491,259			
<b>10</b>	Analysis of line 9				
<b>a</b>	Excess from 2011. . . . .	762,832			
<b>b</b>	Excess from 2012. . . . .	559,124			
<b>c</b>	Excess from 2013. . . . .	659,965			
<b>d</b>	Excess from 2014. . . . .	717,854			
<b>e</b>	Excess from 2015. . . . .	791,484			

## Part XIV

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**b**

Tax year	Prior 3 years			(e) Total
(a) 2015	(b) 2014	(c) 2013	(d) 2012	


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## Part XV

**1**

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

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

2

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

E-mail address of the person to whom applications should be addressed

mitted and information and materials they should include

D INSTRUCTIONS OR REQUEST BY MAIL OR PHONE CALL

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

WEBSITE

Part XV

Supplementary Information(continued)

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<div>a Paid during the year</div> <div>See Additional Data Table</div>				
<div>Total . . . . .</div>			<div>3a</div>	1,253,200
<div>b Approved for future payment</div>				
<div>Total . . . . .</div>			<div>3b</div>	0

Enter gross amounts unless otherwise indicated

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

[illegible]

## Part XVII

<b>1</b> Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		<b>Yes</b>	<b>No</b>
<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of			
<b>(1)</b> Cash. . . . .	<b>1a(1)</b>		<b>No</b>
<b>(2)</b> Other assets. . . . .	<b>1a(2)</b>		<b>No</b>
<b>b</b> Other transactions			
<b>(1)</b> Sales of assets to a noncharitable exempt organization. . . . .	<b>1b(1)</b>		<b>No</b>
<b>(2)</b> Purchases of assets from a noncharitable exempt organization. . . . .	<b>1b(2)</b>		<b>No</b>
<b>(3)</b> Rental of facilities, equipment, or other assets. . . . .	<b>1b(3)</b>		<b>No</b>
<b>(4)</b> Reimbursement arrangements. . . . .	<b>1b(4)</b>		<b>No</b>
<b>(5)</b> Loans or loan guarantees. . . . .	<b>1b(5)</b>		<b>No</b>
<b>(6)</b> Performance of services or membership or fundraising solicitations. . . . .	<b>1b(6)</b>		<b>No</b>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .	<b>1c</b>		<b>No</b>
<b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</b> should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column <b>(d)</b> the value of the goods, other assets, or services received.			

[illegible]

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

**b** If "Yes," complete the following schedule

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

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge				
	***** _____ Signature of officer or trustee	2016-11-10 _____ Date	***** _____ Title	<div style="border: 1px solid black; padding: 5px;">         May the IRS discuss this return with the preparer shown below          (see instr )? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No       </div>	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name KURT L BECK CPA	Preparer's Signature  	Date  	Check if self-employed <input type="checkbox"/>	PTIN P00053813
	Firm's name ▶ PLANTE & MORAN PLLC			Firm's EIN ▶ 38-1357951	
	Firm's address ▶ 1111 Michigan Ave Ste 100 East Lansing, MI 48823			Phone no (517) 332-6200	

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co )	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
GRANGER FINANCIAL GROUP	P		
GRANGER FINANCIAL GROUP	P		
MERRILL LYNCH - 04E04 - PUBLICLY TRADED	P		
MERRILL LYNCH - 04E04 - PUBLICLY TRADED	P		
MERRILL LYNCH - 04E04 - PUBLICLY TRADED	P		
MERRILL LYNCH - 04E04 - PUBLICLY TRADED	P		
MERRILL LYNCH - 04E06 - PUBLICLY TRADED	P		
MERRILL LYNCH - 04E06 - PUBLICLY TRADED	P		
MERRILL LYNCH - 04E08 - PUBLICLY TRADED	P		
MERRILL LYNCH - 04E08 - PUBLICLY TRADED	P		

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
1,645,938		1,345,107	300,831
95,938		92,314	3,624
920,191		912,724	7,467
456		456	0
731,012		626,083	104,929
2,944		1,935	1,009
128		158	-30
1,843		1,367	476
664		817	-153
19,641		41,910	-22,269

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			300,831
			3,624
			7,467
			0
			104,929
			1,009
			-30
			476
			-153
			-22,269

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

List and describe the kind(s) of property sold (e g , real estate, <b>(a)</b> 2-story brick warehouse, or common stock, 200 shs MLC Co )	How acquired P—Purchase <b>(b)</b> D—Donation	Date acquired <b>(c)</b> (mo , day, yr )	<b>(d)</b> Date sold (mo , day, yr )
MERRILL LYNCH - 04E08 - PUBLICLY TRADED	P		
MERRILL LYNCH - 04E10 - PUBLICLY TRADED	P		
MERRILL LYNCH - 04E10 - PUBLICLY TRADED	P		
Capital Gains Dividends	P		

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

<b>(e)</b> Gross sales price	Depreciation allowed <b>(f)</b> (or allowable)	Cost or other basis <b>(g)</b> plus expense of sale	Gain or (loss) <b>(h)</b> (e) plus (f) minus (g)
1,319		3,297	-1,978
15,026		15,775	-749
4,784		4,880	-96
40,317			40,317

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			<b>(l)</b> Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
<b>(i)</b> F M V as of 12/31/69	Adjusted basis <b>(j)</b> as of 12/31/69	Excess of col (i) <b>(k)</b> over col (j), if any	
			-1,978
			-749
			-96
			40,317



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

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
ALTON L GRANGER	TRUSTEE 2 00	0	0	0
6267 AURELIUS ROAD LANSING,MI 48910				
JANICE M GRANGER	TRUSTEE 2 00	0	0	0
6267 AURELIUS ROAD LANSING,MI 48910				
RONALD K GRANGER	TRUSTEE 2 00	0	0	0
16980 WOOD ROAD LANSING,MI 48906				
DONNA M GRANGER	TRUSTEE 2 00	0	0	0
16980 WOOD ROAD LANSING,MI 48906				
JERRY P GRANGER	TRUSTEE 2 00	0	0	0
16980 WOOD ROAD LANSING,MI 48906				
LYNNE C GRANGER	TRUSTEE 2 00	0	0	0
16980 WOOD ROAD LANSING,MI 48906				

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

ALTON L GRANGER
JANICE M GRANGER
RONALD K GRANGER
DONNA M GRANGER
JERRY P GRANGER
LYNNE C GRANGER

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ALMA FUND 614 WEST SUPERIOR STREET ALMA,MI 48801	NONE	501(C)(3)	2015 Contribution/ Web enhancement project	31,000
AMERICAN RED CROSS - MID MICHIGAN CHAPTER 1800 E GRAND RIVER AVENUE LANSING,MI 48912	NONE	501(C)(3)	GENERAL OPERATING BUDGET/2015 Contribution/Local Disaster Relief	70,000
big brothers big sisters michigan 330 Marshall St 103 lansing,MI 48912	NONE	501(C)(3)	One to One Mentoring Foster Kids	15,000
Boys and girls club of lansing 4315 PLEASANT GROVE ROAD LANSING,MI 489104257	NONE	501(C)(3)	JUNIOR STAFF CAREER DEVELOPMENT	8,000
CAMPUS CRUSADE FOR CHRIST PO BOX 628222 ORLANDO,FL 328628222	NONE	501(C)(3)	EVERY STUDENT, EVERY YEAR/Costa Rica Mission 2015	17,000
CAPITAL AREA UNITED WAY 1111 MICHIGAN AVE SUITE 300 EAST LANSING,MI 48823	NONE	501(C)(3)	NEW BUSINESS INITIATIVE/2014 CAMPAIGN	20,000
Care free medical inc 790 E Columbia st mason,MI 48854	NONE	501(C)(3)	Dental Access Initiative	25,000
CORNERSTONE CHURCH 48 LAFAYETTE AVE SE GRAND RAPIDS,MI 49503	NONE	501(C)(3)	OCTOBER KENYA MISSION	200
Cristo Rey Community Center 1717 N High St lansing,MI 48906	NONE	501(C)(3)	Prescription Assistance Program	2,000
EASTMINSTER PRESBYTERIAN CHURCH 1958 N WEBB ROAD WICHITA,KS 67206	NONE	501(C)(3)	HOPE CLOSET	800
ELE'S PLACE 1145 W OAKLAND AVE LANSING,MI 48915	NONE	501(C)(3)	CHILDREN'S GRIEF SUPPORT	16,000
ENDEAVOR HOUSE MINISTRIES 528 N PINE ST LANSING,MI 48933	NONE	501(C)(3)	TRANSITIONAL HOUSING EXPANSION	20,000
FELLOWSHIP OF CHRISTIAN ATHLETES PO BOX 894 JENISON,MI 494290894	NONE	501(C)(3)	FCA HUDDLES/DRUG FREE/COACHES MINISTRY	18,000
Grand Ledge Emergency Assistance Program PO Box 402 grand ledge,MI 48837	NONE	501(C)(3)	GLEAP	5,000
HABITAT FOR HUMANITY 1941 Benjamin dr lansING,MI 48906	NONE	501(C)(3)	Decent Homes God's People	42,300
<b>Total . . . . . ▶ 3a</b>				1,253,200

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
HANNAH'S HOUSE PO BOX 27596 LANSING,MI 48909	NONE	501(C)(3)	SUSTAINING SUPPORT	12,000
HELPING HANDS OF EATON COUNTY 600 S COCHRAN AVE CHARLOTTE,FL 48813	NONE	501(C)(3)	Personal Care Items	7,000
HIGHFIELD'S INC PO BOX 98 ONONDAGA,MI 49264	NONE	501(C)(3)	Sustaining Training/Treatment	6,000
INTERVARSITY CHRISTIAN FELLOWSHIPUSA 1509 RIVER TERRACE DRIVE EAST LANSING,MI 48824	NONE	501(C)(3)	Christ Centered Witnessing Communities	17,000
judson memorial baptist church 531 Glendale Avenue IANSING,MI 48910	NONE	501(C)(3)	Love Clothing Center	25,000
JUNIOR ACHIEVEMENT OF MID MICHIGAN 600 WEST ST JOSEPH SUITE 2-G LANSING,MI 48933	NONE	501(C)(3)	Economic Gardening Project	15,000
LANSING SYMPHONY ASSOCIATION 230 N WASHINGTON SQ SUITE 100 LANSING,MI 48933	NONE	501(C)(3)	Young People's Concert	4,000
LANSING TEEN CHALLENGE 510 W Willow Street LANSING,MI 48906	NONE	501(C)(3)	SISTERS MATERNITY CENTER	20,000
MICHIGAN STATE UNIVERSITY 105 WHARTON CENTER EAST LANSING,MI 488241318	NONE	501(C)(3)	Ralph Young Fund/Wharton Center Cirlice Member/Wharton Center Act One Family Series	6,500
MID-MICHIGAN YOUTH SYMPHONY 5815 CHUBBY DRIVE CHARLOTTE,MI 48813	NONE	501(C)(3)	WHARTON SPONSORSHIP	5,000
MISSION INDIA PO BOX 22112 GRAND RAPIDS,MI 49514	NONE	501(C)(3)	Christ thru Adult Literacy	18,500
MT HOPE UNITED METHODIST CHURCH 501 E MT HOPE AVENUE LANSING,MI 48910	NONE	501(C)(3)	SMALL HOUSEHOLD NEEDS BANK	5,500
NEW TRIBES MISSION 1000 EAST FIRST STREET SANFORD,FL 327711487	NONE	501(C)(3)	MINISTRY SUPPORT FOR DORR & NANCY GRANGER	25,000
North Westminster Presbyterian Church 743 N Martin Luther King Jr Blvd IANSING,MI 48915	NONE	501(C)(3)	Pesonal Needs Closet	6,000
PREGNANCY SERVICES OF GREATER LANSING 1045 EAST GRAND RIVER AVENUE EAST LANSING,MI 48823	NONE	501(C)(3)	SMART PROJECT	12,500
<b>Total . . . . . ▶ 3a</b>				1,253,200

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
RJ Scheffel Memorial Toy Project PO Box 23181 LANSING,MI 48909	NONE	501(C)(3)	Toy Project	8,000
REBUILDING TOGETHER INGHAM COUNTY PO Box 1111 OKEMOS,MI 48805	NONE	501(C)(3)	REBUILDING DAY	10,000
ROTARY CLUB OF LANSING FOUNDATION 417 Seymour Ave LANSING,MI 48933	NONE	501(C)(3)	BIRTHDAY FUND/Christmas Fund	10,400
ROTARY INTERNATIONAL FOUNDATION 1560 Sherman Ave Evanston,IL 60201	NONE	501(C)(3)	Paul Harris Fellowship 2015	200
SALVATION ARMY 525 NORTH PENNSYLVANIA LANSING,MI 489121518	NONE	501(C)(3)	Christmas Assistance	65,000
SHARED PREGNANCY WOMEN'S CENTER 503 NORTH WALNUT STREET LANSING,MI 48933	NONE	501(C)(3)	Ultrasound Program	12,000
SOUTHERN SUDAN RESCUE PO BOX 11058 LANSING,MI 48901	NONE	501(C)(3)	EDUCATIONAL ASSISTANCE FOR SUDANESE STUDENTS	5,000
SOUTHSIDE COMMUNITY KITCHEN PO BOX 80844 LANSING,MI 48908	NONE	501(C)(3)	FEEDING THE HUNGRY	7,500
SPARROW FOUNDATION 1110 EAST MICHIGAN AVENUE LANSING,MI 48912	NONE	501(C)(3)	Neurosciences Center/Area of Greatest Need Pledge	21,000
SPARROW'S NEST PO BOX 22112 LANSING,MI 48909	NONE	501(C)(3)	SUPPORTIVE HOUSING	15,000
STUDENT STATESMANSHIP INSTITUTE 6011 W ST JOSEPH HWY LANSING,MI 48917	NONE	501(C)(3)	2015 UNDERWRITING	15,000
SUNNY CREST YOUTH RANCH 13014 Sunny Crest Lane Sunfield,MI 48890	NONE	501(C)(3)	Sunny Crest Stables	15,000
UMCOR 475 RIVERSIDE DR NEW YORK,NY 10115	NONE	501(C)(3)	GENERAL FUND	80,000
VOLUNTEERS OF AMERICA GREATER LANSING 430 N LARCH ST LANSING,MI 48912	NONE	501(C)(3)	Esstential Service Programs/Homeless No More Campaign	65,000
YMCA MYSTIC LAKE CAMP 9505 W LUDINGTON DR LAKE,MI 48632	NONE	501(C)(3)	MYSTIC LAKE CAMP ANNUAL GIVING	25,000
<b>Total . . . . . ▶ 3a</b>				1,253,200

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
YOUNG LIFE GREATER LANSING 1518 River Terrace EAST LANSING, MI 48823	NONE	501(C)(3)	Christ & Kids	37,500
YOUTH FOR CHRISTGREATER LANSING 5222 DUMOND COURT LANSING, MI 48917	NONE	501(C)(3)	Go Tell it On the Mountain	36,000
AMERICAN CANCER SOCIETY 1775 ABBEY ROAD EAST LANSING, MI 48823	NONE	501(C)(3)	MSU COACHES VS CANCER	200
UNIVERSITY OF MICHIGAN 500 S STATE ST ANN ARBOR, MI 48109	NONE	501(C)(3)	BLUE BOXER PROSTATE CANCER FUND	1,000
UNIVERSITY OF DETROIT JESUIT HIGH SCHOOL 8400 S CAMBRIDGE DETROIT, MI 48221	NONE	501(C)(3)	GENERAL FUND	200
THE AITCH FOUNDATION 300 S WASHINGTON SQ STE 100 LANSING, MI 48933	NONE	501(C)(3)	GENERAL FUND	2,000
EASTSIDE COMMUNITY ACTION CENTER 1001 DAKIN ST LANSING, MI 48912	NONE	501(C)(3)	SUMMER ENRICHMENT PROGRAM	12,000
SRF HEALING HEARTS WITH HORSES FOUNDATION 5953 W CUTLER ROAD DEWITT, MI 48820	NONE	501(C)(3)	RIDING OUTREACH PROGRAMS	10,000
WAI-IAM INC 217 N SYCAMORE ST LANSING, MI 48933	NONE	501(C)(3)	RISE HOUSING PROGRAM	25,000
LANSING PROMISE 330 MARSHALL ST 203 LANSING, MI 48912	NONE	501(C)(3)	MAGIC/PROMISE EVENT	2,500
ASPIRE RELATIONSHIP EDUCATION 930 DURANGO LANSING, MI 48917	NONE	501(C)(3)	SMART PROGRAM	12,500
CONQUEST HEALTH AND FITNESS FOUNDATION 15500 CHANDLER ROAD STE 2 BATH, MI 48808	NONE	501(C)(3)	TITLE SPONSOR 2015	5,000
JDRF 4595 BROADMOOR AVE STE 230 KENTWOOD, MI 49512	NONE	501(C)(3)	GENERAL FUND	100
WESLEY WOODS CAMP & RETREAT CENTER 10896 NIXON ST INDIANOLA, IA 50125	NONE	501(C)(3)	DINING HALL/KITCHEN EXPANSION	200,000
KENSINGTON CHURCH 1825 E SQUARE LAKE ROAD TROY, MI 48085	NONE	501(C)(3)	HOPE WATER PROJECT	100
<b>Total . . . . . ▶ 3a</b>				1,253,200

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
JOSHUA AND CALEB LEADERSHIP CENTER 10076 BARR RD BRECKSVILLE, OH 44141	NONE	501(C)(3)	GENERAL FUND	20,000
RIVERVIEW CHURCH 3585 WILLOUGHBY RD HOLT, MI 48842	NONE	501(C)(3)	GENERAL FUND	40,000
THE DAVIES PROJECT 528 N MARTIN LUTHER KING JR BLVD LANSING, MI 48915	NONE	501(C)(3)	HELP DRIVE CHANGE CAMPAIGN	200
REACH STUDIO ART CENTER 1804 S WASHINGTON AVE LANSING, MI 48910	NONE	501(C)(3)	GENERAL FUND	1,000
ALLEN NEIGHBORHOOD CENTER 1611 E KALAMAZOO ST LANSING, MI 48912	NONE	501(C)(3)	GARDENHOUSE YOUTH PROGRAM	5,000
BOY SCOUTS OF AMERICA 507 WATHERTON ROAD FLINT, MI 48507	NONE	501(C)(3)	SCOUTREACH PROGRAM	7,500
LOAVES AND FISHES MINISTRIES 831 N SYCAMORE ST LANSING, MI 48906	NONE	501(C)(3)	MEN'S SHOWER REPAIR	1,000
MAIN STREET NEIGHBORHOOD ASSOCIATION 53 WEST JACKSON BLVD CHICAGO, IL 60604	NONE	501(C)(3)	MR B-WISE PROGRAM	5,000
<b>Total . . . . . ▶ 3a</b>				1,253,200

**TY 2015 Investments Corporate Stock Schedule****Name:** GRANGER FOUNDATION**EIN:** 38-2251879

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
GRANGER FINANCIAL GROUP (GFG)	4,232,311	6,143,475
MERRILL LYNCH - 04E04	1,336,283	1,302,175
MERRILL LYNCH - 04E06	0	0
MERRILL LYNCH - 04E07	1,115,919	1,115,919
MERRILL LYNCH - 04E08	378,848	396,150
MERRILL LYNCH - 04E10	0	0



**TY 2015 Other Assets Schedule****Name:** GRANGER FOUNDATION**EIN:** 38-2251879

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
LIFE INSURANCE POLICY - RKG	563,944	579,171	1,042,717
LIFE INSURANCE POLICY - JPG	559,631	764,591	1,041,622

**TY 2015 Other Expenses Schedule****Name:** GRANGER FOUNDATION**EIN:** 38-2251879

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT FEES	21,809	21,809		0
FOREIGN TAXES PAID	5,782	5,782		0
MISCELLANEOUS	5,320	5,320		0
BANK FEES	120	120		0
SOFTWARE SUPPORT	4,101	4,101		0

**TY 2015 Other Liabilities Schedule****Name:** GRANGER FOUNDATION**EIN:** 38-2251879

Description	Beginning of Year - Book Value	End of Year - Book Value
UNREALIZED GAIN/LOSS - LIFE INSURANCE	124,398	154,585
LIFE INSURANCE POLICY LOAN	400,000	590,000

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2015

Name of the organization GRANGER FOUNDATION	Employer identification number 38-2251879
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Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)( ) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> GRANGER FOUNDATION	<b>Employer identification number</b> 38-2251879
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Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ALTON GRANGER	\$ 500,000	Person <input checked="" type="checkbox"/>
	11875 RANSOM HWY		Payroll <input type="checkbox"/>
	DIMONDALE, MI 48821		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
2	GLENN GRANGER	\$ 100,000	Person <input checked="" type="checkbox"/>
	11751 Ransom HWY		Payroll <input type="checkbox"/>
	DIMONDALE, MI 48821		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )



Name of organization GRANGER FOUNDATION	Employer identification number 38-2251879
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed

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