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## 990-PF

Department of the Treasury

### **Return of Private Foundation**

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

▶ Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0052

2015

Open to Public Inspection

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. . 20 , 2015, and ending For calendar year 2015 or tax year beginning A Employer identification number Name of foundation 38-2840692 McDonald Agape Foundation Room/suite B Telephone number (see instructions) Number and street (or P O box number if mail is not delivered to street address) 212 (248) 594-6350 380 N Old Woodward Avenue City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here Birmingham, MI 48009 G Check all that apply Initial return Initial return of a former public charity D 1. Foreign organizations, check here . Amended return Final return 2. Foreign organizations meeting the 85% test, Name change Address change check here and attach computation . . . X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated under Other taxable private foundation section 507(b)(1)(A), check here . Section 4947(a)(1) nonexempt charitable trust Accrual J Accounting method: Cash ! Fair market value of all assets at F If the foundation is in a 60-month termination | X | Other (specify) Modified Cash under section 507(b)(1)(B), check here end of year (from Part II, col (c), (Part I, column (d) must be on cash basis ) line 16) ▶ \$ 12,179,757 Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and for charitable (b) Net investment (c) Adjusted net amounts in columns (b), (c), and (d) may not necessarily equal purposes (cash basis only) income ncome books the amounts in column (a) (see instructions)) Contributions, gifts, grants, etc., received (attach schedule) 781,187 1 2 Check ▶ If the foundation is not required to attach Sch B 3 Interest on savings and temporary cash investments 308,516 308,516 4 Dividends and interest from securities . . . 5a Gross rents . . . . b Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 . . . 6a 516,615 3,291,916 b Gross sales price for all assets on line 6a 516,615 7 Capital gain net income (from Part IV, line 2) . . . 55,89d 8 Net short-term capital gain 9 Income modifications Gross sales less returns and allowances Less Cost of goods sold . . . . . . . . Gross profit or (loss) (attach schedule) Other income (attach schedule) . . . . . . STM 106 258,047 258,047 11 55,89d 1,864,365 1,083,178 Total. Add lines 1 through 11 . . 147,557 190,310 42,753 Compensation of officers, directors, trustees, etc . . . . 13 ExpenSe87 Other employee salaries and wages . 14 1,207 3,621 15 4,828 Pension plans, employee benefits . 1,125 1,125 16a Legal fees (attach schedule) . . 6,237 6,237 b Accounting fees (attach schedule) . . . . . Administrative Other professional fees (attach schedule) . . . . . STM109 6,642 6,642 c 264,918 264,918 17 Interest . . 8,44d 11,871 . . STM110 20,311 18 Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion . . . STM126 101 19 26,767 26,767 20 Occupancy . . . . 21,820 21,820 Operating and 21 Travel, conferences, and meetings 3,260 22 3,260 Printing and publications . . . 62,613 13,971 23 76,584 Other expenses (attach schedule) . STM103 .... 24 Total operating and administrative expenses. 236,229 622,903 386,573 Add lines 13 through 23 . . . . . . . . . . . 209,741 25 209,741 Contributions, gifts, grants paid . . . . . 445,970 386,573 Total expenses and disbursements. Add lines 24 and 25 832,644 26 Subtract line 26 from line 12: 27 1,031,721 Excess of revenue over expenses and disbursements 696,605 Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-) 55,890

For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2015)

| D-            | ırt II | Balance Sheets Attached schedules and amounts in the description column                     | Beginning of year   | End of                                | year                  |
|---------------|--------|---|---------------------|---------------------------------------|-----------------------|
|               | u t II | should be for end-of-year amounts only (See instructions )                                  | (a) Book Value      | (b) Book Value                        | (c) Fair Market Value |
|               | 1      | Cash - non-interest-bearing   |                     |                                       |                       |
|               | 2      | Savings and temporary cash investments  | 115,587             | 506,961                               | 506,961               |
|               | 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  |                     |                                       |                       |
| ţ             | 8      | Inventories for sale or use   |                     |                                       |                       |
| Assets        | 9      | Prepaid expenses and deferred charges   | 15,556              | 25,000                                | 25,000                |
| Ÿ             | _      | Investments - U S and state government obligations (attach schedule)                        |                     |                                       |                       |
|               |        | Investments - corporate stock (attach schedule) STM137                                      | 5,799,553           | 5,197,581                             | 5,197,581             |
|               | 1      | 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)   | 6,213,821           | 6,438,302                             | 6,438,302             |
|               | 14     | Land, buildings, and equipment basis   2,219  | 0,223,022           | · · · · · · · · · · · · · · · · · · · | ,                     |
|               | 14     |   | 928                 | 828                                   | 828                   |
|               | 4.5    |   | 8,978               | 11,085                                | 11,085                |
|               | 15     |   | 0,310               | 11,003                                | 11,003                |
|               | 16     | Total assets (to be completed by all filers - see the                                       | 12,154,423          | 12,179,757                            | 12,179,757            |
|               | 47     | Instructions. Also, see page 1, item l)   | 4,256               | 1,908                                 | 28,275,151            |
|               | 17     | · , ·   | 4,250               | 1,500                                 |                       |
| Ś             | 18     | Grants payable  |                     |                                       |                       |
| ij            | 19     | Deferred revenue  |                     |                                       |                       |
| Liabilities   | 20     | Loans from officers, directors, trustees, and other disqualified persons                    |                     |                                       |                       |
| Ë             | 21     | Mortgages and other notes payable (attach schedule)  Other liabilities (describe ► STM121 ) | 499,946             | 355,200                               |                       |
|               | 22     | Other liabilities (describe STM121 )  Total liabilities (add lines 17 through 22)           | 504,202             | 357,108                               |                       |
|               | 23     |   | 301,202             | 331,7200                              |                       |
|               |        | Foundations that follow SFAS 117, check here  |                     |                                       |                       |
| ances         |        | •   | 11,650,221          | 11,822,649                            |                       |
| aŭ            | 24     | Unrestricted  | 11,650,221          | 11,022,049                            |                       |
| _             | 25     | Temporarily restricted  |                     |                                       |                       |
| Fund Ba       | 26     | Permanently restricted  | -                   |                                       |                       |
| Ë             |        | Foundations that do not follow SFAS 117, check here   |                     |                                       |                       |
| Ϋ́            |        | and complete lines 27 through 31.   |                     |                                       |                       |
| Net Assets or | 27     | Capital stock, trust principal, or current funds  |                     |                                       |                       |
| set           | 28     | Paid-in or capital surplus, or land, bldg., and equipment fund .                            |                     |                                       |                       |
| As            | 29     | Retained earnings, accumulated income, endowment, or other funds                            | 11 650 001          | 11 022 640                            |                       |
| et            | 30     | Total net assets or fund balances (see instructions)  | 11,650,221          | 11,822,649                            |                       |
| Z             | 31     | Total liabilities and net assets/fund balances (see   | 10 154 400          | 10 170 757                            |                       |
| <u> </u>      |        | instructions)   | 12,154,423          | 12,179,757                            |                       |
|               | art I  |   |                     |                                       |                       |
| 1             |        | I net assets or fund balances at beginning of year - Part II, column (a), line              |                     |                                       | 11,650,221            |
| _             |        | of-year figure reported on prior year's return)   |                     |                                       | 1,031,721             |
| _             |        | er amount from Part I, line 27a   |                     | 2                                     | 1,031,721             |
| 3             |        | er increases not included in line 2 (itemize)   |                     | 3                                     | 12 691 042            |
| 4             |        | lines 1, 2, and 3   | •                   | 4                                     | 12,681,942            |
|               |        | reases not included in line 2 (itemize) STM116  | aliana (h.) Iran 20 |                                       | 859,293               |
| 6             | Tota   | ll net assets or fund balances at end of year (line 4 minus line 5) - Part II, co           | olumn (b), line 30  | <u>6</u>                              | 11,822,649            |

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

6,966

630,411

445,970

6

7

7 Add lines 5 and 6

Part VI instructions

6 Enter 1% of net investment income (1% of Part I, line 27b)

Enter qualifying distributions from Part XII, line 4

| Form | 990-PF (2015) McDonald Agape Foundation 38-28406  |        |          | age 4 |
|------|---|--------|----------|-------|
| Par  | t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see inst                                 | ructio | ns)      |       |
| 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  |        | 13       | ,932  |
|      | here ▶ and enter 1% of Part I, line 27b   |        |          |       |
| С    | 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-)                         |        |          | 0     |
| 3    | Add lines 1 and 2   |        | 13       | ,932  |
| 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  |        | 13       | ,932  |
| 6    | Credits/Payments:   |        |          |       |
| а    | 2015 estimated tax payments and 2014 overpayment credited to 2015 6a 25,000   |        |          |       |
| b    | Exempt foreign organizations - tax withheld at source   |        |          |       |
| С    | Tax paid with application for extension of time to file (Form 8868) 6c 18,000   |        |          |       |
| d    | Backup withholding erroneously withheld 6d  |        |          |       |
| 7    | Total credits and payments Add lines 6a through 6d  |        | 43       | ,000  |
| 8    | Enter any penalty for underpayment of estimated tax. Check here I 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   |        |          |       |
| 10   | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid   |        | 29       | ,068  |
| 11   | Enter the amount of line 10 to be: Credited to 2016 estimated tax ▶ 15,000 Refunded ▶ 11  |        | 14       | ,068  |
|      | t 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                  |        | Yes      | No    |
|      | participate or intervene in any political campaign?   | 1a     |          | X     |
| b    |   |        |          |       |
|      | Instructions for the definition)?   | 1b     |          | 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.   |        |          |       |
| С    | Did the foundation file Form 1120-POL for this year?  | 1c     |          | Х     |
| ď    | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:                                |        |          |       |
|      | (1) On the foundation.   \$\\$ \( (2) \) On foundation managers   \$\\$   |        |          | ĺ     |
| e    | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed                     |        |          | 1     |
| _    | on foundation managers > \$   |        |          | İ     |
| 2    | Has the foundation engaged in any activities that have not previously been reported to the IRS?                                   | 2      | Ī        | Χ     |
| _    | 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      | Ī        | X     |
| 4a   | Did the foundation have unrelated business gross income of \$1,000 or more during the year?                                       | 4a     |          | X     |
| b    | If "Yes," has it filed a tax return on Form 990-T for this year?  | 4b     |          |       |
| 5    | Was there a liquidation, termination, dissolution, or substantial contraction during the year?                                    | 5      |          | X     |
| _    | If "Yes," attach the statement required by General Instruction T.   |        |          |       |
| 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                        |        | ŧ        |       |
|      | conflict with the state law remain in the governing instrument?   | 6      | X        |       |
| 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 | 7      | X        |       |
| 8a   | Enter the states to which the foundation reports or with which it is registered (see instructions)                                |        | Ī        |       |
|      | MI  |        | Ī        |       |
| b    | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General                      |        | 1        |       |
| -    | (or designate) of each state as required by General Instruction G? If "No," attach explanation                                    | 8b     | X        |       |
| 9    | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or                   |        | <u> </u> |       |
| •    | 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"                | 1      |          | 1     |
|      | complete Part XIV   | 9      |          | х     |
| 10   | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their                    |        |          |       |
|      | names and addresses   | 10     |          | X     |

Form 990-PF (2015)

| Form | 990-PF (2015) McDonald Agape Foundation 38-2840  | 692   | 1  | Page 5       |
|------|--|-------|--|--------------|
|      | rt VII-A Statements Regarding Activities (continued)   |       |  |              |
|      | 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    | L  | X            |
| 12   | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified             |       |  |              |
|      | person had advisory privileges? If "Yes," attach statement (see instructions)  | 12    | 1  | X            |
| 13   | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?    | 13    | Х  |              |
|      | Website address  www.mcdonaldagape.org   |       |  |              |
| 14   | The books are in care of ► Mark A Maurice Telephone no. ► 248-   | 594-€ | 350  |              |
|      | Located at ▶ 380 N Old Woodward Avenue, Birmingham, MI ZIP+4 ▶ 4800  | 9     |  |              |
| 15   | Section 4947(a)(1) nonexempt chantable trusts filing Form 990-PF in lieu of Form 1041-Check here                       |       | <del>.</del> .                                   | <b>▶</b> □   |
|      | and enter the amount of tax-exempt interest received or accrued during the year  |       |  |              |
| 16   | At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority        |       | Yes  | No           |
|      | over a bank, securities, or other financial account in a foreign country?  | 16    | 7  | X            |
|      | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of           |       |  |              |
|      | the foreign country  |       |  |              |
| Pa   | rt VII-B   Statements Regarding Activities for Which Form 4720 May Be Required   |       |  |              |
|      | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.                                |       | Yes  | No           |
| 1a   | During the year did the foundation (either directly or indirectly):  |       |  |              |
|      | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No                        |       | Ī  |              |
|      | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a                              |       | 1  |              |
|      | disqualified person?   |       | -  |              |
|      | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No                    |       | 1  |              |
|      | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes No                          |       |  |              |
|      | (5) Transfer any income or assets to a disqualified person (or make any of either available for                        |       | 1  |              |
|      | the benefit or use of a disqualified person)?  |       | ‡  |              |
|      | (6) Agree to pay money or property to a government official? (Exception. Check "No" if the                             |       | Ī  |              |
|      | foundation agreed to make a grant to or to employ the official for a period after                                      |       |  |              |
|      | termination of government service, if terminating within 90 days ) Yes X No  |       | 1  |              |
| b    | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations |       | Ī  |              |
|      | 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                                     |       | Ī  |              |
| С    | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that           |       | 1  |              |
|      | were not corrected before the first day of the tax year beginning in 2015?   | 1c    | <u> </u>   | X            |
| 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)):   |       | 1  |              |
| а    | At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and                            |       | 1  |              |
|      | 6e, Part XIII) for tax year(s) beginning before 2015?  |       | •  |              |
|      | If "Yes," list the years   |       |  |              |
| b    | Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)  |       | İ  |              |
|      | (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to     |       | 1  |              |
|      | all years listed, answer "No" and attach statement - see instructions )  | 2b    | <u> </u>   | X            |
| С    | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here        |       | 1  |              |
|      | <u> </u>   |       |  |              |
| 3a   | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise                          |       | Ť  |              |
|      | at any time during the year?   |       | }  |              |
| b    | If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or            |       | 1  |              |
|      | disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the          |       | 1  |              |
|      | Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of         |       | -  |              |
|      | the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the                   |       | 1  |              |
|      | foundation had excess business holdings in 2015 )  | 3b    |  | <del> </del> |
| 4a   | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?        | 4a    | <del>                                     </del> | X            |
| b    | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its         |       | 1  | 1            |
|      | chantable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?      | 4b    | 1  | 1 X          |

| Form 990-PF (2015) McDonald Agape Found                     |            |                               |           |                      |          | 38-2840                                  |          | Page 6                      |
|---|------------|-------------------------------|-----------|----------------------|----------|--|----------|-----------------------------|
| Part VII-B Statements Regarding Activities                  | es for \   | Which Forn                    | n 4720    | May Be               | Requi    | red (continued)                          |          |                             |
| 5a During the year did the foundation pay or incur any an   | nount to:  |                               |           |                      | _        |  |          |                             |
| (1) Carry on propaganda, or otherwise attempt to influ      | uence leg  | gislation (section            | n 4945(   | e))?                 | [        | Yes X No                                 |          |                             |
| (2) Influence the outcome of any specific public election   | on (see    | section 4955);                | or to can | ry on,               | _        | <u></u>                                  |          |                             |
| directly or indirectly, any voter registration drive?       |            |                               |           |                      | . [      | Yes X No                                 |          |                             |
| (3) Provide a grant to an individual for travel, study, o   | r other s  | ımılar purposes               | ۶         |                      | [        | Yes X No                                 |          |                             |
| (4) Provide a grant to an organization other than a ch      |            |                               |           |                      |          | _  |          |                             |
| section 4945(d)(4)(A)? (see instructions)                   |            |                               |           |                      | [        | Yes X No                                 |          |                             |
| (5) Provide for any purpose other than religious, char      | rtable, so | cientific, literary           | , or educ | cational             | _        |  |          |                             |
| purposes, or for the prevention of cruelty to childre       | en or anı  | mals? .                       |           |                      | [        | Yes X No                                 |          |                             |
| b If any answer is "Yes" to 5a(1)-(5), did any of the trans | sactions   | fail to qualify u             | nder the  | exceptions of        | describe | d in                                     |          |                             |
| Regulations section 53 4945 or in a current notice reg      |            |                               |           |                      |          |  | 5b       |                             |
| Organizations relying on a current notice regarding dis     |            |                               |           |                      |          | ▶□                                       |          |                             |
| c If the answer is "Yes" to question 5a(4), does the foun   |            |                               |           |                      |          |  |          |                             |
| because it maintained expenditure responsibility for th     |            | -                             |           |                      | Г        | Yes No                                   |          |                             |
| If "Yes," attach the statement required by Regulations      | -          |                               |           |                      | L        |  |          |                             |
| 6a Did the foundation, during the year, receive any funds   |            |                               | pay pre   | emiums               |          |  |          |                             |
| on a personal benefit contract?                             |            |                               |           |                      | Г        | Yes X No                                 |          |                             |
| b Did the foundation, during the year, pay premiums, dir    |            |                               |           | l benefit cont       | ract?    |  | 6ь       | x                           |
| If "Yes" to 6b. file Form 8870.                             |            |                               |           |                      |          |  |          |                             |
| 7a At any time during the tax year, was the foundation a    | party to a | prohibited tax                | shelter t | transaction?         | . [      | Yes X No                                 |          |                             |
| b If "Yes," did the foundation receive any proceeds or ha   |            |                               |           |                      |          |  | 7b       |                             |
| Part VIII Information About Officers, Dire                  |            |                               |           |                      |          |  | Empl     | ovees.                      |
| and Contractors   |            | , ,                           |           |                      |          | , , ,                                    | •        | • ,                         |
| 1 List all officers, directors, trustees, foundation mana   | agers an   | d their compe                 | nsation   | (see instru          | ctions). |  | _        |                             |
|   | (b) Title  | e, and average                | (c) Co    | mpensation           | (d)      | Contributions to                         | (e) Expe | ense account,               |
| (a) Name and address See 990 OFOV                           |            | rs per week<br>ed to position |           | ot paid,<br>ter -0-) |          | oyee benefit plans<br>erred compensation | other    | allowances                  |
| Mark A Maurice  | Treas      | urer                          | STMA      | .01                  |          |  |          |                             |
| 380 N Old Woodward Avenue, MI 48009                         |            | 30.00                         |           | 120,176              |          | 31,000                                   |          | 4,828                       |
| Alonzo L McDonald   | Direc      | tor/Chair                     | n         |                      |          |  |          |                             |
| 380 N Old Woodward Avenue, MI 48009                         |            | 20.00                         |           | 2,500                |          | 0  |          | 0                           |
| Jonathan Aitken   | Direc      | tor                           |           |                      |          |  |          |                             |
| 380 N Old Woodward Avenue, MI 48009                         |            | 5.00                          |           | 10,000               |          | 0  |          | 0                           |
| Peter McDonald  | Direc      | tor/Vice                      | STMA      | .04                  |          |  |          |                             |
| 380 N Old Woodward Avenue, MI 48009                         |            | 5.00                          |           | 53,134               |          | 87,600                                   |          | 0                           |
| 2 Compensation of five highest-paid employees (othe "NONE." | r than th  | ose included                  | on line   | 1 - see instr        | uctions) | . If none, enter                         | _        |                             |
|   |            | (b) Title, and                | 2007255   |                      |          | (d) Contributions to                     |          | <u> </u>                    |
| (a) Name and address of each employee paid more than \$50   | 0,000      | hours per v                   | veek      | (c) Comper           | sation   | employee benefit plans and deferred      |          | ense account,<br>allowances |
|   |            | devoted to pe                 | osition   | <b> </b> ,           |          | compensation                             |          |                             |
| NONE  | -          |                               |           |                      | _        |  | _        |                             |
|   |            |                               |           |                      |          |  |          |                             |
|   |            |                               |           |                      |          |  | _        |                             |
|   |            | 1                             |           | <b> </b>             |          |  |          |                             |
|   |            |                               |           |                      |          |  |          |                             |
|   |            |                               |           |                      |          |  |          |                             |
|   |            |                               |           |                      |          |  |          |                             |
|   |            | -                             |           |                      |          |  |          |                             |
|   |            |                               |           |                      |          |  |          |                             |
| Total number of other employees paid over \$50,000          |            | •                             |           | ·                    |          |  |          | 2                           |

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount             |
|--|--------------------|
| 1 N/A  |                    |
|  | d                  |
| 2  |                    |
|  |                    |
| All other program-related investments See instructions   |                    |
| 3  |                    |
|  |                    |
| Total. Add lines 1 through 3   | . ▶                |
| EEA  | Form 990-PF (2015) |

EEA

38-2840692

| Pa | rt X . Minimum Investment Return (All domestic foundations must complete this part. Foreign                     | found         | ations,       |
|----|---|---------------|---------------|
|    | see instructions.)  | ·······       |               |
| 1  | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,               |               |               |
|    | purposes:   |               |               |
| а  | Average monthly fair market value of securities   | 1a            | 5,605,062     |
| b  | Average of monthly cash balances  | 1b            | 49,698        |
| С  | Fair market value of all other assets (see instructions)  | 1c            | 6,465,634     |
| d  | Total (add lines 1a, b, and c)  | 1d            | 12,120,394    |
| е  | Reduction claimed for blockage or other factors reported on lines 1a and  |               |               |
|    | 1c (attach detailed explanation)  |               |               |
| 2  | Acquisition indebtedness applicable to line 1 assets  | 2             | 0             |
| 3  | Subtract line 2 from line 1d  | 3             | 12,120,394    |
| 4  | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see                     |               |               |
|    | instructions)   | 4             | 181,806       |
| 5  | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4            | 5             | 11,938,588    |
| 6  | Minimum investment return. Enter 5% of line 5   | 6             | 596,929       |
| Pa | rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f                | oundat        | ions          |
| ш  | and certain foreign organizations check here ▶ ☐ and do not complete this part.)                                |               |               |
| 1  | Minimum investment return from Part X, line 6   | 1             | 596,929       |
| 2a | 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)  |               |               |
| С  | Add lines 2a and 2b   | 2c            | 13,932        |
| 3  | Distributable amount before adjustments. Subtract line 2c from line 1   | 3             | 582,997       |
| 4  | Recoveries of amounts treated as qualifying distributions   | 4             |               |
| 5  | Add lines 3 and 4   | 5             | 582,997       |
| 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,                      |               | <del></del>   |
| -  | line 1  | 7             | 582,997       |
|    |   |               |               |
| Pa | Tt XII Qualifying Distributions (see instructions)  |               |               |
| 1  | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes                       |               | <del></del> - |
| a  | Expenses, contributions, gifts, etc total from Part I, column (d), line 26                                      | 1a            | 445,970       |
| b  | Program-related investments - total from Part IX-B  | 1b            |               |
| 2  | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,                |               |               |
| _  | purposes  | 2             |               |
| 3  | Amounts set aside for specific charitable projects that satisfy the   | <del>-</del>  |               |
| а  | Suitability test (prior IRS approval required)  | 3a            |               |
| h  | Cash distribution test (attach the required schedule)   | 3b            |               |
| 4  | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4      | 4             | 445,970       |
| 5  | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.            | <del> +</del> | 113,370       |
| J  | Enter 1% of Part I, line 27b (see instructions)   | 5             |               |
| 6  | Adjusted qualifying distributions. Subtract line 5 from line 4  | 6             | 445,970       |
| O  | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the |               | <del>-</del>  |
|    |   | , iounda      | uon           |
|    | qualifies for the section 4940(e) reduction of tax in those years   |               |               |

|    | 990-PF (2015) McDonald Agape Found  **T XIII Undistributed Income* (see instru          |          |   | 38-2840692 | Page 9                                 |
|----|---|----------|---|------------|--|
|    |   | (a)      | (b)                                     | (c)        | (d)                                    |
| 1  | Distributable amount for 2015 from Part XI, line 7                                      | Corpus   | Years pnor to 2014                      | 2014       | <sup>2015</sup><br>582,997             |
| 2  | Undistributed income, if any, as of the end of 2015                                     |          |   | į          |  |
| а  | Enter amount for 2014 only  |          |   |            |  |
| b  | Total for prior years,,   |          |   |            |  |
| 3  | Excess distributions carryover, if any, to 2015.  |          |   |            |  |
| а  | From 2010   |          | 1                                       |            |  |
| b  | From 2011   |          |   | -          |  |
| С  | From 2012   |          |   | 1          |  |
| d  | From 2013 83,338  |          |   | ‡          |  |
| е  | From 2014   | 1        | <u> </u>                                | ţ.         |  |
| f  | Total of lines 3a through e   | 304,898  |   |            |  |
| 4  | Qualifying distributions for 2015 from Part XII,  |          |   | •          |  |
|    | line 4. ▶ \$ 445,970  |          | Į.                                      | ļ          |  |
| а  | Applied to 2014, but not more than line 2a  |          |   | į.         |  |
|    | Applied to undistributed income of prior years  |          |   |            |  |
| _  | (Election required - see instructions)  |          |   |            |  |
| c  | Treated as distributions out of corpus (Election  |          |   |            |  |
| •  | required - see instructions)  |          | 1                                       | <b>‡</b>   |  |
| d  | Applied to 2015 distributable amount  |          | *************************************** |            | 445,970                                |
| e  | Remaining amount distributed out of corpus  |          |   | -          |  |
| 5  | Excess distributions carryover applied to 2015  | 137,027  |   |            | 137,027                                |
| J  | (If an amount appears in column (d), the same   |          |   |            |  |
|    | amount must be shown in column (a) )  |          |   | 1          |  |
| 6  | Enter the net total of each column as   |          | į.                                      | †          |  |
| Ü  | indicated below:  |          | -                                       | <u> </u>   |  |
| а  | Corpus Add lines 3f, 4c, and 4e. Subtract line 5 .                                      | 167,871  | ļ                                       | 1          |  |
| b  | Prior years' undistributed income Subtract  |          |   |            |  |
| -  | line 4b from line 2b  |          |   | ‡          |  |
| С  | Enter the amount of prior years' undistributed  |          |   |            |  |
| ·  | income for which a notice of deficiency has   |          |   | †          |  |
|    | been issued, or on which the section 4942(a)  |          | ŀ                                       |            |  |
|    | tax has been previously assessed  |          |   | 1          |  |
| d  | Subtract line 6c from line 6b Taxable   |          | <del></del>                             |            |  |
| u  | amount - see instructions   |          |   |            |  |
|    | Undistributed income for 2014. Subtract line  |          |   |            | <del></del>                            |
| ·  | 4a from line 2a Taxable amount - see  |          | -                                       |            |  |
|    | instructions  |          |   |            |  |
| f  | Undistributed income for 2015 Subtract lines  |          |   |            |  |
|    | 4d and 5 from line 1. This amount must be   | [        |   |            |  |
|    | distributed in 2016   |          | 1                                       |            |  |
| 7  | Amounts treated as distributions out of corpus  |          |   |            |  |
| ′  | to satisfy requirements imposed by section  |          |   | 1          |  |
|    | 170(b)(1)(F) or 4942(g)(3) (Election may be   |          | 1                                       |            |  |
|    | required - see instructions)  |          | 1                                       |            |  |
| 8  | Excess distributions carryover from 2010 not  |          |   |            |  |
| ٥  | •   |          |   |            |  |
| 9  | applied on line 5 or line 7 (see instructions)  Excess distributions carryover to 2016. |          |   |            | ······································ |
| 3  |   | 167,871  |   | <b>!</b>   |  |
| 40 | Subtract lines 7 and 8 from line 6a .   | 107,071  |   |            |  |
| 10 | Analysis of line 9  |          | 1                                       | 1          |  |
| a  | Excess from 2011 84,533   | 1        | 1                                       | <b>†</b>   |  |
| b  | Excess from 2012  | <u> </u> |   | 1          |  |
| C  | Excess from 2013 . 83,338   |          |   | 1          |  |
| đ  | Excess from 2014  | <b>[</b> | <b>[</b>                                | 1          |  |
| e  | Excess from 2015  |          |   |            |  |

factors

Part XV | Supplementary Information (continued)

| 3 Grants and Contributions Paid During the | Year or Approve  | d for Future F                       | Payment                          |             |
|--|--|--------------------------------------|----------------------------------|-------------|
| Recipient                                  | If recipient is an individual, show any relationship to any foundation manager | Foundation<br>status of<br>recipient | Purpose of grant or contribution | Amount      |
| Name and address (home or business)        | or substantial contributor   |                                      |                                  | <del></del> |
| Paid during the year                       |  |                                      | i                                |             |
| Alpha USA                                  |  |                                      |                                  |             |
| 1635 Emerson Lane                          |  |                                      | Education:                       | 22 222      |
| Naperville, IL 60540                       | N/A  | PC                                   | Theology                         | 20,000      |
| Cambridge in America                       |  |                                      |                                  |             |
| 1120 Avenue of the Americas 17th FL        |  |                                      | Education:                       | 15 000      |
| New York, NY 10036                         | N/A  | PC                                   | Theology                         | 15,000      |
| Emory University                           |  |                                      |                                  |             |
| Candler Divinity School                    |  |                                      | Education:                       |             |
| Atlanta, GA 30322                          | N/A  | PC                                   | Theology                         | 50,000      |
| Emory University                           |  |                                      |                                  |             |
| School of Law                              |  |                                      | Education:                       |             |
| Atlanta, GA 30322                          | N/A  | PC                                   | Theology and Law                 | 62,500      |
| The Trinity Forum                          |  |                                      |                                  |             |
| 2011 Pennsylvania Avenue 250               |  |                                      | Education:                       |             |
| Washington, DC 20006                       | N/A  | PC                                   | Business Ethics                  | 25,000      |
| Yale University                            |  |                                      |                                  |             |
| Divinity School                            |  |                                      | Education:                       |             |
| New Haven, CT 06511                        | N/A  | PC                                   | Theology                         | 25,000      |
| Young Life Ministries                      |  |                                      |                                  |             |
| PO Box 520                                 |  |                                      | Religious:                       |             |
| Colorado Springs, CO 80901                 | N/A  | PC                                   | Community Service                | 12,240      |
| Pass-Thru CSSF Partnership                 |  |                                      |                                  |             |
| 55 E 52nd Street 26th FL                   |  |                                      | General                          | -           |
| New York, NY 10055                         | N/A  | PC                                   | Charitable                       | 1           |
| Total                                      | •••  |                                      | ▶ 3a                             | 209,741     |
| b Approved for future payment              |  |                                      |                                  |             |
|  |  |                                      |                                  |             |
|  |  |                                      |                                  |             |
|  |  |                                      |                                  |             |
|  |  |                                      |                                  |             |
|  |  |                                      |                                  |             |
|  |  |                                      |                                  |             |
|  |  |                                      |                                  |             |
|  |  |                                      |                                  |             |
|  |  |                                      |                                  |             |
|  |  |                                      |                                  |             |
| Total                                      |  |                                      | ▶ 3b                             |             |

| nter gross amounts unless otherwise indicated                 | Unrelate                | d business income      | Excluded by se                                   | ction 512, 513, or 514 | (e) Related or exempt                 |
|---|-------------------------|------------------------|--|------------------------|---------------------------------------|
| I Program service revenue                                     | (a)<br>Business<br>code | (b)<br>Amount          | (c)<br>Exclusion code                            | (d)<br>Amount          | function income<br>(See instructions) |
| a   |                         |                        |  |                        |                                       |
| b   |                         |                        |  |                        |                                       |
| c   |                         |                        |  |                        |                                       |
| d   |                         |                        |  |                        |                                       |
| е   |                         |                        |  |                        |                                       |
| f   |                         |                        |  |                        |                                       |
| g Fees and contracts from government agencies                 |                         |                        |  |                        |                                       |
| Membership dues and assessments                               |                         |                        |  |                        |                                       |
| Interest on savings and temporary cash investments            |                         |                        | 14   |                        |                                       |
| Dividends and interest from securities                        |                         | 308,515                | <del></del>                                      |                        |                                       |
| Net rental income or (loss) from real estate:                 | 7                       | 300/313                |  |                        | <del></del>                           |
| a Debt-financed property                                      |                         |                        |  |                        |                                       |
| b Not debt-financed property                                  |                         |                        |  |                        | <u>.</u>                              |
|   |                         |                        |  |                        |                                       |
| Net rental income or (loss) from personal property            |                         |                        | <del>                                     </del> |                        |                                       |
|   |                         | F1C 61F                |  |                        |                                       |
| Gain or (loss) from sales of assets other than inventory      |                         | 516,615                | 14   |                        |                                       |
| Net income or (loss) from special events                      |                         | <u> </u>               |  |                        |                                       |
| Gross profit or (loss) from sales of inventory                |                         |                        |  |                        |                                       |
| Other revenue a Net Pship Income                              |                         | 258,047                |  |                        |                                       |
| b Miscellaneous   |                         | 2                      | 14   |                        |                                       |
| C   |                         |                        | ļ <u>-</u> ļ                                     |                        |                                       |
| d   |                         |                        |  |                        |                                       |
| e   | <b>_</b>                |                        |  |                        |                                       |
| 2 Subtotal. Add columns (b), (d), and (e)                     |                         | 1,083,179              |  |                        |                                       |
| 3 Total. Add line 12, columns (b), (d), and (e)               |                         |                        |  | 13                     | 1,083,17                              |
| See worksheet in line 13 instructions to verify calculations) |                         |                        |  |                        |                                       |
| Part XVI-B Relationship of Activities to the                  |                         |                        |  |                        |                                       |
| Line No. Explain below how each activity for which inc        | · ·                     |                        |  |                        |                                       |
| accomplishment of the foundation's exempt p                   | urposes (oth            | er than by providing f | funds for such p                                 | urposes). (See instruc | tions.)                               |
| •   |                         |                        |  |                        |                                       |
|   |                         |                        |  |                        | _                                     |
|   |                         |                        |  |                        |                                       |
|   |                         |                        |  |                        |                                       |
|   |                         |                        |  |                        |                                       |
|   |                         |                        |  |                        |                                       |
|   |                         |                        |  |                        |                                       |
|   |                         |                        |  |                        |                                       |
|   |                         |                        |  |                        |                                       |
|   |                         |                        |  |                        |                                       |
|   |                         |                        |  |                        |                                       |
|   |                         |                        |  |                        |                                       |
|   |                         |                        |  |                        |                                       |
|   |                         |                        |  |                        |                                       |
|   |                         |                        |  |                        |                                       |
|   |                         |                        |  |                        |                                       |
|   |                         |                        |  |                        |                                       |
|   |                         |                        |  |                        |                                       |
|   |                         |                        |  |                        |                                       |
|   |                         |                        |  |                        |                                       |
|   |                         |                        |  |                        |                                       |
|   |                         |                        |  |                        |                                       |
|   |                         |                        |  |                        |                                       |
|   |                         |                        |  |                        |                                       |
|   |                         |                        |  |                        |                                       |
|   |                         |                        |  |                        |                                       |

Form 990-PF (2015)

| ı ait    |               |                        | rganization         | y italisieis i<br>S                                    | O allu I I alla     | actions a            | na ivelatio        | nampa wit          | ii itolic         | mante        | iDic     |       |
|----------|---------------|------------------------|---------------------|--|---------------------|----------------------|--------------------|--------------------|-------------------|--------------|----------|-------|
| 1 [      |               |                        |                     | engage in any of                                       | the following with  | any other or         | ganization des     | scribed            |                   |              | Yes      | No    |
|          |               | _                      | •                   | n section 501(c)(3)                                    | -                   | -                    | =                  |                    |                   |              |          |       |
|          | rganizati     | · •                    | •                   | , , ,  | ,                   |                      | _                  |                    |                   |              |          |       |
|          | _             |                        | ting foundation     | to a nonchantable                                      | exempt organiza     | ition of             |                    |                    |                   |              |          | }     |
|          | 1) Cash       |                        |                     |  | , ,                 |                      |                    |                    |                   | 1a(1)        |          | x     |
| •        | 2) Other      | assets .               |                     |  |                     |                      |                    |                    |                   | 1a(2)        |          | Х     |
|          | Other tran    |                        |                     | ·  |                     |                      |                    |                    |                   |              |          |       |
|          |               |                        | nonchantable e      | xempt organization                                     | n                   |                      |                    |                    |                   | 1b(1)        |          | Х     |
|          | •             |                        |                     | ritable exempt orga                                    |                     |                      |                    |                    | _                 | 1b(2)        |          | X     |
| ì        | -             |                        | guipment, or oth    |  | J. 11.2411017       |                      | •                  | ·                  | •                 | 1b(3)        |          | X     |
| · ·      | •             |                        | ngements            |  |                     |                      | • •                |                    | • • •             | 1b(4)        |          | X     |
|          |               |                        | -                   |  |                     |                      |                    |                    | • •               | 1b(5)        |          | X     |
|          |               |                        |                     | ship or fundraising                                    |                     |                      | ., .               | • • •              | •                 | 1b(6)        |          | X     |
|          |               |                        |                     | lists, other assets,                                   | =                   |                      | •                  | •                  |                   | 1c           |          | X     |
|          | _             |                        | -                   | s," complete the fol                                   |                     |                      |                    | show the fair r    |                   | 10           |          |       |
|          |               |                        |                     | rices given by the i                                   |                     |                      |                    |                    |                   |              |          |       |
|          |               |                        |                     | -  |                     |                      |                    |                    |                   |              |          |       |
| (a) Line |               | mount involved         |                     | of noncharitable exe                                   |                     |                      |                    | sfers, transaction |                   |              |          |       |
| (a) Line | 110 (0) A     | modifi involved        | (c) Name            | or nonchantable exe                                    | mpt organization    | (u) De:              | SCHOLOH OF ITALE   | siers, transaction | is, and shall     | ing ana      | rigerile | :1113 |
|          |               |                        | <del></del>         |  |                     |                      |                    |                    |                   |              |          |       |
|          |               |                        | <del></del>         | <del></del>  |                     | <del></del> [        |                    | <del></del>        |                   |              |          |       |
|          | +             |                        |                     |  | <del></del>         |                      |                    |                    |                   |              |          |       |
|          |               |                        |                     | <del></del>  |                     |                      |                    |                    |                   |              |          |       |
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|          |               |                        | <u> </u>            |  |                     |                      |                    |                    |                   |              |          |       |
|          |               |                        | <del></del>         |  |                     | <del>-  </del>       |                    |                    |                   |              |          |       |
|          |               |                        |                     |  |                     |                      |                    |                    |                   |              |          |       |
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|          |               |                        | }                   |  |                     | <del></del>          | <del>~</del>       | <del></del>        |                   |              |          |       |
|          | -             |                        |                     |  |                     |                      |                    | <del></del>        |                   |              |          |       |
|          |               |                        | } <del></del>       |  |                     |                      |                    |                    |                   |              |          |       |
|          | +             |                        | <b></b> -           |  |                     | -                    | <del></del>        |                    |                   |              |          |       |
|          |               |                        | <del></del>         |  |                     |                      |                    |                    |                   |              |          |       |
|          |               |                        |                     |  |                     |                      |                    |                    |                   | ·            |          |       |
|          |               |                        | -                   | iliated with, or relat                                 |                     |                      |                    |                    | <br>              | Ye           | s X      | ] No  |
|          |               |                        | lowing schedule     |  |                     |                      |                    |                    |                   | _            |          | •     |
|          | (2            | ) Name of organ        | ızatıon             | (t   | b) Type of organiza | ition                |                    | (c) Description    | n of relation     | ship         |          |       |
|          |               |                        |                     |  |                     |                      |                    |                    |                   |              |          |       |
|          |               |                        |                     |  |                     |                      |                    |                    |                   |              |          |       |
|          |               |                        |                     |  |                     |                      |                    |                    |                   |              |          |       |
|          |               |                        |                     |  |                     |                      |                    |                    |                   |              |          |       |
|          |               | 1                      |                     |  |                     |                      |                    |                    |                   |              |          |       |
|          | Under pe      | nalties of perjury     | declare that I have | examined this return, in-<br>other than taxpayer) is b | cluding accompanyin | g schedules and      | statements, and to | the best of my kno | owledge and       | belief, it i | s true,  |       |
| Sign     |               |                        |                     | • Contract texpayer, is a                              |                     | SIT OF WILLOIT PROPE | rei nas any knom   | l dege             | May the IRS       | S discuss    | this ret | lum.  |
| Here     | 7 2           | pul l                  | A T                 |  | 11/3/2016           | freasu               | rer                |                    | with the pre      | parer sho    | wn belg  | ow    |
|          |               | ture of officer or tru | ıstee               |  | Date                | Title                |                    |                    | (see inst )?      | <u>X</u>     | Yes      | ∐ No  |
|          |               | Pnnt/Type prepar       | er's name           | Prepared   | signature           |                      | Date               | Check              | ∐ <sub>if</sub> F | PTIN         |          |       |
| Paid     |               | Michael R              | osmarin             | - Mus  | lack Mos            | muin                 | 09-20-20           | 16 self-em         | ployed P          | 00195        |          |       |
| Prep     | arer          | Firm's name            | ▶ Michael           | Rosmarin &   | Co., Ltd.           |                      |                    | Firm's EIN ▶       | 16-12             | 1480         | 4        |       |
| Use      | Only          | Firm's address         | ▶ 25 New            | Canaan Avent   | ie                  |                      |                    | Phone no           |                   |              |          |       |
|          | •             |                        | Norwalk             | CT 06851   | _ <del>_</del>      |                      |                    | 203                | -840-1            | 616          |          |       |

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Or 990-PF)
Department of the Treasury
Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

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

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

OMB No 1545-0047

2015

Employer identification number

| McDo   | nald Agape Founda   | ion   | 38-2840692                      |
|--------|---|---|---------------------------------|
| Organ  | ization type (check one).   |   |                                 |
| Filers | of:   | Section:  |                                 |
| Form 9 | 990 or 990-EZ   | 501(c)( ) (enter number) organization   |                                 |
|        |   | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation  |                                 |
|        |   | 527 political organization  |                                 |
| Form 9 | 990-PF  | 501(c)(3) exempt private foundation   |                                 |
|        |   | 4947(a)(1) nonexempt chantable trust treated as a private foundation  |                                 |
|        | •   | 501(c)(3) taxable private foundation  |                                 |
| Check  | ıf your organization is cove  | red by the General Rule or a Special Rule.  |                                 |
|        | Only a section 501(c)(7), (8  | , or (10) organization can check boxes for both the General Rule and a Special  | Rule See                        |
| Gener  | al Rule   |   |                                 |
| X      |   | Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaline erty) from any one contributor. Complete Parts I and II. See instructions for detections.  |                                 |
| Specia | al Rules  |   |                                 |
|        | regulations under section 13, 16a, or 16b, and that                                       | bed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supports 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ eceived from any one contributor, during the year, total contributions of the great nount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Paragraphs   | ), Part II, line<br>ater of (1) |
|        | contributor, during the year  | bed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fro<br>ir, total contributions of more than \$1,000 exclusively for religious, charitable, so<br>poses, or for the prevention of cruelty to children or animals. Complete Parts I,   | cientific,                      |
|        | contribution, during the year<br>contributions totaled more<br>during the year for an exc | bed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from, contributions exclusively for religious, chantable, etc., purposes, but no such than \$1,000. If this box is checked, enter here the total contributions that were susively religious, chantable, etc., purpose. Do not complete any of the parts unlines organization because it received nonexclusively religious, charitable, etc., coring the year | received<br>less the            |
| 990-E2 | Z, or 990-PF), but it <b>must</b> a   | ot covered by the General Rule and/or the Special Rules does not file Schedule iswer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Fully that it does not meet the filing requirements of Schedule B (Form 990, 990-E   | orm 990-EZ or on its            |

Name of organization

Employer identification number

McDonald Agape Foundation 38-2840692 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part 1 (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person 1 Egon Zehnder **Payroll** Toblestrasse 80 30,000 Noncash (Complete Part II for Zurich, Switzerland CH-B044 noncash contributions) (d) (a) (c) (b) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. Person 2 Alonzo L. McDonald X **Payroll** 380 N Old Woodward STE 212 750,000 Noncash (Complete Part II for noncash contributions.) Birmingham, MI 48009 (a) (c) (d) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll**  $\Box$ Noncash П (Complete Part II for noncash contributions) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash (Complete Part II for noncash contributions) (c) (d) (a) (b) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash (Complete Part II for noncash contributions) (c) (a) (b) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions)

# Form 990\_OfOv (2015) McDonald Agape Foundation List of Officers, Directors, Trustees, and Key Employees

| (a) Name and title                    |        | (b) Average<br>hours per week<br>devoted to position | (c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits,<br>contributions to employee<br>benefit plans, and<br>deferred compensation | (e) Estimated amount other compensation |
|---------------------------------------|--------|--|---|--|---|
| Suzanne McDonald Di                   | rector |  |   |  |   |
| 380 N Old Woodward Avenue, MI 480     | 09     | 1.00_  | 1,500   | 0  | 0                                       |
| Jennifer Peters Di                    | rector |  |   |  |   |
| 380 N Old Woodward Avenue, MI 480     | 09     | 1.00   | 1,500   | 0  | . 0                                     |
|                                       | rector |  |   |  |   |
| 380 N Old Woodward Avenue, MI 480     | 09     | 1.00   | 1,500   | 0  | 0                                       |
|                                       |        |  |   |  | -                                       |
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**Federal Supporting Statements 2015** PG01 Name(s) as shown on return 38-2840692 McDonald Agape Foundation Form 990PF - Part VIII Statement #A01 Compensation Explanation <u>Name</u> Mark A Maurice Explanation Line 1(d): increase (non-cash) in reserve for retirement plan Line 1(e): employer portion of health insurance premiums. PG01 Form 990PF - Part VIII Statement #A04 Compensation Explanation Name Peter McDonald Explanation Line 1(d): increase (non-cash) in reserve for retirement plan benefits. PG01 Form 990PF - Part III - Line 5 Statement #116 Other Decreases Schedule 717,535 Unrealized Portfolio Losses 118,600 Change in Deferred Comp Reserve 23,158 Provision for Federal Excise Taxes 859,293 Total

|   | Federal S                 | Supporting Statemer  | its                                       | <b>2015</b> PG01                      |
|---|---------------------------|--|---|---------------------------------------|
| Name(s) as shown on return  McDonald Aq                 | ape Foundation            |  |   | 38-2840692                            |
|   | Form 990PF                | - Part II - Line<br>ts: Other Schedu                           |   | Statement #118                        |
| Category Compass Special Sigma Partners Remainder Inter | Situations Fund LLC<br>LP | value (BOY) Bo<br>4,869,966<br>547,162<br>796,693<br>6,213,821 | 5,180,69<br>5,03,59<br>754,09<br>6,438,30 | 5,180,692<br>58 503,558<br>52 754,052 |
|   |                           | - Part II - Line<br>ssets Schedule                             | 15  | PG01<br>Statement #120                |
| Description Intangible: Tra Rental Deposits             | ademarks                  | BOY Book<br>8,978  | EOY Bo<br>10,                             |                                       |
| Total   | -                         | 8,978  | 11,0                                      | 85 11,085                             |
|   |                           | - Part II - Line<br>bilities Schedul                           |   | PG01<br>Statement #121                |
| Description Deficit Money 1                             | :<br>Market Fund Balance  |  | <u>Amount</u><br>263,346                  | EOY Amount                            |
| <del>-</del>  | ferred Compensation       |  | 236,600                                   | 355,200                               |
| Total   |                           | 49   | 9,946                                     | 355,200                               |
|   |                           |  |   |                                       |

| . Federal Supporting Statements | 2015 PG01  |
|---------------------------------|------------|
| Name(s) as shown on return      | FEIN       |
| McDonald Agape Foundation       | 38-2840692 |

# Form 990PF - Part II - Line 10(b) Investments: Corporate Stock Schedule

Statement #137

| Category                 | BOY       | Book Value | EOY FMV   |
|--------------------------|-----------|------------|-----------|
| Northern Trust Portfolio |           | 1,015,561  | 1,015,561 |
| Schwab Portfolio         | 1,586,381 | 599,438    | 599,438   |
| UBS Portfolio            | 4,093,172 | 3,462,582  | 3,462,582 |
| HomeBancorp              | 120,000   | 120,000    | 120,000   |
| Totals                   | 5,799,553 | 5,197,581  | 5,197,581 |

| 2015 PG01                     | Your Social Secunity Number 38-2840692 .                | Statement #103~                     |                         |                                   |   |        | PGO1<br>Statement #106~           |   |         |
|-------------------------------|---|-------------------------------------|-------------------------|-----------------------------------|---|--------|-----------------------------------|---|---------|
| ents                          |   | dule                                | Charitable<br>purpose   | 70                                | 11,987<br>0<br>0  | 13,971 | j.                                |   |         |
| Federal Supporting Statements |   | - Line 23 - Other Expenses Schedule | Adjusted<br>net income  | 0 0                               | 000   | 01     | - Line 11 - Other Income Schedule | Adjusted net income 0   |         |
| Federal Su                    |   |                                     | Net<br>Investment       | 0 0                               | 53,587  | 62,613 | Form 990PF - Part I - Line 11 -   | Net<br>investment<br>263,794<br>(5,855)   | 258,047 |
|                               |   | Form 990PF - Part I                 | Revenue<br>and expenses | 70                                | 11,987<br>53,587  | 76,584 | Form 990PF                        | Revenue<br>and expenses<br>263,794<br>(5,855)   | 258,047 |
|                               | Name(s) as shown on return<br>McDonald Agape Foundation |                                     | Description             | Bank Service Charges<br>Insurance | Office Supplies and Expenses CSSF: Other Portfolio Expenses | Totals |                                   | Description CSSF. Other Partnership Income SGMA: Other Partnership Income NRTH: Other Investment Income | Totals  |

| 2015 PG01                     | Your Social Security Number 38-2840692                  | Statement #107~                    |                         |                               | PG01<br>Statement #108~               |  |        |  |   |
|-------------------------------|---|------------------------------------|-------------------------|-------------------------------|---------------------------------------|--|--------|--|---|
| nents                         |   | lule                               | Charitable              | 1,125                         | hedule                                | Charitable<br>purpose<br>5,909   | 6,237  |  |   |
| Federal Supporting Statements |   | - Line 16(a) - Legal Fees Schedule | Adjusted<br>net income  | 0                             | Line 16(b) - Accounting Fees Schedule | Adjusted net income  | 0      |  |   |
| Federal Su                    |   |                                    | Net<br>Investment       | 0 0                           |                                       | Net<br>investment<br>0   | 0      |  |   |
|                               |   | Form 990PF - Part I                | Revenue<br>and expenses | 1,125                         | Form 990PF - Part I -                 | Revenue<br>and expenses<br>5,909   | 6,237  |  |   |
|                               | Name(s) as shown on return<br>McDonald Agape Foundation | ·                                  | Description             | Miscellaneous Legal<br>Totals |                                       | Description<br>Return Preparation/Consulting<br>Payroll Preparation Services | Totals |  | · |

| 2015 PG01                     | Your Social Security Number<br>38-2840692               | Statement #109~                                 |                         |                                     | PG01 | Statement #110~                                |  |  |
|-------------------------------|---|---|-------------------------|-------------------------------------|------|--|--|--|
| nents                         |   | s Schedule                                      | Charitable<br>purpose   | 0 0                                 |      |  | Charitable purpose 11,871 0  |  |
| Federal Supporting Statements |   | - Line 16(c) - Other Professional Fees Schedule | Adjusted<br>net income  | 0 0                                 |      | 18 - Taxes Schedule                            | Adjusted net income 0 0  |  |
| Federal Su                    |   |   | Net<br>investment       | 6,642                               |      | Form 990PF - Part I - Line 18 - Taxes Schedule | Net     1,958     1,941     2,541     8,440  |  |
|                               |   | Form 990PF - Part I                             | Revenue<br>and expenses | 6,642                               |      | Form 9   | Revenue and expenses 15,829 1,941 2,541 20,311   |  |
|                               | Name(s) as shown on return<br>McDonald Agape Foundation |   | Description             | Portfolio Management Fees<br>Totals |      |  | Description Taxes Employer Payroll Taxes Foreign Withheld (1099) Taxes Foreign Withheld (PThru) Totals |  |

| Name(s) as shown on return<br>McDonald Agape Foundation |   | ומכטים                     | rederal Supporting Statements     |                | 2             |                                | 2015                     | PG01                                   |   |
|---|---|----------------------------|-----------------------------------|----------------|---------------|--------------------------------|--------------------------|--|---|
|   |   |                            |                                   |                |               |                                | Your Social              | Your Social Security Number 38–2840692 |   |
|   | Form 990PF - Part I   | 1                          | - Line 19 - Deprecration Schedule | on Schedule    |               |                                | 81                       | Statement #126                         |   |
| Date<br>Description Accurred                            | Cost or<br>ed Other basis   | Prior year<br>Depreciation | Computation<br>Method             | Rate           | Cu<br>Lıfe De | Current Year A<br>Depreciation | Net Investment<br>Income | Adjusted Net<br>Income                 |   |
|   | 1,  |                            | TS (                              | 6 667          | 15            | 101                            | 0                        | 0 0                                    |   |
| HP LaserJet F30050 T0-09-2009                           |   |                            | ۱ و                               | Þ              | 7             | 101                            |                          |  |   |
| lotats  |   |                            | <u>-</u>                          |                | 11            | 2                              |                          |  |   |
|   |   |                            |                                   |                |               |                                |                          | PG01                                   |   |
| ŭ.  | Form 990-PF - Part IV - Capital Gains And Losses Information (Overflow) | IV - Capital Gai           | ns And Losses I                   | nformation (Ov | erflow)       |                                | S                        | Statement #134~                        |   |
|   | P-Purchase  |                            |                                   |                |               | Cost or                        |                          | Gains Minus                            |   |
| Description   | D-Donation  | Date Acquired              | Date Sold                         | Sales Price    | Depreciation  | other basis                    | Gain or Loss             | Excess or Losses                       |   |
| Schwab Portfolio ST                                     | <b>a</b>  | VARIOUS                    | VARIOUS                           | 23,808         |               | 54,974                         | 4 (1,166)                | (1,166)                                |   |
| Schwab Portfolio LT                                     | ۵   | VARIOUS                    | VARIOUS                           | 428,662        |               | 370,720                        |                          | 57,942                                 |   |
| Northern Trust Portfolio ST                             | <b>a</b> .  | VARIOUS                    | VARIOUS                           | 388,639        |               | 385,020                        |                          |  |   |
| Northern Trust Portfolio LT                             | ۵   | VARIOUS                    | VARIOUS                           | 788,652        |               | 686,449                        |                          |  |   |
| UBS Financial Portfolio ST                              | ۵   | VARIOUS                    | VARIOUS                           | 216,914        |               | 258,268                        | •                        | Ĭ                                      |   |
| UBS Financial Portfolio LT                              | ۵.  | VARIOUS                    | VARIOUS                           | 1,134,452      |               | 1,049,870                      |                          |  |   |
| CG Dividends: Schwab Portfolio                          | <b>a</b>  | VARIOUS                    | VARIOUS                           | 12,301         |               |                                | 12,301                   |  |   |
| CG Dividends: Norther Trust Portfol                     | <b>a</b>  | VARIOUS                    | VARIOUS                           | 8,794          |               |                                | 8,794                    |  |   |
| CG Dividends: UBS Financial Portfol                     | ۵   | VARIOUS                    | VARIOUS                           | 124,123        |               |                                | 124,123                  | •                                      |   |
| Pass-Thru: Compass Situations ST                        | <b>a</b> .  | VARIOUS                    | VARIOUS                           | 73,492         |               |                                | 73,492                   |  | _ |
| Pass-Thru: Compass Situations LT                        | ۵.  | VARIOUS                    | VARIOUS                           | 95,021         |               |                                | 95,021                   |  |   |
| Pass-Thru: Sigma Partners ST                            | ۵   | VARIOUS                    | VARIOUS                           | 21,299         |               |                                | 21,299                   |  |   |
| Pass-Thru: Sigma Partners LT                            | ۵   | VARIOUS                    | VARIOUS                           | (24,241)       |               |                                | (24,241)                 | (24,241)                               |   |
| Total   |   |                            |                                   | 3,291,916      |               | 2,775,301                      | 1. 516,615               | 5 516,615                              |   |