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Form **990-PF**

, and ending

OMB No 1545-0052

BILL S & AVIC CENNISS

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
Do not enter social security numbers on this form as it may be made public.
Information about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf.

For	aler	ndar year 2015 or tax year beginning			, and ending		
Nar	ne of	foundation				A Employer identification	number
		JAMPEL FAMILY FO	38-3432413				
		nd street (or PO box number if mail is not d BARCHESTER DRIV		address)	Room/suite	B Telephone number (248)646-8	676
_		own, state or province, country, and Z		ostal code		C If exemption application is p	
		OMFIELD HILLS, MI					
G C	heck	all that apply: Initial retur	n	Initial return of a fo	ormer public charity	D 1. Foreign organizations	s, check here
		Final return	1	Amended return		2 Foreign organizations me	noting the REAL test
		Address ct		Name change		2. Foreign organizations me check here and attach co	omputation
H C		· · · · · · · · · · · · · · · · · · ·	· / <u>· /</u>	kempt private foundation		E If private foundation sta	
<u> </u>		ction 4947(a)(1) nonexempt charitable	J Accounti	Other taxable private foundand method: X Cash	Accrual	under section 507(b)(1)	• •
		arket value of all assets at end of year Part II, col (c), line 16)		ther (specify)	Accruai	F If the foundation is in a under section 507(b)(1)	
("		-art n, cor (c), line 10) 544 - 716 .	(Part I. colu	mn (d) must be on cash i	basis)	under section 507(b)(1)	I(D), CHECK HEIE
<u> </u>	rt I		d (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
_	1	Contributions, gifts, grants, etc., rece	<u></u>	225,000.		N/A	(,
	2	Check If the foundation is not required to					·
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	S	2,898.	2,898.		STATEMENT 1
	5a	Gross rents					
	_	Net rental income or (loss)		26 702	<u> </u>		
e		Net gain or (loss) from sale of assets not on Gross sales price for all	Ine 10	36,793.	RECEN		
Revenue	b 7	assets on line 6a 4 U 3 Capital gain net income (from Part IV, line 2)	•		36,793		,
æ	8	Net short-term capital gain		*	12 MAY 20 3		
	9	Income modifications			[중] MAY 20 2	7.5	
	10a	Gross sales less returns and allowances		<u></u>		L-	
		Less Cost of goods sold		*	OCELN	UT	
	C	Gross profit or (loss)					
	11	Other income		100.	100.		STATEMENT 2
	12	Total. Add lines 1 through 11	_	264,791.	39,791.	. ,	
	13	Compensation of officers, directors, trustee	s, etc	0.	0.		0.
	14	Other employee salaries and wages					
ŝ		Pension plans, employee benefits Legal fees					
Expenses		_	'МТ 3	2,550.	2,550.	1	0.
ă		Other professional fees	111 5	2,3300			
	17	Interest				_	
rati	18	Taxes ST	MT 4	3,719.	0.		0.
nist	19	Depreciation and depletion					
Ē	20	Occupancy					· · · · · · · · · · · · · · · · · · ·
¥	21	Travel, conferences, and meetings					
auc	22	Printing and publications					
ing.	23	Other expenses					
rat	24	Total operating and administrative		6 260	2 550		
Operating and Administrative	25	expenses. Add lines 13 through 23		6,269. 168,105.	2,550.		168,105.
_	ł	Contributions, gifts, grants paid Total expenses and disbursements		100,103.			100,103.
	20	Add lines 24 and 25		174,374.	2,550.		168,105.
_	27	Subtract line 26 from line 12:		2,3,0,3.	2,330.	 	100,103.
		Excess of revenue over expenses and disbi	ırsements	90,417.			
		Net investment income (if negative, en			37,241.		
	C	Adjusted net income (if negative, enter	-0-)			N/A	

523501 11-24-15 LHA For Paperwork Reduction Act Notice, see instructions.

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Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only		Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	
LP	arı	cotumn should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	9,585.	11,503.	11,503.
	2	Savings and temporary cash investments	4,958.	14,021.	14,021.
	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			
	7	Other notes and loans receivable			
		Less allowance for doubtful accounts	1		
(A)	R	Inventories for sale or use			
Assets		Prepaid expenses and deferred charges			
As	1	Investments - U.S. and state government obligations		·-·-	
		Investments - corporate stock STMT 6	233,391.	310,525.	519,192.
	ı	Investments - corporate bonds	233,391.	310,323.	319,192.
	I				
	' '	Investments - land, buildings, and equipment, basis			THE PARTY OF THE P
	1.0	Less accumulated depreciation			
		Investments - mortgage loans			
		Investments - other			
	14	Land, buildings, and equipment basis			
	١	Less accumulated depreciation			
		Other assets (describe			
	16	Total assets (to be completed by all filers - see the	0.45 00.4	225 242	544 546
	L.	instructions. Also, see page 1, item I)	247,934.	336,049.	544,716.
		Accounts payable and accrued expenses			. 8 .
		Grants payable			
es	19	Deferred revenue			1
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			*
ë	21	Mortgages and other notes payable			, , I
_	22	Other liabilities (describe ADVANCE PAYABLE)	40,250.	37,948.	ar rec
	ĺ				
	23	Total liabilities (add lines 17 through 22)	40,250.	37,948.	, 1
	1	Foundations that follow SFAS 117, check here	j		,
<i>,</i> 0		and complete lines 24 through 26 and lines 30 and 31.			
Balances	24	Unrestricted			
<u>a</u>	25	Temporarily restricted			
	26	Permanently restricted			
Ę		Foundations that do not follow SFAS 117, check here 🕨 🗓			
Ę		and complete lines 27 through 31.			
õ	27	Capital stock, trust principal, or current funds	0.	0.	
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Net Assets or Fund	29	Retained earnings, accumulated income, endowment, or other funds	207,684.	298,101.	
ě	30	Total net assets or fund balances	207,684.	298,101.	
_				"	
	31	Total liabilities and net assets/fund balances	247,934.	336,049.	
		Analysis of Changes in Not Assets or Fund Br			
L	art	Analysis of Changes in Net Assets or Fund Ba	alances		
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	30		
		st agree with end-of-year figure reported on prior year's return)		1	207,684.
2	•	r amount from Part I, line 27a		2	90,417.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	298,101.
		eases not included in line 2 (itemize)		5	0.
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	298,101.
_			, , , , , , , , , , , , , , , , , , ,	1 - 1	Form 990-PF (2015)

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Part IV Capital Gains a (a) List and descr 2-story brick wa	ibe the kind	s) of property sold (e.g common stock, 200 sh	., real estate,		(b) F	low ac - Purch - Dona	quired (interpretation)	c) Date acquir (mo., day, yr.	red .)	(d) Date sold (mo., day, yr.)
1a					<u> </u>					-
b SEE ATTACHED	STATE	MENTS			-					
<u>C</u>		-			-					
d		· · · ·	_		├				-+	
<u>e </u>	/f) Dor	reciation allowed	(a) Cos	st or other basis	<u> </u>			(h) Gain or	(loss)	
(e) Gross sales price		or allowable)		expense of sale				(e) plus (f) m) —
<u>a</u>					_					
b										
d d									_	
e 405,018.		·	-	368,22	5					36,793
Complete only for assets shown	n nam in col	umn (h) and owned by	I the foundation		-		(1) (Sains (Col. (h)) uain m	
(i) F.M.V. as of 12/31/69	(j)	Adjusted basis of 12/31/69	(k) Ex	cess of col. (I)			col. (l	(), but not les osses (from	s than -	O-) or
a										
b		 -	-		\dashv					
C								-		
d										
e										36,793
2 Capital gain net income or (net ca	ortal loss)	If gain, also ente			}	2	-			36,793
Net short-term capital gain or (los	s) as define			,		_				· · · · · · · · · · · · · · · · · · ·
If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8			. <u>.</u>			3			I/A	
Part V Qualification U	nder Se	ction 4940(e) for	Reduced	I lax on Net	inv	estm	ient inco	me		
Vas the foundation liable for the sect f "Yes," the foundation does not qual f Enter the appropriate amount in a	lify under sec	tion 4940(e). Do not co	omplete this pa	nrt.						Yes X No
(a) Base period years Calendar year (or tax year beginnii		(b) Adjusted qualifying dis		Net value of no	(c)		use assets	(col. (Distribut (b) divid	d) tion ratio ed by col. (c))
2014	,,,g,	10	3,425.			44	7,988.	 ``	<u> </u>	.23086
2013			5,610.		_		2,368.			.18619
2012			0,010.				8,636.			.04797
2011			5,780.			18	6,834.			.03093
2010		14	1,578.			18	9,537.			.74696
2 Total of line 1, column (d)								2		1.24294
3 Average distribution ratio for the the foundation has been in existe			on line 2 by 5,	or by the number	r of ye	ars		3		.24858
4 Enter the net value of noncharitat	ole-use asset	s for 2015 from Part X,	line 5					4		503,469
5 Multiply line 4 by line 3								5		125,157
6 Enter 1% of net investment incom	ne (1% of Pa	rt I. line 27b)						6		372
7 Add lines 5 and 6		,,						7		125,529
	n Part VII lir	e /i						8		168,105
8 Enter qualifying distributions from If line 8 is equal to or greater than			e 1b, and com	plete that part usir	ng a 1	% tax r	rate.			100,100
See the Part VI instructions.										
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	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948 -	- see ii	nstru	ctio	าร)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	1			3	72.
	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2		-		0.
	Add lines 1 and 2	3			3	72.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			3	72.
	Credits/Payments:					
	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 2,320	.				ı
	Exempt foreign organizations - tax withheld at source 6b	H				
	Tax paid with application for extension of time to file (Form 8868) 6c	┥ !				1
	, and the same of	┥ !				
		7				20.
	Total credits and payments. Add lines 6a through 6d				4,5	<u> </u>
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8_				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			1 0	40
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			1,9	
	Enter the amount of line 10 to be: Credited to 2016 estimated tax 1,948. Refunded	11				<u>0.</u>
	rt VII-A Statements Regarding Activities					A
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interver	e ın			Yes	
	any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition	•		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish	ned or				
	distributed by the foundation in connection with the activities					
C	Did the foundation file Form 1120-POL for this year?			1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. \blacktriangleright \$ 0 . (2) On foundation managers. \blacktriangleright \$	<u>.</u>				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation]			
	managers. ► \$ 0.					*
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	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		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?	N	/A	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					1
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state of the state	te law	,			
	remain in the governing instrument?			6	Х	ĺ
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 >	ν]	7	Х	
•	and the foundation have actions agreed in about acting the journer from 100, 000 place from 11, 000 (4), and from 1	-		Ť		
Ra	Enter the states to which the foundation reports or with which it is registered (see instructions)					ĺ
va	MI					
j.	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
U	of each state as required by General Instruction G? If "No." attach explanation			8b	X	1
^	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for ca	landar		ŲΩ		
9	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV	ciiudi		9		х
10				10		X
ΙŪ	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			m 000	DE	

had not been removed from jeopardy before the first day of the tax year beginning in 2015?

4b X

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b If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2015.)

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

during the year?

Yes X No

N/A

3b

4a

X

Sant VIII D Obstance and Demonstrate A saludate of an William	ATION	Doguined (38-34324	413	Pag
Part VII-B Statements Regarding Activities for Which	Form 4/20 May Be	Required (contin	uea)	1	- 1
5a During the year did the foundation pay or incur any amount to:	on 404E(a)\Q		es X No		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section		- 	ES LA INU	- 1	
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indir		es X No	- 1	
any voter registration drive?			es X No	- 1	
(3) Provide a grant to an individual for travel, study, or other similar purpose		T	es [A] NO		
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section		V Na		
4945(d)(4)(A)? (see instructions)			es X No	1	İ
(5) Provide for any purpose other than religious, charitable, scientific, literary	y, or educational purposes, or		es X No		
the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify up	nder the exceptions described		53 <u>25</u> NO	1	
section 53.4945 or in a current notice regarding disaster assistance (see insti		in riegulations	N/A	5b	
Organizations relying on a current notice regarding disaster assistance check	•			+	_
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption		uned			
expenditure responsibility for the grant?		. —	es 🔲 No		i
If "Yes." attach the statement required by Regulations section 53.49		1/A	53 110		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	, ,		ļ		
a personal benefit contract?	o pay premiums on		es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	nerconal hanefit contract?	ال لـــا	.a	6b	· -
If "Yes" to 6b, file Form 8870	personal benefit contract?		-	- 00	-+
•	chalter transaction?		es X No		
7a At any time during the tax year, was the foundation a party to a prohibited tax		יז נ	N/A	7b	
b If "Yes," did the foundation receive any proceeds or have any net income attriberant VIII Information About Officers, Directors, Trus		nagers Highly		70	
Paid Employees, and Contractors	itees, i oundation in	inagers, riigin	,		
List all officers, directors, trustees, foundation managers and their	r compensation.				
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e	Expensions, ot
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	aut	llowance
		· ·		1	
EE STATEMENT 7		0.	0.	.	(
				ĺ	
	7			ŀ	
	7				
Compensation of five highest-paid employees (other than those in		, enter "NONE."	Tall.	,	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e	Expension, ot
(w) mario and addition of odon employee paid more than \$60,000	hours per week devoted to position	(C) Compensation	and deferred compensation	a	llowance
NONE		I	1		
NONE					
NONE				i	
NONE					
NONE				-	
NONE				<u> </u>	
NONE				ļ	
NONE					
NONE					
NONE					
NONE				i	

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highl Paid Employees, and Contractors (continued)	У		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."			
(a) Name and address of each person paid more than \$50,000 (b) Type of ser	vice	(c) Com	pensation
NONE		- 10,	
NONE			
			
			
			
			
The Laurenberr of others recovered over \$50,000 for professional convices		<u> </u>	0
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities	_		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses	3
1 NONE			
1 NONE			
	\dashv		0.
^			
2			
3			
A			
	$\overline{}$		
Part IX-B Summary of Program-Related Investments			
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount	
1 NONE			
			0.
2			
All other program-related investments. See instructions.			
3	- 1		
	\neg		
	$\neg \neg$		
Total. Add lines 1 through 3	•		0.
		Form 990-I	

Page 8 Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions) 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 1a 475,676. a Average monthly fair market value of securities 1b 35,460. b Average of monthly cash balances 1c c Fair market value of all other assets 1d 511.136. d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e 2 Acquisition indebtedness applicable to line 1 assets 3 511,136. Subtract line 2 from line 1d 7,667. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 5 503,469. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 6 25,173. Minimum investment return. Enter 5% of line 5 Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here
and do not complete this part.) 25,173. Minimum investment return from Part X, line 6 372. 2a Tax on investment income for 2015 from Part VI, line 5 2a b Income tax for 2015. (This does not include the tax from Part VI.) 2c c Add lines 2a and 2b 24.801. 3 Distributable amount before adjustments. Subtract line 2c from line 1 Recoveries of amounts treated as qualifying distributions 4 5 24,801. Add lines 3 and 4 6 Deduction from distributable amount (see instructions) 24,801. Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Qualifying Distributions (see instructions) 1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 168,105. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a 1b b Program-related investments - total from Part IX-B 2 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 3 Amounts set aside for specific charitable projects that satisfy the: 3a Suitability test (prior IRS approval required) 3b **b** Cash distribution test (attach the required schedule) 4 168,105. 4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b 6 Adjusted qualifying distributions. Subtract line 5 from line 4 Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

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4940(e) reduction of tax in those years.

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Part XIII Undistribute	ed Income (see				
		(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015	from Part XI.				<u> </u>
line 7	,				24,801.
2 Undistributed income, if any, as of t	the end of 2015				
a Enter amount for 2014 only				0.	
b Total for prior years:					
,			0.		
3 Excess distributions carryover	, if any, to 2015:	1.1.			
a From 2010	132,115.				
b From 2011					
c From 2012	253.				
d From 2013	48,154.				
eFrom 2014	83,308.				
f Total of lines 3a through e		263,830.			
4 Qualifying distributions for 20	15 from				
Part XII, line 4: ►\$	168,105.		!		
a Applied to 2014, but not more	than line 2a			0.	
b Applied to undistributed incom	ne of prior				
years (Election required - see i	instructions)		0.	*	
c Treated as distributions out of	corpus		^	į.	
(Election required - see instruc	ctions)	0.			
d Applied to 2015 distributable a	amount				24,801.
e Remaining amount distributed	out of corpus	143,304.			
5 Excess distributions carryover appli (If an amount appears in column (d),	red to 2015	0.	*		0.
(If an amount appears in column (d), must be shown in column (a))	, the same amount		*		
6 Enter the net total of each col	lumn as	*			
indicated below:	· pro con	407,134.			
& Corpus Add lines 3f, 4c, and 4e Su	ļ	407,134.	······································		
b Prior years' undistributed inco	ome. Subtract		0.		
line 4b from line 2b			0.		
c Enter the amount of prior year undistributed income for which					
deficiency has been issued, or	on which				
the section 4942(a) tax has be	en previously		0.		
assessed dSubtract line 6c from line 6b.	Tavabla				
amount - see instructions	Idaable		0.		
e Undistributed income for 2014	1 Subtract line				
4a from line 2a. Taxable amou				0.	
f Undistributed income for 2015			<u></u>	.	
lines 4d and 5 from line 1. This	1			1	
be distributed in 2016	3 amount mast				0.
7 Amounts treated as distribution	ons out of	.,	u		
corpus to satisfy requirements					
section 170(b)(1)(F) or 4942(
may be required - see instruct		0.			
8 Excess distributions carryover					
not applied on line 5 or line 7		132,115.			
9 Excess distributions carryove	er to 2016				
Subtract lines 7 and 8 from lin		275,019.			
10 Analysis of line 9:	···	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
a Excess from 2011	ļ				
b Excess from 2012	253.				
c Excess from 2013	48,154.				
dExcess from 2014	83.308.				

523581 11-24-15

eExcess from 2015

143,304.

Part XV Supplementary Information				
3 Grants and Contributions Paid During the		Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year		1		
AARP FOUNDATION	NONE	501(C)(3)	UNRESTRICTED	
PO BOX 93207			CHARITABLE GIFT	
LONG BEACH, CA 90809-3207	_		<u> </u>	30.
AMERICAN CIVIL LIBERTIES FUND	NONE	501(C)(3)	UNRESTRICTED	
60 W HANCOCK ST			CHARITABLE GIFT	
DETROIT, MI 48201				225.
AMERICAN TECHNION SOCIETY	NONE	501(C)(3)	UNRESTRICTED	
30230 ORCHARD LAKE ROAD STE 155			CHARITABLE GIFT	
FARMINGTON HILLS, MI 48334				1,000.
		504/01/21		
COLUMBIA COLLEGE 600 S MICHIGAN AVE	NONE	501(C)(3)	UNRESTRICTED CHARITABLE GIFT	
CHICAGO, IL 60605			CHARITABLE GIFT	3,000.
				,
and the state of t		501 (0) (2)		
COLUMBIA UNIVERSITY 622 WEST 113TH ST	NONE	501(C)(3)	UNRESTRICTED CHARITABLE GIFT	
NEW YORK, NY 10025			CHARITABLE GIFT	3,000.
	ONTINUATION SHE	ET(S)	▶ 3a	168,105.
b Approved for future payment				 -
NONE				
NONE				
		_		
Total			► 3b	0.

Analysis of Income-Producing Activities Part XVI-A

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ided by section 512, 513, or 514	(e)
-	(a) Business	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	code		1		
a	_			<u>-</u>	
	_		-		
4	-		+		
<u> </u>	-		╅		
f	- 		╁┈-		
g Fees and contracts from government agencies	-				
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	2,898.	
5 Net rental income or (loss) from real estate:					
a Debt-financed propertyb Not debt-financed property					
6 Net rental income or (loss) from personal property					_
7 Other investment income			01	100.	
8 Gain or (loss) from sales of assets other than inventory			18	36,793.	
9 Net income or (loss) from special events			†		
10 Gross profit or (loss) from sales of inventory			_		
11 Other revenue:					
a					
b					
C					
d					
е					
12 Subtotal. Add columns (b), (d), and (e)		0 .		39,791.	0.
13 Total. Add line 12, columns (b), (d), and (e)	·			13	39,791.
(See worksheet in line 13 instructions to verify calculations	١				

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
	· · · · · · · · · · · · · · · · · · ·
523621 11-24	-15 Form 990-PF (20

	\	JAMPEL FAMILY FO			3432413	Page 13
Part			and Transactions a	and Relationships With Non	charitable	
1 Dic	Exempt Organ	directly engage in any of the follow	ng with any other organization	on described in section 501(c) of	T IV	es No
		c)(3) organizations) or in section 5			ľ	30 110
	•	dation to a noncharitable exempt o				
	Cash		9		1a(1)	· X
	Other assets				1a(2)	X
	ner transactions:					
(1)	Sales of assets to a noncharit	able exempt organization			1b(1)	x
٠,		oncharitable exempt organization			1b(2)	х
	Rental of facilities, equipment				1b(3)	Х
• •	Reimbursement arrangement				1b(4)	X
• •	Loans or loan guarantees				1b(5)	X
		nembership or fundraising solicitati	ons		1b(6)	X
c Sh	aring of facilities, equipment, m	nailing lists, other assets, or paid er	nployees		1c	Х
				ways show the fair market value of the go	oods, other asset	s,
or	services given by the reporting	foundation. If the foundation recen	ved less than fair market valu	ie in any transaction or sharing arrangen	nent, show in	
co	umn (d) the value of the goods	, other assets, or services received	.			
(a)Line r	o (b) Amount involved	(c) Name of noncharitab	le exempt organization	(d) Description of transfers, transaction	is, and sharing arran	gements
		N/A				
			 			
			-			
			·			
ın	-	ctly affiliated with, or related to, on er than section 501(c)(3)) or in sec hedule		zations described	Yes	X No
	(a) Name of or		(b) Type of organization	(c) Description of rel	ationship	•
	N/A					
		<u> </u>				
Sign Here	and belief, it is true, correct, and or	omplete Declaration of preparer (other the		statements, and to the best of my knowledge nation of which preparer has any knowledge PRESIDENT	May the IHS dis return with the p shown below (so X Yes	reparer
	Print/Type preparer's	\ /	signature /		PTIN	
	CAROL S. I	//	Y//	self- employed	***	
Paid	C.P.A.	"July law	LNINALIA	KA 3/12/16	P000196	83
Prep		BENFAER & ASSOC	IATES PC	Firm's EIN ► 38		

Form **990-PF** (2015)

Phone no. (248) 932-1900

Use Only

Firm's address ▶ 32300 NORTHWESTERN HWY #115

FARMINGTON HILLS, MI 48334-1501

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

Department of the Treasury Internal Revenue Service

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.lrs.gov/form990.

OMB No 1545-0047

2015

Name of the organization

Employer identification number

Т	HE JAMPEL FAMILY FOUNDATION	38-3432413					
Organization type (check	one)						
Filers of:	Section:						
Form 990 or 990-EZ	501(c)() (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
General Rule X For an organizate property) from an	c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule of the Complete and a Special Rule of the Complete Parts I and II See instructions for determining a contributor.	g \$5,000 or more (in money or					
Special Rules							
sections 509(a)(1 any one contribu	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, itor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amour IZ, line 1 Complete Parts I and II	or 16b, and that received from					
year, total contri	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, chantable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III						
year, contribution is checked, ente purpose Do not	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.						
_	that is not covered by the General Rule and/or the Special Rules does not file Schedule for Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Fo						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

Employer identification number

THE JAMPEL FAMILY FOUNDATION

38-3432413

Ine U.	AMPEL FAMILI FOUNDATION		3-3432413
Part I	Contributors (see instructions). Use duplicate copies of Part I	f additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROBERT S AND JOAN M JAMPEL 4363 BARCHESTER DRIVE BLOOMFIELD HILLS, MI 48302	\$ 225,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Onncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
523452 10-2	6-15	Scheanie R (Fold	1 990. 990-EZ. Of 990-PF1 (2015)

Employer identification number

THE JAMPEL FAMILY FOUNDATION

38-3432413

(b)	(5)	
Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	 \$	990, 990-EZ, or 990-PF) (20
	(b) Description of noncash property given Description of noncash property given (c) (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (d) Description of noncash property given (e) FMV (or estimate) (see instructions) (f) FMV (or estimate) (see instructions) (g) FMV (or estimate) (see instructions) (h) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) FMV (or estimate) (see instructions)	

Schedule R	. (Form 990, 990-FZ, or 990-PF) (2015)				Page 4		
				Employer identif	cation number		
THE JA	the year from any one contributor. Complete columns (a) through (e) and the following line entry. For occupienting Part III, eithe total of exclusively religious, charbles, let, contributions of \$1,000 or less for the year (interior Use duplicate copies of Part III if additional space is needed (b) Purpose of gift (c) Use of gift (d) Transfer of gift Transferee's name, address, and ZIP + 4 Relationshi (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationshi (b) Purpose of gift (c) Use of gift (d) Transfer of gift Transferee's name, address, and ZIP + 4 Relationshi (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationshi (b) Purpose of gift (c) Use of gift (c) Use of gift (d) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationshi (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationshi	38 – 343 (01(c)(7), (8), or (10) that total mo					
- artim	the year from any one contributor. Complete	columns (a) through (e) and the f	ollowina line en	TV. For organizations	4,,000.00		
	Use duplicate copies of Part III if addition	nal space is needed		(criter this like once)			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how o	jift is held		
		(e) Transfer of	gıft	· · · · · · · · · · · · · · · · · · ·	_		
	Transferee's name, address, a	and ZIP + 4	Rela	tionship of transferor to trans	feree		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how o	jift is held		
	<u> </u>	(e) Transfer of	gift				
	Transferee's name, address, a	nd ZIP + 4	Rela	tionship of transferor to trans	feree		
Γ							
(a) No.	(h) Director of sift	(a) Has of mit		(d) Department of hours	ift is hold		
Part I	(b) Furpose of gift	(c) use or girt		(d) Description of how of	ur is neid		
			<u> </u>				
		-					
-	(e) Transfer of gift						
	Transferee's name, address, a	and ZIP + 4	Rela	tionship of transferor to trans	feree		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how g	gift is held		
			-				
	-						
		(e) Transfer of	gift				

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee		

523454 10-26-15

PAGE 1 OF

	sses for Tax on Investment Income			
(a) List and 2-story br	describe the kind(s) of property sole ick warehouse; or common stock, 20	d, e.g., real estate, 00 shs. MLC Co.	P - Purchase D - Donation	(c) Date acquired (d) Date sold (mo., day, yr.)
1a 500 SHS ALIBAB	A GROUP		P	05/08/1507/21/15
	CSX CORPORATION		P	08/05/1512/02/15
c 6.44653 WALT D		-	P	01/08/1504/21/15
	TECHNOLOGIES GR		P	12/26/1404/29/15
	KINDER MORGAN I	NC	P	08/27/1511/27/15
f 1000 SHS MEDOV			P	12/29/1405/15/15
g 1000 WTS MEDOV			P	12/29/1402/12/15
		INC	P	06/16/1507/17/15
	RECISION CASTPAR	TS	P	08/10/1512/30/15
	CITY CORPORATION		P	04/29/1507/17/15
k 500 SHS STARZ	ONE INDUCEDIES		P	07/10/1508/06/15
225.82257 VALM		·	P	07/17/1510/05/15 08/05/1511/05/15
n 500 SHS XOOM C			P	07/10/1509/21/15
0 500 SHS AMBARE			P	10/16/13/09/08/15
	(f) Depreciation allowed	(g) Cost or other basis) Gain or (loss)
(e) Gross sales price	(or allowable)	plus expense of sale		ilus (f) minus (g)
a 41,300.		43,969.		-2,669.
b 37,336.		39,501.		-2,165.
c 695.		606.		89.
d 11,865.		13,510.		-1,645.
e 24,235.		29,344.		-5,109.
f 3,165. g 225.	-	4,400. 1,551.		-1,235.
-00 -10		34,445.	<u> </u>	-1,326. -1,732.
$\frac{h}{1}$ 32,713.		11,576.		-1,732.
52,085.		61,050.		-8,965.
k 18,555.		22,065.		-3,510.
22,218.		26,940.		-4,722.
m 15,138.		18,018.		-2,880.
n 12,435.		12,545.		-110.
0 36,318.		10,515.	 	25,803.
Complete only for assets shown	ig gain in column (h) and owned by t	he foundation on 12/31/69	(I) Los	ses (from col. (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (1) over col. (j), if any	Gains (excess o but n	of col. (h) gain over col. (k), ot less than "-0-")
a		j		-2,669.
b	-			-2,165.
С				89.
d				-1,645.
е				-5,109.
f				-1,235.
g				-1,326.
h				-1,732.
<u> </u>				-2.
1				-8,965.
<u>k</u>	_			-3,510.
1				-4,722.
<u>m</u>				-2,880.
n				-110. 25,803.
0				45,603.
2 Capital gain net income or (net ca	pital loss) { If gain, also enter "-0	ın Part I, line 7 -" ın Part I, line 7	2	
	s) as defined in sections 1222(5) an	d (6):		
If gain, also enter in Part I, line 8,	column (c).	}		
If (loss), enter "-0-" in Part I, line 8	5 		3	

Part IV Capital Gains and L	osses for Tax on Investment Incom	<u> </u>			
(a) List ar 2-story	nd describe the kind(s) of property so brick warehouse; or common stock,	old, e.g., real estate, 200 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a 526.94560 SHS	WALT DISNEY CO				04/21/15
	DEX THERAPEUTICS		P	10/23/14	04/15/15
С					
d					
е	-				
f					
g					
h					
<u> </u>					
_1					ļ
k					
				-	
m					
<u>n</u>					
0	(6) Depresenting allowed	(a) Cost or other bosis		Coup or (loss)	<u></u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(n) (e) p	Gain or (loss) lus (f) minus (g)	
a 56,844.	1 '	22,557.	(5) P		34,287.
a 56,844 b 28,317	•	15,633.			$\frac{34,287.}{12,684.}$
C 20,317		13,033.			12,004.
d		+			
e	 	+			
f	+				
g	1				
h					· · · · · · · · · · · · · · · · · · ·
1					
1					
k			-		
1					
m					
n					
0	1	<u> </u>			
Complete only for assets show	ring gain in column (h) and owned by		(I) Los	ses (from col. (h))) - aal (k)
(i) F.M.V. as of 12/31/69	(j) Adjusted basis	(k) Excess of col. (i)	Gains (excess o	of col. (h) gain òve ot less than "-0-")	r col. (K),
(.)	as of 12/31/69	over col. (j), if any			
<u>a</u>				 	34,287.
b		1			12,684.
C	 	1			
d	-		- 		
e f		+			
g	+		·	···	
h	-	 			
<u>"</u>	+				
<u>-</u>	+	* * * * * * * * * * * * * * * * * * * *		-	
k					
1					
m					
n					
0					
	, If non-also ont	ter in Part I line 7			
2 Capital gain net income or (net o	capital loss) { if (loss), enter *	ter in Part I, line 7 '-0-" in Part I, line 7	2		36,793.
3 Net short-term capital gain or (le	oss) as defined in sections 1222(5) a	. 1			
If gain, also enter in Part I, line 8	8, column (c).	}		/-	
If (loss), enter "-0-" in Part I, line	, δ	<i>)</i>	3	N/A	

Part XV Supplementary Informatio 3 Grants and Contributions Paid During the				<u> </u>
Recipient	If recipient is an individual,	Foundation	Durage of grant or	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
	or substantial contributor	roopene		
DETROIT SYMPHONY ORCHESTRA	NONE	501(C)(3)	UNRESTRICTED	
3711 WOODWARD AVENUE	HONE	501(6)(3)	CHARITABLE GIFT	
DETROIT, MI 48201				1,000
FRIENDS OF THE ISRABL DEFENSE FORCES	NONE	501(C)(3)	UNRESTRICTED	
60 EAST 42ND STREET			CHARITABLE GIFT	
NEW YORK, NY 10165				180
FRIENDS OF THE SMITHSONIAN	NONE	501(C)(3)	UNRESTRICTED	
PO BOX 37012, MRC 712			CHARITABLE GIFT	
WASHINGTON, DC 20013-7012				100
JEWISH COMMUNITY CENTER	NONE	501(C)(3)	UNRESTRICTED	
6600 W MAPLE WEST BLOOMFIELD, MI 48322			CHARITABLE GIFT	375
MEDI BROOM IBBD, MI 40322				3.3
JEWISH FEDERATION OF METRO DETROIT	NONE	509(A)(1) 170	UNRESTRICTED	
6735 TELEGRAPH RD			CHARITABLE GIFT	
BLOOMFIELD HILLS, MI 48301				21,500
JEWISH NEWS FOUNDATION	NONE	501(C)(3)	UNRESTRICTED	
29200 NORTHWESTERN HWY, STE 110			CHARITABLE GIFT	
SOUTHFIELD, MI 48034				5,000
NATIONAL PARKS CONSERVATION	NONE	501(C)(3)	UNRESTRICTED	
ASSOCIATION			CHARITABLE GIFT	
777 6TH STREET NW, SUITE 700		İ		
WASHINGTON, DC 20001-3723				50
		501/51/51		
NATIONAL WORLD WAR II MUSEUM 945 MAGAZINE ST	NONE	501(C)(3)	UNRESTRICTED CHARITABLE GIFT	
NEW ORLEANS, LA 70130			C.M.KITABBE GIFT	100
POLICE FAMILY SURVIVORS FUND - AFP	NONE	501(C)(3)	UNRESTRICTED	
6350 HORIZON DRIVE			CHARITABLE GIFT	
TITUSVILLE, FL 32780				50
SIERRA CLUB FOUNDATION-JOHN MUIR	NONE	501(C)(3)	UNRESTRICTED	
SOCIETY			CHARITABLE GIFT	
85 SECOND STREET STE 750				
SAN FRANCISCO, CA 94105		1	<u> </u>	135
Total from continuation sheets				160,850

THE JAMPEL FAMILY FOUNDATION

Name and address (home or business) any foundation manager or substantial contributor southern poverty law center 400 washington ave MONTGOMERY, al 36104 TEMPLE BETH EL 7400 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 THE HEINZ C PRECHTER BIPOLAR RESEARCH NONE 501(C) FUND 4250 PLYMOUTH ROAD ANN ARBOR, MI 48109 UNITED JEWISH FOUNDATION 6735 TELEGRAPH RD STE 30	CHARITABLE GIFT (3) UNRESTRICTED CHARITABLE GIFT 1
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVE MONTGOMERY, AL 36104 TEMPLE BETH EL 7400 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 THE HEINZ C PRECHTER BIPOLAR RESEARCH NONE 501(C) FUND 4250 PLYMOUTH ROAD ANN ARBOR, MI 48109 UNITED JEWISH FOUNDATION NONE 501(C)	UNRESTRICTED CHARITABLE GIFT (3) UNRESTRICTED CHARITABLE GIFT 1,
MONTGOMERY, AL 36104 TEMPLE BETH EL 7400 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 THE HEINZ C PRECHTER BIPOLAR RESEARCH NONE 501(C) FUND 4250 PLYMOUTH ROAD ANN ARBOR, MI 48109 UNITED JEWISH FOUNDATION NONE 501(C)	CHARITABLE GIFT (3) UNRESTRICTED CHARITABLE GIFT 1 (3) UNRESTRICTED
MONTGOMERY, AL 36104 TEMPLE BETH EL 7400 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 THE HEINZ C PRECHTER BIPOLAR RESEARCH NONE 501(C) FUND 4250 PLYMOUTH ROAD ANN ARBOR, MI 48109 UNITED JEWISH FOUNDATION NONE 501(C)	CHARITABLE GIFT (3) UNRESTRICTED CHARITABLE GIFT 1 (3) UNRESTRICTED
TEMPLE BETH EL NONE 501(C) 7400 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 THE HEINZ C PRECHTER BIPOLAR RESEARCH NONE 501(C) FUND 4250 PLYMOUTH ROAD ANN ARBOR, MI 48109 UNITED JEWISH FOUNDATION NONE 501(C)	(3) UNRESTRICTED CHARITABLE GIFT 1,
7400 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 THE HEINZ C PRECHTER BIPOLAR RESEARCH NONE FUND 4250 PLYMOUTH ROAD ANN ARBOR, MI 48109 UNITED JEWISH FOUNDATION NONE 501(C) 6735 TELEGRAPH RD STE 30	CHARITABLE GIFT 1, (3) UNRESTRICTED
7400 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 THE HEINZ C PRECHTER BIPOLAR RESEARCH NONE FUND 4250 PLYMOUTH ROAD ANN ARBOR, MI 48109 UNITED JEWISH FOUNDATION NONE 501(C) 6735 TELEGRAPH RD STE 30	CHARITABLE GIFT 1, (3) UNRESTRICTED
7400 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 THE HEINZ C PRECHTER BIPOLAR RESEARCH NONE FUND 4250 PLYMOUTH ROAD ANN ARBOR, MI 48109 UNITED JEWISH FOUNDATION NONE 501(C) 6735 TELEGRAPH RD STE 30	CHARITABLE GIFT 1, (3) UNRESTRICTED
BLOOMFIELD HILLS, MI 48301 THE HEINZ C PRECHTER BIPOLAR RESEARCH NONE FUND 4250 PLYMOUTH ROAD ANN ARBOR, MI 48109 UNITED JEWISH FOUNDATION 6735 TELEGRAPH RD STE 30	(3) UNRESTRICTED
THE HEINZ C PRECHTER BIPOLAR RESEARCH NONE 501(C) FUND 4250 PLYMOUTH ROAD ANN ARBOR, MI 48109 UNITED JEWISH FOUNDATION 6735 TELEGRAPH RD STE 30	(3) UNRESTRICTED
FUND 4250 PLYMOUTH ROAD ANN ARBOR, MI 48109 UNITED JEWISH FOUNDATION NONE 501(C) 6735 TELEGRAPH RD STE 30	I I
4250 PLYMOUTH ROAD ANN ARBOR, MI 48109 UNITED JEWISH FOUNDATION NONE 501(C) 6735 TELEGRAPH RD STE 30	CHARITABLE GIFT
6735 TELEGRAPH RD STE 30	į
UNITED JEWISH FOUNDATION NONE 501(C) 6735 TELEGRAPH RD STE 30	
UNITED JEWISH FOUNDATION NONE 501(C) 6735 TELEGRAPH RD STE 30 BLOOMFIELD HILLS, MI 48301	5,
6735 TELEGRAPH RD STE 30	
BLOOMFIELD HILLS, MI 48301	CHARITABLE GIFT
	100,
WAYNE STATE UNIVERSITY NONE 501(C)	i .
5475 WOODWARD DETROIT, MI 48202	CHARITABLE GIFT 25,
DBIRO11, H1 40202	
WIKIMEDIA FOUNDATION NONE 501(C)	/3\ INDECMBICMED
149 NEW MONTGOMERY STREET, FLOOR 6	(3) UNRESTRICTED CHARITABLE GIFT
SAN FRANCISCO, CA 94105	CHARTIADES GIFT
Total from continuation sheets	

FORM 990-PF	DIVIDEND	S AND INTER	REST FROM SEC	URITIES	STATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAI GAINS DIVIDENI	REVENUE		
CHASE INVESTMENT SERVICES CORP	2,898		0. 2,89	8. 2,898	•
TO PART I, LINE 4	2,898		2,89	2,898	•
FORM 990-PF		OTHER I	INCOME		STATEMENT 2
DESCRIPTION			(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
MISCELLANEOUS INCOM	E	 -	100.	100.	-
TOTAL TO FORM 990-P	F, PART I,	LINE 11 =	100.	100.	
FORM 990-PF		ACCOUNTI	ING FEES		STATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
ACCOUNTING FEES	_	2,550.	2,550	•	0.
TO FORM 990-PF, PG	1, LN 16B =	2,550.	2,550	•	0.
FORM 990-PF		KAT	ŒS		STATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
EXCISE TAX	_	3,719.	. 0	•	0.
TO FORM 990-PF, PG	1, LN 18	3,719.	. 0	•	0.
	=				

FOOTNOTES

STATEMENT 5

PART XV

NONE OF THE RECIPIENTS HAVE ANY RELATIONSHIP TO ANY FOUNDATION MANAGER OR SUBSTANTIAL CONTRIBUTOR. THE PURPOSE OF EVERY CONTRIBUTION MADE IS FOR THE GENERAL PURPOSES OF THE DONEE ORGANIZATION. ALL OF THE DONEE ORGANIZATIONS ARE PUBLIC ENTITIES. NO LIMITATIONS ON THE USE OF FUNDS WERE IMPOSED.

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FORM 990-PF	CORPORATE STOCK		STAT	EMENT 6	
DESCRIPTION		BOOK VALUI		MARKET ALUE	
CHASE INVESTMENT SERVICES		310,52		519,192.	
TOTAL TO FORM 990-PF, PART II,	LINE 10B	310,52	25.	519,192.	
	LIST OF OFFICERS, D		STAT	EMENT 7	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE	
ROBERT S. JAMPEL 4363 BARCHESTER DRIVE BLOOMFIELD HILLS, MI 48302	PRESIDENT 0.00	0.	0.	0.	
JOAN M. JAMPEL 4363 BARCHESTER DRIVE BLOOMFIELD HILLS, MI 48302	SECRETARY 0.00	0.	0.	0.	
HENRY DAVID JAMPEL 1 RUBY FIELD COURT BALTIMORE, MD 21209	DIRECTOR 0.00	0.	0.	0.	
DELIA ELLEN JAMPEL FRANK 735 96TH AVENUE SE BELLEVUE, WA 98004	DIRECTOR 0.00	0.	0.	0.	
JAMES MEYERS JAMPEL 215 VALENTINE STREET WEST NEWTON, MA 02465	DIRECTOR 0.00	0.	0.	0.	
EMILY SHARON SHERMAN 7220 CAMDEN COURT BLOOMFIELD HILLS, MI 48301	DIRECTOR 0.00	0.	0.	0.	
TOTALS INCLUDED ON 990-PF, PAGE	E 6, PART VIII	0.	0.	0.	

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT 8

NAME OF MANAGER

ROBERT S. JAMPEL JOAN M. JAMPEL