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#### DLN: 93491082007046

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

# **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 instructions is at <u>www.irs.gov/form990pf</u>.

For	caler	ndar year 2015, or tax y	ear beginning 01-0	1-2015	, an	d ending 1	2-31-2015	
	e of foun	ndation ND BRIAN MEER FOUNDATION				A Employer id	entification numb	er
• • • • • • • • • • • • • • • • • • • •	LLISAAI	TO DICENTIFICATION				38-3605133		
		street (or P O box number if mail is i	not delivered to street address)	Room/suite		<b>B</b> Telephone nur	nber (see instruction	ıs)
C/(	O BRIAN	MEER 3020 MIDDLEBELT ROAD				(248) 683-0001		
		state or province, country, and ZIP o FIELD, MI 483231932	r foreign postal code			<b>C</b> If exemption	application is pendin	ng, check here 🕨 🦵
<b>G</b> Ch	neck all	that apply   Initial return	Initial return of a fo	ormer public charity				_
		Final return Address chang	Amended return	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<b>2.</b> Foreign o	ganizations, check h rganizations meeting k here and attach co	the 85%
		pe of organization					indation status was in 507(b)(1)(A), chec	. —
		t value of all assets at end	JAccounting method			F If the founda	ation is in a 60-mont	h termination
of y	ear <i>(fr</i>	om Part II, col. (c), \$ 40,528	Other (specify)	be on cash basıs.)			n 507(b)(1)(B), chec	. —
	rt I							Dishursoments
Ра	10.1	Analysis of Revenue a (The total of amounts in columns ( necessarily equal the amounts in c instructions))	'b), (c), and (d) may not	Revenue and expenses per (a) books	(p)	let investment income	Adjusted net (c) income	Disbursements for charitable purposes (d) (cash basis only)
	1	Contributions, gifts, grants, e	tc , received (attach					
		schedule)		59,675				
	2	Check 🟲 🦵 If the foundation	is <b>not</b> required to attach					
		Sch B						
	3	Interest on savings and temp		14		14		_
	4	Dividends and interest from s			-			
	5a	Gross rents						
ds	b 6a	Net rental income or (loss) _ Net gain or (loss) from sale o		81				
Reveilue								
	b	Gross sales price for all asse 59,756	ts on line 6a					
ž	7	Capital gain net income (from	n Part IV, line 2)			56,740		
	8	Net short-term capital gain .						
	9	Income modifications						
	10a	Gross sales less returns and allowances						
	ь	Less Cost of goods sold .						
	С	Gross profit or (loss) (attach	schedule)					
	11	Other income (attach schedu	ıle)					-
	12	Total.Add lines 1 through 11		59,770		56,754		
	13	Compensation of officers, dire	ectors, trustees, etc	0		0		0
	14	O ther employee salaries and	wages					
yn do	15	Pension plans, employee ben	efits					
Expenses	16a	Legal fees (attach schedule).						
8	ь	Accounting fees (attach sche	edule)					
	С	Other professional fees (atta	ch schedule)					
Administrative	17	Interest						
tra	18	Taxes (attach schedule) (see	e instructions)	1,437		0		1,437
Ē	19	Depreciation (attach schedul	e) and depletion					
Ê	20	Occupancy						
4	21	Travel, conferences, and mee	etings					
and	22	Printing and publications						
Ε	23	Other expenses (attach sche	dule)	48		0		48
Operating	24	Total operating and administ	-					
8		Add lines 13 through 23		1,485		0		1,485
J	25	Contributions, gifts, grants p		58,673				58,673
	26	Total expenses and disburser 25	nents.Add lines 24 and	60,158		0		60,158
	27	Subtract line 26 from line 12						
	а	Excess of revenue over exper	nses and disbursements	-388				
	b	Net investment income (If ne	gatıve, enter -0-)			56,754		
	С	Adjusted net income(If negat	ive, enter -0-)					

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	·
	1	Cash—non-interest-bearing	(a) Book Value 4,199	<b>(b)</b> Book Value 25,279	(c) Fair Market Value 25,279
	2	Savings and temporary cash investments			
	3	Accounts receivable	30,202	13,213	13,213
	ر	Less allowance for doubtful accounts			
	4	Pledges receivable			
	7	Less allowance for doubtful accounts -			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
	•	Less allowance for doubtful accounts			
	8	Inventories for sale or use			
اڇ	9	Prepaid expenses and deferred charges			
Assets	10a	Investments—U S and state government obligations (attach			
٩.		schedule)			
	b	Investments—corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis 🕨			
		Less accumulated depreciation (attach schedule) 🟲			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis 🟲			
		Less accumulated depreciation (attach schedule) 🟲			
	15	O ther assets (describe 🟲)			
	16	<b>Total assets</b> (to be completed by all filers—see the			
		ınstructions Also, see page 1, item I)	40,481	40,528	40,528
	17	Accounts payable and accrued expenses			
اي	18	Grants payable			
١ĕ	19	Deferred revenue			
abilities	20	Loans from officers, directors, trustees, and other disqualified persons $% \left( 1\right) =\left( 1\right) \left( 1\right) \left$			
ם	21	Mortgages and other notes payable (attach schedule)			
-	22	Other liabilities (describe 🟲)	<b>%</b> 0	<b>%</b> 435	
	23	Total liabilities(add lines 17 through 22)	0	435	
ای		Foundations that follow SFAS 117, check here 🕨 🔽			
or Fund Balances		and complete lines 24 through 26 and lines 30 and 31.			
<u>a</u>	24	Unrestricted	40,481	40,093	
<u>ක</u>	25	Temporarily restricted			
핃	26	Permanently restricted			
ᆲ		Foundations that do not follow SFAS 117, check here 🕨 🦵			
5		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
₹	30	<b>Total net assets or fund balances</b> (see instructions)	40,481	40,093	
	31	$\textbf{Total liabilities and net assets/fund balances} (\texttt{see} \ \texttt{instructions})  .  .$	40,481	40,528	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances			
1		Total net assets or fund balances at beginning of year—Part II, column	ı (a), lıne 30 (must aç	gree	
		with end-of-year figure reported on prior year's return)		1	40,481
2		Enter amount from Part I, line 27a		2	-388
3		Other increases not included in line 2 (itemize)		3	0
4		Add lines 1, 2, and 3		4	40,093
5		Decreases not included in line 2 (itemize) ▶		5	0
6		Total net assets or fund balances at end of year (line 4 minus line 5)—l	Part II, column (b), lı	ne 30 <b>. 6</b>	40,093

7

Add lines 5 and 6. . . . . . . . . . . . . . . .

Part IV Capital Gains and Losses for Tax on Investment Income

		kınd(s) of property sold (e g , re use, or common stock, 200 shs		How acquired P—Purchase  (b) D—Donation	(c) (m	ate acquired no , day, yr )	Date sold (d) (mo , day, yr )
	100 SHS OF HENRY SC	HEIN INC		P P		8-08-03	2015-06-24
b	300 SHS OF HENRY SC			Р	199	8-08-03	2015-10-27
с							
d							
<u>ч</u> е							
		Depreciation allowed	d Cost	<u>l</u> t or other basıs	1	Gau	n or (loss)
(e	) Gross sales price	(f) (or allowable)		expense of sale			(f) minus (g)
а	14,5			75	4		13,763
ь	45,2	239		2,26	2		42,977
c							
d							
<u>-</u> е							
	malata anly for accate char	I wing gain in column (h) and owne	d by the foundation	on 12/21/60		Carra (Cal	/h \ ===================================
		A djusted basis		cess of col (ı)	<b>⊣</b> 。。		(h) gain minus ot less than -0-) <b>or</b>
(i)	FMV as of 12/31/69	(j) as of 12/31/69		rcol (j), if any	(1)		(from col (h))
а							13,763
b							42,977
С							
d							
e							
3				in Part I, line 7	2		56,740
			· · · · ·	· · ,	3		
Part '	V Qualification Und	ler Section 4940(e) for R	educed Tax or	Net Investme	ent In	come	
If section Was the	on 4940(d)(2) applies, leav foundation liable for the se	ate foundations subject to the se re this part blank ection 4942 tax on the distributa ualify under section 4940(e) Do	able amount of any	year in the base p		· )	┌ Yes ┌ No
<b>1</b> Ent	er the appropriate amount	ın each column for each year, se	ee instructions befo	ore making any en	tries		
Base year (c	(a) period years Calendar or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncha	rıtable-use assets	(-	(d) Distributio col (b) divided	n ratio
	2014	53,237		27,951			1 904655
	2013	81,928		33,683			2 432325
	2012	92,346		51,989			1 776260
2011		108,309		32,824			3 299689
	2010	100,324		38,627			2 597251
2	<b>Total</b> of line 1, column (d				2		12 010180
3		o for the 5-year base period—div foundation has been in existence			3		2 402036
4		ncharitable-use assets for 2015			4		20,201
5			•	_	5		48,524
6		ent income (1% of Part I, line 27		<u> </u>	6		568

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

49,092

60,158

ĽŒL	Excise Tax based on Investment Income (Section 4940(a), 4940(b), 49	74U(E),	, UI 4340—SE	e pag	C 10 OL	the ins	LIUCLIO	/IIS <i>)</i>				
1a		· ┌		)								
	and enter "N/A" on line 1  Date of ruling or determination letter			Į								
	(attach copy of letter if necessary-see instructions)			(								
b	Domestic foundations that meet the section 4940(e) requirements in Part V,			ļ	1				568			
	here 🟲 🔽 and enter 1% of Part I, line 27b			. ′								
С	All other domestic foundations enter 2% of line 27b Exempt foreign organiza Part I, line 12, col (b)	itions e	enter 4% of									
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foun enter $-0-$ )	idation	s only Othe	ers	2							
3	<u> </u>											
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable four enter -0-)	ndation	s only Othe	ers	4		C					
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, en	nter-0		•	5				568			
6	Credits/Payments		ī									
а	2015 estimated tax payments and 2014 overpayment credited to 2015	6a		1,120								
b	Exempt foreign organizations—tax withheld at source	6b										
C	Tax paid with application for extension of time to file (Form 8868)	6с										
d	Backup withholding erroneously withheld	6d										
7	Total credits and payments Add lines 6a through 6d				7				1,120			
8	Enter any <b>penalty</b> for underpayment of estimated tax Check here $\  \  \  \  \  \  \  \  \  \  \  \  \ $	220 is	attached		8							
9	$\textbf{Tax}\ \textbf{due.} If the total of lines 5 and 8 is more than line 7, enter \textbf{amount}\ \textbf{owed}\ \textbf{.}$			•	9							
10	Overpayment.If line 7 is more than the total of lines 5 and 8, enter the amount	t overp	paid	•	10				552			
11	Enter the amount of line 10 to be Credited to 2015 estimated tax	552	Refunded	<b>•</b>	11				0			
Par	t VII-A Statements Regarding Activities											
1a	During the tax year, did the foundation attempt to influence any national, state	, or loc	al legislatio	n or d	ıd			Yes	No			
	it participate or intervene in any political campaign?						1a		No			
b	Did it spend more than \$100 during the year (either directly or indirectly) for p			see In	structi	ons						
	for definition)?					•	1b		No			
	If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities	and co	pies of any r	nateria	ıls							
	published or distributed by the foundation in connection with the activities.											
	Did the foundation file Form 1120-POL for this year?	• •				•	1c		No			
d	Enter the amount (if any) of tax on political expenditures (section 4955) impos											
	(1) On the foundation  \$\bigs\\$ 0 (2) On foundation managers			0								
е	Enter the reimbursement (if any) paid by the foundation during the year for poli	itical e	xpenditure t	ax imp	osed							
_	on foundation managers 🕨 \$		t - th - IDC2						NI-			
2	Has the foundation engaged in any activities that have not previously been rep	ortea	to the IRS?				2		No			
_	If "Yes," attach a detailed description of the activities.					_						
3	Has the foundation made any changes, not previously reported to the IRS, in it	_	_	-		5	2		No			
4-	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a confo						3	$\vdash$	No			
4a	Did the foundation have unrelated business gross income of \$1,000 or more di						4a 4b		No			
ь 5	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?						-		No			
3	If "Yes," attach the statement required by General Instruction T.	illig tile	e year				3		NO			
6	Are the requirements of section 508(e) (relating to sections 4941 through 494	45\ca	ticfied eithe	r								
•	By language in the governing instrument, or	7 <i>3)</i> 30	cisiled eithe	ı								
	By state legislation that effectively amends the governing instrument so the	at no m	nandatory di	irectio	ns							
	that conflict with the state law remain in the governing instrument?						6	Yes				
7	Did the foundation have at least \$5,000 in assets at any time during the year?					),						
-	and Part XV.					,, 	7	Yes				
8a	Enter the states to which the foundation reports or with which it is registered (s	see ins	structions)									
•	►MI		- <i>,</i>									
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 99	90-PF	to the Attor	ney								
	General (or designate) of each state as required by General Instruction G? If						8b	Yes				
9	Is the foundation claiming status as a private operating foundation within the n	meanın	g of section	4942	(յ)(3)							
	or $4942(J)(5)$ for calendar year 2015 or the taxable year beginning in 2015 (see	ee inst	ructions for	Part X	(IV)?							
	If "Yes," complete Part XIV						9		No			
10	Did any persons become substantial contributors during the tax year? If "Yes,"	" attach	a schedule	listing	their n	ames						
	and addresses.						10		No			

Form	990-PF (2015)		Р	age <b>5</b>
Par	t VII-A Statements Regarding Activities (continued)			_
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ►N/A			
14	The books are in care of ▶BRIAN MEER	)683-	0001	
	Located at ►3020 MIDDLEBELT ROAD WEST BLOOMFIELD MI ZIP+4 ►4832319			
45				
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here		- 1	
	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 over		Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial			
	Accounts (FBAR) If "Yes", enter the name of the foreign country 🟲			
Par	t 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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? $\Gamma$ Yes $\Gamma$ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? $\qquad \qquad \qquad$			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)? $ extstyle  ex$			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period			
_	after termination of government service, if terminating within 90 days ) Yes V No			
Ь	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,	1.0		Na
_	that were not corrected before the first day of the tax year beginning in 2015?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015?			
	If "Yes," list the years > 20, 20, 20			
ь	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
U	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to allyears listed, answer "No" and attach statement—see instructions )	2b		
_	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here	20		
·	> 20			
32	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
3a	any time during the year?			
h	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation			
J	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			
	if the foundation had excess business holdings in 2015.).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
-та b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	Tu		.10
U	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		No

Pa	rt VII-B	Statements Rega	ording Activities fo	r Wh	nich Form 4720	May Be Required	(Co	ntii	nue	<u>d)</u>	
5a	During th	e year dıd the foundatıoı	n pay or incur any amour	it to							
	(1) Carry	on propaganda, or other	rwise attempt to influenc	e leg	ıslatıon (section 49	45(e)) <sup>?</sup> Г	Yes	~	No		
	<b>(2)</b> Influe	nce the outcome of any	specific public election	(see	section 4955), or to	carry					
	on, di	rectly or indirectly, any	voter registration drive?				Yes	~	No		
	(3) Provid	de a grant to an individu	al for travel, study, or ot	hers	ımılar purposes?	Γ	Yes	~	No		
	(4) Provid	de a grant to an organiza	ation other than a charita	ble,	etc , organization de	scribed					
	ın sec	tion 4945(d)(4)(A)? (se	ee instructions)	~	No						
	(5) Provid	de for any purpose other	r than religious, charitab	e, sc	ientific, literary, or						
	educa	itional purposes, or for t	the prevention of cruelty	to ch	ıldren or anımals?.		Yes	~	No		
b	If any ans	werıs "Yes" to 5a(1)-(	(5), did <b>any</b> of the transac	tions	fail to qualify under	the exceptions desc	rıbed ı	n			
	Regulatio	ns section 53 4945 or i	ın a current notice regar	ding o	disaster assistance	(see instructions)? .				5b	
	O rganızat	ions relying on a curren	nt notice regarding disas								
c	If the ans	wer is "Yes" to question	n 5a(4), does the founda	tion c	laım exemption from	the					
	tax becau	ise it maintained expend	diture responsibility for t	he gr	ant?		Yes	$\Gamma$	No		
			ured by Regulations section								
6a	Did the fo	undation, during the yea	ar, receive any funds, dir	ectly	or indirectly, to pay	premiums on					
	a persona	Il benefit contract?				г	Yes	~	No		
b			ar, pay premiums, directl							6b	No
	If "Yes" to	o 6b, file Form 8870.									
7a			was the foundation a part	y to a	a prohibited tax shel	ter transaction?	Yes	굣	No		
b	<b>b</b> If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?										
		Information Abou	t Officers, Director	s, T	rustees, Founda	tion Managers,	lighl	y F	aid	Employ	ees,
Ра	rt VIII	and Contractors									
_1_	List all off	icers, directors, trustee	s, foundation managers	and t	heir compensation (	see instructions).					
			Title, and average	(c	Compensation( <b>If</b>	(d)			_		accust
	<b>(a)</b> Na	me and address	hours per week		not paid, enter	Contributions employee benefit			Expense account,  (e) other allowances		
			<b>(b)</b> devoted to position		-0-)	and deferred compe		1			
BRIA	N MEER		PRES/TREAS		0			0			0
		BELT ROAD	2 0 0								
		FIELD, MI 48323		+				+			
LISA I		2517.0040	SECRETARY 2 00		0			0			0
		BELT ROAD FIELD, MI 48323									
			i employees (other than	thos	e included on line 1–	-see instructions). If	none,	ent	er "l	NONE."	
			T T			Contributi		$\overline{}$			
Nai	me and add	(a) ress of each employee p	Title, and ave paid hours per we		(c) Compensatio	n employee l				xpense a	•
		re than \$50,000 ´ ´ '	(b) devoted to pos			" plans and d (d) compens		a	(e)	other allov	wances
NON	IF					(a) compens	201011	+			
1101											
								+			
								+			
								_			
								$\perp$			
								$\perp$			
		fother employees hald o	over\$50,000								0

and Contractors (continued)  3 Five highest-paid independent contractors for professional services (s	see instructions). If none, enter "NON	NF".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
otal number of others receiving over \$50,000 for professional services.		• 0
Part IX-A Summary of Direct Charitable Activities		•
·	aught statutural information such as the number	or of
ist the foundation's four largest direct charitable activities during the tax year. Include rele rganizations and other beneficiaries served, conferences convened, research papers produ		Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (	see instructions)	
Describe the two largest program-related investments made by the foundation during the	the tax year on lines 1 and 2	A mount
1		
2		
All other program-related investments See instructions		
· -		
3		I
3		

#### Part X Minimum Investment Return

Pa	(All domestic foundations must complete this part. Foreign foundations, see instruction	s.)	
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	О
b	Average of monthly cash balances	1b	20,509
С	Fair market value of all other assets (see instructions)	1c	0
d	<b>Total</b> (add lines 1a, b, and c)	1d	20,509
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	20,509
4	Cash deemed held for charitable activities $$ Enter 1 $$ 1/2 $$ % of line 3 (for greater amount, see		
	ınstructions)	4	308
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	20,201
6	Minimum investment return. Enter 5% of line 5	6	1,010
Pai	t XI  Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and cer check here ► □ and do not complete this part.)	taın f	oreign organizations
1	Mınımum ınvestment return from Part X, line 6	1	1,010
2a	Tax on investment income for 2015 from Part VI, line 5 2a 568		
b	Income tax for 2015 (This does not include the tax from Part VI ) 2b		
С	Add lines 2a and 2b	2c	568
3	Distributable amount before adjustments Subtract line 2c from line 1	3	442
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	442
6	Deduction from distributable amount (see instructions)	6	0
7	Distributable amountas adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	442
Par	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	60,158
	Program-related investments—total from Part IX-B	1b	0
2	A mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc ,		
	purposes	2	
3	A mounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	60,158
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	ıncome Enter 1% of Part I, line 27b (see instructions)	5	568
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	59,590
	<b>Note:</b> The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth the section 4940(e) reduction of tax in those years	er the	foundation qualifies for

P	art XIIII Undistributed Income (se	ee instrud	ctions)				
			(a) Corpus	<b>(b)</b> Years prior to 2014	<b>(c)</b> 2014	<b>(d)</b> 2015	
1	Distributable amount for 2015 from Part XI,	line 7					442
2	Undistributed income, if any, as of the end of	f 2015					
а	Enter amount for 2014 only				0		
b	Total for prior years 20, 20,	20		0			
3	Excess distributions carryover, if any, to 20						
а	From 2010	98,393					
b	From 2011	106,669					
C	From 2012	89,747					
d	From 2013	81,776					
е	From 2014	52,936					
f	<b>Total</b> of lines 3a through e		429,521				
4	Qualifying distributions for 2015 from Part						
	XII, line 4 🕨 \$ 60,158						
а	Applied to 2014, but not more than line 2a				0		
b	Applied to undistributed income of prior year			0			
	(Election required—see instructions)						
С	Treated as distributions out of corpus (Electi	ion	0				
	required—see instructions)						442
	Applied to 2015 distributable amount	• •	59,716				112
	Remaining amount distributed out of corpus	.,_  -	0				
3	Excess distributions carryover applied to 20	115	0				
	(If an amount appears in column (d), the same amount must be shown in column (a	a))					
6	Enter the net total of each column as						
•	indicated below:						
а	Corpus Add lines 3f, 4c, and 4e Subtract lin	ie 5	489,237				
b	Prior years' undistributed income Subtract						
	line 4b from line 2b			0			
C	Enter the amount of prior years' undistributed	d					
	income for which a notice of deficiency has	`					
	been issued, or on which the section 4942(a tax has been previously assessed	•		0			
d	Subtract line 6c from line 6b Taxable amour						
_	—see instructions			0			
е	Undistributed income for 2014 Subtract line	9					
	4a from line 2a Taxable amount—see				0		
_	instructions				0		
t	Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must						
	be distributed in 2015						0
7	Amounts treated as distributions out of						
	corpus to satisfy requirements imposed by						
	section 170(b)(1)(F) or 4942(g)(3) (Election		0				
_	be required - see instructions)	<del></del>					
8	Excess distributions carryover from 2010 no		98,393				
٥	applied on line 5 or line 7 (see instructions). Excess distributions carryover to 2016.	· · · ⊢					
9	Subtract lines 7 and 8 from line 6a		390,844				
10	Analysis of line 9						
	Excess from 2011	106,669					
	Excess from 2012	89,747					
	Excess from 2013	81,776					
d	Excess from 2014	52,936					
е	Excess from 2015	59,716					

- c Any submission deadlines
- **d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Name and address (home or business)	show any relationship to any foundation manager	status of	Purpose of grant or	
	or substantial contributor	recipient	contribution	A mount
Paid during the year see Additional Data Table				
Tabal			<b>b</b> 20	F.0.67
Total	<u> </u>	<u></u>	▶ 3a	58,67

Part XVI-A Analysis of Income-Produc	ing Activitie	S			Page <b>1</b> 2
Enter gross amounts unless otherwise indicated	Unrelated bu	isiness income	Excluded by section	n 512, 513, or 514	(e) Related or exempt
1 Program service revenue	(a) Business code	<b>(b)</b> A mount	(c) Exclusion code	(d) A mount	function income (See instructions )
a b					
c					
e					
fg Fees and contracts from government agencies  Membership dues and assessments  Interest on savings and temporary cash					
investments			14	14	
Dividends and interest from securities  Net rental income or (loss) from real estate					
<ul><li>a Debt-financed property</li><li>b Not debt-financed property</li></ul>					
Net rental income or (loss) from personal property					
Other investment income					
Net income or (loss) from special events			18	81	
Gross profit or (loss) from sales of inventory					
b					
c					
e 2 Subtotal Add columns (b), (d), and (e)		0		95	<b>.</b>
3 Total.Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify	calculations )			13	95
Explain below how each activity for whithe accomplishment of the foundation's	ıch ıncome ıs re	ported ın column (	e) of Part XVI-A c	ontributed importa	
instructions )					

Part X		Information Re Noncharitable					sactio	ns and	Relationships	With			
	e organ	ızatıon dırectly or ın	directly e	engage	ın any of	the following w						Yes	No
		c) of the Code (othe	r than sec	ction 50	)1(c)(3) (	organizations)	or in sec	tion 52/,	relating to politic	cal		163	NO
_	zations		<b></b>										
		n the reporting foun									1a(1)		No
										• •	1a(1)		No
		sets									14(2)		NO
<b>b</b> Other			utabla av			m					15(1)		No
		assets to a nonchar									1b(1)		No
		es of assets from a r									1b(2)		No
		facilities, equipmer									$\vdash$		No
		sement arrangemen									1b(4)		No
		loan guarantees.									1b(5)		No
		ce of services or me									1b(6)		No
	_	ilities, equipment, notes to any of the above	-				•				1c		No
of the	goods, transa	other assets, or ser ction or sharing arra	vices giv ingement	en by tl , show i	ne reporti n column	ng foundation	If the fou of the go	undation i ods, othe	eceived less tha	n fair mark ces receive	et value ed		nts
	_												
							-						
							+						
	+												
descri	bed in s s," com	tion directly or indir section 501(c) of th plete the following s a) Name of organization	e Code (o chedule		an sectio		r ın sectı			ption of relati		s V	No
l t	he best nformat	enalties of perjury, tof my knowledge atton of which prepare	nd belief,	ıt ıs tru	e, correc		e Declar			an taxpaye May t return	r) is bas he IRS dis	ed on cuss th	all
	Sign	nature of officer or tr	ustee			Date		Title	_	below			
		nt/Type preparer's 1 DOUGLAS THEOBA		Prepa	rer's Sıgn	ature	Date		Check if self- employed ►	PTIN	003687	92	
Paid Prepar Use	er MC	m's name F RIARTY & PRIMAC	CKPC				'		Firm's EIN ► 0	4-319178	9		
Only	ON	m's address ► IE MONARCH PLAC 11444011	CE STE 9	00 SPR	INGFIEL	D, MA			Phone no (413	3)739-180	00		

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
AGBU ALEX & MARIE MANGOOGIAN SCHOOLS 22001 NORTHWESTERN HWY SOUTHFIELD,MI 48075	N/A	501(C)(3)	GENERAL USE	400
ALTERATIONS FOR GIRLS 903 W GRAND BLVD DETROIT,MI 48208	N/A	501(C)(3)	GENERAL USE	260
AMERICAN DIABETES ASSOCIATION 1701 NORTH BEAUREGARD STREET ALEXANDRIA, VA 22311	N/A	501(C)(3)	GENERAL USE	50
AMERICAN SPEECH LANGUAGE AND HEARING FOUNDATION PO BOX 1160 ROCKVILLE,MD 20849	N/A	501(C)(3)	GENERAL USE	250
AMERICAN UNIVERSITY OF ARMENIA 1000 BROADWAY SUITE 280 OAKLAND,CA 94607	N/A	501(C)(3)	GENERAL USE	250
ARMENIA FUND USA 80 MAIDEN LANE SUITE 2205 NEW YORK,NY 10038	N/A	501(C)(3)	GENERAL USE	250
ARMENIAN EYE CARE PROJECT PO BOX 1160 ROCKVILLE,MD 20849	N/A	501(C)(3)	GENERAL USE	150
BEAUMONT FOUNDATION PO BOX 5802 TROY,MI 48007	N/A	501(C)(3)	GENERAL USE	500
BEAUMONT HOSPITAL 3601 WEST 13 MILE RD ROYAL OAK, MI 48073	N/A	501(C)(3)	GENERAL USE	250
BELLE ISLE 22750 WOODWARD AVE 304 FERNDALE,MI 48220	N/A	501(C)(3)	GENERAL USE	150
BOYS & GIRLS CLUB OF SOUTHEASTERN MICHIGAN 26777 HALSTED RD FARMINGTON HILLS, MI 48331	N/A	501(C)(3)	GENERAL USE	680
COALITION OF TEMPORARY SHELTERS 26 PETERBORO DETROIT,MI 48201	N/A	501(C)(3)	GENERAL USE	100
CRANBROOK EDUCATIONAL COMMUNITY DEVELOPMENT DEPT 77420 PO BOX 77000 DETROIT,MI 48277	N/A	501(C)(3)	GENERAL USE	2,570
CRANBROOK HOUSE AND GARDENS 380 LONE PINE RD PO BOX 801 BLOOMFIELD HILLS,MI 48303	N/A	501(C)(3)	GENERAL USE	500
CRANBROOK INSTITUTE OF MUSIC 32106 TELEGRAPH RD SUITE 200 BINGHAM FARMS,MI 48025	N/A	501(C)(3)	GENERAL USE	600
Total			3a	58,673

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
DETROIT INSTITUTE OF ARTS 5200 WOODWARD AVENUE DETROIT,MI 48202	N/A	501(C)(3)	GENERAL USE	2,000
DETROIT PUBLIC TELEVISION 7441 SECOND AVE DETROIT,MI 48202	N/A	501(C)(3)	GENERAL USE	5,000
DETROIT SYMPHONY ORCHESTRA 3711 WOODWARD AVE DETROIT,MI 48201	N/A	501(C)(3)	GENERAL USE	2,115
DETROIT ZOOLOGICAL SOCIETY 8450 W 10 MILE ROAD ROYAL OAK, MI 48067	N/A	501(C)(3)	GENERAL USE	279
FRIENDS OF OAKLAND FAMILY SERVICES 114 ORCHARD LAKE ROAD PONTIAC,MI 48341	N/A	501(C)(3)	GENERAL USE	1,100
GENERAL SPORTS FOUNDATION 400 WATER ST SUITE 250 ROCHESTER,MI 48307	N/A	501(C)(3)	GENERAL USE	200
GILDA'S CLUB METRO DETROIT 3517 ROCHESTER RD ROYAL OAK, MI 48073	N/A	501(C)(3)	GENERAL USE	150
GLEANERS FOOD BANK 2131 BEAUFAIT STREET DETROIT,MI 48207	N/A	501(C)(3)	GENERAL USE	350
HOLOCAUST MEMORIAL CENTER 28123 ORCHARD LAKE ROAD FARMINGTON HILLS, MI 48334	N/A	501(C)(3)	GENERAL USE	100
HORIZONS UPWARD BOUND - CRANBROOK PO BOX 801 BLOOMFIELD HILLS,MI 48303	N/A	501(C)(3)	GENERAL USE	1,000
HOSPICE OF MICHIGAN 400 MICHIGAN AVE DETROIT,MI 48201	N/A	501(C)(3)	GENERAL USE	150
IMERMAN ANGELS PO BOX 216 BIRMINGHAM,MI 48012	N/A	501(C)(3)	GENERAL USE	250
JARC PO BOX 2053 SOUTHFIELD,MI 48037	N/A	501(C)(3)	GENERAL USE	1,000
JVS 29699 SOUTHFIELD RD SOUTHFIELD,MI 48075	N/A	501(C)(3)	GENERAL USE	12,025
KARMANOS CANCER INSTITUTE 4100 JOHN ROAD DETROIT, MI 48201	N/A	501(C)(3)	GENERAL USE	100

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
<b>a</b> Paid during the year				
LIGHTHOUSE OF OAKLAND COUNTY PO BOX 430508 PONTIAC,MI 48343	N/A	501(C)(3)	GENERAL USE	600
LOS GATOS HIGH SCHOOL 20 HIGH SCHOOL COURT LOS GATOS,CA 95030	N/A	501(C)(3)	GENERAL USE	35
MICHIGAN OPERA THEATER 1526 BROADWAY DETROIT,MI 48226	N/A	501(C)(3)	GENERAL USE	250
MOMA 11 W 53RD STREET NEW YORK, NY 10019	N/A	501(C)(3)	GENERAL USE	85
NATIONAL MULTIPLE SCLEROSIS SOCIETY 21311 CIVIC CENTER DRIVE SOUTHFIELD,MI 48076	N/A	501(C)(3)	GENERAL USE	100
NEIGHBOR TO NEIGHBOR 248 EAST PUTNAM AVENUE GREENWICH,CT 06830	N/A	501(C)(3)	GENERAL USE	250
OAKLAND LITERACY COUNCIL 2550S TELEGRAPH RD BLOOMFIELD HILLS,MI 48302	N/A	501(C)(3)	GENERAL USE	150
OAKLAND UNIVERSITY 2200 NORTH SQUIRL RD ROCHESTER,MI 48309	N/A	501(C)(3)	GENERAL USE	5,000
PINE LAKE CC EMPLOYEE SCHOLARSHIP FOUNDATION 3300 PINE LAKE RD ORCHARD LAKE,MI 48324	N/A	501(C)(3)	GENERAL USE	100
PLANNED PARENTHOOD OF MID- SOUTH MICHIGAN PO BOX 3673 ANN ARBOR,MI 48106	N/A	501(C)(3)	GENERAL USE	100
POLO FIELDS FOUNDATION OF MICHIGAN 5200 POLO FIELDS DRIVE ANN ARBOR,MI 40103	N/A	501(C)(3)	GENERAL USE	200
ST JOHNS AMERICAN CHURCH 22001 NORTHWESTERN HGWY SOUTHFIELD,MI 48075	N/A	501(C)(3)	GENERAL USE	5,350
SUITE DREAMS PROJECT 400 WATER ST SUITE 250 ROCHESTER,MI 48307	N/A	501(C)(3)	GENERAL USE	200
THE COMMUNITY HOUSE 380 SOUTH BATES AVE BIRMINGHAM,MI 48009	N/A	501(C)(3)	GENERAL USE	300
THE HENRY FORD HEALTH SYSTEM ONE FORD PLACE 5A DETROIT,MI 48202	N/A	501(C)(3)	GENERAL USE	360
Total			▶ 3a	58,673

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
THE JEWISH FEDERATION OF NORTH AMERICA 6735 TELEGRAPH RD BLOOMFIELD HILLS,MI 48301	N/A	501(C)(3)	GENERAL USE	10,000
THE MIAMI FOUNDATION 40 NW 3RD STREET 305 MIAMI,FL 33128	N/A	501(C)(3)	GENERAL USE	500
THE VILLAGE CLUB FOUNDATION 190 EAST LONG LAKE RD BLOOMFIELD HILLS,MI 48304	N/A	501(C)(3)	GENERAL USE	500
UNIVERSITY OF MICHIGAN ALUMNI ASSOCIATION 200 FLETCHER STREET ANN ARBOR,MI 48109	N/A	501(C)(3)	GENERAL USE	289
UNIVERSITY OF MICHIGAN OFFICE OF DEVELOPMENT DEPT OH 10189 PALATINE,IL 60055	N/A	501(C)(3)	GENERAL USE	250
VARIETY THE CHILDRENS CHARITY 600 SOUTH ADAMS ROAD SUITE 230 BIRMINGHAM, MI 48009	N/A	501(C)(3)	GENERAL USE	1,100
WOUNDED WARRIOR PROJECT NPC PO BOX 758517 TOPEKA,KS 66675	N/A	501(C)(3)	GENERAL USE	25
WRCJ 1 CLOVER CT WIXOM, MI 48393	N/A	501(C)(3)	GENERAL USE	150
Total				58,673

# **TY 2015 Other Expenses Schedule**

Name: THE LISA AND BRIAN MEER FOUNDATION

**EIN:** 38-3605133

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MISECELLANEOUS EXPENSE	48	0		48



## **TY 2015 Other Liabilities Schedule**

Name: THE LISA AND BRIAN MEER FOUNDATION

**EIN:** 38-3605133

Description	Beginning of Year - Book Value	End of Year - Book Value
DONATIONS PAYABLE	0	435

## **TY 2015 Taxes Schedule**

Name: THE LISA AND BRIAN MEER FOUNDATION

**EIN:** 38-3605133

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MICHIGAN ANNUAL REPORT FEE	20	0		20
2013 TAXES PAID IN 2014	297	0		297
2014 TAXES PAID IN 2014	1,120	0		1,120

efile GRAPHIC print - DO NOT PROCESS

As Filed Data

DLN: 93491082007046

OMB No 1545-0047

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

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

2015

**Employer identification number** 

-3605133
il Rule See instructions
ng \$5,000 or more (in money or ributor's total contributions
est of the regulations e 13, 16a, or 16b, and that ½% of the amount on (i) Form 990
om any one contributor, ary, or educational purposes, or
om any one contributor, as totaled more than \$1,000 If aly religious, charitable, etc , it received nonexclusively
ne e e e e e e e e e e e e e e e e e e

990-EZ, or 990-PF)

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990,

Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its

Name of organization
THE LISA AND BRIAN MEER FOUNDATION

Employer identification number 38-3605133

Part I	Contributors (see instructions) Use duplicate copies of Part I if	additional space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	ribution
1	BRIAN MEER		Person	Г
	3020 MIDDLEBELT ROAD	\$ 14,432	Payroll Noncash	 
	WEST BLOOMFIELD, MI48323		(Complete Part II fo	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	ribution
2			Person	Γ
	BRIAN MEER 3020 MIDDLEBELT ROAD	\$ 45,243	Payroll	Γ
	WEST BLOOMFIELD, MI48323		Noncash	₽
			(Complete Part II fo	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	ribution
			Person	Γ
		\$	Payroll	Γ
			Noncash	Г
			(Complete Part II for contributions )	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	ribution
			Person	Γ
		\$	Payroll	Г
			Noncash	Г
			(Complete Part II fo	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	ribution
			Person	Г
		\$	Payroll	Γ
			Noncash	Γ
			(Complete Part II fo	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	ribution
	_		Person	Γ
		\$	Payroll	Г
		· · ·	Noncash	F
			(Complete Part II fo	or noncash

Name of organiza	990, 990-EZ, 01 990-PF) (2013)	Employer identification no	rage 3
_	RIAN MEER FOUNDATION	Employer identili ication in	umber
		38-3605133	
Part II	Noncash Property		
	(see instructions) Use duplicate copies of Part II if additional space is needed		
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	100 SHARES OF HENRY SCHEIN INC	\$ 14,432	2015-06-24
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	300 SHARES OF HENRY SCHEIN INC	\$ 45,243	2015-10-27
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)
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Page 4 Name of organization **Employer identification number** THE LISA AND BRIAN MEER FOUNDATION 38-3605133 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ Use duplicate copies of Part III if additional space is needed (a) (b) Purpose of gift (c) Use of gift (d) Description of how gift is held No.from Part I (e) Transfer of gift Transferee's name, address, and ZIP4 Relationship of transferor to transferee (a) (c) Use of gift (b) Purpose of gift (d) Description of how gift is held No.from Part I (e) Transfer of gift Transferee's name, address, and ZIP4 Relationship of transferor to transferee (a) (b) Purpose of gift (c) Use of gift (d) Description of how gift is held No.from Part I (e) Transfer of gift Transferee's name, address, and ZIP4 Relationship of transferor to transferee (a) (c) Use of gift (d) Description of how gift is held (b) Purpose of gift No.from Part I (e) Transfer of gift Transferee's name, address, and ZIP4 Relationship of transferor to transferee