

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-PF**

Return of Private Foundation

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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.

Forc	alen	dar year 2015 or tax year beginning		, and ending			
Nam	e of	foundation	A Employer identification	number			
		NIE KRAFT FOUNDATION	Room/suite	38-6070179			
		nd street (or P O box number if mail is not delivered to street	address)	}	B Telephone number	22	
		15 WEST NINE MILE ROAD	· · · · · · · · · · · · · · · · · · ·	1040	248-559-22		
		rwn, state or province, country, and ZIP or foreign por PHFIELD, MI 48075	ostal code		C If exemption application is p	ending, check here	
		all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	s, check here	
		Final return	Amended return				
		Address change	Name change		Foreign organizations me check here and attach co	eting the 85% test, imputation	
H C	neck	type of organization: X Section 501(c)(3) ex	empt private foundation		 E If private foundation sta	tus was terminated	
	-		Other taxable private founda	tion	under section 507(b)(1)	· · · · · · · · · · · · · · · · · · ·	
Fa		rket value of all assets at end of year J Accounting	ng method: X Cash	Accrual	F If the foundation is in a		
Ctro	om F	Part II, col. (c), line 16)	her (specify)		under section 507(b)(1)		
4	\$	2,115,160. (Part I, colu	mn (d) must be on cash b	oasis)			
Pa	rt I	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements	
MAY		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)	
\equiv	1	Contributions, gifts, grants, etc., received	99,809.		N/A		
	2	Check In the foundation is not required to attach Sch. B					
CANNED	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	131,201.	131,201.		STATEMENT 2	
123	5a	Gross rents					
0	b_	Net rental income or (loss)					
Revenue S(6a	Net gain or (loss) from sale of assets not on line 10	<21,355.	>		STATEMENT 1	
ğ	b Gross sales price for all 572,813.					<u> </u>	
ě	7	Capital gain net income (from Part IV, line 2)		50,188.			
<u>~</u>	8	Net short-term capital gain					
	9	Income modifications Gross sales less returns					
	10a	and allowances			L RECE	NED	
		Less Cost of goods sold			l of	7.5°	
	C	Gross profit or (loss)			8 MAY 09	2016	
	11	Other income	200 655	101 300		O	
	12	Total. Add lines 1 through 11	209,655.	181,389	OGDE		
	13	Compensation of officers, directors, trustees, etc	U .			0.	
	14	Other employee salaries and wages			· · · · · · · · · · · · · · · · · · ·	 	
S	15	Pension plans, employee benefits			 	 	
)Su		Legal fees Accounting fees STMT 3	1,560.	1,560	 	0.	
xpe		Accounting fees STMT 3 Other professional fees	1,500.	1,300	<u>'</u>	· ·	
ē M		Interest				 	
Operating and Administrative Expense	18	Taxes STMT 4	20.	20		0.	
istr	19	Depreciation and depletion	201				
n L	20	Occupancy				 	
Adr	21	Travel, conferences, and meetings				 	
2	22	Printing and publications					
ō. a	23	Other expenses STMT 5	150.	150	•	0.	
atin		Total operating and administrative					
per		expenses. Add lines 13 through 23	1,730.	1,730		0.	
ō	25	Contributions, gifts, grants paid	104,800.			104,800.	
	ı	Total expenses and disbursements.					
		Add lines 24 and 25	106,530.	1,730		104,800.	
	27	Subtract line 26 from line 12:			-		
	a	Excess of revenue over expenses and disbursements	103,125.				
	b	Net investment income (if negative, enter -0-)		179,659			
	<u></u>	Adjusted net income (if negative, enter -0-)	<u> </u>	<u> </u>	N/A		

<u> </u>	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of y	ear
Part	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing			
2	Savings and temporary cash investments	185,568.	58,479.	58,479.
3	Accounts receivable ►			
	Less: allowance for doubtful accounts			
4	Pledges receivable >			
ì	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	j	j	
I	Less: allowance for doubtful accounts ▶			
8 ي	Inventories for sale or use			· · · · · · · · · · · · · · · · · · ·
9 9	Prepaid expenses and deferred charges	3,400.	4,240.	4,240.
ž 10:	a Investments - U.S. and state government obligations			
	h Investments - corporate stock			
- (: Investments - corporate bonds			
11	Investments - land buildings and equipment basis			
	Less accumulated depreciation			
12	Investments - mortgage loans			
13	Investments - other STMT 6	1,780,525.	2,005,696.	2,052,441.
14	Land, buildings, and equipment: basis ▶		j	
ı	Less accumulated depreciation			
15	Other assets (describe ►)			
16	Total assets (to be completed by all filers - see the			
	instructions. Also, see page 1, item I)	1,969,493.	2,068,415.	$\frac{2,115,160}{}$
17	Accounts payable and accrued expenses			
18	Grants payable			
စ္က 19	Deferred revenue			
≨ 20	Loans from officers, directors, trustees, and other disqualified persons			
19 20 21 20 21 20 21 20 21 20 20 20 20 20 20 20 20 20 20 20 20 20	Mortgages and other notes payable			
~ 22	Other liabilities (describe 🕨)			
- }				
23	Total liabilities (add lines 17 through 22)	0.	0.	
	Foundations that follow SFAS 117, check here			
	and complete lines 24 through 26 and lines 30 and 31.			
န္ <u>ဗ</u> 24	Unrestricted			
<u>등</u> 25	Temporarily restricted			
26				
5	Foundations that do not follow SFAS 117, check here			
<u> </u>	and complete lines 27 through 31.	_	_ }	
ည္ 27	· · · · · · · · · · · · · · · · · · ·	0.	0.	
8 28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Net Assets or Fund Balance	Retained earnings, accumulated income, endowment, or other funds	458,006.	556,928.	
를 30	Total net assets or fund balances	1,969,493.	2,068,415.	
31	Total liabilities and net assets/fund balances	1,969,493.	2,068,415.	
Par	Analysis of Changes in Net Assets or Fund B	alances		
1 Tot	al net assets or fund balances at beginning of year - Part II, column (a), line	30		
	ust agree with end-of-year figure reported on prior year's return)	- -	11	1,969,493.
•	ter amount from Part I, line 27a		2	103,125
	ner increases not included in line 2 (itemize)		3	0.
-	d lines 1, 2, and 3		4	2,072,618
	creases not included in line 2 (itemize) PREVIOUS YEAR	S FEDERAL TAX	5	4,203
	tal net assets or fund halances at end of year (line 4 minus line 5) - Part II or			2 068 415

FORM 990-PF (2015) FANNIE KRAFT FOUNDATION

38-6070179 Page 2

Form **990-PF** (2015)

FANNIE KRAFT FOUNDATION 38-6070179 Form 990-PF (2015) Page 3 Capital Gains and Losses for Tax on Investment Income Part IV (b) How acquired P - Purchase (c) Date acquired (a) List and describe the kind(s) of property sold (e.g., real estate, (d) Date sold (mo., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) (mo , day, yr.) D - Donation 12/16/13 02/09/15 SHS FORD MOTOR CO. 1a 485 D b 591 SHS JAZZ PHARMACEUTICALS D 12/18/14 01/07/15 SHS VERIZON COMMUNICATIONS D 12/16/13 02/24/15 515 d 3374 SHS INVESCO BALANCED RISK P 12/27/13 **VARIOUS** P 07/18/07 12/11/15 e 16935 SHS IVY ASSET STRATEGY (g) Cost or other basis (f) Depreciation allowed (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 8,054 <620.> 7,434. а 39,987. 57,338. 97.325. b 24,800. 14,110 10,690. 40,965 <u>35,759.</u> <5,206.> đ 419,509 407,495. <12,014.> Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) Adjusted basis (k) Excess of col. (i) (i) F.M.V. as of 12/31/69 Losses (from col. (h)) as of 12/31/69 over col. (j), if any <620.> 57,338. b 10,690. C <5,206.> d <12,014.> If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) 2 50,188. If (loss), enter -0- in Part I, line 7 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8 N/A Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.) If section 4940(d)(2) applies, leave this part blank. Yes X No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part. Enter the appropriate amount in each column for each year; see the instructions before making any entries. (d) Distribution ratio (c) Adjusted qualifying distributions Net value of noncharitable-use assets

(a) Base period years Calendar year (or tax year beginning in) (col. (b) divided by col. (c)) 71,750. 2,082,301 .034457 2014 64,750. 1,873,422. .034562 2013 89,304 1,496,039 .059694 2012 95,003 1,459,517 2011 .065092 65,800 1,456,097 2010 .045189

- 2 Total of line 1, column (d)
- 3 Average distribution ratio for the 5-year base period divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years
- 4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5
- 5 Multiply line 4 by line 3
- 6 Enter 1% of net investment income (1% of Part I, line 27b)
- 7 Add lines 5 and 6
- 8 Enter qualifying distributions from Part XII, line 4

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.

- 1		
	2	.238994
	3_	.047799
	4	2,137,192.
	5	102,156.
	6	1,797.
	7	103,953.
	8	104,800.

	1990-PF (2015) FANNIE KRAFT FOUNDATION 38-607			age 4	
_	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	ınstru	CTION	is)	
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	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%				
of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).				
2	2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				
3	Add lines 1 and 2		1,7	<u>97.</u>	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.	
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		1,7	<u>97.</u>	
6	Credits/Payments:				
a	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 4, 240.				
	Exempt foreign organizations - tax withheld at source 6b				
	Tax paid with application for extension of time to file (Form 8868) 6c				
	Backup withholding erroneously withheld				
	Total credits and payments. Add lines 6a through 6d		4,2	40.	
-	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8		- , -		
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid .		2,4	43.	
	Enter the amount of line 10 to be: Credited to 2016 estimated tax	•	<i>⇔ ,</i> ∓	0.	
	ort VII-A Statements Regarding Activities				
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	\neg	Yes	No	
14	any political campaign?	1a		X	
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	1b		X	
U	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	1.0			
	distributed by the foundation in connection with the activities				
	Did the foundation file Form 1120-POL for this year?	1c		Х	
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	16	— —		
ū	(1) On the foundation. \$ O. (2) On foundation managers. \$ O.				
_	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
e					
managers. ► \$ 0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2	 	<u> X</u>	
2	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or				
J	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		х	
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			X	
		4a 4b			
_	b If "Yes," has it filed a tax return on Form 990-T for this year? N/A			Х	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5_	-		
_	If "Yes," attach the statement required by General Instruction T.		l		
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 law		.,		
	remain in the governing instrument?	6	X	_	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	 	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	-			
	MI	-			
b	b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				
	of each state as required by General Instruction G? If "No," attach explanation				
9	9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar				
	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV	9	4	X	
10	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses STMT 7	10	X	1	

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

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

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

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

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 **990-PF** (2015)

X

3b

4a

Yes X No

N/A

during the year?

Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be R	lequired (continu	<u>18-60/01</u> Jed)	79 Page 6	
5a During the year did the foundation pay or incur any amount to:	Om Web may bo m	ioquii ou (commi	760/		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	14945(e)\?	Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955); o					
any voter registration drive?					
•	(3) Provide a grant to an individual for travel, study, or other similar purposes?				
(4) Provide a grant to an organization other than a charitable, etc., organization	s X No				
4945(d)(4)(A)? (see instructions)	ii describes iii section	□ v _a	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or adjucational nurnosas, or fe		• 🕰 🚾		
the prevention of cruelty to children or animals?	or coucanonal purposes, or it		s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	for the exceptions described in		s (A) NO		
section 53.4945 or in a current notice regarding disaster assistance (see instru		i negalations	N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	•			30	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		nod			
			s No		
expenditure responsibility for the grant?		/A16	8 L NO		
If "Yes," attach the statement required by Regulations section 53 494:					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on	[] v-	s X No		
a personal benefit contract?		Ye		c. 7	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		-	6b X	
If "Yes" to 6b, file Form 8870.			₽		
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	s X No		
b If 'Yes,' did the foundation receive any proceeds or have any net income attribution of the second				7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	nagers, Highly	<i>'</i>		
List all officers, directors, trustees, foundation managers and their	compensation	· · · · · ·			
List all officers, directors, dustees, foundation managers and their	(b) Title, and average	(c) Compensation	(d) Contributions to	(a) Evnence	
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances	
LAWRENCE H. KRAFT	PRESIDENT, TR	USTEE			
4740 LITTLEGATE				!	
BLOOMFIELD HILLS, MI 48302	0.00	0.	0.	0.	
MILTON EINSTANDIG	TREAS., SECRE	TARY, TRU	STEE		
17515 W. NINE MILE RD #1040				i	
SOUTHFIELD, MI 48075	0.00	0.	0.	0.	
JACKIE KRAFT	VICE PRESIDEN	T, TRUSTE	E		
4740 LITTLEGATE	1				
BLOOMFIELD HILLS, MI 48302	0.00	0.	0.	0.	
]				
		<u> </u>		<u> </u>	
2 Compensation of five highest-paid employees (other than those inc	T	enter "NONE."	(d) Contributions to	T	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances	
NONE					
	1				
	1				
	1				
		1		 	
	1	ļ			
	1				
Total number of other employees paid over \$50,000	L	1		0	
Total number of other employees paid over 400,000			Form	1 990-PF (2015)	
			7 0111	. 300 1 1 (2013)	

Form 990-PF (2015) FANNIE KRAFT FOUNDATION		6070179 Page 7
Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	lation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, ent	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	 	
		-
	 	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant sta	tistical information such as the	<u> </u>
number of organizations and other beneficiaries served, conferences convened, research papers pi		Expenses
1 N/A		
2		
3		
<u> </u>		
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 <u>N/A</u>		
		
2		4
		4
All other program related investments. Can instructions		
All other program-related investments. See instructions.		
3		4
		1
Total Add lines 1 through 2		0

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3ь 104,800. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 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 1,797. 103,003. Adjusted qualifying distributions. Subtract line 5 from line 4 6 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

Form **990-PF** (2015)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI,				105 063
line 7				105,063.
2 Undistributed income, if any, as of the end of 2015			0.	
a Enter amount for 2014 only	. <u> </u>			
b Total for prior years:		0.		
Fuence distributions expresses if any to 2015:		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010				
b From 2011				
c From 2012 5,580.				
d From 2013				
e From 2014	5,580.			
f Total of lines 3a through e	5,500.			
4 Qualifying distributions for 2015 from				
Part XII, line 4: > \$ 104,800.			0.	
a Applied to 2014, but not more than line 2a				
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)	·····	<u>U•</u>		
c Treated as distributions out of corpus	0.			
(Election required - see instructions)	0.			104,800.
d Applied to 2015 distributable amount	0.			104,800.
e Remaining amount distributed out of corpus	263.			263.
Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))	203.			203.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	5,317.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2014. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2016				0.
7 Amounts treated as distributions out of			1	
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	•		į.	
may be required - see instructions)	0.			
8 Excess distributions carryover from 2010	•			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2016.	5 04-	1		
Subtract lines 7 and 8 from line 6a	5,317 <u>.</u>			
10 Analysis of line 9:				
a Excess from 2011				
b Excess from 2012 5,317.				
c Excess from 2013				
d Excess from 2014				
e Excess from 2015		<u> </u>		5 000 DE (0045)

Form 990-PF (2015) FANNIE KRAFT FOUNDATION 38-6070179 Page								
	Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A							
1 a If the foundation has received a ruling o								
foundation, and the ruling is effective fo	•	<u> </u>	▶ └──					
b Check box to indicate whether the found		ng foundation described in		4942(j)(3) or 4	942(1)(5)			
2 a Enter the lesser of the adjusted net	Tax year	(h) 2014	Prior 3 years	(d) 2012	(a) Tatal			
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(0) 2012	(e) Total			
investment return from Part X for								
each year listed								
b 85% of line 2a								
c Qualifying distributions from Part XII,								
line 4 for each year listed								
d Amounts included in line 2c not								
used directly for active conduct of				ļ	1			
exempt activities								
 Qualifying distributions made directly 								
for active conduct of exempt activities.								
Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets								
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)								
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed								
c "Support" alternative test - enter:	[
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)								
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)								
(3) Largest amount of support from								
an exempt organization								
(4) Gross investment income								
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or m	ore in assets			
at any time during	the year-see inst	ructions.)						
1 Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)								
b List any managers of the foundation who other entity) of which the foundation ha			(or an equally large porti	on of the ownership of a	partnership or			
~,	io a 1070 OI GICAICI IIIICIC							
NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here ► X if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.								
· · · · · · · · · · · · · · · · · · ·					io u.			
a The name, address, and telephone nun	nber or e-mail address of	the person to whom appl	ications should be addre	ssed:				
b The form in which applications should	be submitted and informa	ation and materials they s	hould include;					
c Any submission deadlines;								
			lands of said the said					
d Any restrictions or limitations on award	os, such as by geographic	cai areas, charitable fields	, kinas of institutions, or	other factors:				

Total

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated b	ousiness income		by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a		·			
b	_				
c					
d	1				
e					
1					
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					131,201.
5 Net rental income or (loss) from real estate:					1
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					<21,355.
9 Net income or (loss) from special events					<u> </u>
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
С	1				
d	1 1				_
e					
12 Subtotal. Add columns (b), (d), and (e)			0.	0	
13 Total. Add line 12, columns (b), (d), and (e)				13	109,846.
(See worksheet in line 13 instructions to verify calculations.)				
Part XVI-B Relationship of Activities	s to the Accor	nplishment of	Exempt I	Purposes	
Line No. Explain below how each activity for which in				ed importantly to the acc	omplishment of
the foundation's exempt purposes (other th					
4 INTEREST AND DIVIDEND					
SECURITIES PLUS CONTR			PROVID	E THE FUNDS	
FOR WHICH THE FOUNDAT	ION WAS F	ORMED.			
8 THE ABOVE ALLOWS FOR					
INSTITUTIONS WHICH AR			IR EDU	CATIONAL, M	EDICAL OR
HUMANITARIAN DIRECTED	<u>ACTIVITI</u>	ES.			
					- ·
					-
					
		<u> </u>			
				<u> </u>	
					

Part X	(VII	Information Re Exempt Organ		sfers To a	nd Transactions a	nd Relationsh	ips With Noncha	ritable)	
1 Did	the oro			of the following	g with any other organization	n described in section	on 501(c) of		Yes	No
	_				7, relating to political organ		00 1(0) 0.			
		rom the reporting founda								ı
	Cash				,			1a(1)		X
	Other a	assets						1a(2)		X
٠,		actions:			•					
(1)	Sales	of assets to a noncharital	ble exempt organiza	tion				1b(1)		X
(2)	Purcha	ases of assets from a nor	ncharitable exempt (organization				1b(2)		_X_
(3)	Rental	of facilities, equipment,	or other assets					1b(3)		_X_
(4)	Reimb	ursement arrangements						1b(4)		X
(5) Loans or loan guarantees								1b(5)		_X_
(6)	Perfor	mance of services or me	mbership or fundrai	sing solicitation	ns			1b(6)		X
c Sha	ring of	facilities, equipment, ma	iling lists, other asse	ets, or paid emp	oloyees			1c		<u> X</u>
		•		-	dule. Column (b) should alv				ets,	
					ed less than fair market valu	e in any transaction	or sharing arrangement,	show in		
		the value of the goods,			averat erapportun	1 (4) -				
(a) Line no	<u>}</u>	b) Amount involved	(c) Name o		exempt organization	(0) Description	of transfers, transactions, and	sharing an	rangeme	nts
	+	-		N/A						
	-			<u> </u>						
								•		
						-				
	_									
	<u> </u>									
	+					<u> </u>				
	+					 		•		
	-					<u> </u>		-		
										
		·		_			· · · · · · · · · · · · · · · · · · ·	-		
2a Istl	he foun	dation directly or indirec	tly affiliated with, or	related to, one	or more tax-exempt organi	zations described				
ın s	ection !	501(c) of the Code (othe	r than section 501(c	:)(3)) or in sect	ion 527?		[Yes	X	. No
b f"\	es," co	mplete the following sch	edule.							
		(a) Name of org	ganization		(b) Type of organization	(c) Description of relation	ship		
		N/A						_		
_										
			//			L	 			
٥.					ig accompanying schedules and n taxpayer) is based on all inform		has south and a M	lay the IRS	discuss	this
Sign Here			\mathcal{I}_{λ}	. ,	1 chille		si	nown below	(see in:	<u>:tr</u>)?
пеге	2.7				N 24/180	TRUSTE	E	X Yes	; L	_l No
	Sign	ature of officer or trustee		D-sasararia a	Date *	Title	Check If PTIN			
	1	Print/Type preparer's n	ame	Preparer's s	ignature	Date	self employed			
Paid		D. 117777 **	,,, ,,,,,,	I No	brul () Y line	APR 2 5 2018	self- employed	10040	. 0 0	
Prepa	arer	DANIEL N.		TZT TATE	C MERITARI TT	- i_	F	0046		!
Use (Firm's name ► EIN	ISTANDIG,	KLINE	& MEEHAN, LI	ıP	Firm's EIN ► 38-2	1 T Q Q T	. 95	
U36 (Jilly	Firm's address ▶ 17	7515 tv7 O	MITTE	OAD, SUITE 1	040				
			7515 W. 9 OUTHFIELD	MI VIV		.040	Phone no. 248-5	559-2	222)
		<u>5</u> C	CILL TUID	, 1:11 4:0	<u>, , , , , , , , , , , , , , , , , , , </u>		1 1 110110 110. 21 TEU - 2	,	<u></u>	

Form 990-PF (2015) FANNIE KRAFT FOUNDATION 38-6070179 Page 13 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: X (1) Cash 1a(1) X (2) Other assets 1a(2) b Other transactions: (1) Sales of assets to a noncharitable exempt organization 1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) (5) Loans or loan guarantees 1b(5) (6) Performance of services or membership or fundraising solicitations 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 1c d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (b) Amount involved (c) Name of noncharitable exempt organization (a) Line no (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described Yes X No in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge May the IRS discuss this and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge return with the preparer shown below (see instr.)? Sign Here X Yes TRUSTEE Signature of officer or trustee Title Date PTIN

Preparer's signature

Firm's name ► EINSTANDIG, KLINE & MEEHAN, LLP

Firm's address ▶ 17515 W. 9 MILE ROAD, SUITE 1040 SOUTHFIELD, MI 48075

Date

Check If

self- employed

Phone no. 248-559-2222 Form 990-PF (2015)

P00046079

Firm's EIN \triangleright 38-2183195

Paid

Preparer

Use Only

Print/Type preparer's name

DANIEL N. KLINE

FANNIE KRAFT	FOUNDATION	V	38-6070179
Part XV Supplementary Information			
3a Grants and Contributions Paid During the Year Continua	ition of Purpose of C	Grant or Contribution	
NAME OF RECIPIENT - SEE SCHEDULE			
TO MAKE DISTRIBUTIONS TO VARIOUS	TAX EXEMP	r institutions	WHICH ARE
SELECTED FOR THEIR EDUCATIONAL,			
MEDICAL OR HUMANITARIAN DIRECTED	ACTIVITIES	3	
		· · · · · · · · · · · · · · · · · · ·	

523655 04-01-15

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

FANNIE KRAFT FOUNDATION 38-6070								
Organization type (check	erganization 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	nc						
	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							
• •	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Sp	pecial Rule See instructions						
General Rule								
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions ny one contributor. Complete Parts I and II. See instructions for determining a cor							
Special Rules								
sections 509(a)(any one contrib	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
year, total contr	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III							
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, chantable, 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.								
but it must answer "No"	n that is not covered by the General Rule and/or the Special Rules does not file Son Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ of the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							

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)

Name of organization

Employer identification number

FANNIE KRAFT FOUNDATION

38-6070179

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LAWRENCE H. KRAFT 4740 LITTLEGATE BLOOMFIELD HILLS, MI 48302	\$\$,727.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	LAWRENCE H. KRAFT 4740 LITTLEGATE BLOOMFIELD HILLS, MI 48302	\$\$.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	LAWRENCE H. KRAFT 4740 LITTLEGATE BLOOMFIELD HILLS, MI 48302	\$32,490.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	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
		s	Person Payroll Complete Part II for noncash contributions)

Employer identification number

FANNIE KRAFT FOUNDATION

38-6070179

Part II	Noncash Property (see instructions). Use duplicate copies of Part	If if additional space is needed.	0070173
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	550 SHARES SEIC INVESTMENTS		12/10/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	300 SHARES NIKE		12/10/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	600 SHARES ROSS STORES	ss32,490.	12/10/15
(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
		*	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	

Name of org	anization		Employer identification number					
FANNII Part III	E KRAFT FOUNDATION Exclusively religious, charitable, etc., contrib the year from any one contributor. Complete cole completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional	JMNS (a) through (e) and the follov haritable, etc., contributions of \$1,000 or	in section 501(c)(7), (8), or (10) that total more than \$1,000 for ving line entry. For organizations less for the year (Enterthis into once) \$					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
	Transferee's name, address, and		Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee					
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gif						
	Transferee's name, address, and		Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of git	er of gift					
	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee					

FORM 99)-PF	GAIN	OR	(LOSS)	FROM	SALE	OF .	ASSETS		STA	ТЕМЕПТ	1
DESCRIP	(A) FION OF PROPE	RTY						MANNER CQUIRED	DA ACQU		DATE S	OLD
485 SHS	FORD MOTOR C	ο.					D	ONATED	12/1	6/13	02/09	/15
	(B) GROSS SALES PRICE	m a	VAL	C) JE AT OF ACQ.	EXI	(D) PENSE SALE	OF	(E) DEPRE			(F) OR LOS	C
	7,43		IME (8,160	•	БАПЕ	0.	·	0.	GAIN		 26.>
DESCRIP'	(A) FION OF PROPE	RTY						MANNER CQUIRED	DA ACQU	TE IRED	DATE S	OLD
591 SHS	JAZZ PHARMAC	EUTICA	ALS				D	ONATED	12/1	8/14	01/07	/15
	(B) GROSS SALES PRICE	T	VAL	C) JE AT OF ACQ.	EX	(D) PENSE SALE	OF	(E) DEPRE		GAIN	(F) OR LOS	s
	97,32	5.		100,399	•		0.		0.		<3,0	74.>
DESCRIP'	(A) TION OF PROPE	RTY						MANNER CQUIRED		TE VIRED	DATE S	OLD
515 SHS	VERIZON COMM	UNICA'	rion	S				ONATED	12/1	6/13	02/24	/15
	(B) GROSS SALES PRICE	T	VAL	C) UE AT OF ACQ.		(D) PENSE SALE	OF	(E) DEPRE		GAIN	(F) OR LOS	s
-	24,80	0.		25,135	•		0.		0.		<3	35.:

DESCRIPT	(A) ION OF PROPE	ERTY				MANNI ACQUII		DA ⁴ ACQU		DATE S	OLD
3374 SHS	INVESCO BAI	 JANCED RISK				PURCHASED 12/27		7/13	7/13 VARIOUS		
	(B) GROSS	(C COST	OR	EXPE			(E)	2	CATN	(F)	10
-	SALES PRICE			SA	ALE		EPRE		GAIN	OR LOS	
	35,75	59 .	40,965.			0.		0.		<5,2 	06.>
DESCRIPT	(A) PION OF PROPE	ERTY				MANNI ACQUII		DA ACQU		DATE S	OLD
16935 SH	IS IVY ASSET	STRATEGY				PURCHAS	SED	07/1	8/07	12/11	/15
	(B) GROSS	(C COST		EXPE			(E)			(F)	
_	SALES PRICE	OTHER	BASIS	SZ	ALE	DI	EPRE	C.	GAIN	OR LOS	SS
	407,49	95. 4	19,509.	_		0.	_	0.		<12,0)14.>
CAPITAL	GAINS DIVID	ENDS FROM P	ART IV								0.
TOTAL TO	FORM 990-PI	F, PART I,	LINE 6A							<21,3	355.>
								:			
FORM 990)-PF	DIVIDENDS	AND IN	TEREST	FRO	M SECUR	ITIE	S	STA	ATEMENT	2
SOURCE		GROSS AMOUNT	CAPIT GAIN DIVIDE	NS		(A) VENUE BOOKS		(B) INVE T INC		(C) ADJUST NET INC	
MERRILL	LYNCH	131,201.		0.	1	31,201.		131,2	01.		
TO PART	I, LINE 4	131,201.		0.	1	31,201.		131,2	201.		

FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT 3
DESCRIPTION				CHARITABLE
EINSTANDIG, KLINE & MEEHAN	1,560.	1,560.		0.
TO FORM 990-PF, PG 1, LN 16B	1,560.	1,560.		0.
FORM 990-PF	TAX	ES		STATEMENT 4
DESCRIPTION		(B) NET INVEST- MENT INCOME		CHARITABLE
ST OF MI - ANNUAL REPORT	20.	20.	,	0.
TO FORM 990-PF, PG 1, LN 18	20.	20.		0.
FORM 990-PF	OTHER E	XPENSES		STATEMENT 5
DESCRIPTION				CHARITABLE
FEES	150.	150	•	0.
TO FORM 990-PF, PG 1, LN 23	150.	150	•	0.
FORM 990-PF	OTHER INV	ESTMENTS		STATEMENT 6
DESCRIPTION		LUATION ETHOD BO	OOK VALUE	FAIR MARKET VALUE
SCHEDULE ATTACHED		COST	2,005,696.	2,052,441.
TOTAL TO FORM 990-PF, PART I	I, LINE 13		2,005,696.	2,052,441.

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT	7
NAME OF CONTRIBUTOR	ADDRESS		
LAWRENCE H. KRAFT	4740 LITTLEGATE BLOOMFIELD HILLS, MI 48302		

Fannie Kraft Foundation

Form 990-PF 12/31/15

EIN# 38-6070179 Southfield, Michigan 48075 Checks Paid as of December 31, 2015

	Amount		
Name of Organization	<u>Paid</u>	<u>Address</u>	City, State, Zip
Agency for Jewish Education	1,000	6735 Telegraph Road, Ste 370	Bloomfield Hills, MI 48301
Anti-Defamation League	1,000	605 Third Avenue	New York, NY 10158
Children's Hospital of MI Foundation	4,000	3911 Beaubien	Detroit, MI 48201
Gilda's Club	1,000	3517 Rochester Road	Royal Oak, MI 48073
Holocaust Memorial Center	40,000	28123 Orchard Lake Road	Farmington, MI 48334
Israel Guide Dog Center for Blind	1,000	968 Easton Rd., Ste H	Warrington, PA 18976
Jewish Hospice & Chaplaincy Network	25,000	6555 W Maple Road	West Bloomfield, MI 48322
Juvenile Diabetes Foundation	3,500	24359 Northwestern Hwy, Ste 225	Southfield, MI 48075
Karmanos Cancer Institute	3,300	4100 John R Mailcode NC0605	Detroit, MI 48201
Kids Kicking Cancer	10,000	27600 Northwestern Hwy., Suite 220	Southfield, MI 48034
University of Michigan Hillel	1,000	1429 Hill Street	Ann Arbor, MI 48104
National Kidney Foundation	3,000	1169 Oak Valley Drive	Ann Arbor, MI 48108
Roeper School	2,000	41190 Woodward Ave	Bloomfield Hills, MI 48304
The Childrens Center	2,000	79 Alexandrine Street West	Detroit, MI 48201
The Friendship Circle	5,000	6892 West Maple Road	West Bloomfield, MI 48322
Wayne State University	2,000	5201 Cass Avenue	Detroit, MI 48202
Total	104,800		

4/20/2016

EIN# 38-6070179 Southfield, Michigan 48075

		Beginning of Year	End of `	Year
		Book	Book	Market
Other Investments	Quantity	Value	Value	Value
Alger Capital Appreciation Fund	12,178	189,348	207,832	201,661
Altria Group Inc	670	24,927	24,927	39,001
American AMCAP Fund	2,394	0	61,125	56,006
Blackrock Global Allocation Fd	15,369	203,410	203,410	249,892
Blackrock HL SC Opportunity Fund	1,734	0	83,944	75,828
Clearbridge Aggressive Fund	370	0	61,665	57,453
Delaware Value Fund	5,154	0	92,792	90,548
Dreyfus Opportunistic Fund	1,951	0	65,659	51,676
Eagle Mid Cap Growth	2,897	76,081	76,081	99,424
First Eagle Global	2,374	109,091	109,091	118,571
Ford Motor Company	0	8,160	0	0
Hartford Equity Income	10,263	157,786	173,553	172,834
Invesco Balanced Risk Alloc Fd Cl C	0	40,965	0	0
Ivy Asset Strategy Fund CL C	0	419,509	0	0
Janus Balanced Fund	2,242	0	67,964	64,400
Jazz Pharmaceuticals PLC		100,399	0_	0
JP Morgan Equity Income	13,582	155,807	159,626	179,010
Loomis Sayles Global Markets Fd Cl C	6,084	90,763	90,763	108,412
Loomis Sayles Strategic Income Fund CL C	4,505	68,242	68,242	62,028
MFS International New Discovery CL C	2,146	59,830	59,830	56,762
MFS Utilties	3,066	51,072	51,072	51,356
Nike Class B	300	0	38,592	37,500
Nuveen Real Estate Securities	3,322	0	79,959	73,477
Putnam Equity Spectrum Fund	1,525	0	60,203	49,783
Ross Stores	600	0	32,490	32,286
SEIC Investments	550	0	28,727	28,820
SunAmerica Focused Funds	6,268	0	108,149	95,713
Verizon Communications	0	25,135	0	0
Totals		1,780,525	2,005,696	2,052,441

4/20/2016