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Form 990-PF

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 separate instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No. 1545-0052

2015

Open to Public Inspection

For calendar year 2015 or tax year beginning , and ending

Name of foundation <b>THOM AND CONNIE LIPARI FAMILY FOUNDATION</b>		A Employer identification number <b>46-6430773</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>211 SOUTH ROSE STREET</b>	Room/suite	B Telephone number <b>248-530-6208</b>
City or town, state or province, country, and ZIP or foreign postal code <b>KALAMAZOO, MI 49007</b>		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input checked="" type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ <b>581,448.</b> (Part I, column (d) must be on cash basis.)	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

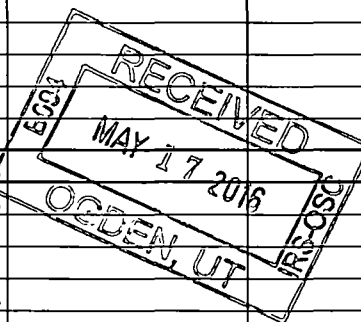
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	500,950.		N/A	
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	3,106.	3,106.		STATEMENT 1
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	13,271.			
	b Gross sales price for all assets on line 6a	97,190.			
	7 Capital gain net income (from Part IV, line 2)		13,271.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss)					
11 Other income					
12 Total Add lines 1 through 11	517,327.	16,377.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0.	0.		0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees STMT 2	900.	900.		0.
	b Accounting fees STMT 3	3,970.	3,970.		0.
	c Other professional fees STMT 4	1,548.	1,548.		0.
	17 Interest				
	18 Taxes STMT 5	356.	356.		0.
	19 Depreciation and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses				
	24 Total operating and administrative expenses. Add lines 13 through 23	6,774.	6,774.		0.
	25 Contributions, gifts, grants paid	95,340.			95,340.
26 Total expenses and disbursements. Add lines 24 and 25	102,114.	6,774.		95,340.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	415,213.				
b Net investment income (if negative, enter -0-)		9,603.			
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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SCANNED MAY 23 2016



**THOM AND CONNIE LIPARI FAMILY  
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<b>Part II Balance Sheets</b>		Attached schedules and amounts in the description column should be for end-of-year amounts only		Beginning of year	End of year	
				(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	1	Cash - non-interest-bearing		64,408.	450,468.	450,468.
	2	Savings and temporary cash investments				
	3	Accounts receivable ▶				
		Less: allowance for doubtful accounts ▶				
	4	Pledges receivable ▶				
		Less: allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other disqualified persons				
	7	Other notes and loans receivable ▶				
		Less: allowance for doubtful accounts ▶				
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges				
	10a	Investments - U.S. and state government obligations				
	b	Investments - corporate stock <b>STMT 6</b>	95,639.	59,902.	55,681.	
	c	Investments - corporate bonds <b>STMT 7</b>	0.	38,420.	37,422.	
	11	Investments - land, buildings, and equipment basis ▶				
	Less: accumulated depreciation ▶					
12	Investments - mortgage loans					
13	Investments - other <b>STMT 8</b>	15,051.	41,521.	37,877.		
14	Land, buildings, and equipment: basis ▶					
	Less: accumulated depreciation ▶					
15	Other assets (describe ▶)					
16	<b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I)	175,098.	590,311.	581,448.		
<b>Liabilities</b>	17	Accounts payable and accrued expenses				
	18	Grants payable				
	19	Deferred revenue				
	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable				
	22	Other liabilities (describe ▶)				
	23	<b>Total liabilities</b> (add lines 17 through 22)	0.	0.		
<b>Net Assets or Fund Balances</b>	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/>					
	and complete lines 24 through 26 and lines 30 and 31.					
	24	Unrestricted				
	25	Temporarily restricted				
	26	Permanently restricted				
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/>					
	and complete lines 27 through 31.					
	27	Capital stock, trust principal, or current funds	0.	0.		
	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.		
	29	Retained earnings, accumulated income, endowment, or other funds	175,098.	590,311.		
30	<b>Total net assets or fund balances</b>	175,098.	590,311.			
31	<b>Total liabilities and net assets/fund balances</b>	175,098.	590,311.			

**Part III Analysis of Changes in Net Assets or Fund Balances**

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	175,098.
2	Enter amount from Part I, line 27a	415,213.
3	Other increases not included in line 2 (itemize) ▶	0.
4	Add lines 1, 2, and 3	590,311.
5	Decreases not included in line 2 (itemize) ▶	0.
6	<b>Total net assets or fund balances at end of year</b> (line 4 minus line 5) - Part II, column (b), line 30	590,311.

**Part IV Capital Gains and Losses for Tax on Investment Income**

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b> 97,190.		83,919.	13,271.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			13,271.

<b>2</b> Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7             }	<b>2</b>	13,271.
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8		<b>3</b>	N/A

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

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2014	75,846.	233,829.	.324365
2013	50,964.	239,490.	.212802
2012	0.	10,261.	.000000
2011			
2010			

<b>2</b> Total of line 1, column (d)	<b>2</b>	.537167
<b>3</b> Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>	.179056
<b>4</b> Enter the net value of noncharitable-use assets for 2015 from Part X, line 5	<b>4</b>	262,983.
<b>5</b> Multiply line 4 by line 3	<b>5</b>	47,089.
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	96.
<b>7</b> Add lines 5 and 6	<b>7</b>	47,185.
<b>8</b> 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.	<b>8</b>	95,340.

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**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)**

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> 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 <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	96.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0.
3 Add lines 1 and 2		3	96.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	96.
6 Credits/Payments:			
a 2015 estimated tax payments and 2014 overpayment credited to 2015	6a	161.	
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	161.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	65.	
11 Enter the amount of line 10 to be: Credited to 2016 estimated tax <input checked="" type="checkbox"/> 65. Refunded <input type="checkbox"/>	11	0.	

**Part VII-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
1c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input checked="" type="checkbox"/> \$ 0. (2) On foundation managers. <input checked="" type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input checked="" type="checkbox"/> \$ 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		X
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		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	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	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input checked="" type="checkbox"/> MI		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
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		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	X	

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

	Yes	No
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)		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>N/A</u>	X	
14 The books are in care of ► <u>GREENLEAF TRUST</u> Telephone no. ► <u>248-530-6208</u> Located at ► <u>211 SOUTH ROSE STREET, KALAMAZOO, MI</u> ZIP+4 ► <u>49007</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year ► 15 <u>N/A</u>		
16 At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►		X

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

	Yes	No
<b>File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.</b>		
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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(6) Agree to pay money or property to a government official? (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.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If any answer is "Yes" to 1a(1)-(6), did any 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)? Organizations relying on a current notice regarding disaster assistance check here ► <u>N/A</u>		
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a 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 ► _____ , _____ , _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	<u>N/A</u>	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► _____ , _____ , _____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b 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, Form 4720, to determine if the foundation had excess business holdings in 2015.)	<u>N/A</u>	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?		X

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

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions)

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ Nob If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  
Organizations relying on a current notice regarding disaster assistance check hereN/A  
▶ ☐

5b

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If "Yes" to 6b, file Form 8870

6b

X

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

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

1 List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 10		0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(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				

Total number of other employees paid over \$50,000



0

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

**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 service	(c) Compensation
NONE		

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

**Part IX-A** Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	

**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 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0.



**Part X****Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	143,032.
b	Average of monthly cash balances	1b	123,956.
c	Fair market value of all other assets	1c	
d	<b>Total</b> (add lines 1a, b, and c)	1d	266,988.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	266,988.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	4,005.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	5	262,983.
6	<b>Minimum investment return.</b> Enter 5% of line 5	6	13,149.

**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.)

1	Minimum investment return from Part X, line 6	1	13,149.
2a	Tax on investment income for 2015 from Part VI, line 5	2a	96.
b	Income tax for 2015. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	96.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	13,053.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	13,053.
6	Deduction from distributable amount (see instructions)	6	0.
7	<b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	13,053.

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

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	95,340.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	95,340.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	96.
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	6	95,244.

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

**THOM AND CONNIE LIPARI FAMILY  
FOUNDATION**

Form 990-PF (2015)

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

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
<b>1</b> Distributable amount for 2015 from Part XI, line 7				13,053.
<b>2</b> Undistributed income, if any, as of the end of 2015				
<b>a</b> Enter amount for 2014 only			0.	
<b>b</b> Total for prior years:		0.		
<b>3</b> Excess distributions carryover, if any, to 2015:				
<b>a</b> From 2010				
<b>b</b> From 2011				
<b>c</b> From 2012				
<b>d</b> From 2013				39,156.
<b>e</b> From 2014				64,423.
<b>f</b> Total of lines 3a through e	103,579.			
<b>4</b> Qualifying distributions for 2015 from Part XII, line 4: ▶ \$ 95,340.				
<b>a</b> Applied to 2014, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions)		0.		
<b>c</b> Treated as distributions out of corpus (Election required - see instructions)	0.			
<b>d</b> Applied to 2015 distributable amount				13,053.
<b>e</b> Remaining amount distributed out of corpus	82,287.			
<b>5</b> Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
<b>6</b> Enter the net total of each column as indicated below:	185,866.			
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5				
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b		0.		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
<b>e</b> Undistributed income for 2014. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
<b>f</b> Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016				0.
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
<b>8</b> Excess distributions carryover from 2010 not applied on line 5 or line 7	0.			
<b>9</b> Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	185,866.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2011				
<b>b</b> Excess from 2012				
<b>c</b> Excess from 2013				39,156.
<b>d</b> Excess from 2014				64,423.
<b>e</b> Excess from 2015				82,287.

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

N/A

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling

**b** Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

- 2 a** Enter the lesser of the adjusted net income from Part I or the minimum 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 exempt activities
- e** Qualifying distributions made directly for active conduct of exempt activities.

[illegible]

**Part XV** **Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)**

## 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).)

NONE

- b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☒ 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.

- a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

- b The form in which applications should be submitted and information and materials they should include:**

- c Any submission deadlines:**

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

THOM AND CONNIE LIPARI FAMILY  
FOUNDATION

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**Part XV** Supplementary Information (continued)

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
CAPUCHIN SOUP KITCHEN 1820 MT. ELLIOT STREET DETROIT, MI 48207-3485	NONE	PC	PAYMENTS FOR ASSISTANCE TO INDIGENT FAMILIES	10,000.
DELASALLE COLLEGIATE 14600 COMMON ROAD WARREN, MI 48088-3387	NONE	PC	PAYMENTS TO CO-PILOT SPONSORSHIP FUND	11,000.
FORGOTTEN HARVEST 21800 GREENFIELD ROAD OAK PARK, MI 48237	NONE	PC	PAYMENTS FOR ASSISTANCE TO INDIGENT FAMILIES	10,000.
GLEANERS FOOD BANK 2131 BEAUFAIT DETROIT, MI 48207	NONE	PC	PAYMENTS FOR ASSISTANCE TO INDIGENT FAMILIES	15,000.
GRACE CENTERS OF HOPE 35 E. HURON STREET PONTIAC, MI 48342	NONE	PC	PAYMENTS FOR ASSISTANCE TO INDIGENT FAMILIES	7,500.
Total SEE CONTINUATION SHEET(S) ▶ 3a				95,340.
b Approved for future payment				
NONE				
Total ▶ 3b				0.





**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.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

Name of the organization

THOM AND CONNIE LIPARI FAMILY  
FOUNDATION

Employer identification number

46-6430773

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

☒ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

**Special Rules**

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 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.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

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

THOM AND CONNIE LIPARI FAMILY  
FOUNDATION

## Employer identification number

46-6430773

**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
<u>1</u>	THOMAS LIPARI 37153 WOODPOINTE DRIVE CLINTON TOWNSHIP, MI 48036	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	CHRISTOPHER T. LIPARI 15 S. THROOP STREET CHICAGO, IL 60607	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	JAMES C. LIPARI 229 HAWTHORN AVENUE ROYAL OAK, MI 48067	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	MATTHEW T. LIPARI 1100 W. 5TH STREET, APT. NO. 607 ROYAL OAK, MI 48067	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	LAURA G. LIRAS 1168 SMITH AVENUE BIRMINGHAM, MI 48009	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	LISA M. VANDERVORD 53361 AURORA PARK SHELBY TOWNSHIP, MI 48316	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Employer identification number

46-6430773

[illegible]

Name of organization

**THOM AND CONNIE LIPARI FAMILY  
FOUNDATION**

Employer identification number

**46-6430773****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 info once) ▶ \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed

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

**Part IV** Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	AFLAC INC (25 SHARES)		10/02/14	06/23/15
b	BANKUNITED INC (50 SHARES)		10/02/14	06/23/15
c	BROADRIDGE FINANCIAL SOLUTION (40 SHARES)		10/02/14	06/23/15
d	CELGENE CORPORATION (10 SHARES)		06/12/15	06/23/15
e	CINEMARK HOLDINGS INC (50 SHARES)		10/02/14	06/23/15
f	DENBURY RES INC HLDG CO (350 SHARES)		01/05/15	08/06/15
g	EBAY INC (20 SHARES)		01/16/15	09/29/15
h	EBAY INC (50 SHARES)		01/16/15	09/28/15
i	EXPRESS SCRIPTS HOLDING CO (35 SHARES)		10/02/14	06/23/15
j	FIDELITY FLOATING RATE (262.881 SHARES)		01/16/15	08/31/15
k	IAC/INTERACTIVE CORP (40 SHARES)		10/02/14	06/23/15
l	ICONIX BRAND GROUP INC (45 SHARES)		10/02/14	04/20/15
m	ICONIX BRAND GROUP INC (45 SHARES)		10/02/14	04/21/15
n	MARKEL CORP (1 SHARE)		10/02/14	09/14/15
o	MARKEL CORP (5 SHARES)		10/02/14	06/23/15

(e) Gross sales price		(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	1,573.		1,435.	138.
b	1,804.		1,510.	294.
c	2,092.		1,636.	456.
d	1,202.		1,115.	87.
e	2,096.		1,597.	499.
f	1,168.		2,506.	<1,338.>
g	479.		433.	46.
h	1,219.		1,083.	136.
i	3,180.		2,453.	727.
j	2,500.		2,529.	<29.>
k	3,144.		2,540.	604.
l	1,163.		1,636.	<473.>
m	1,169.		1,636.	<467.>
n	815.		635.	180.
o	4,004.		3,174.	830.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			138.
b			294.
c			456.
d			87.
e			499.
f			<1,338.>
g			46.
h			136.
i			727.
j			<29.>
k			604.
l			<473.>
m			<467.>
n			180.
o			830.

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7  
If (loss), enter "-0-" in Part I, line 7 }

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

2

3

**Part IV** Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a MARKEL CORP (2 SHARES)			10/02/14	09/15/15
b NATIONAL OILWELL VARCO INC (45 SHARES)			10/02/14	05/12/15
c OMNICOM GROUP INC (30 SHARES)			10/02/14	06/23/15
d STRYKER GROUP (15 SHARES)			10/02/14	06/23/15
e TARGET CORP (74 SHARES)			07/14/14	06/18/15
f VANGUARD INTERMEDIATE TE (412.371 SHARES)			01/16/15	08/31/15
g WELLS FARGO & CO (20 SHARES)			01/16/15	06/23/15
h AVAGO TECHNOLOGIES LTD (21 SHARES)			04/02/15	07/23/15
i APPLE INC (40 SHARES)			07/03/13	06/23/15
j BANK OF MONTREAL (63 SHARES)			07/03/13	06/12/15
k BANK OF NOVA SCOTIA (67 SHARES)			07/03/13	01/16/15
l COHEN & STEERS SELECT UTIL (260 SHARES)			07/03/13	01/16/15
m DIGITAL RLTY TR INC (85 SHARES)			12/19/13	01/16/15
n DR PEPPER SNAPPLE GROUP INC (86 SHARES)			12/10/13	01/16/15
o IBM CORP (20 SHARES)			03/26/14	04/20/15

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 1,625.		1,270.	355.
b 2,318.		3,314.	<996.>
c 2,159.		2,007.	152.
d 1,450.		1,217.	233.
e 6,161.		4,438.	1,723.
f 4,000.		4,111.	<111.>
g 1,159.		1,026.	133.
h 2,781.		2,629.	152.
i 5,090.		2,399.	2,691.
j 3,793.		3,633.	160.
k 3,434.		3,533.	<99.>
l 5,868.		4,978.	890.
m 6,094.		3,894.	2,200.
n 6,554.		4,155.	2,399.
o 3,288.		3,855.	<567.>

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			355.
b			<996.>
c			152.
d			233.
e			1,723.
f			<111.>
g			133.
h			152.
i			2,691.
j			160.
k			<99.>
l			890.
m			2,200.
n			2,399.
o			<567.>

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7  
If (loss), enter "-0-" in Part I, line 7 }

2

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

3

**Part IV** Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a <b>MERCK &amp; CO INC (84 SHARES)</b>			07/03/13	06/12/15
b <b>TORONTO DOMINION BANK (56 SHARES)</b>			07/30/13	01/16/15
c <b>TORONTO DOMINION BANK (28 SHARES)</b>			08/02/13	01/16/15
d <b>TRANSCANDA PIPELINES LTD (92 SHARES)</b>			12/10/13	01/16/15
e <b>CAPITAL GAINS DIVIDENDS</b>				
f				
g				
h				
i				
j				
k				
l				
m				
n				
o				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 4,869.		3,909.	960.
b 2,344.		2,376.	<32.>
c 1,172.		1,180.	<8.>
d 4,052.		4,077.	<25.>
e 1,371.			1,371.
f			
g			
h			
i			
j			
k			
l			
m			
n			
o			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			960.
b			<32.>
c			<8.>
d			<25.>
e			1,371.
f			
g			
h			
i			
j			
k			
l			
m			
n			
o			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }	2	13,271.
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 }	3	N/A

THOM AND CONNIE LIPARI FAMILY  
FOUNDATION

46-6430773

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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 recipient	Purpose of grant or contribution	Amount
HENRY FORD HEALTH SYSTEM 1 FORD PLACE #5A DETROIT, MI 48202-3450	NONE	PC	PAYMENTS TO SUPPORT MEDICAL RESEARCH	1,000.
REGINA HIGH SCHOOL 13900 MASONIC BLVD. WARREN, MI 48088	NONE	PC	PAYMENTS TO FINANCIAL AID FUND	9,840.
RIGHT TO LIFE OF MICHIGAN 233 N. WALNUT STREET LANSING, MI 48933	NONE	PC	PAYMENTS TO SUPPORT THE PRO-LIFE CAUSE	2,000.
THE SALVATION ARMY 16130 NORTHLAND DRIVE SOUTHFIELD, MI 48075-5218	NONE	PC	PAYMENTS FOR ASSISTANCE TO INDIGENT FAMILIES	5,000.
VISTA MARIA 20651 WEST WARREN AVENUE DEARBORN HEIGHTS, MI 48127	NONE	PC	PAYMENTS TO SUPPORT VICTIMIZED GIRLS AND WOMEN	7,500.
WOUNDED WARRIOR PROJECT 4899 BELFORT ROAD, SUITE 300 JACKSONVILLE, FL 32256	NONE	PC	PAYMENTS TO SUPPORT WOUNDED VETERANS	5,000.
CELANI FAMILY FOUNDATION, INC. 42875 GRAND RIVER AVENUE, SUITE 201 NOVI, MI 48375	NONE	PF	PAYMENTS TO SUPPORT FOUNDATION'S CAUSE	11,000.
HEART & SOUL WINTER GALA 36520 W 12 MILE RD FARMINGTON HILLS, MI 48331	NONE	PC	PAYMENTS TO SUPPORT FOUNDATION FOR CHILDREN, YOUTH AND FAMILIES.	500.
Total from continuation sheets				41,840.

FORM 990-PF                      DIVIDENDS AND INTEREST FROM SECURITIES                      STATEMENT      1

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
GREENLEAF TRUST 92430054	4,477.	1,371.	3,106.	3,106.	
TO PART I, LINE 4	4,477.	1,371.	3,106.	3,106.	

FORM 990-PF                      LEGAL FEES                      STATEMENT      2

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ATTORNEY FEES	900.	900.		0.
TO FM 990-PF, PG 1, LN 16A	900.	900.		0.

FORM 990-PF                      ACCOUNTING FEES                      STATEMENT      3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	3,970.	3,970.		0.
TO FORM 990-PF, PG 1, LN 16B	3,970.	3,970.		0.

FORM 990-PF                      OTHER PROFESSIONAL FEES                      STATEMENT      4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ADVISOR FEES	1,548.	1,548.		0.
TO FORM 990-PF, PG 1, LN 16C	1,548.	1,548.		0.

FORM 990-PF	TAXES			STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOREIGN TAXES	61.	61.		0.
EXCISE TAX	295.	295.		0.
TO FORM 990-PF, PG 1, LN 18	356.	356.		0.

FORM 990-PF	CORPORATE STOCK		STATEMENT 6
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE	
APPLE INC	960.	1,684.	
BANK OF MONTREAL	0.	0.	
BANK OF NOVA SCOTIA HALIFAX	0.	0.	
DR PEPPER SNAPPLE GROUP INC	0.	0.	
MERCK & CO INC NEW	0.	0.	
TORONTO DOMINION BK ONT COM NEW	0.	0.	
TRANSCANADA PIPELINES LTD	0.	0.	
AFLAC INC	2,009.	2,097.	
BANKUNITED INC	0.	0.	
BANKUNITED INC COM BROADRIDGE FINANCIAL SOLUTIONS	0.	0.	
CABOT OIL & GAS CORP	3,128.	1,769.	
CINEMARK HOLDINGS INC	1,597.	1,672.	
DOVER CORPORATION	3,166.	2,452.	
EXPRESS SCRIPTS HOLDING CO	2,453.	3,059.	
FRANKLIN RESOURCES INC	3,248.	2,209.	
IAC/INTERACTIVECORP	2,540.	2,402.	
IBM CORP	0.	0.	
ICONIX BRAND GROUP INC	0.	0.	
MARKEL CORP	0.	0.	
NATIONAL OILWELL VARCO INC	0.	0.	
OMNICOM GROUP INC	3,011.	3,405.	
SCRIPPS NETWORKS INTERACTIVE INC	5,100.	3,589.	
STRYKER CORP	2,028.	2,324.	
SUNCOR ENERGY INC NEW ADR	3,338.	2,451.	
TARGET CORP	0.	0.	
ACE LIMITED	2,788.	2,921.	
ANHEUSER BUSCH INBEV AS ADR	3,666.	3,750.	
BANK UNITED INC	1,812.	2,164.	
BROADRIDGE FINANCIAL SOLUTIONS	1,636.	2,149.	
CELGENE CORPORATION	2,789.	2,994.	
GILEAD SCIENCES INC	2,349.	2,024.	
KNOWLES CORP	2,626.	1,600.	



NETAPP INC	2,026.	1,327.
NORFOLK SOUTHERN CORP	2,578.	2,115.
PAYPAL HLDGS INC	2,233.	2,534.
WELLS FARGO & CO	2,821.	2,990.
TOTAL TO FORM 990-PF, PART II, LINE 10B	59,902.	55,681.

FORM 990-PF	CORPORATE BONDS	STATEMENT	7
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
FIDELITY FLOATING RATE HIGH INCOME	1,971.	1,871.
TEMPLETON GLOBAL BOND FUND	4,500.	4,171.
VANGUARD INTERMEDIATE TERM INVT GRADE	9,434.	9,123.
VANGUARD SHORT TERM CORP BD	13,511.	13,306.
VANGUARD ST GOVT BD INDEX	9,004.	8,951.
TOTAL TO FORM 990-PF, PART II, LINE 10C	38,420.	37,422.

FORM 990-PF	OTHER INVESTMENTS	STATEMENT	8
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DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
DIGITAL RLTY TR INC	FMV	0.	0.
ALPHASIMPLEX MANAGED FUTURES	FMV		
STRATEGY FD CL Y		2,233.	1,926.
TOUCHSTONE MERGER ARBITRAGE FUND CL I	FMV	2,000.	2,041.
COHEN & STEERS SELECT UTIL FUND INC	FMV	0.	0.
VOYA GLOBAL REAL ESTATE FUND CLASS I	FMV	2,000.	1,890.
STERLING CAPITAL EQUITY INCOME FUND	FMV	7,953.	7,328.
TOUCHSTONE SANDS CAP GROWTH FUND	FMV	7,890.	7,855.
AMERICAN BEACON INTERNATIONAL EQUITY FUND	FMV	5,041.	4,434.
DELAWARE EMERGING MARKET	FMV	5,000.	4,190.
FIDELITY DIVERSIFIED INTERNATIONAL FUND	FMV	4,017.	3,718.
MATTHEWS PACIFIC TIGER FUND	FMV	5,387.	4,495.
TOTAL TO FORM 990-PF, PART II, LINE 13		41,521.	37,877.

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS  
PART VII-A, LINE 10

STATEMENT 9

NAME OF CONTRIBUTORADDRESS

THOMAS LIPARI

37153 WOODPOINTE DRIVE  
CLINTON TOWNSHIP, MI 48036

CHRISTOPHER T. LIPARI

15 S. THROOP STREET  
CHICAGO, IL 60607

JAMES C. LIPARI

229 HAWTHORN AVENUE  
ROYAL OAK, MI 48067

MATTHEW T. LIPARI

1100 W. 5TH STREET, APT. NO. 607  
ROYAL OAK, MI 48067

LAURA G. LIRAS

1168 SMITH AVENUE  
BIRMINGHAM, MI 48009

LISA M. VANDERVORD

52261 AURORA PARK  
SHELBY TOWNSHIP, MI 48316

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FORM 990-PF	PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS	STATEMENT 10
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
THOMAS LIPARI 37153 WOODPOINTE DRIVE CLINTON TOWNSHIP, MI 48036	ADVISORY COMMITTEE MEMBER 0.00	0.	0.	0.
CONSTANCE M. LIPARI 37153 WOODPOINTE DRIVE CLINTON TOWNSHIP, ME 48036	ADVISORY COMMITTEE MEMBER 0.00	0.	0.	0.
GREENLEAF TRUST 211 SOUTH ROSE STREET KALAMAZOO, MI 49007	TRUSTEE 0.00	0.	0.	0.
LISA M. VANDERVORD 53361 AURORA PARK SHELBY TOWNSHIP, MI 48316	ADVISORY COMMITTEE MEMBER 0.00	0.	0.	0.
LAURA G. LIRAS 1168 SMITH AVENUE BIRMINGHAM, MI 48009	ADVISORY COMMITTEE MEMBER 0.00	0.	0.	0.
JAMES C. LIPARI 229 HAWTHORNE AVENUE ROYAL OAK, MI 48067	ADVISORY COMMITTEE MEMBER 0.00	0.	0.	0.
CHRISTOPHER T. LIPARI 15 S. THROOP STREET CHICAGO, IL 60607	ADVISORY COMMITTEE MEMBER 0.00	0.	0.	0.
MATTHEW T. LIPARI 1100 W. 5TH STREET, APT. NO. 607 ROYAL OAK, MI 48067	ADVISORY COMMITTEE MEMBER 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		0.	0.	0.