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Form **990-PF**Department of the Treasury.

Return of Private Foundation

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf.

OMB No 1545-0052
2015

Internal Revenue Service , and ending For calendar year 2015 or tax year beginning NOV 5, 2015 2015 DEC 31, Name of foundation A Employer identification number THE FRANKLIN AND JENNIFER MOORE 47-5533251 FAMILY FOUNDATION Number and street (or P O box number if mail is not delivered to street address) Room/suite **B** Telephone number 800 101 N. MAIN STREET 734-668-4040 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here ANN ARBOR, MI 48104 G Check all that apply: X Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach computation Address change Name change Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust (1) Other taxable private foundation under section 507(b)(1)(A), check here X Cash I Fair market value of all assets at end of year | J | Accounting method: Accrual F If the foundation is in a 60-month termination Other (specify) (from Part II, col (c), line 16) under section 507(b)(1)(B), check here 481,729. (Part I, column (d) must be on cash basis.) ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes (cash basis only) expenses per books income income 499,712 N/A Contributions, gifts, grants, etc., received if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 1 1 STATEMENT 2,358. 2,358 Dividends and interest from securities STATEMENT 5a Gross rents b Net rental income or (loss) 4,651 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 233,118. 4,651 7 Capital gain net income (from Part iV, line 2) 224 8 Net short-term capital gain \$ 2016 Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 506,722 7,010 12 Total. Add lines 1 through 11 0. 0 О. 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits Expenses 0. 2,452. 16a Legal fees STMT 3 2,452 **b** Accounting fees c Other professional fees Administrative 17 Interest 76. 850. 926. STMT 4 18 Taxes SCANNED JUN 0 3 2016 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative 3,378 76. 3,302. expenses. Add lines 13 through 23 10,000. 10,000 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 76 13,302. 13,378 Add lines 24 and 25 27 Subtract line 26 from line 12: 493,344 3 Excess of revenue over expenses and disbursements 6,934 b Net investment income (if negative, enter -0-) N/A C Adjusted net income (if negative, enter -0-)

Form 990-PF (2015) FAMILY FOUNDATION 47-5533251 Part II Balance Sheets 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 1 Cash - non-interest-bearing 4,649. 2 Savings and temporary cash investments 4,649. 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 488,695. 477,080. b Investments - corporate stock STMT 5 c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated degreciation 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment; basis Less accumulated depreciation 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers - see the 493,344. 0. 481,729. instructions. Also, see page 1, item 1) 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 0. 0. 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted $\triangleright x$ Foundations that do not follow SFAS 117, check here and complete lines 27 through 31 ō 0. 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 0. 0 0. 493,344. 29 Retained earnings, accumulated income, endowment, or other funds 493,344 0. 30 Total net assets or fund balances 0. 493,344 31 Total liabilities and net assets/fund balances 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) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 3 4 4 Add lines 1, 2, and 3

5

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5 Decreases not included in line 2 (itemize)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

(a) List and descri	and Losses for Tax on II ribe the kind(s) of property sold (e.ç rehouse; or common stock, 200 sh	g., real estate,		(b) Ho	ow acquired Purchase Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a PRIMECAP ODYSSEY AGG GROWTH FUND - 6666.667 b CAPITAL GAINS DIVIDENDS					D	12/07/15	12/09/15
b CAPITAL GAINS	DIVIDENDS			ļ			
<u>C</u>		•		 			
<u>d</u>				 			
<u>e</u>				 			<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis pense of sale			(h) Gain or (loss (e) plus (f) minus	(g)
<u>a</u> 224,980.			228,46	7.			-3,487.
b 8,138.							8,138.
<u>.</u>							
<u>d</u>				_		·	
Complete only for accets showing	g gain in column (h) and owned by	the foundation	on 12/21/60	 -		(I) Cours (Oal (b) cour	
Complete only for assets showin		J			c	(I) Gains (Col. (h) gair ol. (k), but not less that	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		ess of col. (ı)		_	Losses (from col.	(h))
	45 01 12/0 // 00	0,0,0					2 407
<u>a</u>		-					-3, <u>487</u> 8,138.
<u>b</u>		 					0,130.
- C d			· ·				
e		<u> </u>					
				<u> </u>			
2 Capital gain net income or (net ca	pital loss) { If gain, also ente If (loss), enter -0	r in Part I, line /	,	 	2		4,651.
	`			→	-		4,051.
	s) as defined in sections 1222(5) ar	nd (6):		٦١			
If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8	coomin (c).				3	N/A	•
Part V Qualification U	nder Section 4940(e) for	r Reduced	Tax on Net	Inve	stment Ir		·
(For optional use by domestic private	<u></u>	 					N/A
(i or optional dod by dolinoons private	Touridations dubject to the section	10 10(u) tan 0111		,			,
If section 4940(d)(2) applies, leave the	nis part blank.						
Was the foundation liable for the sec	ion 4942 tax on the distributable an	nount of any vea	ir in the base pe	riod?			Yes No
If "Yes," the foundation does not qual			•				<u> </u>
1 Enter the appropriate amount in	each column for each year; see the i	instructions befo	re making any e	entries.			
(a) Base period years	(b)			(c)		Dietri	(d) bution ratio
Calendar year (or tax year beginnii	ng in) Adjusted qualifying dis	stributions	Net value of no	oncharit	able-use asse	ts (col. (b) di	vided by col. (c))
2014							
2013			-				
2012							
2011							
2010							
						1	
2 Total of line 1, column (d)						2	
3 Average distribution ratio for the	5-year base period - divide the total	on line 2 by 5, a	r by the number	r of year	S		
the foundation has been in exister	nce if less than 5 years					3	
4 Enter the net value of noncharitab	le-use assets for 2015 from Part X,	line 5				4	
5 Multiply line 4 by line 3						5	
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)					6	
7 Add lines 5 and 6						7	
A.F	5 130 1						
8 Enter qualifying distributions from	n Part XII, line 4 I line 7, check the box in Part VI, line	a 1h, and comple	ata that nort you	na 1%.	tay rate	8	
See the Part VI instructions.	i mio 7, oncon the DUX III Falt VI, IIIR	o ro, and compl	οιο ιπαι ματι υδη	.g u 1/0			

	990-PF (2015) FAMILY FOUNDATION 47- rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	<u>-55</u>	5332 ee in	51 stru		age 4
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	7			01.01	
ıa	Date of fuling or determination letter: (attach copy of letter if necessary-see instructions)					
h	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%				1	39.
٠	of Part I, line 27b	+-	_			
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)					0.
	Add lines 1 and 2	\top		-	1	39.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	1				0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-				1	39.
	Credits/Payments:			-		
	2015 estimated tax payments and 2014 overpayment credited to 2015					
	Exempt foreign organizations - tax withheld at source					
	Tax paid with application for extension of time to file (Form 8868) 6c					
	Backup withholding erroneously withheld 6d					
	Total credits and payments. Add lines 6a through 6d					0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8	\top				
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	\top			1	39.
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	\top				
	Enter the amount of line 10 to be: Credited to 2016 estimated tax	$\overline{}$				
	rt 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				Yes	No
	any political campaign?			1a		X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?			1b		X
·	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or					
	distributed by the foundation in connection with the activities.		İ	1		
c	Did the foundation file Form 1120-POL for this year?			1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
٠	(1) On the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0.		ļ			
۵	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			1		
Ů	managers. ►\$ 0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
_	If "Yes," attach a detailed description of the activities.		Γ			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or					
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
		N/Z	A.	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	_		5		<u>X</u>
	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law					
	remain in the governing instrument?		L	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		L	7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	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		L	8b	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		_	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10	X	L
			Forn	1990)-PF	(2015)

THE FRANKLIN AND JENNIFER MOORE 47-5533251 FAMILY FOUNDATION Page 5 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) 11 Х 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? 12 If "Yes," attach statement (see instructions) 13 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► WWW.FJMOOREFOUNDATION.ORG Telephone no. $\triangleright 734-668-4040$ 14 The books are in care of ► FRANKLIN S. MOORE Located at ▶ 101 N. MAIN STREET, SUITE 800, ANN ARBOR, MI ZIP+4 **►48104** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here N/A 15 and enter the amount of tax-exempt interest received or accrued during the year No 16 At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, Yes 16 X 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 Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required Yes No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year did the foundation (either directly or indirectly): Yes X No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No a disqualified person? Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available Yes X No for the benefit or use of a disqualified person)? (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 Yes X No termination of government service, if terminating within 90 days.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations N/A 1b 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 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 Х before the first day of the tax year beginning in 2015? 1c

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
Are there any years listed in 2a for which the foundation is **not** 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.)

N/A

If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here.

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

Yes X No

2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation

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.)

N/A

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

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?

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X

2b

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4a

defined in section 4942(j)(3) or 4942(j)(5)):

THE FRANKLIN AND JENNIFER MOORE Form 990-PF (2015) FAMILY FOUNDATION 47-5533251 Page 6 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: Yes X No (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, Yes X No any voter registration drive? Yes X No (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 described in section Yes X No 4945(d)(4)(A)? (see instructions) (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for Yes X No the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? N/A 5b Organizations relying on a current notice regarding disaster assistance check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained Yes No expenditure responsibility for the grant? N/A 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 Yes X No a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 6b X If "Yes" to 6b, file Form 8870 Yes X No 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7b b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? N/APart VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (d) Contributions to employee benefit plans and deferred compensation (b) Title, and average hours per week devoted to position (c) Compensation (e) Expense account, other (If not paid, enter -0-) (a) Name and address allowances SEE STATEMENT 0 0 0. (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (b) Title, and average (a) Name and address of each employee paid more than \$50,000 (c) Compensation hours per week devoted to position NONE

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

NONE

(b) Title, and average hours per week devoted to position

(c) Compensation

(d) Contributions to employee benefit plans account, other allowances

(e) Expense excount, other allowances

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

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THE FRANKLIN AND JENNIFER MOORE FAMILY FOUNDATION

Form 990-PF (2015) FAMILY FOUNDATION	47-5	5533251 Page 7
Part VIII Information About Officers, Directors, Trustees, F Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If non	ne, 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 Part IX-A Summary of Direct Charitable Activities		<u>▶</u> 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant	ant statistical information such as the	
number of organizations and other beneficiaries served, conferences convened, research page		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
1N/A		
2		
All other program related investments. Can instructions		-
All other program-related investments. See instructions.		

0.

Total. Add lines 1 through 3

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FAMILY FOUNDATION

Р	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations,	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	238,540.
	Average of monthly cash balances	1b	2,325.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	240,865.
	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	240,865.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	3,613.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	237,252.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	1,852.
Р	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	1,852.
2a	Tax on investment income for 2015 from Part VI, line 5		
Ь	Income tax for 2015. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	139.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,713.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,713.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7_	1,713.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		40.000
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	13,302.
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	12 200
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	13,302.
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	12 200
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	13,302.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies fo	r the section

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FAMILY FOUNDATION 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,	00.740			
line 7				1,713.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			0.	
b Total for prior years:				
,,	·	0.	·-··	
3 Excess distributions carryover, if any, to 2015:				
a From 2010				
b From 2011				
c From 2012				
d From 2013				
e From 2014				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2015 from				
Part XII, line 4: ► \$ 13,302.			•	
a Applied to 2014, but not more than line 2a			0.	
b Applied to undistributed income of prior		0		
years (Election required - see instructions)	·	0.	***************************************	
c Treated as distributions out of corpus	0.			
(Election required - see instructions)				1,713.
d Applied to 2015 distributable amount	11,589.			1,713.
e Remaining amount distributed out of corpus	11,369.			0.
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			<u> </u>
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	11,589.			
b Prior years' undistributed income. Subtract				ļ
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		0.		
amount - see instructions		0.		
e Undistributed income for 2014. Subtract line			0.	
4a from line 2a. Taxable amount - see instr. f Undistributed income for 2015. Subtract			<u> </u>	
lines 4d and 5 from line 1. This amount must				
be distributed in 2016				0.
7 Amounts treated as distributions out of	·	<u> </u>		
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
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.				
Subtract lines 7 and 8 from line 6a	11,589.			
10 Analysis of line 9:				
a Excess from 2011				
b Excess from 2012				
c Excess from 2013				
d Excess from 2014				
e Excess from 2015 11,589.			<u></u>	

	FOUNDATION		 	4/-55	33251 Page 10
Part XIV Private Operating F			-A, question 9)	N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo	•	-	▶ ∟		 -
b Check box to indicate whether the found		g foundation described i		4942(j)(3) or 49)42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 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					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 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)	<u> </u>				
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	n had \$5,000 or mo	ore in assets
at any time during t	he year-see instr	uctions.)			
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh			ributions received by the	e foundation before the clo	se of any tax
year (but only if they have contributed n	nore than \$5,000). (See se	ection 507(d)(2).)			
SEE STATEMENT 7					
 b List any managers of the foundation who other entity) of which the foundation has 			(or an equally large port	ion of the ownership of a p	artnership or
	3 a 1076 of greater interes	···			
NONE		Cabalanahin ata Da			
2 Information Regarding Contribution Check here ► if the foundation of		• • •	-	not accept uncollected requ	acte for funde. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num	·				
FRANKLIN & JENNIFER					∩м
101 N. MAIN ST., SUI				G VIIVIAGEL D . C	OM
b The form in which applications should be					
WRITTEN OR ELECTRONI			Todia molado.		
c Any submission deadlines:	CILLI DODAL				
NONE					
d Any restrictions or limitations on award:	s, such as by geographica	l areas, charitable fields,	kinds of institutions, or	other factors:	
NONE	, , , , , , , , , , , , , , , , , , ,		•		

Form 990-PF (2015) FAMILY FOUNDATION
Part XV Supplementary Information (continued)

47-5533251 Page 11

3 Grants and Contributions Paid During the Yo	ear or Approved for Future	Payment	-	
Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
MICHIGAN THEATER FOUNDATION	NONE	PC	SUPPORT THE	
603 EAST LIBERTY STREET			RENOVATIONS AND	
ANN ARBOR, MI 48104			IMPROVEMENTS TO THE	
			MICHIGAN AND STATE	
			THEATERS.	10,000.
Total	· · · · · · · · · · · · · · · · · · ·		<u>▶ 3a</u>	10,000.
b Approved for future payment				
NONE				
110112				
			<u> </u>	
Total			<u>▶ 3b</u>	0.

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ided by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
	-				
ab					
<u> </u>	_				
d				· · · · · · · · · · · · · · · · · · ·	
e					
f			 		
g Fees and contracts from government agencies					
2 Membership dues and assessments			ļ		
3 Interest on savings and temporary cash					
investments			14	1.	
4 Dividends and interest from securities			14	2,358.	
5 Net rental income or (loss) from real estate:		<u> </u>	<u> </u>		
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			18	4,651.	
9 Net income or (loss) from special events				2,70021	
O Gross profit or (loss) from sales of inventory	<u></u>				
1 Other revenue:					
a			_		
b					
<u> </u>					
d			 		
e			-	7 010	
2 Subtotal. Add columns (b), (d), and (e)		0.	<u> </u>	/,010.	0. 7,010.
3 Total Add line 12, columns (b), (d), and (e)				13	7,010.
See worksheet in line 13 instructions to verify calculations.)		 			
Part XVI-B Relationship of Activities to	the Acc	omplishment of Ex	emp	t Purposes	
					
Line No. Explain below how each activity for which incom			contri	outed importantly to the accor	nplisnment of
the foundation's exempt purposes (other than b	y providing tu	inds for such purposes).			
					
			_		
					
	-	 		 	 -
					

Form 990-PF (2015) FAMILY FOUNDATION

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Part	XVII	Information Re Exempt Organ		sfers To a	and Transactions	and F	Relations	hips With No	ncharitabl	е	
1 D	id the or	ganization directly or indi		of the following	ng with any other organiza	ation desi	cribed in sect	ion 501(c) of	1	Yes	No
		other than section 501(c	· · ·								
		from the reporting found				,					
	I) Cash			,					1a(1		Х
(2	?) Other	assets							1a(2		Х
b 0	ther tran	sactions.									
(I) Sales	of assets to a noncharita	ble exempt organiza	tion					1b(1)		_X_
(2	2) Purch	nases of assets from a no	ncharitable exempt	organization					1b(2)		X
(3	3) Renta	al of facilities, equipment,	or other assets						1b(3)	4	X
(4) Reiml	bursement arrangements							1b(4	4	X
		s or loan guarantees							1b(5)		X
		rmance of services or me		-					<u>1b(6</u>)	4	X
	_	f facilities, equipment, ma							<u> 1c</u>	Ц	<u> </u>
		ver to any of the above is			, ,				-	sets,	
		s given by the reporting for the yoods,				aiue in ar	iy transaction	i or snaring arrange	ment, snow in		
(a) Line		(b) Amount involved			e exempt organization		(d) Description	of transfers, transaction	ons, and sharing a	rrangeme	nts
		·		N/A	· · · · · · · · · · · · · · · · · · ·						
				-							
											
	_										
								 -			
									· 		
					_ .						
	-	<u>-</u> -			<u></u>	- -					
											
			· · · · · · · · · · · · · · · · · · ·								
	_	·· ·									
ır	section	ndation directly or indirec 501(c) of the Code (othe	r than section 501(c			anizations	described		Yes	x	□ No
b If	"Yes," co	omplete the following sch (a) Name of org			(b) Type of organization	n		(c) Description of re	alationehin		
			Janization		(b) Type of organization	·		(c) Description of re	sialionship		
 -		N/A									
					-						
				<u>.</u>	-	-		· - ·			
			<u></u>		-				· · · · · ·		
Sigr Here	and be	penalties of perury, I declare blief this true correct, and cor						has any knowledge	May the IRS return with the shown below Yes	ne prepare v (see inst	er
	Sign	nature of officer or trustee)		Date	- * +	ıtle				
		Print/Type preparer's na	ame	Preparer's s	ignature	Date		Check if	PTIN		
		F.J. RICKE	LMANN,	M. N	P 0			self- employed			
Paic		CPA	-	7.1. Ru	Thelin	5-	9-16		P00091	.391	
_	oarer	Firm's name ► IVE	RS, RICKE	ELMANN	& PETERSEN	CPA'	S	Firm's EIN ► 4	5-36301	.98	
use	Only	Firm's address > 22	20 5		GUITME 250						
	Firm's address > 2929 PLYMOUTH RD, SUITE 350 ANN ARBOR, MT 48105 Phone no (734)994-7500										

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.

OMB No 1545-0047

Employer identification number

Name of the organization

THE FRANKLIN AND JENNIFER MOORE FAMILY FOUNDATION

47-5533251

Organization type (check one) Filers of: Section 501(c)() (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check 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 X 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

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

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

Name of organization
THE FRANKLIN AND JENNIFER MOORE
FAMILY FOUNDATION

Employer identification number

47-5533251

Part I	Contributors (see instruct	ons). I lse dunlicate conie	s of Part Lif additional space is	needed
I GILI	Continuators (see instruct	Ulisi. Use uubiicale cubie:	S UI Fait I II auditiuliai Space is	needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FRANKLIN & JENNIFER MOORE 101 N. MAIN ST., SUITE 800 ANN ARBOR, MI 48104	\$ 250,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	FRANKLIN & JENNIFER MOORE 101 N. MAIN ST., SUITE 800 ANN ARBOR, MI 48104	\$ 249,712.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization
THE FRANKLIN AND JENNIFER MOORE

Employer identification number

THE FRANKLIN AND JENNIFER MOORE

47-5533251 FAMILY FOUNDATION Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed (a) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I 7,286.619 SHS PRIMECAP ODYSSEY 2 AGGRESSIVE GROWTH FUND (POAGX) 249,712. 12/07/15 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I (a) (c) No. (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I (a) (c) No. (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (see instructions) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I

Name of organization Employer identification number THE FRANKLIN AND JENNIFER MOORE 47-5533251 FAMILY FOUNDATION 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 Part III 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 (c) Use of gift (b) Purpose 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 (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (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 gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF · INTERE	ST ON SAVII	NGS AND TEM	PORARY	CASH IN	VESTMENTS	STATEMENT	1
SOURCE	REVE	(A) REVENUE NET IN PER BOOKS IN			(C) ADJUSTED NET INCOME		
RAYMOND JAMES			1.		1.		
TOTAL TO PART I, LI		1.					
FORM 990-PF	DIVIDENDS	S AND INTER	EST FRO	M SECUR	ITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	GAINS			(B) NET INVES MENT INCO		
RAYMOND JAMES	10,496	8,13	2,358.		2,35	8.	
TO PART I, LINE 4	10,496	8,13	8.	2,358.	2,35	8.	
FORM 990-PF		LEGAL	FEES			STATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B NET IN MENT I	VEST-	(C) ADJUSTED NET INCOM		
ATTORNEY FEES - FOR	M 1023	2,452.	0.			2,452	2.
TO FM 990-PF, PG 1,	LN 16A =	2,452.	0.			2,452	2 • —
FORM 990-PF		TAX	ES			STATEMENT	4
DESCRIPTION		(A) EXPENSES PER BOOKS		VEST-	(C) ADJUSTED NET INCOM		
FOREIGN TAXES FORM 1023 FILING FE	— E	76. 850.		76. 0.		850	0.

FORM 990-PF .	CORPORATE STOCK		STAT	EMENT !	
DESCRIPTION				FAIR MARKET VALUE	
RAYMOND JAMES - MUTUAL FUNDS		488,69	95.		
TOTAL TO FORM 990-PF, PART II, LINE 10B		488,69	95.	477,080.	
	IST OF OFFICERS, D ND FOUNDATION MANA		STAT	EMENT (
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE	
FRANKLIN S. MOORE 101 N. MAIN ST., SUITE 800 ANN ARBOR, MI 48104	PRESIDENT/TREA	SURER 0.	0.	0	
JENNIFER MCCUTCHEON MOORE 101 N. MAIN ST., SUITE 800 ANN ARBOR, MI 48104	SECRETARY 1.00	0.	0.	0	
KATHERINE E. MOORE 101 N. MAIN ST., SUITE 800 ANN ARBOR, MI 48104	TRUSTEE 1.00	0.	0.	0	
FRANKLIN M. MOORE 101 N. MAIN ST., SUITE 800 ANN ARBOR, MI 48104	TRUSTEE 1.00	0.	0.	0	
MICHELLE A. MOORE 101 N. MAIN ST., SUITE 800 ANN ARBOR, MI 48104	TRUSTEE 1.00	0.	0.	0	
TOTALS INCLUDED ON 990-PF, PAGE	: 6, PART VIII	0.	0.	0	

FORM 990-PF ·

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT

7

NAME OF MANAGER

FRANKLIN S. MOORE
JENNIFER MCCUTCHEON MOORE