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DAA

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

▶ 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.

2015

| | calen me of fo | | ind ending | A Employer identification number | |
|----------------------------|-----------------------|--|---|--|-------------------------|
| 140 | ine or io | unuauon | | A Employer identification number | |
| 3 | mber an 423 | & Cindy Pressprich Foundati d street (or PO box number if mail is not delivered to street address) W Delhi Road | LON Room/suite | 81-0690279 B Telephone number (see instructions) 734-260-4111 | |
| | | n, state or province, country, and ZIP or foreign postal code Arbor MI 48103 | | C If exemption application is pending, check h | ere X |
| | | | n of a former public charity | D 1. Foreign organizations, check here | ▶ 🗌 |
| | | Final return Amended | return | 2. Foreign organizations meeting the | |
| | | Address change Name cha | nge | 85% test, check here and attach comput | ation ► |
| _ | | type of organization: 🔀 Section 501(c)(3) exempt private | | E If private foundation status was terminated u | ınder |
| | | | e private foundation | section 507(b)(1)(A), check here | |
| | | rket value of all assets at J Accounting method. | Cash X Accrual | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here | ¹ • □ |
| | na ot y ne 16) | ear (from Part II, col. (c), | ho on cook book \ | ander Section 307(b), TND), Greek here | - ا |
| | art I | ► \$ 2,001,000 (Part I, column (d) must Analysis of Revenue and Expenses (The total of | (a) Revenue and | (d) D | sbursements |
| • | | amounts in columns (b), (c), and (d) may not necessarily equal | expenses per (b) Net | | r chantable purposes |
| | | the amounts in column (a) (see instructions)) | 2,001,000 | (cas | h basis only) |
| | 1 2 | Contributions, gifts, grants, etc., received (attach schedule) Check ► X if the foundation is not required to attach Sch B | • | | |
| | 3 | Interest on savings and temporary cash investments | | | |
| | 4 | Dividends and interest from securities | | | |
| | 5a | Gross rents | | | |
| <u>a</u> | Ь | Net rental income or (loss) | | | |
| Revenue | 6a | Net gain or (loss) from sale of assets not on line 10 | | | |
| Š | b | Gross sales price for all assets on line 6a | * * / , = * * * * * * * * * * * * * * * * * * | | |
| 8 | 7 | Capital gain net income (from Part IV, line 2) | 0 . 1 2 . 1 . 1 . 2 . 2 | 0 | |
| | 8 | Net short-term capital gain | | 0 | |
| | 9 | Income modifications | 1 | | |
| | 10a | Gross sales less returns and allowances | | | |
| | b c | Less Cost of goods sold | Fire Time Brown | | |
| | 11 | Gross profit or (loss) (attach schedule) Other income (attach schedule) | **** | | |
| | 12 | Total. Add lines 1 through 11 | 2,001,000 | 0 0 | |
| es | 13 | Compensation of officers, directors, trustees, etc. | 0 | | |
| Expenses | 14 | Other employee salaries and wages | | | |
| g | 15 | Pension plans, employee benefits | | | |
| _ | 16a | Legal fees (attach schedule) | | | |
| Š | b | Accounting fees (attach schedule) | | | |
| äŧi | C | Other professional fees (attach schedule) | | | |
| st | 17 | Interest | | | |
| Ē | 18 | Taxes (attach schedule) (see instructions) | | | |
| 투 | 19 20 | Depreciation (attach schedule) and depletion Occupancy | | | |
| ⋖ | 21 | Travel, conferences, and meetings | | | |
| Ĕ | 22 | Printing and publications | | | |
| 9 | 23 | Other expenses (att sch.) | | | |
| 뜵 | 24 | Total operating and administrative expenses. | | | |
| şra | | Add lines 13 through 23 | 0 | 0 0 | 0 |
| Operating and Administrati | 25 | Contributions, gifts, grants paid | 0 | | 0 |
| 0 | 26 | Total expenses and disbursements. Add lines 24 and 25 | 0 | 0 0 | 0 |
| | 27 | Subtract line 26 from line 12 | | | |
| | а | Excess of revenue over expenses and disbursements | 2,001,000 | 2 | |
| | b | Net investment income (if negative, enter -0-) | | 0 | |
| _ | C | | | | 990-PF (2015) |
| ror | raper | work Reduction Act Notice, see instructions. | | Form 3 | ノンひって 厂 (2015) |

| Fo | rm 99 | O-PF(2015) Bill & Cindy Pressprich Foun | datio | n 81-0690 | 279 |) | Page 2 |
|--------------------------|----------|--|-------------|---------------------------|-----|----------------|---------------------------|
| | | | | Beginning of year | | | f year |
| ŀ | art | Balance Sheets Attached schedules and amounts in the description coling should be for end-of-year amounts only (See instruction) | ns) | (a) Book Value | | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash – non-interest-bearing | | | | 2,001,000 | 2,001,000 |
| | 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 (attach schedule) (see | | | | | |
| | _ | instructions) | | | | | |
| | 7 | Other notes and loans receivable (att schedule) | ^ | | | | |
| | _ | Less allowance for doubtful accounts ▶ | 0 | | | | |
| Assets | 8 | Inventories for sale or use | | | | | |
| SS | 9 | Prepaid expenses and deferred charges | | | | | |
| Q | 10a | Investments – U.S. and state government obligations (attach schedule) | | | | | |
| | Ь | Investments – corporate stock (attach schedule) Investments – corporate bonds (attach schedule) | | | | | |
| | С 11 | Investments – land, buildings, and equipment basis | | | | | |
| | ••• | Less accumulated depreciation (attach sch.) | | | | | |
| | 12 | Investments – mortgage loans | | | | | |
| | 13 | Investments – other (attach schedule) | | | | | |
| | 14 | Land, buildings, and equipment basis | | | | | |
| | • • | Less accumulated depreciation (attach sch) | | | | | |
| | 15 | Other assets (describe |) | | | | |
| | 16 | Total assets (to be completed by all filers – see the | , | | | | |
| | | instructions. Also, see page 1, item I) | | | 0 | 2,001,000 | 2,001,000 |
| | 17 | Accounts payable and accrued expenses | | | | | |
| | 18 | Grants payable | | | | | |
| Liabilities | 19 | Deferred revenue | | | | | |
| Ę | 20 | Loans from officers, directors, trustees, and other disqualified persons | ; | | | | |
| i | 21 | Mortgages and other notes payable (attach schedule) | | | | | |
| _ | 22 | Other liabilities (describe ▶ |) | | _ | _ | |
| | 23 | Total liabilities (add lines 17 through 22) | . 60 | ! | 0 | 0 | |
| Ś | | Foundations that follow SFAS 117, check here | ► X | | | | |
| ces | | and complete lines 24 through 26 and lines 30 and 31. | | | | 2 001 000 | |
| <u>a</u> | 24 | Unrestricted | | | | 2,001,000 | |
| ä | 25 26 | Temporarily restricted Permanently restricted | | | | | |
| ᅙ | 20 | Foundations that do not follow SFAS 117, check here | ▶ □ | | | | |
| Net Assets or Fund Balan | | and complete lines 27 through 31. | | | | | |
| 0 | 27 | Capital stock, trust principal, or current funds | | | | | |
| ets | 28 | Paid-in or capital surplus, or land, bldg , and equipment fund | | | | | |
| SS | 29 | Retained earnings, accumulated income, endowment, or other funds | | | | | |
| et/ | 30 | Total net assets or fund balances (see instructions) | | | 0 | 2,001,000 | |
| ž | 31 | Total liabilities and net assets/fund balances (see | | | | | |
| | | instructions) | | | 0 | 2,001,000 | |
| F | Part | III Analysis of Changes in Net Assets or Fund Bala | ances | | | | |
| 1 | | I net assets or fund balances at beginning of year – Part II, column (a), I | line 30 (mi | ust agree with | | | _ |
| | | of-year figure reported on pnor year's return) | | | | 1 | 0 |
| 2 | | r amount from Part I, line 27a | | | | 2 | 2,001,000 |
| 3 | | r increases not included in line 2 (itemize) ▶ | | | | 3 | 2 001 000 |
| _ | | lines 1, 2, and 3 | | | | 4 | 2,001,000 |
| 5 | | reases not included in line 2 (itemize) | II ool | (b) line 20 | | 5 6 | 2,001,000 |
| 6 | ıota | I net assets or fund balances at end of year (line 4 minus line 5) – Part I | u, column | (v), iiii e 30 | | O | Form 990-PF (2015) |

Form 990-PF (2015) Bill & Cindy Pressprich Foundation 81-0690279 Page 3 Capital Gains and Losses for Tax on Investment Income Part IV (b) How acquired (a) List and describe the kind(s) of property sold (e.g., real estate, (c) Date acquired (d) Date sold - Purchase 2-story brick warehouse, or common stock, 200 shs. MLC Co.) (mo, day, yr) (mo, day, yr) D - Donation N/A b C d e (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) а b C d Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col (h) gain minus col (k), but not less than -0-) or (j) Adjusted basis (k) Excess of col (i) (i) F M V as of 12/31/69 Losses (from col (h)) as of 12/31/69 over col (j), if any ь C d If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) 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) (see instructions) If (loss), enter -0- in Part I, line 8 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 N/A Yes Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part 1 Enter the appropriate amount in each column for each year, see the instructions before making any entries (d) (a) (b) Base period years Distribution ratio Adjusted qualifying distributions Net value of nonchantable-use assets (col (b) divided by col (c)) Calendar year (or tax year beginning in) 2014 2013 2012 2011 2010 2 2 Total of line 1, column (d) 3 Average distribution ratio for the 5-year base period – divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years 3 4 Enter the net value of nonchantable-use assets for 2015 from Part X, line 5 5 Multiply line 4 by line 3 6 Enter 1% of net investment income (1% of Part I, line 27b) 7 Add lines 5 and 6 7 8 Enter qualifying distributions from Part XII, line 4

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

Part VI instructions.

| | 1990-PF (2015) Bill & Cindy Pressprich Foundation 81-0690279 | | | | P | age 4 |
|----|---|----------|-----------|--------|-------|--------------|
| | Irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instru | ictio | 1115) | | | |
| та | Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1 | | | | | |
| L | Date of ruling or determination letter (attach copy of letter if necessary—see instructions | i) | 4 | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% of Part I, line 27b | • | 1 | | | |
| _ | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of | | | | | |
| С | 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 | | | |
| 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 | | | ŏ |
| 6 | Credits/Payments | | • | | | • |
| а | 2015 estimated tax payments and 2014 overpayment credited to 2015 6a | | | | | |
| 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 | | | |
| 8 | Enter any penalty for underpayment of estimated tax. Check here of 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 | | | |
| 11 | Enter the amount of line 10 to be Credited to 2016 estimated tax ▶ Refunded ▶ | • | 11 | | | |
| Pa | rt VII-A Statements Regarding Activities | | | | | |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it | | | | Yes | No |
| | participate or intervene in any political campaign? | | | 1a | | X |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see | | | | | |
| | Instructions for the definition)? | | | 1b | | X |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials | | | | | |
| | published or distributed by the foundation in connection with the activities | | | | | |
| C | Did the foundation file Form 1120-POL for this year? | | | 1c | | X |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year | | | | | |
| | (1) On the foundation. ▶ \$ (2) On foundation managers ▶ \$ | | | | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed | | | | | |
| | on foundation managers > \$ | | | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | | 2 | | X |
| | If "Yes," attach a detailed description of the activities | | | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of | | | _ | | |
| | incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | | 3 | | X |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | NT / 2 | 4a | | X |
| þ | If "Yes," has it filed a tax return on Form 990-T for this year? | | N/2 | | | x |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | | 5 | | Λ |
| 6 | If "Yes," attach the statement required by General Instruction T | | | | | |
| 0 | 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? | | | 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), a | nd F | Part XV | 7 | X | |
| 8а | Enter the states to which the foundation reports or with which it is registered (see instructions) | | uit / () | • | - | |
| vu | 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 | | | 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 Stm | t | 1 | 10 | X | |
| | | | | Form 9 | 90-PF | (2015) |

| | 1990-PF (2015) Bill & Cindy Pressprich Foundation 81-06902 | 79 | | | | P | age 5 |
|----------|--|----------|-----------------------|----------|-----------------|-------|--------------|
| Pa | art VII-A Statements Regarding Activities (continued) | | | | | | |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the | | | | | Yes | No |
| | meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) | | | | 11 | | X |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualifie | d | | | | | |
| | person had advisory privileges? If "Yes," attach statement (see instructions) | | | | 12 | | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption a Website address N/A | • | | | 13 | Х | |
| 14 | The books are in care of ▶ William O Pressprich 3423 W Delhi Road | lephone | e no ▶ | 734-2 | 260- | 411 | 1 |
| | Located at ▶ Ann Arbor MI | ZI | P+4 ▶ | 4810 | 3 | | |
| 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 | | \blacktriangleright | 15 | | | _ |
| 16 | At any time during calendar year 2015, did the foundation have an interest in or a signature or other auth | ority | | | | Yes | No |
| | over a bank, securities, or other financial account in a foreign country? | | | | 16 | | X |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name | e of | | | | | |
| | the foreign country ▶ | | | | | | |
| Pa | art VII-B Statements Regarding Activities for Which Form 4720 May Be Requ | uired | | | | | |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | | | | Yes | No |
| 1a | During the year did the foundation (either directly or indirectly) | | | | | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | | Yes | X No | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a | | | (T) | | | |
| | disqualified person? | | Yes | X No | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | 닏 | Yes | X No | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | Ш | Yes | X No | | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available for | | | v | | | |
| | the benefit or use of a disqualified person)? | | Yes | X 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 | | V | X No | | | |
| L | termination of government service, if terminating within 90 days) | | Yes | NO NO | | | |
| b | If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Resection 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? | eguiatio |)IIS | N/A | 1b | | |
| | Organizations relying on a current notice regarding disaster assistance check here | | | | 10 | | |
| С | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, the | at | | | | | |
| • | were not corrected before the first day of the tax year beginning in 2015? | at | | N/A | 1c | | |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private | te. | | , | | | |
| - | operating foundation defined in section 4942(j)(3) or 4942(j)(5)) | | | | | | |
| а | At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and | | | | | | |
| - | 6e, Part XIII) for tax year(s) beginning before 2015? | | Yes | X No | | | |
| | If "Yes," list the years ▶ 20 , 20 , 20 , 20 | | | | | | |
| b | 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 | 2b | | |
| C | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here | е | | | | | |
| | ▶ 20 , 20 , 20 , 20 | | | | | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise | - | | _ | | | |
| | at any time during the year? | Ĺ | Yes | X No | | | |
| b | If "Yes." did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation of | | | | | | |
| | disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by | | | | | | |
| | Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lap | se 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 | 3b | | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable pu | | ? | | 4a | | X |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopard | | 450 | | | | v |
| | chantable purpose that had not been removed from jeopardy before the first day of the tax year beginning | g in 20 | 157 | | 4b - 00 | א פר | X |
| | | | | l | Form 9 9 | 74-66 | (2015) |

| Form 990- Part V | | indy Pressprich Fo egarding Activities for Whic | | | continued) | Page 6 |
|---|--|--|---|---|---|---|
| 5a Durii | | on pay or incur any amount to | • | • • | , | |
| (1) | Carry on propaganda, or oth | erwise attempt to influence legislation | (section 4945(e))? | \Box , | Yes X No | |
| (2) | nfluence the outcome of any | y specific public election (see section | 4955), or to carry on, | نت | | |
| | directly or indirectly, any vote | • • • | | | Yes X No | |
| | | ual for travel, study, or other similar pu | urposes? | = | Yes X No | |
| • • | • | zation other than a charitable, etc., org | • | | | |
| | section 4945(d)(4)(A)? (see | | ,a | | Yes X No | |
| | | er than religious, charitable, scientific, | literary or educational | لببا | .03 [3] 110 | |
| | | on of cruelty to children or animals? | incrary, or codoational | | Yes X No | |
| | • | 5), did any of the transactions fail to q | ualify under the exceptions | | 163 23 110 | |
| | | n a current notice regarding disaster a | | | N/A | 5b |
| _ | | nt notice regarding disaster assistance | , | 9): | | 30 |
| _ | · - | n 5a(4), does the foundation claim exe | | | | |
| | | re responsibility for the grant? | impuon iroin the tax | N/A 🖂 🔻 | res No | |
| | • | re responsibility for the grant? Juired by Regulations section 53.4945 | : E/d\ | м/ А 📋 | res 🗀 No | |
| | | | ` ' | | | |
| | | ear, receive any funds, directly or indire | ectly, to pay premiums | г, | ∀ | |
| | personal benefit contract? | | | | res 🔀 No | v |
| | | ear, pay premiums, directly or indirectly | y, on a personal benefit coi | ntract? | | 6b X |
| | es" to 6b, file Form 8870 | | | | . v | |
| /a Arar | ny time during the tax year, v | was the foundation a party to a prohibi | ited tax shelter transaction | ? \ | res 🔼 No | |
| | | | | | 37 / 3 | |
| b If "Ye | | ve any proceeds or have any net inco | | | N/A | .7b |
| | III Information Abo | out Officers, Directors, Trus | | | | |
| b If "Ye Part Vi | III Information Abo and Contractor | out Officers, Directors, Trus s | tees, Foundation Ma | anagers, Hig | | |
| b If "Ye Part Vi | III Information Abo and Contractor | out Officers, Directors, Trus | tees, Foundation Ma | anagers, Hig | hly Paid Em | |
| b If "Ye Part Vi | III Information About and Contractors I officers, directors, truste | out Officers, Directors, Trus s ees, foundation managers and their | tees, Foundation Ma r compensation (see inst (b) Title, and average | anagers, Hig ructions). (c) Compensation | hly Paid Em | ployees, |
| b If "Ye Part Vi | III Information About and Contractors I officers, directors, truste | out Officers, Directors, Trus s | tees, Foundation Ma r compensation (see inst (b) Title, and average hours per week | anagers, Hig ructions). (c) Compensation (If not paid, | (d) Contributions to employee benefit plans and deferred | ployees, (e) Expense account, |
| b If "Ye Part VI 1 List al | III Information Abe and Contractors I officers, directors, truste | out Officers, Directors, Trus s ees, foundation managers and their | tees, Foundation Ma r compensation (see inst (b) Title, and average | anagers, Hig ructions). (c) Compensation | (d) Contributions to employee benefit | ployees, (e) Expense account, |
| b If "Ye Part VI 1 List al | III Information About and Contractors I officers, directors, truste | out Officers, Directors, Trus s ees, foundation managers and their | tees, Foundation Ma r compensation (see inst (b) Title, and average hours per week | anagers, Hig ructions). (c) Compensation (If not paid, | (d) Contributions to employee benefit plans and deferred | ployees, (e) Expense account, |
| b If "Ye Part VI 1 List al | III Information Abe and Contractors I officers, directors, truste | out Officers, Directors, Trus s ees, foundation managers and thein | tees, Foundation Ma r compensation (see inst (b) Title, and average hours per week devoted to position | anagers, Hig ructions). (c) Compensation (If not paid, | (d) Contributions to employee benefit plans and deferred compensation | ployees, (e) Expense account, |
| b If "Ye Part VI 1 List al Willia 3423 W | III Information Abo and Contractors I officers, directors, truste (a) Na m O Pressprich | out Officers, Directors, Trus s ees, foundation managers and their me and address Ann Arbor | tees, Foundation Mar r compensation (see inst (b) Title, and average hours per week devoted to position Director | ructions). (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
| b If "Ye Part VI 1 List al Willia 3423 W Cynthi | III Information Abo and Contractors I officers, directors, truste (a) Na m O Pressprich Delhi Road | out Officers, Directors, Trus s ees, foundation managers and their me and address Ann Arbor MI 48103 | tees, Foundation Mar r compensation (see inst (b) Title, and average hours per week devoted to position Director 0.00 | ructions). (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
| b If "Ye Part VI 1 List al Willia 3423 W Cynthi | III Information Abo and Contractors I officers, directors, truste (a) Na m O Pressprich Delhi Road a M Pressprich | out Officers, Directors, Trus s ees, foundation managers and their me and address Ann Arbor MI 48103 Ann Arbor | tees, Foundation Mar r compensation (see inst (b) Title, and average hours per week devoted to position Director 0.00 Director | ructions). (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
| b If "Ye Part VI 1 List al Willia 3423 W Cynthi 3423 W | III Information About and Contractors and Contractors I officers, directors, truste (a) Na m O Pressprich Delhi Road a M Pressprich Delhi Road | out Officers, Directors, Trus s ees, foundation managers and their me and address Ann Arbor MI 48103 Ann Arbor | tees, Foundation Mar compensation (see instance) (b) Title, and average hours per week devoted to position Director 0.00 Director 0.00 | ructions). (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
| b If "Ye Part VI 1 List al Willia 3423 W Cynthi 3423 W | III Information About and Contractors I officers, directors, truste (a) Na m O Pressprich Delhi Road a M Pressprich Delhi Road | out Officers, Directors, Trus s ees, foundation managers and their me and address Ann Arbor MI 48103 Ann Arbor MI 48103 | tees, Foundation Mar compensation (see instance) (b) Title, and average hours per week devoted to position Director 0.00 Director 0.00 | ructions). (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
| b If "Ye Part VI 1 List al Willia 3423 W Cynthi 3423 W | III Information About and Contractors I officers, directors, truste (a) Na m O Pressprich Delhi Road a M Pressprich Delhi Road | out Officers, Directors, Trus s ees, foundation managers and their me and address Ann Arbor MI 48103 Ann Arbor MI 48103 | tees, Foundation Marcompensation (see instance) (b) Title, and average hours per week devoted to position Director 0.00 Director 0.00 included on line 1 – see hours per week | ructions). (c) Compensation (If not paid, enter -0-) 0 | (d) Contributions to employee benefit plans and deferred compensation none, enter (d) Contributions to employee benefit plans and deferred diplans and deferred | (e) Expense account, other allowances 0 0 0 0 (e) Expense account, |
| b If "Ye Part VI 1 List al Willia 3423 W Cynthi 3423 W | III Information About and Contractors I officers, directors, truste (a) Na m O Pressprich Delhi Road a M Pressprich Delhi Road | out Officers, Directors, Trus s ees, foundation managers and their me and address Ann Arbor MI 48103 Ann Arbor MI 48103 | tees, Foundation Marcompensation (see instance) (b) Title, and average hours per week devoted to position Director 0.00 Director 0.00 included on line 1 – see hours per week | ructions). (c) Compensation (If not paid, enter -0-) 0 | (d) Contributions to employee benefit plans and deferred compensation none, enter (d) Contributions to employee benefit plans and deferred diplans and deferred | (e) Expense account, other allowances 0 0 0 0 (e) Expense account, |
| b If "Ye Part VI 1 List al Willia 3423 W Cynthi 3423 W | III Information About and Contractors I officers, directors, truste (a) Na m O Pressprich Delhi Road a M Pressprich Delhi Road | out Officers, Directors, Trus s ees, foundation managers and their me and address Ann Arbor MI 48103 Ann Arbor MI 48103 | tees, Foundation Marcompensation (see instance) (b) Title, and average hours per week devoted to position Director 0.00 Director 0.00 included on line 1 – see hours per week | ructions). (c) Compensation (If not paid, enter -0-) 0 | (d) Contributions to employee benefit plans and deferred compensation none, enter (d) Contributions to employee benefit plans and deferred diplans and deferred | (e) Expense account, other allowances 0 0 0 0 (e) Expense account, |
| b If "Ye Part VI 1 List al Willia 3423 W Cynthi 3423 W | III Information About and Contractors I officers, directors, truste (a) Na m O Pressprich Delhi Road a M Pressprich Delhi Road | out Officers, Directors, Trus s ees, foundation managers and their me and address Ann Arbor MI 48103 Ann Arbor MI 48103 | tees, Foundation Marcompensation (see instance) (b) Title, and average hours per week devoted to position Director 0.00 Director 0.00 included on line 1 – see hours per week | ructions). (c) Compensation (If not paid, enter -0-) 0 | (d) Contributions to employee benefit plans and deferred compensation none, enter (d) Contributions to employee benefit plans and deferred diplans and deferred | (e) Expense account, other allowances 0 0 0 0 (e) Expense account, |

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

► 0 Form 990-PF (2015)

| Form 990-PF (2015) Bill & Cindy Pressprich Foundation Part VIII Information About Officers, Directors, Trustees, Found and Contractors (continued) | lation Managers, Highly Paid | Page 7 Employees, |
|--|---|-----------------------------|
| 3 Five highest-paid independent contractors for professional services (see instru (a) Name and address of each person paid more than \$50,000 NONE | uctions). If none, enter "NONE." (b) Type of service | (c) Compensation |
| Total number of others receiving over \$50,000 for professional services | | > |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information organizations and other beneficianes served, conferences convened, research papers produced, etc | such as the number of | Expenses |
| 2 | | |
| 3 | | |
| 4 | | |
| Part IX-B Summary of Program-Related Investments (see instruction Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 N/A | ctions) | Amount |
| 2 | | |
| All other program-related investments. See instructions | | |
| Total. Add lines 1 through 3 | • | |

Form **990-PF** (2015)

| Forr | m 990-PF (2015) Bill & Cindy Pressprich Found | lation 81-0690279 | | Page 8 |
|------|---|----------------------------------|---------------------|---------------|
| P | art X Minimum Investment Return (All domestic foundate | ions must complete this p | art. Foreign founda | ations, |
| | see instructions.) | | | |
| 1 | Fair market value of assets not used (or held for use) directly in carrying out | t chantable, etc , | | |
| | purposes | | | |
| а | Average monthly fair market value of securities | | 1a | 0 |
| b | Average of monthly cash balances | | 1b | 0 |
| C | Fair market value of all other assets (see instructions) | | 1c | 0 |
| d | Total (add lines 1a, b, and c) | | 1d | 0 |
| 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 | 0 |
| 4 | Cash deemed held for chantable activities Enter 11/2% of line 3 (for greater | amount, see | | |
| | instructions) | | 4 | 0 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter | here and on Part V, line 4 | 5 | 0 |
| 6 | Minimum investment return. Enter 5% of line 5 | | 6 | 0 |
| P | art XI Distributable Amount (see instructions) (Section 49 | 942(j)(3) and (j)(5) private | operating foundate | ons |
| | and certain foreign organizations check here and | do not complete this part |) | |
| 1 | Minimum investment return from Part X, line 6 | · · · · | 1 | |
| 2a | Tax on investment income for 2015 from Part VI, line 5 | 2a | | |
| b | Income tax for 2015 (This does not include the tax from Part VI) | 2b | | |
| C | Add lines 2a and 2b | | 2c | |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | | 3 | |
| 4 | Recoveries of amounts treated as qualifying distributions | | 4 | |
| 5 | Add lines 3 and 4 | | 5 | |
| 6 | Deduction from distributable amount (see instructions) | | 6 | |
| 7 | Distributable amount as adjusted Subtract line 6 from line 5 Enter here a | nd on Part XIII, | | |
| | line 1 | • | 7 | 0 |
| D | art XII Qualifying Distributions (see instructions) | | | |
| P | art XII Qualifying Distributions (see instructions) | | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, | etc , purposes | | |
| а | Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 | | 1a | 0 |
| b | Program-related investments – total from Part IX-B | | 1b | |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying ou | t chantable, etc , | | |
| | purposes | | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the | | | |
| а | Suitability test (prior IRS approval required) | | 3a | |
| b | Cash distribution test (attach the required schedule) | | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b Enter here and on Part | V, line 8, and Part XIII, line 4 | 4 | 0 |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax or | n net investment income | | |
| | Enter 1% of Part I, line 27b (see instructions) | | 5 | 0 |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | | 6 | |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequen | t years when calculating whether | r the foundation | |
| | qualifies for the section 4940(a) reduction of tax in those years | · · | | |

Form 990-PF (2015) Bill & Cindy Pressprich Foundation 81-0690279 Page 9 **Undistributed Income** (see instructions) Part XIII (a) (b) (c) (d) 2014 2015 Corpus Years prior to 2014 Distributable amount for 2015 from Part XI, 0 line 7 2 Undistributed income, if any, as of the end of 2015 a Enter amount for 2014 only **b** Total for prior years 20 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 Qualifying distributions for 2015 from Part XII, line 4. ▶ \$ a Applied to 2014, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) d Applied to 2015 distributable amount e Remaining amount distributed out of corpus Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: Corpus. Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of pnor years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b Taxable amount - see instructions e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount - see instructions f Undistributed income for 2015 Subtract lines 4d and 5 from line 1 This amount must be 0 distributed in 2016 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) Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions) Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a Analysis of line 9 10

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a Excess from 2011
b Excess from 2012
c Excess from 2013
d Excess from 2014
e Excess from 2015

| | n 990-PF (2015) Bill & Cindy art XIV Private Operating Foun | | | | | Page 10 |
|----|--|-------------------------|----------------------|------------------------------|---------------------|----------------------|
| 1a | If the foundation has received a ruling or de | | | erating | | |
| | foundation, and the ruling is effective for 20 | | - | | | |
| b | Check box to indicate whether the foundation | | ing foundation des | | 42(j)(3) or 📙 494: | 2(_J)(5) |
| 2a | Enter the lesser of the adjusted net | Tax year | | Pnor 3 years | | (e) Total |
| | income from Part I or the minimum | (a) 2015 | (b) 2014 | (c) 2013 | (d) 2012 | (-, |
| | investment return from Part X for | | | | | |
| | each year listed | | | | | |
| þ | 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 | | | | | |
| е | 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 | | | | | |
| а | "Assets" alternative test – enter | | | | | |
| | (1) Value of all assets | | | | | |
| | (2) Value of assets qualifying under | | | | | |
| | section 4942(j)(3)(B)(i) | | | | | |
| b | "Endowment" alternative test – enter 2/3 | | | | | |
| | of minimum investment return shown in | | | | | |
| | Part X, line 6 for each year listed | | | | | |
| C | "Support" alternative test – enter | | | | | |
| | (1) Total support other than gross | | | | | |
| | investment income (interest, | | | | | |
| | dividends, rents, payments on secunties 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 | | | | | |
| Pa | rt XV Supplementary Informa | • | | if the foundation | had \$5,000 or n | nore in assets at |
| | any time during the yea | | ions.) | | | |
| 1 | Information Regarding Foundation Mana | | | | | |
| а | List any managers of the foundation who ha | | | | - | |
| | before the close of any tax year (but only if | they have contributed | I more than \$5,00 | 0) (See section 507(d)(| 2)) | |
| | N/A | | | | | |
| b | List any managers of the foundation who ov | | • | , , , | ge portion of the | |
| | ownership of a partnership or other entity) o | of which the foundation | n has a 10% or g | reater interest | | |
| _ | N/A | | | | | |
| 2 | Information Regarding Contribution, Gra | | • • • | • | | |
| | Check here ▶ ☐ If the foundation only ma | | =" | - | • | |
| | unsolicited requests for funds. If the foundar | | its, etc (see instru | uctions) to individuals or | organizations under | |
| | other conditions, complete items 2a, b, c, ar | | | | | |
| а | The name, address, and telephone number N/A | or e-mail address of | the person to who | om applications should t | e addressed | |
| b | The form in which applications should be su | ibmitted and informat | ion and matenals | they should include. | | |
| | N/A | | | | | |
| С | Any submission deadlines | | | | | |
| | N/A | | | | | |
| d | Any restrictions or limitations on awards, su factors | ch as by geographica | areas, chantable | e tields, kinds of instituti | ons, or other | |

N/A

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Supplementary Information (continued)

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

Recipient

Name and address (home or business)

If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Foundation status of recipient

Purpose of grant or contribution

Amount

a Paid during the year

N/A

Total **b** Approved for future payment N/A

▶ 3a

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0

13

Analysis of Income-Producing Activities Part XVI-A Enter gross amounts unless otherwise indicated. Unrelated business income Excluded by section 512, 513, or 514 (e) Related or exempt (a) (b) (d) Exclusion code function income Business code Amount Amount (See instructions) 1 Program service revenue а b C d е Fees and contracts from government agencies 2 Membership dues and assessments Interest on savings and temporary cash investments Dividends and interest from securities 5 Net rental income or (loss) from real estate Debt-financed property 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 9 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory 11 Other revenue a b ¢ d 0 0 0 12 Subtotal Add columns (b), (d), and (e)

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

Line No.

13 Total. Add line 12, columns (b), (d), and (e)

(See worksheet in line 13 instructions to venfy calculations)

Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)

N/A

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| Form 99 Part | 90-PF (2015) Bill & Cindy Pressprich Foundation 81-0690279 XVII Information Regarding Transfers To and Transactions and Relationships With Nonchar Exempt Organizations | | ge 13 |
|-------------------|---|---------------------|--------------|
| 1 Di | d the organization directly or indirectly engage in any of the following with any other organization described | Yes | No |
| | section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political ganizations? | | |
| | ansfers from the reporting foundation to a noncharitable exempt organization of | | |
| |) Cash | 1a(1) | X |
| • | Other assets | 1a(2) | X |
| • | ther transactions | | |
| (1 |) Sales of assets to a noncharitable exempt organization | 1b(1) | X |
| (2 | Purchases of assets from a noncharitable exempt organization | 1b(2) | X |
| (3 | Rental of facilities, equipment, or other assets | 1b(3) | X |
| (4 |) Reimbursement arrangements | 1b(4) | X |
| (5 |) Loans or loan guarantees | 1b(5) | X |
| (6 |) Performance of services or membership or fundraising solicitations | 1b(6) | X |
| c Sh | naring of facilities, equipment, mailing lists, other assets, or paid employees | 1c | X |
| va va | the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market like of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market like in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (b) Amount involved (c) Name of nonchantable exempt organization (d) Description of transfers, transactions, and sharing a contraction of transfers. | arrangements | |
| | | | |
| de b If | the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations escribed in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? "Yes," complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship | Yes 🛚 | 【 No |
| N/ | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and I correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS dis | cuss this return | |
| Sign | with the prepare | | No |
| Here | Carl deupnel 3/10/16 Director | s)/ Lites | _] NO |
| | act Chargener 5/10/16 Director | | |
| | Signature of officer or trustee Date Title | | |
| n.de | Print/Type preparer's name Preparer's signature Date | | c if |
| Paid | 03/1 | 1/16 | |
| Prepare | Firm's name William O. Pressprich | | |
| Use On | Firm's address ► 3423 W. DeIni Firm's EIN ► | | |
| | · · · · | -996-4 om 990-Pl | |

3/11/2016 12:07 PM

Federal Statements

FYE: 12/31/2015

81-0690279

810690279 Bill & Cindy Pressprich Foundation

Statement 1 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors

Name

Address

City, State, Zip

William & Cynthia Pressprich 3423 W Delhi Road

Ann Arbor MI 48103