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For calendar year 2015, or tax year beginning 07-01-2015 , and ending 06-30-2016

Name of foundation PETER J & CONSTANCE M CRACCHIOLO FNDN		A Employer identification number 38-2561770	
Number and street (or P O box number if mail is not delivered to street address) 100 MAPLE PARK BLVD NO 130		Room/suite	B Telephone number (see instructions) (586) 445-8111
City or town, state or province, country, and ZIP or foreign postal code ST CLAIR SHORES, MI 480812253		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 21,388,362		J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	

Part I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	Revenue and expenses per books (a)	Net investment income (b)	Adjusted net income (c)	Disbursements for charitable purposes (d) (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	829,458			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	502,563	502,563		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	963,737			
	b Gross sales price for all assets on line 6a 4,375,891				
	7 Capital gain net income (from Part IV, line 2) . . .		1,251,493		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	2,295,758	1,754,056		
	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule).	 553	277		277
	b Accounting fees (attach schedule).	 27,624	13,813		13,813
	c Other professional fees (attach schedule)	 81,114	81,114		0
	17 Interest				
	18 Taxes (attach schedule) (see instructions) . . .	 52,026	1,658		20
	19 Depreciation (attach schedule) and depletion . . .	 2,788	826		
	20 Occupancy	8,900	2,670		6,230
	21 Travel, conferences, and meetings.				
	22 Printing and publications				
	23 Other expenses (attach schedule).	 1,919	935		984
	24 Total operating and administrative expenses. Add lines 13 through 23	174,924	101,293		21,324
	25 Contributions, gifts, grants paid	945,500			945,500
	26 Total expenses and disbursements. Add lines 24 and 25	1,120,424	101,293		966,824
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	1,175,334			
	b Net investment income (if negative, enter -0-)		1,652,763		
	c Adjusted net income (if negative, enter -0-)				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	668,891	2,487,590	2,487,590
	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 (attach schedule) ▶ _____ 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 (attach schedule)			
	b	Investments—corporate stock (attach schedule)	10,928,067 	10,351,772	13,873,710
	c	Investments—corporate bonds (attach schedule)	3,550,499 	3,656,150	3,760,435
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	1,086,667 	964,644	1,263,941
	14	Land, buildings, and equipment basis ▶ _____ 6,046 Less accumulated depreciation (attach schedule) ▶ 3,360	64 	2,686	2,686
	15	Other assets (describe ▶ _____)			
	16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	16,234,188	17,462,842	21,388,362
Liabilities	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 (attach schedule).			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds	0	0	
	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0	0	
	29	Retained earnings, accumulated income, endowment, or other funds	16,234,188	17,462,842	
	30	Total net assets or fund balances (see instructions)	16,234,188	17,462,842	
	31	Total liabilities and net assets/fund balances (see instructions)	16,234,188	17,462,842	

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)	1	16,234,188
2	Enter amount from Part I, line 27a	2	1,175,334
3	Other increases not included in line 2 (itemize) ▶ 	3	53,320
4	Add lines 1, 2, and 3	4	17,462,842
5	Decreases not included in line 2 (itemize) ▶ _____	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	17,462,842

Part IV

Capital Gains and Losses for Tax on Investment Income

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)		How acquired P—Purchase D—Donation (b)	Date acquired (c) (mo , day, yr)	Date sold (d) (mo , day, yr)
1 a	PUBLICLY TRADED SECURITIES	P		
b	CAPITAL GAINS DIVIDENDS	P		
c				
d				
e				

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
a 4,362,477		3,124,398	1,238,079
b 13,414			13,414
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h)) (l)
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
a			1,238,079
b			13,414
c			
d			
e			

2	Capital gain net income or (net capital loss)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	1,251,493
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		3	

Part V

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

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)
If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014	785,446	19,489,482	0 040301
2013	642,039	16,674,307	0 038505
2012	612,611	13,630,129	0 044945
2011	576,833	11,671,491	0 049422
2010	540,244	11,705,834	0 046152

2	Total of line 1, column (d).	2	0 219325
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	0 043865
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.	4	20,233,810
5	Multiply line 4 by line 3.	5	887,556
6	Enter 1% of net investment income (1% of Part I, line 27b).	6	16,528
7	Add lines 5 and 6.	7	904,084
8	Enter qualifying distributions from Part XII, line 4.	8	966,824

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

Part VII

Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a

Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1
Date of ruling or determination letter _____
(attach copy of letter if necessary—see instructions)

b

Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☒ and enter 1% of Part I, line 27b

c

All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)

2

Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)

3

Add lines 1 and 2.

4

Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)

5

Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-

6

Credits/Payments

a

2015 estimated tax payments and 2014 overpayment credited to 2015

6a

40,360

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.

8

Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached

9

Tax due. If the total of lines 5 and 8 is more than line 7, enter **amount owed**

10

Overpayment. If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid**.

11

Enter the amount of line 10 to be **Credited to 2015 estimated tax** ▶ 23,832 **Refunded** ▶

1

16,528

0

16,528

0

16,528


40,360

23,832

0

Part 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 participate or intervene in any political campaign?		Yes	No
1a				No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>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</i>			No
1b				No
c	Did the foundation file Form 1120-POL for this year?			No
1c				No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ _____ 0 (2) On foundation managers ▶ \$ _____ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2		No
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? <i>If "Yes," attach a conformed copy of the changes</i>	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5		No
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?	6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes	
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? <i>If "No," attach explanation</i> .	8b	Yes	
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)? <i>If "Yes," complete Part XIV</i>	9		No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> 	10	Yes	

Form 990-PF (2015)

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>N/A</u>	13	Yes	
14	The books are in care of ► <u>PETER T CRACCHIOLO</u> Telephone no ► <u>(586) 445-8111</u> Located at ► <u>100 MAPLE PARK BLVD STE 130 ST CLAIR SHORES MI</u> ZIP+4 ► <u>480812253</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ► 15			
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ►				

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? 1b		
	Organizations relying on a current notice regarding disaster assistance check here. ► <input type="checkbox"/>		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015? 1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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). 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 ► 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015</i>). 3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	No
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?	4b	No

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

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

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). ☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

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)? ☐ Yes ☒ No **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 expenditure responsibility for the grant? ☐ Yes ☒ No

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

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No **6b** **No**

If "Yes" to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ Yes ☒ No **7b**

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

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

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

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

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				

Total number of other employees paid over \$50,000. ☐ **0**

Part VIII

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

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
MORGAN STANLEY 522 FIFTH AVENUE NEW YORK, NY 10036	INVESTMENT MANAGEMENT	68,336
Total number of others receiving over \$50,000 for professional services. ▶		0

Part IX-A

Summary of Direct Charitable Activities

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

	Expenses
1	
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions	
3	
Total. Add lines 1 through 3 ▶	0

Part X Minimum Investment Return

(All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities.	1a	18,211,109
b	Average of monthly cash balances.	1b	1,318,200
c	Fair market value of all other assets (see instructions).	1c	1,012,630
d	Total (add lines 1a, b, and c).	1d	20,541,939
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	20,541,939
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	308,129
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	20,233,810
6	Minimum investment return. Enter 5% of line 5.	6	1,011,691

Part XI Distributable Amount(see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	1,011,691
2a	Tax on investment income for 2015 from Part VI, line 5.	2a	16,528
b	Income tax for 2015 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	16,528
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	995,163
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	995,163
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	995,163

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.	1a	966,824
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	966,824
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 (see instructions).	5	16,528
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	950,296

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

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, line 7				995,163
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only.			919,909	
b Total for prior years 20____, 20____, 20____		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 ► \$ 966,824				
a Applied to 2014, but not more than line 2a			919,909	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2015 distributable amount.				46,915
e Remaining amount distributed out of corpus	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			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0			
b Prior years' undistributed income Subtract line 4b from line 2b.		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015.				948,248
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions).	0			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a.	0			
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.				

Part XIV

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b Check box to indicate whether the organization is a:

Tax year	Prior 3 years			(e) Total
(a) 2015	(b) 2014	(c) 2013	(d) 2012	

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Part XV

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

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

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

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed

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

c Any submission deadlines

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

Part XV

Supplementary Information(continued)

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<div>a Paid during the year</div> <div>See Additional Data Table</div>				
<div>Total</div>			<div>▶ 3a</div>	945,500
<div>b Approved for future payment</div>				
<div>Total</div>			<div>▶ 3b</div>	0

Enter gross amounts unless otherwise indicated

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

[illegible]

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1. Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting foundation to a noncharitable exempt organization of

(1) Cash.

(2) Other assets.

b Other transactions

(1) Sales of assets to a noncharitable exempt organization.

(2) Purchases of assets from a noncharitable exempt organization.

(3) Rental of facilities, equipment, or other assets.

(4) Reimbursement arrangements.

(5) Loans or loan guarantees. . . .

(6) Performance of services or membership or fundraising solicitations.

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes
☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

**Sign
Here**

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 belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

* * * * *

2016-11-07

* * * * *

Signature of officer or trustee

Date _____

Title

May the IRS discuss this return with the preparer shown below

(see instr)? ☒ Yes ☐ No

(see instr)? ☒ Yes ☐ No

**Paid
Preparer
Use
Only**

Print/Type preparer's name
MICHAEL J
PREDHOMME

Preparer's Signature

Date

Check if self-employed ☐

PTIN

P00011558

Firm's name ►
PREDHOMME & CO

Firm's EIN ▶ 38-2622899

Firm's address ▶
260 E BROWN STREET SUITE 320 BIRMINGHAM,
MI 48009

Phone no (248) 540-1040

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
PETER J CRACCHIOLODECEASED 112115	PRESIDENT 10 00	0	0	0
100 MAPLE PARK BLVD STE 130 ST CLAIR SHORES,MI 48081				
PETER T CRACCHIOLO	SECRETARY & TREASURER 10 00	0	0	0
100 MAPLE PARK BLVD STE 130 ST CLAIR SHORES,MI 48081				
BERNADETTE P LINDQUIST	DIRECTOR 1 00	0	0	0
100 MAPLE PARK BLVD STE 130 ST CLAIR SHORES,MI 48081				
GRACE E CRACCHIOLO	DIRECTOR 1 00	0	0	0
100 MAPLE PARK BLVD STE 130 ST CLAIR SHORES,MI 48081				
PHYLLIS A DEMARS	DIRECTOR 1 00	0	0	0
100 MAPLE PARK BLVD STE 130 ST CLAIR SHORES,MI 48081				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ANGEL'S PLACE 25240 LAHSER ROAD SUITE 2 SOUTHFIELD,MI 48033	NONE	PC	GENERAL OPERATING SUPPORT	5,000
BEAUMONT FOUNDATION OF GROSSE POINTE PO BOX 5802 TROY,MI 480079620	NONE	PC	GENERAL OPERATING SUPPORT	5,000
CALLING ALL ANGELS 5505 BEACH ROAD TROY,MI 48098	NONE	PC	GENERAL OPERATING SUPPORT	5,000
CAPUCHIN SOUP KITCHEN 1820 MT ELLIOTT AVENUE DETROIT,MI 482073496	NONE	PC	GENERAL OPERATING SUPPORT	5,000
CHILDREN'S HOSPITAL OF MICHIGAN FOUNDATION 3911 BEABIEN DETROIT,MI 48201	NONE	PC	GENERAL OPERATING SUPPORT	1,000
COMMUNITY FOUNDATION FOR SE MICHIGANSOLANUS CASEY LEGACY 333 W FORT STREET SUITE 201 DETROIT,MI 482263134	NONE	PC	GENERAL OPERATING SUPPORT	25,000
CORNERSTONE SCHOOLS ASSOCIATION 6861 E NEVADA DETROIT,MI 48234	NONE	PC	GENERAL OPERATING SUPPORT	10,000
COVENANT COMMUNITY CARE 559 W GRAND BLVD DETROIT,MI 48216	NONE	PC	GENERAL OPERATING SUPPORT	10,000
COVENANT HOUSE MICHIGAN 2959 MARTIN LUTHER JR BLVD DETROIT,MI 48208	NONE	PC	GENERAL OPERATING SUPPORT	10,000
DE LA SALLE HIGH SCHOOL 14600 COMMON ROAD WARREN,MI 480883387	NONE	PC	THE PETER J AND CONNIE CRACCHIOLO ENDOWED SCHOLARSHIP FUND	50,000
DETROIT PAL 111 W WILLIS STREET DETROIT,MI 48201	NONE	PC	GENERAL OPERATING SUPPORT	100,000
FONTBONNE AUXILLARY OF ST JOHN HOSPITAL & MEDICAL CENTER 22101 MOROSS ROAD MOB SUITE DETROIT,MI 482369832	NONE	PC	GENERAL OPERATING SUPPORT	10,000
FORGOTTEN HARVEST 21800 GREENFIELD ROAD OAK PARK,MI 48237	NONE	PC	GENERAL OPERATING SUPPORT	1,000
GROSSE POINTE SHORES IMPROVEMENT FOUNDATION 795 LAKE SHORE ROAD GROSSE POINTE SHORES,MI 48236	NONE	PC	GENERAL OPERATING SUPPORT	10,000
GROSSE POINTE WAR MEMORIAL 32 LAKE SHORE ROAD GROSSE POINTE FARMS,MI 48236	NONE	PC	GENERAL OPERATING SUPPORT	5,000
Total ▶ 3a				945,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HOLY CROSS CHILDREN'S SERVICES 8759 CLINTON-MACON ROAD CLINTON,MI 49236	NONE	PC	GENERAL OPERATING SUPPORT	10,000
ITALIAN AMERICAN CULTURAL SOCIETY 43843 ROMEO PLANK ROAD CLINTON TWP,MI 48038	NONE	PC	GENERAL OPERATING SUPPORT	1,000
IHM SERVANTS IMMACULATE HEART MARY 610 WEST ELM AVENUE MONROE,MI 481627909	NONE	PC	GENERAL OPERATING SUPPORT	1,000
LUTHERAN SPECIAL EDUCATION MINISTRIES 6861 E NEVADA DETROIT,MI 482342983	NONE	PC	GENERAL OPERATING SUPPORT	1,000
LYF INC 2017 REIGLER ROAD LAND O LAKES,FL 34639	NONE	PC	GENERAL OPERATING SUPPORT	10,000
MOST HOLY TRINITY CHURCH 1050 PORTER STREET DETROIT,MI 482262405	NONE	PC	GENERAL OPERATING SUPPORT	2,500
MOST HOLY TRINITY SCHOOL 1229 LABROSSE DETROIT,MI 48226	NONE	PC	GENERAL OPERATING SUPPORT	325,000
MOST HOLY TRINITYSTFRANCIS CABRINI CLINIC 1234 PORTER STREET DETROIT,MI 482262407	NONE	PC	GENERAL OPERATING SUPPORT	5,000
NEW MOUNT CARMEL FOUNDATION PO BOX 2507 CODY,WY 82414	NONE	PC	GENERAL OPERATING SUPPORT	25,000
OLD NEWSBOYS' GOODFELLOW FUND PO BOX 838 WARREN,MI 48090	NONE	PC	GENERAL OPERATING SUPPORT	1,000
OUR LADY STAR OF THE SEA 467 FAIRFIELD ROAD GROSSE POINTE WOODS,MI 48236	NONE	PC	GENERAL OPERATING SUPPORT	24,000
PENRICKTON CENTER FOR BLIND CHILDREN 26530 EUREKA ROAD TAYLOR,MI 481809972	NONE	PC	GENERAL OPERATING SUPPORT	1,000
POPE JOHN XXII HOSPITALITY HOUSE 3977 SECOND AVENUE DETROIT,MI 48201	NONE	PC	GENERAL OPERATING SUPPORT	1,000
REVERENCE HOME HEALTH AND HOSPICE 37650 GARFIELD ROAD CLINTON TWP,MI 48036	NONE	PC	GENERAL OPERATING SUPPORT	5,000
SACRED HEART MAJOR SEMINARY 2701 CHICAGO BLVD DETROIT,MI 482061779	NONE	PC	GENERAL OPERATING SUPPORT	10,000
Total ▶ 3a				945,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
SERVICES FOR OLDER CITIZENS 158 RIDGE ROAD GROSSE POINTE FARMS, MI 48236	NONE	PC	GENERAL OPERATING SUPPORT	5,000
SOCIETY FOR THE PROPOGATION OF THE FAITH 1230 WASHINGTON BLVD DETROIT, MI 48226	NONE	PC	GENERAL OPERATING SUPPORT	1,500
SPECIAL KIDS INC 21131 MACK AVENUE GROSSE POINTE WOODS, MI 48230	NONE	PC	GENERAL OPERATING SUPPORT	12,500
ST JOHN HOSPITAL & MEDICAL CENTER GUILD 22101 MOROSS ROAD MOB SUITE DETROIT, MI 48236	NONE	PC	GENERAL OPERATING SUPPORT	4,500
ST JOHN PROVIDENCE FOUNDATIONS 22101 MOROSS ROAD MOB SUITE DETROIT, MI 48236	NONE	PC	GENERAL OPERATING SUPPORT	30,000
ST JOHN PROVIDENCE FOUNDATIONS 22101 MOROSS ROAD MOB SUITE DETROIT, MI 48236	NONE	PC	CRACCHIOLO INPATIENT REHABILITATION CENTER	100,000
ST JOHN PROVIDENCE FOUNDATIONS 22101 MOROSS ROAD MOB SUITE DETROIT, MI 48236	NONE	PC	VAN ELSLANDER CANCER CENTER	105,000
ST PHILOMENA PARISH 4281 MARSEILLES DETROIT, MI 48224	NONE	PC	GENERAL OPERATING SUPPORT	500
TARAHUMARA CHILDREN'S HOSPITAL 32538 SABRINA COURT WARREN, MI 48093	NONE	PC	GENERAL OPERATING SUPPORT	2,500
THE HOLLEY INSTITUTE 22151 MOROSS ROAD DETROIT, MI 48236	NONE	PC	GENERAL OPERATING SUPPORT	2,500
WAYNE COUNTY MEDICAL SOCIETY FOUNDATION 3031 W GRAND BLVD SUITE 645 DETROIT, MI 482029929	NONE	PC	GENERAL OPERATING SUPPORT	2,000
WIGS 4 KIDS 30126 HARPER AVENUE ST CLAIR SHORES, MI 48082	NONE	PC	GENERAL OPERATING SUPPORT	5,000
Total ▶ 3a				945,500

TY 2015 Accounting Fees Schedule**Name:** PETER J & CONSTANCE M CRACCHIOLO FNDN**EIN:** 38-2561770

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	20,909	10,455		10,455
TAX PREPARATION FEES	6,715	3,358		3,358

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2015 Depreciation Schedule

Name: PETER J & CONSTANCE M CRACCHIOLO FNDN

EIN: 38-2561770

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
COMPUTER	2012-06-11	636	254	200DB	5 000000000000	35	0		
OFFICE FUNRITURE AND FIXTURES	2016-06-01	5,410		SL	7 000000000000	2,753	0		

TY 2015 Investments Corporate Bonds Schedule

Name: PETER J & CONSTANCE M CRACCHIOLO FNDN

EIN: 38-2561770

Name of Bond	End of Year Book Value	End of Year Fair Market Value
VARIOUS CORPORATE BONDS	3,656,150	3,760,435

TY 2015 Investments Corporate Stock Schedule**Name:** PETER J & CONSTANCE M CRACCHIOLO FNDN**EIN:** 38-2561770

Name of Stock	End of Year Book Value	End of Year Fair Market Value
VARIOUS CORPORATE STOCKS	10,351,772	13,873,710

TY 2015 Investments - Other Schedule

Name: PETER J & CONSTANCE M CRACCHIOLO FNDN

EIN: 38-2561770

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
VARIOUS OTHER INVESTMENTS	AT COST	964,644	1,263,941

TY 2015 Land, Etc. Schedule

Name: PETER J & CONSTANCE M CRACCHIOLO FNDN

EIN: 38-2561770

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
COMPUTER	636	607	29	
OFFICE FUNRITURE AND FIXTURES	5,410	2,753	2,657	

TY 2015 Legal Fees Schedule**Name:** PETER J & CONSTANCE M CRACCHIOLO FNDN**EIN:** 38-2561770

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	553	277		277

TY 2015 Other Expenses Schedule**Name:** PETER J & CONSTANCE M CRACCHIOLO FNDN**EIN:** 38-2561770

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
POSTAGE AND OFFICE SUPPLIES	49	0		49
OFFICE EXPENSES	1,870	935		935

TY 2015 Other Increases Schedule**Name:** PETER J & CONSTANCE M CRACCHIOLO FNDN**EIN:** 38-2561770

Description	Amount
BASIS ADJUSTMENT	53,320

TY 2015 Other Professional Fees Schedule**Name:** PETER J & CONSTANCE M CRACCHIOLO FNDN**EIN:** 38-2561770

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT FEES	81,114	81,114		0

TY 2015 Substantial Contributors Schedule

Name: PETER J & CONSTANCE M CRACCHIOLO FNDN

EIN: 38-2561770

Name	Address
PETER J CRACCHIOLO TRUST	100 MAPLE PARK BLVD SUITE 130 ST CLAIR SHORES, MI 48081

TY 2015 Taxes Schedule**Name:** PETER J & CONSTANCE M CRACCHIOLO FNDN**EIN:** 38-2561770

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
STATE OF MI NON PROFIT CORPORATION REPORT FEE	20	0		20
EXCISE TAX	50,348	0		0
FOREIGN TAXES PAID	1,658	1,658		0

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF

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

OMB No 1545-0047

2015

Name of the organization	Employer identification number
PETER J & CONSTANCE M CRACCHIOLO FNDN	38-2561770

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 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

- ☒ 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 other 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 33¹/₃% 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 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization PETER J & CONSTANCE M CRACCHIOLO FNDN	Employer identification number 38-2561770
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Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PETER J CRACCHIOLO TRUST	\$ 829,458	Person <input checked="" type="checkbox"/>
	100 MAPLE PARK BLVD SUITE 130		Payroll <input type="checkbox"/>
	ST CLAIR SHORES, MI 480812253		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Employer identification number
38-2561770

Part II **Noncash Property**
(see instructions) Use duplicate copies of Part II if additional space is needed

[illegible]

Name of organization PETER J & CONSTANCE M CRACCHIOLO FNDN	Employer identification number 38-2561770
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed

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