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Form **990-PF**

Department of the Treasury  
Internal Revenue Service

Return of Private Foundation

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

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▶ Information about Form 990-PF and its instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No 1545-0052

**2015**

Open to Public Inspection

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

Name of foundation ALICE A STODDARD TRUST UW MONROE BANK & TRUST TRUSTEE		<b>A Employer identification number</b>  38-6052244	
Number and street (or P O box number if mail is not delivered to street address) 102 EAST FRONT STREET		<b>B</b> Telephone number (see instructions)  (734) 242-2047	
City or town, state or province, country, and ZIP or foreign postal code MONROE, MI 48161		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>	
<b>G</b> 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 type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/>  <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
<b>H</b> Check type of organization <input type="checkbox"/> Section 501(c)(3) exempt private foundation <input checked="" type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 213,554		<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
<b>J</b> 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 <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</i>		Revenue and expenses per books <b>(a)</b>	Net investment income <b>(b)</b>	Adjusted net income <b>(c)</b>	Disbursements for charitable purposes <b>(d)</b> (cash basis only)
Revenue	<b>1</b> Contributions, gifts, grants, etc , received (attach schedule) . . . . .				
	<b>2</b> Check <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	<b>3</b> Interest on savings and temporary cash investments				
	<b>4</b> Dividends and interest from securities . . . . .	4,496	4,496		
	<b>5a</b> Gross rents . . . . .				
	<b>b</b> Net rental income or (loss) _____				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10	5,612			
	<b>b</b> Gross sales price for all assets on line 6a 49,502				
	<b>7</b> Capital gain net income (from Part IV, line 2) . . . .		5,612		
	<b>8</b> Net short-term capital gain . . . . .				
	<b>9</b> Income modifications . . . . .				
	<b>10a</b> Gross sales less returns and allowances				
Operating and Administrative Expenses	<b>b</b> Less Cost of goods sold . . . . .				
	<b>c</b> Gross profit or (loss) (attach schedule) . . . . .				
	<b>11</b> Other income (attach schedule) . . . . .				
	<b>12 Total.</b> Add lines 1 through 11 . . . . .	10,108	10,108		
	<b>13</b> Compensation of officers, directors, trustees, etc	2,875	1,725		1,150
	<b>14</b> Other employee salaries and wages . . . . .				
	<b>15</b> Pension plans, employee benefits . . . . .				
	<b>16a</b> Legal fees (attach schedule). . . . .				
	<b>b</b> Accounting fees (attach schedule). . . . .	925	463		462
	<b>c</b> Other professional fees (attach schedule) . . . . .				
	<b>17</b> Interest . . . . .				
	<b>18</b> Taxes (attach schedule) (see instructions) . . . .	132	29		
	<b>19</b> Depreciation (attach schedule) and depletion . . .				
	<b>20</b> Occupancy . . . . .				
	<b>21</b> Travel, conferences, and meetings. . . . .				
	<b>22</b> Printing and publications . . . . .				
	<b>23</b> Other expenses (attach schedule). . . . .	192	135		57
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	4,124	2,352		1,669
	<b>25</b> Contributions, gifts, grants paid . . . . .	5,945			5,945
	<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	10,069	2,352		7,614
	<b>27</b> Subtract line 26 from line 12				
	<b>a Excess of revenue over expenses and disbursements</b>	39			
	<b>b Net investment income</b> (if negative, enter -0-)		7,756		
	<b>c Adjusted net income</b> (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 . . . . .	10		
	2	Savings and temporary cash investments . . . . .	4,788	11,663	11,663
	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) . . . . .	100,007	96,601	121,539
	c	Investments—corporate bonds (attach schedule) . . . . .	87,983	79,527	80,352
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans. . . . .			
	13	Investments—other (attach schedule) . . . . .			
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)				
16	Total assets(to be completed by all filers—see the instructions Also, see page 1, item I)	192,788	187,791	213,554	
Liabilities	17	Accounts payable and accrued expenses . . . . .			
	18	Grants payable . . . . .	10,981	5,945	
	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) . . . . .	10,981	5,945	
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 . . . . .	181,807	181,846	
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	Total net assets or fund balances(see instructions) . . . . .	181,807	181,846	
31	Total liabilities and net assets/fund balances(see instructions) . . . . .	192,788	187,791		

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	181,807	
2	Enter amount from Part I, line 27a . . . . .	2	39	
3	Other increases not included in line 2 (itemize) ▶ _____	3		
4	Add lines 1, 2, and 3 . . . . .	4	181,846	
5	Decreases not included in line 2 (itemize) ▶ _____	5		
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	6	181,846	

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 (b) D—Donation	Date acquired (c) (mo , day, yr )	Date sold (d) (mo , day, yr )
1a	See Additional Data Table			
b				
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 See Additional Data Table			
b			
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 (l) Losses (from col (h))
(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 See Additional Data Table			
b			
c			
d			
e			

2	Capital gain net income or (net capital loss)	<div><div>If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7</div></div>	2	5,612
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) <div>If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 . . . . .</div>		3	-79

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	12,813	219,456	0 058385
2013	12,295	213,335	0 057632
2012	11,883	201,007	0 059117
2011	3,555	188,263	0 018883
2010	4,215	188,389	0 022374

2	Total of line 1, column (d). . . . .	2	0 216391
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 043278
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5. . . . .	4	204,582
5	Multiply line 4 by line 3. . . . .	5	8,854
6	Enter 1% of net investment income (1% of Part I, line 27b). . . . .	6	78
7	Add lines 5 and 6. . . . .	7	8,932
8	Enter qualifying distributions from Part XII, line 4. . . . .	8	7,614

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 VI

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

131

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** ☐ **Refunded** ☐

1

155

2

3

155

4

5

155

6a

131

6b

6c

6d

7

131

8

9

24

10

11

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? . . . . .

b

Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . .  
*If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.*

c

Did the foundation file **Form 1120-POL** for this year? . . . . .

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 ☐ \$ \_\_\_\_\_

e

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? . . . . .  
*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* . . . . .

4a

Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .

b

If "Yes," has it filed a tax return on **Form 990-T** for this year? . . . . .

5

Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .  
*If "Yes," attach the statement required by General Instruction T.*

6

Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:  
• By language in the governing instrument, or  
• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .

7

Did the foundation have at least \$5,000 in assets at any time during the year? *If "Yes," complete Part II, col. (c), and Part XV.* . . . . .

8a

Enter the states to which the foundation reports or with which it is registered (see instructions):  
☐ MI \_\_\_\_\_

b

If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation.*

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* . . . . .

10

Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses.* . . . . .

Yes

No

1a

No

1b

No

1c

No

2

No

3

No

4a

No

4b

5

No

6

Yes

7

Yes

8b

Yes

9

No

10

No

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 <b>N/A</b>	13	Yes	
14	The books are in care of <b>MONROE BANK TR-JAIME MCDONALD</b> Telephone no <b>(734) 242-2047</b> Located at <b>102 EAST FRONT STREET MONROE MI</b> ZIP+4 <b>48161</b>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year <b>15</b>			
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See 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 <b></b>	16	Yes	No

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? ( <b>Exception.</b> 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 <b>any</b> 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)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/>	1b		
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? <input type="checkbox"/>	1c		
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 <b>20</b> , <b>20</b> , <b>20</b> , <b>20</b>			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions ). <input type="checkbox"/>	2b		
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here <b>20</b> , <b>20</b> , <b>20</b> , <b>20</b>			
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> ) <input type="checkbox"/>	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)?

5b

No

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?

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?

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
MONROE BANK & TRUST MONROE BANK & TRUST 102 EAST FRONT STREET MONROE, MI 48161	TRUSTEE 2 00	2,875	0	0

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	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
NONE				

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

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Part VIII

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

3

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total

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

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
<div>1</div> THE CHARITABLE ACTIVITY OF THIS FOUNDATION IS TO MAKE GRANTS TO THE UNIVERSITY OF MICHIGAN FOR RESEARCH OF LYMPH GLAND DISEASES	5,945
<div>2</div>	
<div>3</div>	
<div>4</div>	

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
<div>1</div> N/A	
<div>2</div>	
All other program-related investments See instructions	
<div>3</div>	
<div>Total.</div> Add lines 1 through 3 . . . . .	



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	197,917
b	Average of monthly cash balances. . . . .	1b	9,780
c	Fair market value of all other assets (see instructions). . . . .	1c	0
d	Total (add lines 1a, b, and c). . . . .	1d	207,697
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	1e	
2	Acquisition indebtedness applicable to line 1 assets. . . . .	2	
3	Subtract line 2 from line 1d. . . . .	3	207,697
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	4	3,115
5	Net value of noncharitable-use assets.Subtract line 4 from line 3 Enter here and on Part V, line 4	5	204,582
6	Minimum investment return.Enter 5% of line 5. . . . .	6	10,229

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	10,229
2a	Tax on investment income for 2015 from Part VI, line 5. . . . .	2a	155
b	Income tax for 2015 (This does not include the tax from Part VI ). . . . .	2b	
c	Add lines 2a and 2b. . . . .	2c	155
3	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	3	10,074
4	Recoveries of amounts treated as qualifying distributions. . . . .	4	
5	Add lines 3 and 4. . . . .	5	10,074
6	Deduction from distributable amount (see instructions). . . . .	6	
7	Distributable amountas adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	7	10,074

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	7,614
b	Program-related investments—total from Part IX-B. . . . .	1b	
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	7,614
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	
6	Adjusted qualifying distributions.Subtract line 5 from line 4. . . . .	6	7,614

**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				10,074
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only.				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2015				
a From 2010.				
b From 2011.				
c From 2012.				2,084
d From 2013.				1,910
e From 2014.				2,102
f Total of lines 3a through e.	6,096			
4 Qualifying distributions for 2015 from Part XII, line 4 ▶ \$ 7,614				
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.				7,614
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a).)	2,460			2,460
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	3,636			
b Prior years' undistributed income Subtract line 4b from line 2b.				
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.				
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 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015.				0
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).				
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions).				
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a.	3,636			
10 Analysis of line 9				
a Excess from 2011.				
b Excess from 2012.				
c Excess from 2013.				1,534
d Excess from 2014.				2,102
e Excess from 2015.				

## Part XIV

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

**b** Check box to indicate whether the organization is a private operating foundation described in section 170(c)(2)(B)(i) or 170(c)(2)(B)(ii): ☐ 170(c)(2)(B)(i) or ☐ 170(c)(2)(B)(ii)

	Tax year	Prior 3 years			(e) Total
	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .				
b	85% of line 2a . . . . .				
c	Qualifying distributions from Part XII, line 4 for each year listed . . . . .				
d	Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .				
e	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .				
3	Complete 3a, b, or c for the alternative test relied upon				
a	"Assets" alternative test—enter				
(1)	Value of all assets . . . . .				
(2)	Value of assets qualifying under section 4942(j)(3)(B)(i)				
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .				
c	"Support" alternative test—enter				
(1)	Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .				
(2)	Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .				
(3)	Largest amount of support from an exempt organization				
(4)	Gross investment income				

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

### 1 Information Regarding Foundation Managers:

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

**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 e-mail address of the person to whom applications should be addressed

UNIV OF MICHIGAN MEDICAL RESEARCH  
MEDICAL ADMINISTRATION BOX 0624  
ANN ARBOR, MI 48109  
(734) 763-9600

**b** The form in which applications should be submitted and information and materials they should include  
SAMPLE APPLICATION ATTACHED

c Any submission deadlines  
FEBRUARY 1

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

INDIVIDUALS MUST BE SELECTED BY THE UNIVERSITY OF MICHIGAN FOR LYMPH GLAND RESEARCH

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

Form **990-PF** (2015)

## Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2015)



Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

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 )	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
10 451 SHS ACADIAN EMERGING MKTS	P	2015-03-09	2016-05-18
154 376 SHS VANGUARD TOTAL BOND MKT	P	2012-01-11	2016-05-18
20 837 SHS VANGUARD GRWTH INDX ADM	P	2009-10-29	2015-07-07
10 573 SHS ACADIAN EMERGING MKTS	P	2012-01-11	2015-07-07
68 849 SHS RIDGEWORTH SEIX FLOT RATE	P	2015-03-09	2015-11-30
25 79 SHS ACADIAN EMERGING MKTS	P	2015-11-30	2016-05-18
218 734 SHS VANGUARD DEV MKTS INDX	P	2009-10-29	2016-05-18
14 735 SHS VANGUARD GRWTH INDX ADM	P	2009-10-29	2015-11-30
4 52 SHS DFA US SMALL CAP VALUE	P	2014-02-06	2015-07-07
31 974 SHS RIDGEWORTH SEIX FLOT RATE	P	2014-02-06	2015-11-30

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
154		189	-35
1,680		1,700	-20
1,160		535	625
190		175	15
579		611	-32
380		400	-20
2,524		2,411	113
830		378	452
160		149	11
269		290	-21

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			-35
			-20
			625
			15
			-32
			-20
			113
			452
			11
			-21

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

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 )	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
197 35 SHS ACADIAN EMERGING MKTS	P	2012-01-11	2016-05-18
10 565 SHS VANGUARD DEV MKTS INDX	P	2010-04-06	2016-05-18
24 093 SHS VANGUARD VAL INDX ADM	P	2009-10-29	2015-07-07
586 SHS DFA US SMALL CAP VALUE	P	2014-02-06	2015-11-30
41 157 SHS RIDGEWORTH SEIX FLOT RATE	P	2014-08-13	2015-11-30
19 667 SHS DODGE & COX INCOME	P	2010-09-27	2016-05-18
131 713 SHS VANGUARD DEV MKTS INDX	P	2012-01-11	2016-05-18
4 943 SHS VANGUARD VAL INDX ADM	P	2009-10-29	2015-11-30
42 522 SHS DODGE & COX INCOME	P	2010-09-27	2015-07-07
106 90 SHS RIDGEWORTH SEIX FLOT RATE	P	2012-12-20	2015-11-30

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
2,907		3,264	-357
122		120	2
790		435	355
20		19	1
346		370	-24
268		263	5
1,520		1,310	210
160		89	71
580		568	12
899		960	-61

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			-357
			2
			355
			1
			-24
			5
			210
			71
			12
			-61



Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

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 )	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
14 164 SHS EATON VANCE PARAMETRIC TX	P	2011-02-15	2016-05-18
1 569 SHS VANGUARD DEV MKTS INDX	P	2015-03-09	2016-05-18
5 667 SHS VANGUARD SMALL CAP INDX	P	2012-01-11	2015-07-07
4 218 SHS EATON VANCE PARAMETRIC TX	P	2009-10-29	2015-07-07
3 422 SHS T ROWE PRICE REAL ESTATE	P	2009-01-14	2015-07-07
9 96 SHS EATON VANCE PARAMETRIC TX	P	2010-09-27	2016-05-18
11 347 SHS VANGUARD DEV MKTS INDX	P	2014-08-13	2016-05-18
8 694 SHS VANGUARD 500 INDX FUND AD	P	2012-12-20	2015-07-07
25 219 SHS FEDERATED ULTRA SHORT BD	P	2012-12-20	2015-07-07
1 823 SHS T ROWE PRICE REAL ESTATE	P	2009-01-14	2015-11-30

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
564		701	-137
18		20	-2
330		196	134
190		173	17
90		32	58
397		478	-81
131		150	-19
1,670		1,164	506
230		233	-3
50		17	33

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			-137
			-2
			134
			17
			58
			-81
			-19
			506
			-3
			33

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

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 )	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
8 927 SHS EATON VANCE PARAMETRIC TX	P	2015-03-09	2016-05-18
38 907 SHS VANGUARD DEV MKTS INDX	P	2008-07-24	2016-05-18
22 188 SHS VANGUARD 500 INDX FUND AD	P	2012-12-20	2015-08-19
12 997 SHS FIDELITY ADVISOR EMERGING	P	2009-10-29	2015-07-07
240 706 SHS VANGUARD TOTAL BOND MKT	P	2012-01-11	2015-07-07
9 325 SHS EATON VANCE PARAMETRIC TX	P	2015-11-30	2016-05-18
11 561 SHS VANGUARD DEV MKTS INDX	P	2015-11-30	2016-05-18
8 565 SHS VANGUARD 500 INDX FUND AD	P	2012-12-20	2015-11-30
5 418 SHS FIDELITY ADVISOR EMERGING	P	2009-10-29	2015-11-30
21 531 SHS VANGUARD DEV MKTS INDX	P	2008-07-24	2015-07-07

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
356		409	-53
449		530	-81
4,270		2,971	1,299
170		165	5
2,590		2,650	-60
371		370	1
133		140	-7
1,650		1,147	503
70		69	1
270		293	-23

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			-53
			-81
			1,299
			5
			-60
			1
			-7
			503
			1
			-23

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

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 )	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
35 308 SHS EATON VANCE PARAMETRIC TX	P	2009-10-29	2016-05-18
2 476 SHS VANGUARD CONSUMER STAP	P	2014-02-06	2016-05-18
28 484 SHS WELLS FARGO INTL BOND FD	P	2008-02-12	2015-07-07
11 929SHS TRIBUTARY SMALL COMP INSTL	P	2012-12-20	2015-11-30
4 037 SHS VANGUARD INFO TECH INDX	P	2014-02-06	2015-07-07
2 597 SHS EATON VANCE PARAMETRIC TX	P	2014-02-06	2016-05-18
18 064 SHS VANGUARD GRWTH INDX ADM	P	2009-10-29	2016-05-18
75 94 SHS WELLS FARGO INTL BOND FD	P	2008-02-12	2015-11-30
9 306 SHS TRIBUTARY SMALL COMP INSTL	P	2012-12-20	2015-07-07
3 688 SHS VANGUARD HEALTH CARE INDX	P	2014-02-06	2015-07-07

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
1,406		1,445	-39
162		127	35
280		330	-50
290		226	64
220		180	40
103		121	-18
979		464	515
721		879	-158
220		177	43
260		187	73

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			-39
			35
			-50
			64
			40
			-18
			515
			-158
			43
			73

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

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 )	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
11 422 SHS EATON VANCE PARAMETRIC TX	P	2013-07-11	2016-05-18
22 203 SHS VANGUARD VAL INDX ADM	P	2009-10-29	2016-05-18
107 605 SHS WELLS FARGO INTL BOND FD	P	2015-03-09	2015-11-30
11 173 SHS PERRITT MICROCAP OPPORT	P	2012-01-11	2015-07-07
7 741 SHS VANGUARD HEALTH CARE INDX	P	2014-02-06	2015-11-30
11 097 SHS FEDERATED ULTRA SHORT BD	P	2012-12-20	2016-05-18
22 615 SHS VANGUARD 500 INDX FUND AD	P	2012-12-20	2016-05-18
7 944 SHS WELLS FARGO INTL BOND FD	P	2014-08-13	2015-11-30
918 SHS PERRITT MICROCAP OPPORT	P	2012-01-11	2015-11-30
2 389 SHS VANGUARD FINLS INDX	P	2014-02-06	2015-07-07

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
455		530	-75
716		401	315
1,021		1,087	-66
380		276	104
510		393	117
101		102	-1
4,284		3,028	1,256
75		90	-15
30		23	7
60		51	9

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			-75
			315
			-66
			104
			117
			-1
			1,256
			-15
			7
			9

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

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 )	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
8 102 SHS FIDELITY ADVISOR EMERGING	P	2009-10-29	2016-05-18
1 597 SHS VANGUARD CONSUMER STAP	P	2014-02-06	2015-11-30
180 207 SHS WELLS FARGO INTL BOND FD	P	2014-02-06	2015-11-30
27 174 SHS PRINCIPAL HIGH YLD INST	P	2012-12-20	2015-07-07
2 391 SHS VANGUARD FINLS INDX	P	2014-02-06	2015-11-30
64 78 SHS PRICE T ROWE INTL FDS	P	2015-11-30	2016-05-18
1 637 SHS VANGUARD MID CAP INDX ADM	P	2012-01-11	2015-07-07
116 323 SHS WELLS FARGO INTL BOND FD	P	2009-01-14	2015-11-30
39 956 SHS RIDGEWORTH SEIX FLOT RATE	P	2013-07-11	2015-11-30
3 425 SHS VANGUARD ENERGY INDX	P	2014-02-06	2015-07-07

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
107		103	4
100		82	18
1,710		1,937	-227
200		214	-14
60		51	9
568		523	45
260		151	109
1,104		1,183	-79
336		360	-24
180		202	-22

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			4
			18
			-227
			-14
			9
			45
			109
			-79
			-24
			-22

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

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 )	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
5 3 SHS PRINCIPAL HIGH YIELD INST	P	2012-12-20	2016-05-18
065 SHS VANGUARD MID CAP INDX ADM	P	2012-01-11	2015-11-30
38 008 SHS WELLS FARGO INTL BOND FD	P	2008-05-06	2015-11-30
253 94 SHS RIDGEWORTH SEIX FLOT RATE	P	2012-01-11	2015-11-30
2 053 SHS VANGUARD CONSUMER STAP	P	2014-02-06	2015-07-07

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
37		42	-5
10		6	4
361		458	-97
2,136		2,212	-76
130		105	25

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			-5
			4
			-97
			-76
			25

**TY 2015 Accounting Fees Schedule**

**Name:** ALICE A STODDARD TRUST UW  
MONROE BANK & TRUST TRUSTEE  
**EIN:** 38-6052244

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INDIRECT- TAX SERVICE	925	463		462

**TY 2015 Investments Corporate Bonds Schedule**

**Name:** ALICE A STODDARD TRUST UW  
MONROE BANK & TRUST TRUSTEE

**EIN:** 38-6052244

<b>Name of Bond</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
266/240 SHS FIDELITY ADVISOR EMG MKT	3,222	3,269
554 SHS WELLS FARGO ADV INTL BND		
849/844 SHS DODGE & COX INCOME FD	11,413	11,583
520/808 SHS FEDERATED ULTRA SHT BD	7,393	7,353
554/543 SHS PRINCIPAL HIGH YLD INST	4,207	3,786
571 SHS RIDGEWORTH SEIX FLOATING		
4,813/4,428 SHS VANGUARD TTL BND MKT	48,585	49,105
583 SHS PRICE T ROWE INTL FDS	4,707	5,256



## TY 2015 Investments Corporate Stock Schedule

**Name:** ALICE A STODDARD TRUST UW  
MONROE BANK & TRUST TRUSTEE

**EIN:** 38-6052244

Name of Stock	End of Year Book Value	End of Year Fair Market Value
218 SHS ACADIAN EMERGING MARKETS		
86 SHS EATON VANCE PARAMETRIC		
434 SHS VANGUARD DEV MRKTS		
94/9297 SHS DFA US SMALL CAP VALUE	9,293	9,304
231/261 SHS PERRITT MICROCAP OPPOR	7,203	8,207
192/180 SHS TRIBUTARY SMALL CO INST	3,458	4,273
174/1112 SHS VANGUARD 500 INDX SGNL	16,254	21,600
45/39 SHS VANGUARD CONSUMER STP	2,075	2,695
68/90 SHS VANGUARD ENERGY INDX FFD	4,932	4,266
54/52 SHS VANGUARD FINLS INDX FD	1,120	1,229
416/363 SHS VANGUARD GRWTH INDX	12,187	20,020
79/80 SHS VANGUARD HEALTH CARE INDX	4,391	5,240
80/87 SHS VANGUARD INFO TECH INDX	4,345	4,788
34/49 SHS VANGUARD MID CAP INDEX	5,462	7,471
116/138 SHS VANGUARD SMALL CAP INDEX	5,626	7,625
487/436 SHS VANGUARD VALUE INDX	11,677	14,445
455 SHS DFA EMERGIN MKTS CORE EQUITY	7,325	7,784
73/87 SHS T ROWE PRICE REAL ESTATE	1,253	2,592

**TY 2015 Other Expenses Schedule**

**Name:** ALICE A STODDARD TRUST UW  
MONROE BANK & TRUST TRUSTEE

**EIN:** 38-6052244

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
BOND REDEMPTION FEES	77	77		
OTHER FEES	115	58		57

# TY 2015 Taxes Schedule

**Name:** ALICE A STODDARD TRUST UW  
MONROE BANK & TRUST TRUSTEE

**EIN:** 38-6052244

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL TAXES - IRS	103			
FOREIGN TAX W/H ON DIVIDENDS	29	29		

Student Medical Research Program  
Medical Administration  
M7330 Medical Science I Box 0624

Mrs. Jeanne Jaeger  
Coordinator, SMRP  
(313) 936-1494

Instructions Regarding Completion of Applications For  
Medical School Student Research Applications

The Committee on Student Medical Research has as its goal the development of satisfying research experiences for all interested students. Many of the research experiences are supported by the individual prospective faculty advisor's own research or training grants. When the prospective faculty advisor does not have funds available for student research, the student may apply for a stipend of approximately \$546.00 per month for a minimum of two (2) months (8 weeks) and a maximum of three (3) months (12 weeks). The final payment will not be paid until a report, abstract and survey form are received from the student, and a letter of evaluation from the preceptor. If the faculty advisor has limited funds, we will fund part of the stipend.

The student may consult with several staff members in order to select the setting in which he/she would like to work. Before completing the application form, the student and prospective faculty research advisor must agree on a mutually acceptable project. The student must become well acquainted with the research project before completing the application form. Usually this requires considerable consultation with the prospective faculty research advisor and reading relevant medical literature. The student is expected to complete the first pages of the application form. The entire application should be edited and approved by the faculty research advisor who must also complete the last page of the application. Each student may submit only one proposal.

Selection of an appropriate project and its careful presentation in the application form are all-important in securing approval of the fellowship. Each application is studied and graded by members of the Committee on Student Medical Research. Average grades of the applications are rank-ordered. In the past, funds have not been available to support all applicants, and selection has been based on the results of this grading procedure. Since judgment regarding the approval of an application is based almost entirely on what is written on the application form, it behooves the student to do a thoughtful job. A careful and concise statement of the specific aims, the research plan, previous work in the field, and the significance of the project are essential. This presentation should be an exact statement of what the student plans to do. A description of how this problem fits into the broader research that is being conducted in the advisor's laboratory (if it does) is also helpful. It is important that the proposed project is one that can realistically be accomplished by the student during this research period. The proposed project must be one in which the student enters into the intellectual aspects of problem solving. The student must clearly be more than "a pair of hands".

Students in academic difficulty do not qualify for research fellowships. Also students who will be entering their 3rd or 4th year of medical school next fall are ineligible for financial support from the program as are students who are enrolled in a program leading to a Ph.D. in the biomedical sciences or related areas. All undergrads must provide one (1) certified transcript of their current grade standing. Deadline for receipt of applications in the Office of Student Medical Research is February 1, 1988.

SPECIFIC INSTRUCTIONS  
(Please follow carefully)

1. The student is responsible for assuring that all portions of the application are received before the deadline of 4:00 p.m. February 1, 1988.
2. The student should prepare the first pages of the application and the proposal. This material should be presented to the advisor for signature. The last page should be given to the advisor for completion and confidential transmission to the Committee. The two portions may be submitted separately or together.
3. The actual proposal must be typed on 8 1/2" by 11" paper using adequate margins. Only two sheets of paper maximum may be used, with typing on one side only. References only may be typed on a third sheet if additional space is needed. The Committee staff will obliterate ANY text (other than references) appearing on the third sheet. Since such action may render your proposal illogical, DON'T EXCEED THE TWO PAGE LIMIT FOR TEXT.

Double-spaced proposals are preferred but obviously it is possible to present more material with single spacing. However, in previous years shorter proposals that are good have succeeded while longer proposals often suffered from extraneous material and failed. It is not necessary for the student to have done the actual typing. The use of a secretary's services (discuss with your advisor) is permitted. The applicant's name should appear in the upper right-hand corner of each page.

4. The proposal must be agreeable to your advisor. The following outline should be used:
  - A. Specific aims.
  - B. Research plan (include methods in your discussion).
  - C. Previous work related to this problem by others and by yourself (cite references).
  - D. Significance of proposed research.
5. This year we will assess to what extent the advisor wrote the proposal. This data will be used in future years to aid the Committee in developing various regulations. Some credit generally is given by reviewers to students who prepare the proposal essentially independently. However, it is much more important to have a well-written proposal.
6. One original and 7 high quality copies of all materials must be received in the Committee Office by the deadline. Exceptions are granted in extreme cases only (such as documented hospitalization for a substantive time in January). Undergraduates must include one certified transcript of their current grade standing when turning in all materials. Make an additional copy for yourself to keep. Allow adequate time if the U.S. or campus mails are used.

UNIVERSITY OF MICHIGAN MEDICAL SCHOOL  
STUDENT MEDICAL RESEARCH PROGRAM  
Medical Administration  
M7330 Medical Science I Box 0624  
936-1494

STUDENT RESEARCH FELLOWSHIP APPLICATION

Applicant is to prepare pages 1 and 2 of this form and the proposal. Both applicant and Research Advisor are to sign page 2 of this form. The original is to be signed by the Research Supervisor who will complete and sign page 3. See accompanying instructions.

Applicant's Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Mailing Address-street, city, state, zip Fellowship Start & End Dates \_\_\_\_\_

Telephone Number \_\_\_\_\_ Research Supervisor(Name & Title) \_\_\_\_\_

Social Security with Student ID \_\_\_\_\_ Department(Office & Phone Numbers) \_\_\_\_\_

Class: Expected Graduation Date & Degree \_\_\_\_\_

(Check one) Medical School M-1 \_\_\_\_\_ M-2 \_\_\_\_\_

Inteflex I-1 \_\_\_\_\_ I-2 \_\_\_\_\_ I-3 \_\_\_\_\_ I-4 \_\_\_\_\_

Undergraduate \_\_\_\_\_ List College and Status \_\_\_\_\_

Accepted to U/M Medical School \_\_\_\_\_ Will you attend? Yes \_\_\_\_\_ No \_\_\_\_\_

Descriptive Title of Proposed Research:

\_\_\_\_\_  
\_\_\_\_\_  
The student's previous experience (here or elsewhere). Describe briefly (include dates).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Research Supervisor's Signature

\_\_\_\_\_  
Student Name

This page is confidential. It does not go to reviewers.

We are not always able to provide funding to all deserving students. In order to ensure that all possible funding sources are available to you, please provide the information requested below:

Michigan Resident\_\_\_\_\_ Non Resident\_\_\_\_\_ If non-resident please  
indicate permanent address\_\_\_\_\_

Male\_\_\_\_\_ Female\_\_\_\_\_ Race\_\_\_\_\_ (See listing of race codes below.)  
(Optional)

RACE CODES

A - Black American  
B - Black  
I - American Indian  
W - White  
O - Asian or Pacific Islander  
M - Hispanic-Mexican, American or Chicano  
P - Hispanic-Puerto Rican (Mainland)  
R - Hispanic-Puerto Rican (Commonwealth)  
C - Hispanic-Cuban  
H - Hispanic-Other

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Applicant's Name

SUPPORTING STATEMENT FROM RESEARCH SUPERVISOR  
STUDENT RESEARCH FELLOWSHIP APPLICATION

Please describe the interaction of the supervisor, other individuals, and the student in the research program. Also summarize the major educational benefits to be derived. This page is to be returned by the prospective research supervisor directly to the Office of Student Medical Research, Medical Administration, M7330 Med. Sci. I Box C624.

COMMENTARY:

1. How long and how well have you known the applicant?
2. To what degree was the proposal suggested by you?
3. To what extent was the proposal written by you? (This question will help us develop regulations for future years.)
4. To what degree will the applicant proceed independently?
5. Estimate the applicant's overall research potential:  
Superior\_\_\_\_\_ Very good\_\_\_\_\_ Good\_\_\_\_\_ Fair\_\_\_\_\_ Poor\_\_\_\_\_

The Research Supervisor agrees not only to supervise the student's research accomplishments and to assure that the student's final report is submitted to the Office of Student Medical Research within two weeks of the ending date of the appointment period in order to permit final payment of the student's stipend.

\_\_\_\_\_  
Signature of Supervisor