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2016

OMB No 1545-0052

## **Return of Private Foundation**

Department of the Treasury

Form 990-PF

Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-PF and its instructions is at <a href="www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

Open to Public

							Inspection
For	caler	ndar year 2016, or tax year beginning 01-01-20	)16 , aı	nd er	nding 12-31	2016	
ZL	OTOFF	indation GENERATIONS FUND ZLOTOFF			A Employer Id 26-4094446	entification numbe	r
		d street (or P O box number if mail is not delivered to street address) NES STREET NO 300	<b>B</b> Telephone number (see instructions)				
					(248) 645-922	)	
		ı, state or province, country, and ZIP or foreign postal code M, MI 48009			<b>C</b> If exemption	application is pendin	g, check here
<b>G</b> Cl	neck al	l that apply 🔲 Initial return 🔲 Initial return of a	former public charity		<b>D 1.</b> Foreign oi	ganizations, check he	ere 🗆
		☐ Final return ☐ Amended return				rganizations meeting	
		Address change Name change			· ·	k here and attach co	· -
H C	neck ty	pe of organization Section 501(c)(3) exempt private				undation status was t n 507(b)(1)(A), chec	
			private foundation				
of	year <i>(f</i>	xet value of all assets at end from Part II, col (c), See 834,621  3 Accounting method  Cher (specify) (Part I, column (d) must	✓ Cash ☐ Accru	al		ation is in a 60-month n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and		•		(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)	expenses per books	(b)	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	75,000				
	2	Check ▶ ☐ If the foundation is <b>not</b> required to attach Sch B					
	3	Interest on savings and temporary cash investments	208		208		
	4	Dividends and interest from securities	4,140		4,140		
	5a	Gross rents					
Ф	b	Net rental income or (loss)  Net gain or (loss) from sale of assets not on line 10	457				
E	6a b						
Revenue	7	Gross sales price for all assets on line 6a 890,073  Capital gain net income (from Part IV, line 2)			457		
ш	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	b	Less Cost of goods sold					
	C	Gross profit or (loss) (attach schedule)	<b>05-1</b> 5.450		F 453		
	11	Other income (attach schedule)	<b>9</b> 5,453		5,453  10,258		
	13	Total. Add lines 1 through 11	03,230		10,236		0
	14	Other employee salaries and wages					
Ş	15	Pension plans, employee benefits					
nse	16a	Legal fees (attach schedule)					
<u>x</u>	b	Accounting fees (attach schedule)	<b>9</b> 3,380		C		0
Operating and Administrative Expenses	С	Other professional fees (attach schedule)					
Ę	17	Interest					
Stra	18	Taxes (attach schedule) (see instructions)	16,091		430		0
Ē	19	Depreciation (attach schedule) and depletion					
Adı	20	Occupancy					
n D	21	Printing and publications					
g G	23	Other expenses (attach schedule)	3,315		3,275		0
atın	24	Total operating and administrative expenses.			,		
bera		Add lines 13 through 23	22,786		3,705		0
ō	25	Contributions, gifts, grants paid	448,250				448,250
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	471,036		3,705		448,250
	27	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursements	-385,778				
	ь	Net investment income (If negative, enter -0-)			6,553		
	С	Adjusted net income(If negative, enter -0-)					
For	Paper	work Reduction Act Notice, see instructions.			Cat No 11289	K For	m <b>990-PF</b> (2016)

650,887

193,676

1,179,229

1.179.229

1,179,229

1,179,229

0

71,108

190,762

815,508

1,179,229

-363,721

815,508

815,508

1

2

3

4

5

6

1,179,229

-385,778

22,057

815,508

815,508 Form **990-PF** (2016)

90,221

190,762

834,621

Investments—U S and state government obligations (attach schedule)

Investments—corporate bonds (attach schedule) . . . . . . . . . . . .

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . . . . . .

Foundations that do not follow SFAS 117, check here 🕨 🗹

Paid-in or capital surplus, or land, bldg, and equipment fund

Capital stock, trust principal, or current funds . . . . . . . . . .

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

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

Analysis of Changes in Net Assets or Fund Balances

Investments—land, buildings, and equipment basis ▶

Less accumulated depreciation (attach schedule)

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

Accounts payable and accrued expenses . . . .

Foundations that follow SFAS 117, check here

and complete lines 24 through 26 and lines 30 and 31.

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > \_

Other liabilities (describe ▶\_

Unrestricted . . . . . .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a . . . . . . .

Other increases not included in line 2 (itemize) -

Permanently restricted . .

Temporarily restricted

# Assets 9 10a

b

C

11

12

13

14

15

16

17

18

19 20

21

22

23

24

25

28

29

31

Part III

2

3

Liabilities

Balances

Fund 26

ō

Assets 27

Net 30

Page 3

	(a) the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )	
1aSee Additional Data Tabl	e				
b					
e					
	(f)		(g)	,	h)
<b>(e)</b> Gross sales price	Depreciation allowed (or allowable)	Cost or	other basis ense of sale	Gain d	r (loss) ) minus (g)
a See Additional Data Tabl	e				
b					
С					
d					
Complete only for assets	s showing gain in column (h) and ow	ned by the foundation	on 12/31/69	<u> </u>	1)
	(i)	i	(k)		h) gain minus
(i) FMV as of 12/31/69	Adjusted basis as of 12/31/69	Excess	of col (ı) l (յ), ıf any		less than -0-) <b>or</b> om col (h))
a See Addıtıonal Data Tabl	e				
b					
c					
d					
e					
•	gain or (loss) as defined in sections : rt I, line 8, column (c) (see instructi	, , , , ,	·	3	457
Part V Qualification l	Jnder Section 4940(e) for Re	duced Tay on Net	Investment In	come	
If section 4940(d)(2) applies, le	rivate foundations subject to the sec	ction 4940(a) tax on ne	et investment incon	ne )	
Was the foundation liable for th	re section 4942 tax on the distributant qualify under section 4940(e) Do			?	es 🔽 No
•	nount in each column for each year,			nc	
(a)	oute in each column for each year,	See mistractions before	I making any eneric	(d)	
Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharitab		Distribution rat (col (b) divided by c	ol (c))
2015	2,879,424		2,061,173		1 396983
2014	380,743		2,875,130		0 132426
2013	539,918		2,880,046		0 187469
2012	164,923		2,943,190		0 056035
2011	157,032		2,779,560	Т	0 056495
2 Total of line 1, column (	•				1 829408
number of years the four	o for the 5-year base period—divide indation has been in existence if less incharitable-use assets for 2016 fron	than 5 years	, or by the34		0 365882
		·	5		75,446
5 Multiply line 4 by line 3	ent income (1% of Part I, line 27b)				27,604
	, , ,		6		66
			7		27,670
	ions from Part XII, line 4 ,			10/ 50: ::	448,250
instructions	eater than line 7, check the box in Pa	art vi, line ib, and com	ipiete that part usii	ng a 1% tax rate. Se	e the Part VI

Form 990-PF (2016)		Page <b>7</b>
Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Pa	aid Employees,
3 Five highest-paid independent contractors for professional service	ces (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		• 0
Part IX-A Summary of Direct Charitable Activities		_
List the foundation's four largest direct charitable activities during the tax year Include rel		r of Expenses
organizations and other beneficiaries served, conferences convened, research papers produ	uced, etc	
1		
		<del> </del>
2		<del> </del>
2		<del> </del>
2		
3		<del> </del>
		<del> </del>
4		
4		
Part IX-B Summary of Program-Related Investments (see	<u> </u>	
Describe the two largest program-related investments made by the foundation during t	the tax year on lines 1 and 2	Amount
1		
2		+
2		
All other program-related investments. See instructions		
all other program-related investments. See instructions		
<u> </u>		
Total. Add lines 1 through 3		▶ 0
		Form <b>990-PF</b> (2016)

1a

1b

2

3a 3b

4

5

448,250

448.250

448.184

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66

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . .

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . . . . . . . . .

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

1

2

3

4

5

XII, line 4 > \$

indicated below:

2016

Page 9

3.015

3.015

Form **990-PF** (2016)

0-PF (20	(2016)							
XIII	Undistributed Income (see instructions)							

Part	XIII

- 1 Distributable amount for 2016 from Part XI, line 7

(a)

Corpus

3,450,541

445.235

3,895,776

3,895,776

9.583

404,216

242.800

445.235

2,793,942

9,583

(b)

Years prior to 2015

(c)

2015

- 2 Undistributed income, if any, as of the end of 2016 a Enter amount for 2015 only. . . . . .
- **b** Total for prior years a From 2011. . . . .
- Excess distributions carryover, if any, to 2016
- **b** From 2012. . . . . c From 2013. . . .

4 Qualifying distributions for 2016 from Part

a Applied to 2015, 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). . . . . . . . . .

404.216 242,800 **d** From 2014. . . . . 2,793,942 e From 2015. . . . .

f Total of lines 3a through e. . . . . . .

d Applied to 2016 distributable amount. . . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a) )

**5** Excess distributions carryover applied to 2016 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

6 Enter the net total of each column as

**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 2015 Subtract line 4a from line 2a Taxable amount—see f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017 . . . . . . 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 2011 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2017.

10 Analysis of line 9

a Excess from 2012. . .

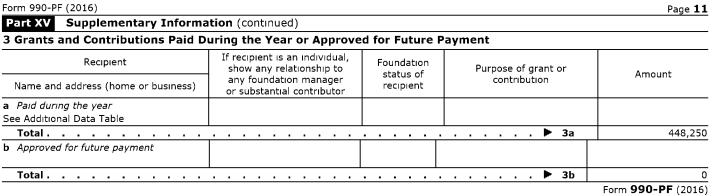
c Excess from 2014. . . .

d Excess from 2015. . .

e Excess from 2016. . .

**b** Excess from 2013. .

Subtract lines 7 and 8 from line 6a . . . . . .



ei yioss a	mounts unless otherwise indicated	Unrelated bu	siness income	Excluded by section	512, 513, or 514	(e) Related or exem
_		(a)	(b)	(c)	(d)	function income
_	ervice revenue	Business code	Amount	Exclusion code	Amount	(See mad dedon
:						
	d contracts from concernment acons					
	d contracts from government agencies hip dues and assessments					
Interest	on savings and temporary cash			14	208	
	and interest from securities			14	4,140	
	l income or (loss) from real estate					
	nanced property					
	al income or (loss) from personal property					
	estment income.					
	(loss) from sales of assets other than					
	у			18	457	
	ne or (loss) from special events					
Gross pr Other re	ofit or (loss) from sales of inventory					
	VESTORS, LLC			14	5,453	
_						
	Add columns (b), (d), and (e).	-	(		10.350	
Total. A	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e)				10,258	10,2
workshe	et in line 13 instructions to verify calculatio	ns )				•
			mant of Evam	pt Purposes		
rt XVI-	Relationship of Activities to th					
e No.	Explain below how each activity for which the accomplishment of the foundation's ex	ıncome ıs reporte	d ın column (e) c	of Part XVI-A contribut		
e No.	Explain below how each activity for which	ıncome ıs reporte	d ın column (e) c	of Part XVI-A contribut		
e No.	Explain below how each activity for which the accomplishment of the foundation's ex	ıncome ıs reporte	d ın column (e) c	of Part XVI-A contribut		
e No.	Explain below how each activity for which the accomplishment of the foundation's ex	ıncome ıs reporte	d ın column (e) c	of Part XVI-A contribut		
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e No.	Explain below how each activity for which the accomplishment of the foundation's ex	ıncome ıs reporte	d ın column (e) c	of Part XVI-A contribut		
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e No.	Explain below how each activity for which the accomplishment of the foundation's ex	ıncome ıs reporte	d ın column (e) c	of Part XVI-A contribut		
e No.	Explain below how each activity for which the accomplishment of the foundation's ex	ıncome ıs reporte	d ın column (e) c	of Part XVI-A contribut		
e No.	Explain below how each activity for which the accomplishment of the foundation's ex	ıncome ıs reporte	d ın column (e) c	of Part XVI-A contribut		
e No.	Explain below how each activity for which the accomplishment of the foundation's ex	ıncome ıs reporte	d ın column (e) c	of Part XVI-A contribut		
rt XVI-	Explain below how each activity for which the accomplishment of the foundation's ex	ıncome ıs reporte	d ın column (e) c	of Part XVI-A contribut		

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

ч	alr VAT	Exempt Organi	izations										
1		rganization directly or in Code (other than section	ndirectly enga							ion 501		Yes	No
а		from the reporting four		_					-				
		h									1a(1)		No
	(2) Other assets										1a(2)		No
b	Other tra	nsactions											
	(1) Sale	es of assets to a nonchar	ıtable exempt	orga	nızatıon.						1b(1)		No
	(2) Purc	chases of assets from a	noncharitable	exem	pt organiz	zation					1b(2)		No
	(3) Ren	tal of facilities, equipme	nt, or other a	ssets.							1b(3)		No
(4) Reimbursement arrangements											1b(4)		No
· · · · · · · · · · · · · · · · · · ·										1b(5)		No	
	(6) Perfo	ormance of services or m	nembership or	fundr	raising sol	licitations					1b(6)		No
	_	of facilities, equipment, i			•					•	<b>1</b> c		No
d		swer to any of the above											
		ods, other assets, or ser ansaction or sharing arra									е		
	· .	_	,		•			,	•				
(a)	Line No	(b) Amount involved	(c) Name of	noncha	ritable exe	mpt organization		(d) Description of	transfers, transactions	s, and shar	rıng arra	ngemen	ts
<b>2</b> a		undation directly or indir	•			•				_	_		
		d in section 501(c) of the	•	than s	section 50	01(c)(3)) or in se	ectio	on 527?		L	∟ Yes	<b>✓</b> N	0
b	If "Yes,"	complete the following s						1					
		(a) Name of organizati	on		(1	<b>b)</b> Type of organiza	itior	1	(c) Description	n or relatio	nsnip		
				+									
		der penalties of perjury,											
c:		my knowledge and belie ich preparer has any kno		rrect,	and com	piete Declaratio	n o	f preparer (otner	than taxpayer) is b	ased on	all infor	mation	n of
	ere 👠	****	- · · · · · · · · · · · · · · · · · · ·			2017-07-28		*****		May the If	RS discus	s this r	eturn
								— ) <u> </u>		with the p	· —		
		Signature of officer or t	rustee			Date		Title		(see ınstr	)? <b>'Y</b> Y	es ⊔ N	lo
		Print/Type preparer's	s name	Prepa	arer's Sigi	nature		Date		PTIN			
				-	_				Check if self-		P00177	156	
		RAYMOND J GHER	RAYMOND 1 GHERST					2017-07-21	employed ▶ 📙		. 001//	150	
	aid						2017-07-21						
	epare		GER GHERSI	& LAD	UKE PLC					Firm's E	IN ▶38	-25175	34
U!	se Only	-	00 EAST LONG	LAKE	F ROAD S	TF 135							
										Phone n	n (249	\ 332 <sub>~</sub>	3680
		В	BLOOMFIELD HILLS, MI 483042374						i none m	∪ (∠ <del>+</del> 0	,	2000	

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, (b) (d) (c) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) How acquired Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation MORGAN STANLEY #552-118957-338 Ρ MORGAN STANLEY #552-118957-338 Р STATE STREET BANK & TRUST #EJ6126 Р Р STATE STREET BANK & TRUST #EJ6126 725 SHRS FACEBOOK INC-A D 2015-12-15 1190 SHRS HOME DEPOT INC COM D 2015-12-15 265 SHRS VISA INC-CLASS A D 2015-12-15 D 2075 SHRS APPLE COMPUTER INC 2015-12-15 Р CAPITAL GAINS DIVIDENDS Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (q) plus expense of sale (or allowable) (h) (e) plus (f) minus (g) (f) -3,073 11,870 408,481 395,079 13,402 21,263 17,287 3,976 78,984 76,154 2,830 157,485 -5,925 151,560 19,991 -899 20,890 209,453 231,518 -22,065 341 341 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I 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 (i) F M V as of 12/31/69 Adjusted basis Excess of col (i) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any -3,073 11,870 13,402 3,976 2,830 -5,925 -899 -22,065 341

#### Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year AMERICAN FRIENDS OF ALYN HOSPITAL NONE 501(C)(3) MEDICAL RESEARCH 250 122 F 42 ST1519 NEW YORK, NY 10017 BRANDEIS UNIVERSITY NONE 501(C)(3) SUPPORT FOR THE ARTS 185,000 THE BERNIE REISMAN BOLLI FUND PO BOX 549110 MS 126 WALTHAM, MA 024549110 **BREAST CANCER 3-DAY** NONE 501(C)(3) MEDICAL RESEARCH 300 205 N MICHIGAN AVE SUITE 264 CHICAGO, IL 60601 DETROIT SYMPHONY ORCHESTRA NONE 501(C)(3) **FDUCATIONAL** 25,700

501(C)(3)

SUPPORT FOR THE ARTS

500

448,250

3711 WOODWARD AVENUE DETROIT, MI 48201

DETROIT INSTITUTE OF ARTS

5200 WOODWARD AVENUE DETROIT, MI 48202

3a

NONE

#### Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

				1
a Paid during the year				
Name and address (home or business)	any foundation manager or substantial contributor	recipient	55111.231151	
	I SHOW ALLY LEIGHBUISHID LO	i Status Vi	CONTRIBUTION	1

a Paid during the year				
KELLY BRUSH FUNDRAISER RIDE THREE MAIN STREET SUITE 104 BURLINGTON, VT 05401	NONE	501(C)(3)	EDUCATIONAL	250
MAKE A WISH FOUNDATION	NONE	501(C)(3)	FULLFILL WISHES OF CHILDREN	300

MAKE A WISH FOUNDATION 1003 K STREET NW SUITE 200 WASHINGTON DETROIT, MI 48201	NONE	501(C)(3)	FULLFILL WISHES OF CHILDREN WITH LIFE-THREATENING MEDICAL CONDITIONS	300
CAMP TA KUM TA 777 SUNSET VIEW RD	NONE	501(C)(3)	EDUCATIONAL	500

WASHINGTON DETROIT, MI 48201			MEDICAL CONDITIONS	
CAMP TA KUM TA 777 SUNSET VIEW RD SOUTH HERO, VT 05486	NONE	501(C)(3)	EDUCATIONAL	500
ZLOTOFF FOUNDATION PO BOX 2030 BLOOMFIELD HILLS, MI 483032030	TRUSTEE	501(C)(3)	BUILDING RENOVATION	234,000

SOUTH HERO, VT 05486	NONE	301(0)(3)	EDUCATIONAL	300
ZLOTOFF FOUNDATION PO BOX 2030 BLOOMFIELD HILLS, MI 483032030	TRUSTEE	501(C)(3)	BUILDING RENOVATION	234,000
MICHIGAN RADIO	NONE	501(C)(3)	EDUCATIONAL	500

ZLOTOFF FOUNDATION PO BOX 2030 BLOOMFIELD HILLS, MI 483032030	TRUSTEE	501(C)(3)	BUILDING RENOVATION	234,000
MICHIGAN RADIO 535 W WILLIAM ST SUITE 110	NONE	501(C)(3)	EDUCATIONAL	500

BLOOMFIELD HILLS, MI 483032030	THOSTEE	301(0)(3)	BOLLDING RENOVATION	23 1,000
MICHIGAN RADIO 535 W WILLIAM ST SUITE 110 ANN ARBOR MI 48103	NONE	501(C)(3)	EDUCATIONAL	500

MICHIGAN RADIO 535 W WILLIAM ST SUITE 110 ANN ARBOR, MI 48103	NONE	501(C)(3)	EDUCATIONAL	500
Total				448,250

3a

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

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

or substantial contributor

За

a Paid during the year				
DREAM CENTER OF PONTIAC 6600 ROCHESTER ROAD	NONE	501(C)(3)	COMMUNITY SUPPORT	300

TROY, MI 48085				
FRIENDS OF RODEPH SHOLOM SCHOOL INC	NONE	501(C)(3)	EDUCATIONAL	6.

FRIENDS OF RODEPH SHOLOM SCHOOL	NONE	501(C)(3)	EDUCATIONAL	650
INC				
7 W 83RD ST				
NEW YORK, NY 10024				

Total		 448 250
NC 7 W 83RD ST		

efile GRAPHIC print - DO NOT P	ROCESS	As Filed Data	-	DI	LN: 93491215007337	
TY 2016 Accounting Fees Schedule						
	Name:	ZLOTOFF GE	NERATIONS FU	ND		
	C/O PAUL ZLOTOFF					
	<b>EIN:</b> 26-4094446					
Category	Ame	ount Ne	et Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	

3,380

PROFESSIONAL FEES

### **TY 2016 Investments Corporate Stock Schedule**

Name: ZLOTOFF GENERATIONS FUND

C/O PAUL ZLOTOFF

**EIN:** 26-4094446

Name of Stock	End of Year Book Value	End of Year Fair Market Value
5 SHS AMAZON.COM	1,999	3,749
50 SHS APPLE INC	3,088	5,791
25 SHS AMERICAN WATER WORKS	699	1,809
5 SHS ALPHABET INC-CL C	2,698	3,859
25 SHS CATERPILLAR INC	1,159	2,319
15 SHS COSTCO WHOLESALE CORP	1,248	2,402
15 SHS DISNEY COMPANY	506	1,563
25 SHS ECOLAB	2,050	2,931
25 SHS FACEBOOK INC CL-A	2,626	2,876
15 SHS HONEYWELL INTERNATIONAL	1,553	1,738
25 SHS HOME DEPOT INC	1,862	3,352
15 SHS LOCKHEED MARTIN CORP	3,105	3,749
15 SHS NETFLIX INC	1,503	1,857
25 SHS RAYTHEON CO	3,076	3,550
5 SHS SHERWIN WILLIAMS CO	1,282	1,344
25 SHS UNION PACIFIC CORP	2,578	2,592
50 SHS US BANCORP	2,026	2,569
25 SHS VISA INC-CLASS A SHARES	1,112	1,950
100 SHS XEROX CORP	1,493	873
50 SHS COMCAST CORP CL A	2,734	3,453
35 SHRS APACHE CORP	2,102	2,221
25 SHS EXXON MOBIL CORP	1,945	2,256
25 PIONEER NATURAL RESOURCES	3,615	4,502
150 SHS WEYERHAEUSER CO REIT	3,530	4,513
25 SHS BRISTOL-MYERS SQUIBB	512	1,461
10 SHS HENRY SCHEIN INC	1,559	1,517
15 SHS MEDRONIC PLC	1,139	1,068
50 SHS PFIZER	1,755	1,624
25 SHS STRYKER CORP	2,750	2,995
50 SHS SOUTHWEST AIRLINES CO	2,415	2,492

Name of Stock	End of Year Book Value	End of Year Fair Market Value
50 SHS WASTE MANAGEMENT	2,852	3,546
250 SHRS BARRICK GOLD CORP	4,758	3,995
15 SHS MONSANTO CO	1,338	1,578
25 SHS DEXCOM INC	1,797	1,493
1 SH INTUITIVE SURGICAL	644	634

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TY 2016 Investments - Other	Schodulo		
17 2016 Investments - Other	Scriedule		
Namai	ZLOTOFF GENERA	TIONS FUND	
Maille	ZLOTOTT GLINLRA	TIONS FOND	
	C/O PAUL ZLOTO	FF	

<b>EIN</b> : 26-4	094446		
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
INVESTMENT - RMPS INVESTORS, LLC	AT COST	190,762	190,762

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	93491215007337
TY 2016 Other Expenses Schedule				
Name:	ZLOTOFF GENE	RATIONS FUND		
	C/O PAUL ZLOTOFF			
EIN:	<b>N:</b> 26-4094446			
Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT & ADVISORY FEES	3,275	3,275		0

40

OFFICE EXPENSE

## Name: 71 OTOFF GENERATIONS FUND

C/O PAUL ZLOTOFF

**EIN:** 26-4094446

RMPS INVESTORS, LLC

Description

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Income

DLN: 93491215007337

Other Income Schedule

5,453

**Expenses Per Books** 

Net Investment

5,453

**Adjusted Net Income** 

5,453

Revenue And

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491215007337	
TY 2016 Other Increases Schedule				
Name:	ZLOTOFF GEN	ERATIONS FUND		
	C/O PAUL ZLC	TOFF		
EIN:	26-4094446			
De	escription		Amount	
BOOK/TAX DIFFERENCES FROM PASS THROUGH ENTITY		22,057		

efile GRAPHIC print - DO NOT PROCE	ESS As Filed Data	-	DL	N: 93491215007337
TY 2016 Taxes Schedule				
Na	ıme: ZLOTOFF GE	ENERATIONS FUND	)	
	C/O PAUL ZL	LOTOFF		
<b>EIN:</b> 26-4094446				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAX	6	6		0
FEDERAL EXCISE TAX	15,661	0		0
STATE TAX	424	424		0

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491215007337					
Schedule B	Schedule of Contributors			OMB No 1545-0047	
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 99 ► Information about Schedule B (Form 990, 990 <u>www.irs.gov/fo</u>	-EZ, or 990-PF) and its instruction	ns is at	2016	
Name of the organizat ZLOTOFF GENERATIONS			Employer ide	ntification number	
C/O PAUL ZLOTOFF			26-4094446		
Organization type (che	ck one)				
Filers of:	Section:				
Form 990 or 990-EZ	501(c)( ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust n	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation			
	☐ 527 political organization				
Form 990-PF	√ 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust ti	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation				
•	ation filing Form 990, 990-EZ, or 990-PF that receing property) from any one contributor. Complete Par		_	•	
Special Rules					
under sections a received from a	ion described in section 501(c)(3) filing Form 990 of 109(a)(1) and 170(b)(1)(A)(vi), that checked Scheding one contributor, during the year, total contributione 1h, or (ii) Form 990-EZ, line 1 Complete Parts I	ule A (Form 990 or 990-EZ), Pa ns of the greater of <b>(1)</b> \$5,000 c	art II, line 13, 1	6a, or 16b, and that	
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					
during the year, If this box is che purpose Do no	non described in section 501(c)(7), (8), or (10) filing contributions exclusively for religious, charitable, ecked, enter here the total contributions that were recomplete any of the parts unless the <b>General Ruli</b> ble, etc., contributions totaling \$5,000 or more duri	tc , purposes, but no such controcerved during the year for an eee applies to this organization be	ributions totale exclusively relig ecause it recei	ed more than \$1,000 gious, charitable, etc , ved <i>nonexclusively</i>	
990-EZ, or 990-PF), bu	in that is not covered by the General Rule and/or the it <b>must</b> answer "No" on Part IV, line 2, of its Form orm 990PF, Part I, line 2, to certify that it does not	990, or check the box on line H	d of its		
For Paperwork Reduction for Form 990, 990-EZ, or 99		o 30613X Schedule	е В (Form 990, 9	990-EZ, or 990-PF) (2016)	

Name of organiza ZLOTOFF GENERAT C/O PAUL ZLOTOFF	ation TONS FUND	Employer identification 26-4094446	number
Part I	Contributors (see instructions) Use duplicate copies of Part I if add	litional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JORDAN ZLOTOFF 280 DAINES STREET SUITE 300  BIRMINGHAM, MI48009	\$ 75,000	Person   Payroll   Noncash
(a)	(b)	(c)	(Complete Part II for noncash contributions )  (d)
No.	Name, address, and ZIP + 4	S S	Type of contribution  Person  Payroll  Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<u>\$</u>	Person  Payroll  Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		<u> </u>	Person  Payroll  Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<u> </u>	Person Payroll Noncash  (Complete Part II for noncash
		Sahadula B /F	contributions )

Schedule B (Form 99	0, 990-EZ, or 990-PF) (2016)		Page <b>3</b>	
Name of organization ZLOTOFF GENERATIONS FUND C/O PAUL ZLOTOFF		Employer identification number		
		26-40	94446	
Part II	Noncash Property			
(a) No.from Part I	(see instructions) Use duplicate copies of Part II if additional space is needed (b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
=				
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		s		
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		Schedule B (Form 9	990, 990-EZ, or 990-PF) (2016)	

Schedule B (Form	990, 990-EZ, or 990-PF) (2016)		Page <b>4</b>
Name of organizat ZLOTOFF GENERATI C/O PAUL ZLOTOFF			Employer identification number 26-4094446
than \$1 organiz the year	,000 for the year from any one contributor	r. Complete columns (a) throu of exclusively religious, chari ctions.) ► \$	d in section 501(c)(7), (8), or (10) that total more ugh <b>(e) and</b> the following line entry. For table, etc., contributions of <b>\$1,000 or less</b> for
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 F	Relationship of transferor to transferee
(a)			
No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 F	Relationship of transferor to transferee
		————————————————————————————————————	chedule B (Form 990, 990-EZ, or 990-PF) (2016)