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Form **990-PF**

For calendar year 2016 or tax year beginning

Return of Private Foundation

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

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

, and ending

OMB No 1545-0052

A Employer identification number Name of foundation MOLITOR FAMILY FOUNDATION 35-2199665 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 53196 NORTH MAIN STREET 2696683377 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here 49071 MATTAWAN, MI G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test check here and attach computation Address change Name change H Check type of organization; X Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: F If the foundation is in a 60-month termination Other (specify) (from Part II, col (c), line 16) under section 507(b)(1)(B), check here 67,955. (Part I, column (d) must be on cash basis) ▶\$ (d) Disbursements for charitable purposes (cash basis only) Analysis of Revenue and Expenses Part I (c) Adjusted net (a) Revenue and (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income income 156,000. Contributions, gifts, grants, etc., received Check If the foundation is not required to attach Sch. B Interest on savings and temporary cash investments Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a N O. Ś 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications b Less Cost of goods sold c Gross profit or (loss) 11 Other income 156,000.0. 0 Total. Add lines 1 through 11 Ō. 0. Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits Expenses 16a Legal fees **b** Accounting fees c Other professional fees Operating and Administrative 17 Interest 18 Taxes Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 720. Stmt 1 Ō, 0. 720. 23 Other expenses 24 Total operating and administrative 720 0. 0 720. expenses. Add lines 13 through 23 87,600. 87,600. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 88,320 0 0 88,320 Add lines 24 and 25 Subtract line 26 from line 12: 67,680. a Excess of revenue over expenses and disbursements 0 , b Net investment income (if negative, enter -0-) 0. C Adjusted net income (if negative, enter -0-) 623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions.

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only		Beginning of year	End of year			
	column should be for end-or-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value		
1	Cash - non-interest-bearing	275.	67,955.	67,955.		
2						
3	Accounts receivable ►	_		<u>-</u> - <u>-</u>		
	Less: allowance for doubtful accounts					
4	Pledges receivable ►	-				
1	Less: allowance for doubtful accounts					
5	Grants receivable					
6	Receivables due from officers, directors, trustees, and other					
	disqualified persons					
7	Other notes and loans receivable					
1	Less: allowance for doubtful accounts					
छ । ८	Inventories for sale or use					
Assets	Prepaid expenses and deferred charges					
¥ 10a	a Investments - U.S. and state government obligations					
- } :	nvestments - corporate stock					
	: Investments - corporate bonds					
111	Investments - land, buildings, and equipment basis					
	Less accumulated depreciation					
12	Investments - mortgage loans					
13	Investments - other					
14	Land, buildings, and equipment basis		 			
	Less accumulated depreciation	* **	- ** *			
15	Other assets (describe					
	Total assets (to be completed by all filers - see the					
'	instructions. Also, see page 1, item I)	275.	67,955.	67,955.		
17						
18	Grants payable					
140	Deferred revenue					
Liabilities 02 02 02 02 02 02 02 02 02 02 02 02 02	Loans from officers, directors, trustees, and other disqualified persons					
를 21	Mortgages and other notes payable					
ارة ا التاريخ	Other liabilities (describe)					
125	Other madmittes (describe					
23	Total liabilities (add lines 17 through 22)	0.	0.			
- 	Foundations that follow SFAS 117, check here		— — 			
- 1	and complete lines 24 through 26 and lines 30 and 31.					
8 24	Unrestricted					
25 au	Temporarily restricted					
<u>ਕ</u> ।						
<u>ක්</u> 26	· F					
휸丨	\					
	and complete lines 27 through 31.	0.	0.			
Assets or 28 52 52 52 52 52 52 52 52 52 52 52 52 52	Capital stock, trust principal, or current funds	0.				
9SS 28	Paid-in or capital surplus, or land, bldg., and equipment fund	275.	67,955.			
Ž 29	Retained earnings, accumulated income, endowment, or other funds					
30 E	Total net assets or fund balances	275.	67,955.	1		
١		275	67 055			
31	Total liabilities and net assets/fund balances	275.	67,955.	<u> </u>		
Part	III Analysis of Changes in Net Assets or Fund Ba	alances				
4 Tota	I not specify or fund belonger at beginning of year. Dot II column (a) line	00				
	I net assets or fund balances at beginning of year - Part II, column (a), line 3	υ		225		
	st agree with end-of-year figure reported on prior year's return)		1	275.		
	r amount from Part I, line 27a		2	67,680.		
	r increases not included in line 2 (itemize)			67 055		
	lines 1, 2, and 3		4	67,955.		
	reases not included in line 2 (itemize)	4) 1 05		67.055		
6 Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	umn (b), line 30		67,955.		

(a) List and descr	the the kind(s) of property sold (e rehouse; or common stock, 200 s	g.g., real estate,	- Income	P - Purch D - Donat	quired (ase ion (c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a							
b NOI	NE						
<u>C</u>	-		 				ļ
<u>d</u>	 _			ļ			
	(f) Depreciation allowed	(a) Co.	st or other basis			(h) Gain or (los	
(e) Gross sales price	(or allowable)		expense of sale			(e) plus (f) minu	
a							
b							
С							
<u>d</u>		 	_ -				
Complete only for assets showing	n gain in column (h) and owned h	y the foundation	on 12/31/60		4) (Counce (Col. (b) and	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) E>	cess of col. (i)		col. (l	Gains (Col. (h) ga k), but not less th Losses (from col	ian -0-) or
a		+					
b		 	 	+	-		
С							
d						,,,,	
е		<u> </u>					
2 Capital gain net income or (net cap		ter in Part I, line -0- in Part I, line		} 2			
3 Net short-term capital gain or (loss if gain, also enter in Part I, line 8, 0		and (6):					
If (loss), enter -0- in Part I, line 8 Part Va Qualification U	nder Section 4940(e) fo	or Reduced	Tay on Net	Investme	ent Inco	me	
If section 4940(d)(2) applies, leave th Was the foundation liable for the secti f "Yes," the foundation does not quali Enter the appropriate amount in e	on 4942 tax on the distributable a fy under section 4940(e). Do not o	complete this pa	rt.			·	Yes X No
(a)	(b)	-		(c)			(d)
Base periód years Calendar year (or tax year beginnin	g in) Adjusted qualifying d		Net value of no	ncharitable-u	se assets	Dıstı (col. (b) d	ibution ratio ivided by col. (c))
2015		68,640.		1	,146.		59.895288
2014		55,445.			,009.		27.598308
2013		29,590. 21,720.			,998. ,413.		9.869913 3.386870
		$\frac{21,720.}{35,900.}$,697.		6.301562
		33,3000			,,037.		0.301302
Total of line 1, column (d)Average distribution ratio for the 5	-vear base period - divide the tota	ıl on line 2 hv 5	or by the number	of years		2	107.051943
the foundation has been in existen	•	ii on iiilo 2 by 0,	or by the number	or yours		3	21.410388
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5				4	4,351		
5 Multiply line 4 by line 3						5	93,157
6 Enter 1% of net investment incom	e (1% of Part I, line 27b)					6	0
7 Add lines 5 and 6						7	93,157
8 Enter qualifying distributions from	Part XII, line 4					8	88,320
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI, lir	ne 1b, and comp	lete that part usin	g a 1% tax ra	te.		
523521 11-23-16							Form 990-PF (2016

Form 990-PF (2016) MOLITOR FAMILY FOUNDATION 35-2199 Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see			Page 4
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%			0.
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-)			0.
3 Add lines 1 and 2			0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			0.
6 Credits/Payments:			
a 2016 estimated tax payments and 2015 overpayment credited to 2016 6a			
b Exempt foreign organizations - tax withheld at source			
c Tax paid with application for extension of time to file (Form 8868)			
d Backup withholding erroneously withheld 6d 6d			'
7 Total credits and payments. Add lines 6a through 6d			0.
8 Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached 8			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0.
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 2017 estimated tax Refunded 11			
Part VII-A Statements Regarding Activities		V	N.
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	\vdash	Yes	No
any political campaign?	1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	1b		
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	1 1		
distributed by the foundation in connection with the activities.	,		X
 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: 	1c		
(1) On the foundation. \triangleright \$ 0			
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
managers. > \$ 0.			
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
If "Yes," attach a detailed description of the activities	\vdash		
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A	4b	_	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
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?	6		X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions)	l l		
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)	ا نہ ا	₹	-
of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar	9		$\overline{\mathbf{X}}$
year 2016 or the taxable year beginning in 2016 (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	10] rm 990)-PF	X (2016)

Pa	art VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	i	1	
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12	ĺ	Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ► SUE FRITZER Telephone no. ►269-66	8-3	377	
	Located at ► 53196 N. MAIN STREET, MATTAWAN, MI ZIP+4 ► 49	071		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here]
	and enter the amount of tax-exempt interest received or accrued during the year	_	/A	
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required		- T	
	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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		i	
	a disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No	1		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No (5) Transfer any process to a disqualified person (or make any of other available.			
	(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)? Yes X No	, ,		
	for the benefit or use of a disqualified person)? [A Agree to pay money or property to a government official? (Exception. Check "No"		·	
	if the foundation agreed to make a grant to or to employ the official for a period after		l	
	termination of government service, if terminating within 90 days.)		ľ	
h	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		1	
, L	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here	<u> </u>	\dashv	
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	1	ł	
Ū	before the first day of the tax year beginning in 2016?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation		\neg	
	defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning		ļ	
	before 2016? Yes X No			
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	1	1	
3а				
	during the year? \square Yes \square No		- 1	
b	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after		j	
	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		ļ	
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2016) N/A	3b	\dashv	
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	}	X
Đ	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 2016?	_ 4b _ m 99 0	- PE	X 2016)
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Part VII-B Statements Regarding Activities for Which	Form 4720 May Be	Required (contur	nued)				
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))?							
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly,							
any voter registration drive?			es X No				
(3) Provide a grant to an individual for travel, study, or other similar purposes		Y	es 🗓 No		1		
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section				1		
4945(d)(4)(A)? (see instructions)		Y	es 🗶 No				
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or				1		
the prevention of cruelty to children or animals?		-	es 🗶 No		1		
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 instri	•		N/A	5b			
Organizations relying on a current notice regarding disaster assistance check l							
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption to					-		
expenditure responsibility for the grant?	Ŋ	1/A 🔲 Y	es L No		İ		
If "Yes," attach the statement required by Regulations section 53 494	5-5(d)		1		- [
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on						
a personal benefit contract?		Y	es X No		l		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?			6b	X		
If "Yes" to 6b, file Form 8870.			i				
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Y	es 🗓 No 📗				
b If "Yes," did the foundation receive any proceeds or have any net income attrib				7b			
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	nagers, Highl	y				
1 List all officers, directors, trustees, foundation managers and their		(c) Compensation	(d) Contributions to	(-) E	vnanca.		
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	accour	xpense nt, other		
	to position	`enter`-0-)´	compensation	allow	ances/		
			Į.	ļ			
See Statement 2		0.	0.		0.		
see Statement 2		 	ļ	<u> </u>			
		 					
		 					
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NONE."	<u> </u>				
	(b) Title, and average		(d) Contributions to	(e) E	opense		
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	accour allow	nt, other rances		
NONE	develop to position	-	Compensation				
		-					
		[
				<u> </u>			
		ļ					
							
		<u> </u>					
		-		L			
							
Total number of other employees paid over \$50,000			<u> </u>				
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Part VIII Information About Officers, Directors, Trustees, Foundation Ma Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. 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 relevant statistical information number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	on such as the	Expenses
1 N/A		
2		
3		
·		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A		
,		_
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		0.
		Form 990-PF (2016)

Part X Minimum Investment Return (All domestic foundations must complete this part. F	oreign 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	0.
b Average of monthly cash balances	1b	$\frac{0.}{4,417.}$
c Fair market value of all other assets	1c	
d Total (add lines 1a, b, and c)	1d	4,417.
e Reduction claimed for blockage or other factors reported on lines 1a and	200 84. 84.	
1c (attach detailed explanation)	0.	
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	4,417.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	66.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,351.
6 Minimum investment return. Enter 5% of line 5	6	218.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for	undations and certain	
foreign organizations check here and do not complete this part.)		218.
1 Minimum investment return from Part X, line 6	1 1	
2a Tax on investment income for 2016 from Part VI, line 5 2a 2a 2a 2a 2b 2b 2a	——{ Y, }	
b Income tax for 2016. (This does not include the tax from Part VI.)	 	0
c Add lines 2a and 2b	2c	$\frac{0.}{218.}$
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	218.
4 Recoveries of amounts treated as qualifying distributions	4	218.
5 Add lines 3 and 4	5	
6 Deduction from distributable amount (see instructions) 7 Distributable amount of distributable amount of Contract to Contrac	6	0. 218.
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	210.
Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	1	
a Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	88,320.
b Program-related investments - total from Part IX-B	1b	0.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the:	A Care of	
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	88,320.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
income. Enter 1% of Part I, line 27b	5	0.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	88,320.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the	oundation qualifies for the	section
4940(e) reduction of tax in those years.	•	

Form **990-PF** (2016)

Part·XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,				218.
2 Undistributed income, if any, as of the end of 2016			<u> </u>	
a Enter amount for 2015 only			0.	
b Total for prior years:				
6 100m, 101 F 110. 3 0070.		0.		
3 Excess distributions carryover, if any, to 2016:			 	
				•
a From 2011 35,615. b From 2012 21,399.				
c From 2013 29,440.				
dFrom 2014 55,345.				
eFrom 2015 68,583.				
f Total of lines 3a through e	210,382.			
4 Qualifying distributions for 2016 from				
Part XII, line 4: ►\$ 88,320.			•	
a Applied to 2015, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			i
d Applied to 2016 distributable amount				218.
e Remaining amount distributed out of corpus	88,102.			
5 Excess distributions carryover applied to 2016	0.1			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:	222 424			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	298,484.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously	1			
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line			0	
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				0
be distributed in 2017				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by			i	
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2011	25 615			
not applied on line 5 or line 7	35,615.			
9 Excess distributions carryover to 2017.	262 060			
Subtract lines 7 and 8 from line 6a	262,869.			
10 Analysis of line 9:	1			
a Excess from 2012 21,399.				
b Excess from 2013 29,440.	Ì			
c Excess from 2014 55, 345.				
d Excess from 2015 68,583.				
e Excess from 2016 88,102.				<u> </u>

623581 11-23-16

Form **990-PF** (2016)

Total

Part XVI-A	Analysis of Income-Producing	Activities
1 (4) (2) (4) (7)		

Enter gross amounts unless otherwise indicated.	Unrelated	business income	Exclu	ded by section 512, 513, or 514	(e)
Litter gross amounts unless otherwise indicated.		(b)	(C) Exclu-	(d)	Related or exempt
1 Program convene revenue:	(a) Business code	Amount	sion	Amount	function income
1 Program service revenue:	code		Code		
<u>a</u>	- }+	 -	╁		
b	-		+		
·	-		╁		
d			—		
e	-		⊥		
f			4		
g Fees and contracts from government agencies			ļ	<u> </u>	
2 Membership dues and assessments			1		
3 Interest on savings and temporary cash	1 1		1 1		
investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:			Ţ	-	
a Debt-financed property			T		
b Not debt-financed property			1		
6 Net rental income or (loss) from personal			1		
property	1				
7 Other investment income		 	1		
8 Gain or (loss) from sales of assets other	 		+-		
than inventory					
	 		+		
Net income or (loss) from special events Gross profit or (loss) from sales of inventory	 	·	+		
			+		
11 Other revenue:			1 1		
<u>a</u>	- }		1		
b	-		↓		
C	-				
d	-		1		
e	-		$oldsymbol{ol}}}}}}}}}}}}}}}}}$		
12 Subtotal. Add columns (b), (d), and (e)	L	0.	<u> </u>	0.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	0.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Accor	nplishment of F	xemn	t Purposes	
Line No. Explain below how each activity for which inc			A contrib	uted importantly to the accom-	plishment of
the foundation's exempt purposes (other than	n by providing fund	s for such purposes).			

Part	XVII	Information Re Exempt Organ		nsfers To	and	Fransactions	and	Relations	hips With Noncl	haritable	e	<u></u>
1 Dic	the or	ganization directly or indi		y of the follow	ng with	any other organizati	tion de	escribed in sect	ion 501(c) of		Yes	No
the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?												
a Tra	nsfers	from the reporting found	lation to a nonchari	table exempt o	rganızat	ion of:						
(1)	Cash									1a(1)		X
(2)	Other	assets								1a(2)		X
b Oth	ier tran	sactions:								_		
(1)	Sales	of assets to a noncharita	ible exempt organiz	zation						1b(1)		Х
(2)	Purci	nases of assets from a no	ncharitable exemp	t organization		-				1b(2)		X
(3)	Renta	al of facilities, equipment,	or other assets							1b(3)		X
		bursement arrangements	i							1b(4)		X
		s or loan guarantees								1b(5)		X
		rmance of services or me								1b(6)	<u> </u>	X
		f facilities, equipment, ma								1c	LI	X
ors	service	ver to any of the above is s given by the reporting fo I) the value of the goods,	oundation. If the fo	undation receiv	red less						ets,	
(a)Line n		(b) Amount involved		of noncharitabl		pt organization	\neg	(d) Description	of transfers, transactions, a	nd sharing ar	rangeme	nts
-,	+	···-	·	N/A			\dashv		-,			
	 		 				十			 -		
							1					
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	-						+					
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	+						-					
	+						+					
	+						+					
	+						+-					
	+			-			+-					
ın s	ection	idation directly or indirect 501(c) of the Code (other implete the following sche	than section 501(•			ization	ns described		Yes	X	No
		(a) Name of org			(b) T	ype of organization	Τ		(c) Description of relatio	nship		_
		N/A										
					$oxedsymbol{oxedsymbol{oxed}}$							
					ļ							
					ـــــ		╄					
Sign Here	and be	penalties of perjury, I declare the file of the correct, and contact the correct and contact the correct that the correct the correct the correct that the correct the correct that the correct t	Delete Declaration of	- '//	in taxpay	panying schedules and er) is based on all inform	mation		has any knowledge	May the IHS of return with the shown below Yes	e prepare (see inst	er
	Jigii	Print/Type preparer's na	/_	Preparer's s		Date	Date		Check if PTII	N		
		Trans Type proparer Sila	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	I Toparor 3 3	-gnatul	•	Jace	"	self- employed	•		
Paid									£ 3			
Prepa	ırer	Firm's name ▶				· · · · · ·	ш		Firm's EIN ▶			
Use C												
		Firm's address 🕨										
									Phone no.			
							_			Form QQ(LDE /	2016)

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

Employer identification number

MOLITOR FAMILY FOUNDATION

35-2199665

Organiz	zation type (check o	ne).				
Filers o	f:	Section:				
Form 99	90 or 990-EZ	501(c)() (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	00-PF	X 501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	-	s covered by the General Rule or a Special Rule.	ula. Can instructions			
Note: O	rily a section 50 f(c)	(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	lie See instructions			
General	Rule					
X	_	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor	' '			
Special	Rules					
	sections 509(a)(1) a any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amour line 1. Complete Parts I and II.	or 16b, and that received from			
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
but it m i	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-EZ, or 990-PF)				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

MOLITOR FAMILY FOUNDATION

35-2199665

Part I	Contributors (See instructions) Use duplicate copies of Part I if additional space is needed					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	RONALD A. & JOAN A. MOLITOR 8696 SWAN DRIVE KALAMAZOO, MI 49009	s156,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			Person Payroll Oncash Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			Person Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroli Noncash (Complete Part II for noncash contributions)			

Employer identification number

MOLITOR FAMILY FOUNDATION

35-2199665

. b '*' -	cash Property (See instructions). Use duplicate copies of F	-art ii ii additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. rom art l	(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
		<u> </u>	
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_			
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. rom art l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

3 Grants and Contributions Paid During the	n Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
COMMUNITY HEALING CENTERS	NONE	PUBLIC CHARITY	OPERATING SUPPORT	
2615 STADIUM DRIVE		1		
KALAMAZOO, MI 49008-9930	 	 		2,75
DISABLED AMERICAN VETERANS	NONE	DITRILIC CUARTEV	OPERATING SUPPORT	
P.O. BOX 14301	NONE	FOBBIC CHARTII	DEBATING SUFFORT	1
CINCINNATI, OH 45250-0301		ļ		3,00
LAKESIDE FOR CHILDREN	NONE	PUBLIC CHARITY	OPERATING SUPPORT	
3921 OAKLAND DRIVE	4			1 00
KALAMAZOO, MI 49008	 			1,00
WOUNDED WARRIORS PROJECT	NONE	DIBLIC CHARITY	OPERATING SUPPORT	
P.O. BOX 758540	NONE	CHARTTI	DIERATING BUTFORT	
горека, кs 66675				10
GRYPHON PLACE	NONE	PUBLIC CHARITY	OPERATING SUPPORT	
3245 SOUTH 8TH STREET				
KALAMAZOO, MI 49009			<u> </u>	500
HOSPICE CARE OF SOUTHWEST MICHIGAN	NONE	PUBLIC CHARITY	OPERATING SUPPORT	
222 NORTH KALAMAZOO MALL SUITE 100 KALAMAZOO, MI 49009		1		406
HOSPITALITY HOUSE OF SOUTHWEST	NONE	PUBLIC CHARITY	OPERATING SUPPORT	
527 WEST SOUTH STREET				
XALAMAZOO, MI 49007-4604	 			2,000
HOUSING RESOURCES, INC.	NONE	PUBLIC CHARITY	OPERATING SUPPORT	
420 EAST ALCOTT SUITE 200		1		0.00
KALAMAZOO, MI 49001	<u> </u>			8,000
KALAMAZOO COMMUNITIES IN SCHOOLS	NONE	PUBLIC CHARTTY	OPERATING SUPPORT	
125 W. EXCHANGE PLACE				
KALAMAZOO, MI 49007	 			1,000
KALAMAZOO COUNTY READY 45	NONE	PUBLIC CHARITY	OPERATING SUPPORT	
222 S. WESTNEDGE AVE				4 000
Total from continuation sheets		<u> </u>	L	4,000 79,600

3 Grants and Contributions Paid During the		·	,	
' Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
KALAMAZOO GOSPEL MISSION	NONE	PUBLIC CHARITY	OPERATING SUPPORT	
448 NORTH BURDICK ST				
KALAMAZOO, MI 49007	 	 		1,000
ALLEGAN COUNTY CONDUNTY DOUBLESTON	VOVE	DUDI TO GUARTOU	DUDIETNA GWDDODE	
ALLEGAN COUNTY COMMUNITY FOUNDATION 524 MARSHALL STREET	NONE	PUBLIC CHARITY	OPERATING SUPPORT	
ALLEGAN, MI 49010				50
KALAMAZOO LITERACY COUNCIL	NONE	PUBLIC CHARITY	OPERATING SUPPORT	
420 E. ALCOTT STREET SUITE 400	1	1		
KALAMAZOO, MI 49001	-			500
KALAMAZOO LOAVES & FISHES	NONE	PUBLIC CHARITY	OPERATING SUPPORT	į
901 PORTAGE STREET KALAMAZOO, MI 49001				2,700
13001			-	2,700
KALAMAZOO VALLEY HABITAT FOR HUMANITY	NONE	PUBLIC CHARITY	OPERATING SUPPORT	!
1126 GULL ROAD SUITE B				
KALAMAZOO, MI 49048-1726		<u> </u>		500
MAKE A WISH FOUNDATION	NONE	PUBLIC CHARITY	OPERATING SUPPORT	
648 MONROE AVENUE NW, SUITE 104		1		1 000
GRAND RAPIDS, MI 49503		<u> </u>		1,000
MARCH OF DIMES	NONE	DIIBI.TO CHARITY	OPERATING SUPPORT	
3001 ORCHARD VISTA, SUITE 250	NONE	FOBBIC CHARITI	OFERATING SUFFORT	
GRAND RAPIDS, MI 49546	<u> </u>			1,000
			i	
MINISTRY WITH COMMUNITY	NONE	PUBLIC CHARITY	OPERATING SUPPORT	
500 NORTH EDWARDS STREET				22 000
KALAMAZOO, MI 49007				33,000
NTM INFO & RESEARCH	NONE	PUBLIC CHARITY	OPERATING SUPPORT	
1550 MADRUGA AVENUE, SUITE 230				
CORAL GABLES, FL 33146				1,000
		1		
PORTAGE COMMUNITY CENTER 325 EAST CENTRE AVENUE	NONE	PUBLIC CHARITY	OPERATING SUPPORT	
PORTAGE, MI 49002				500
Total from continuation sheets				

3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	A ==
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
PORTAGE EDUCATION FOUNDATION	NONE	PUBLIC CHARITY	OPERATING SUPPORT	
P.O. BOX 2043		T OBEIC CHEKITT	of Bidirand Borrowi	
PORTAGE, MI 49081-2043	 	<u> </u>		20
PRETTY LAKE VACATION CAMP	NONE	DIBLIC CHARTTY	OPERATING SUPPORT	
9123 WEST Q AVENUE	NONE	TOBBIC CIPACITI	DEBRATING SOFFORT	
MATTAWAN, MI 49071-9415		<u> </u>		2,000
	TONE.			
RESIDENTIAL OPPORTUNITIES, INC. 1100 SOUTH ROSE STREET	NONE	PUBLIC CHARITY	OPERATING SUPPORT	
KALAMAZOO, MI 49001				1,000
SALVATION ARMY	NONE	PUBLIC CHARITY	OPERATING SUPPORT	
1700 SOUTH BURDICK KALAMAZOO, MI 49001				1,000
				
SENIOR SERVICES, INC.	NONE	PUBLIC CHARITY	OPERATING SUPPORT	
918 JASPER STREET		l coppe commercial		
KALAMAZOO, MI 49001-2853	ļ <u>.</u>			1,000
				i
THE GILMORE 359 SOUTH KALAMAZOO MALL, SUITE 101	NONE	PUBLIC CHARITY	OPERATING SUPPORT	
KALAMAZOO, MI 49007-4843				400
UNITED WAY OF BATTLE CREEK &	NONE	PIIBLIC CHARTTY	OPERATING SUPPORT	
KALAMAZOO		1	OPERATING SUPPORT	п
709 SOUTH WESTNEDGE AVENUE			OPERATING SUPPORT	
KALAMAZOO, MI 49007				9,000
YWCA OF KALAMAZOO	NONE	PIIRI.TC CHARTTY	OPERATING SUPPORT	
353 EAST MICHIGAN AVENUE		SEE CHARTIT	DI DIGITING DOFFORT	II
KALAMAZOO, MI 49007				1,000
				<u> </u>
				la .
]		
Total from continuation sheets	<u> </u>	L	<u></u>	

Form 990-PF	Other E	Other Expenses			Statement 1		
Description	(a) Expenses Per Books	(b) Net Invest- ment Income		sted C	(d) Charitable Purposes		
COUNCIL OF MICHIGAN MICHIGAN ANNUAL REPORT	700.		•	0.	700.		
To Form 990-PF, Pg 1, 1n 23	720.	0	·	0.	720.		
	- List of Of s and Founda			Stat	ement 2		
Name and Address			ompen- ation	Employee Ben Plan Contrib			
RONALD A. MOLITOR 8696 SWAN DRIVE KALAMAZOO, MI 49009		DENT/TRUSTEE	0.	0.	0.		
JOAN A. MOLITOR 8696 SWAN DRIVE KALAMAZOO, MI 49009		TREAS./TRUST.00	EE 0.	0.	0.		
DEREK R. MOLITOR 2320 GLENWOOD KALAMAZOO, MI 49008		ESIDENT/TRUS .00	TEE 0.	0.	0.		
CHRISTINE J. TARPLEY 5534 BOB WHITE AVENUE KALAMAZOO, MI 49009		ESIDENT/TRUS .00	TEE 0.	0.	0.		
MATTHEW R. MOLITOR 5305 SWALLOW KALAMAZOO, MI 49009		ESIDENT/TRUS .00	TEE 0.	0.	0.		
MICHELLE L. MOLITOR 5305 SWALLOW KALAMAZOO, MI 49009		ESIDENT/TRUS .00	TEE 0.	0.	0.		
Totals included on 990-PF, P	age 6, Part \	VIII ——	0.	0.	0.		

Form 990-PF

Part XV - Line 1a List of Foundation Managers Statement

3

Name of Manager

RONALD A. MOLITOR JOAN A. MOLITOR DEREK R. MOLITOR CHRISTINE J. TARPLEY MATTHEW R. MOLITOR