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# Form **990-PF**Department of the Treasury Internal Revenue Service

# EXTENDED TO NOVEMBER 15, 2017

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.

OMB No 1545-0052

2016

For calendar year 2016 or tax year beginning and ending A Employer identification number Name of foundation 38-3432413 THE JAMPEL FAMILY FOUNDATION Number and street (or P O box number if mail is not delivered to street address) B Telephone number 4363 BARCHESTER DRIVE (248)646 - 8676City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here BLOOMFIELD HILLS, MI Initial return of a former public charity G Check all that apply: Initial return D 1 Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization 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: | X | Cash If the foundation is in a 60-month termination Other (specify) under section 507(b)(1)(B), check here (from Part II, col (c), line 16) 479, 266. (Part I, column (d) must be on cash basis) ▶\$ Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) (d) Disbursements (c) Adjusted net Part I (a) Revenue and (b) Net investment for charitable purposes (cash basis only) expenses per books income income 10,000. . N/A. Contributions, gifts, grants, etc., received If the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 1,068 1,068 STATEMENT 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) RECEIVE 273  $7\overline{1}$ 68 Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 457,320. 71, 273 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain OGDEN. Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 82.341 72,341 Total. Add lines 1 through 11 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits Expenses 16a Legal fees Ō. STMT 2 2,200. 2,200 **b** Accounting fees c Other professional fees 17 Interest STMT 3 20. 20. 0. 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings and 22 Printing and publications STMT 4 65. 65. 0. 23 Other expenses 24 Total operating and administrative 2,285. 2,285 expenses. Add lines 13 through 23 138,940. 138,940. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements 141,225 2,285 138,940. Add lines 24 and 25 27 Subtract line 26 from line 12. 58,884 a Excess of revenue over expenses and disbursements 70,056 b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-) 623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions. Form 990-PF (2016)



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		298,101.
2	Enter amount from Part I, line 27a	2	Γ	-58,884.
3	Other increases not included in line 2 (itemize)	3	Г	0.
4	Add lines 1, 2, and 3	4		239,217.
5	Decreases not included in line 2 (itemize) ►	5		0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	Γ	239,217.

(a) List and desc	and Losses for Tax of tribe the kind(s) of property sold arehouse; or common stock, 20	l (e.g., real estate,		(b) How ac P - Purc D - Dona	cquired ( hase ation	<b>c)</b> Date a (mo., da	cquired ly, yr.)	(d) Date sold (mo., day, yr)
1a								
b SEE ATTACHED	STATEMENTS							
<u>c</u>								
<u>d</u>								
е	(f) Degrees the pallowed	(#\Coo	et or other begin	<del></del>		(b) Co	ın or (locc)	
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale				ın or (loss) (f) mınus (ı	g) 
<u>a</u> b				<del></del>				
С								
d 457 330			386,04	7				71,273
e 457,320. Complete only for assets shown	ng goin in column (h) and owner	d by the foundation		<del>/ •  </del>	(1)	Coupe (Co	ol (b) goin i	
Complete only for assets snowi					(I) (col. (	aams (Go k), but ne	ol. (h) gaın ı ot less than	-0-) or
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any	Losses (from col. (h))			1))	
a								
b								
С								
d								71 072
е		1		_	<del></del>			71,273
2 Capital gain net income or (net c		enter in Part I, line i er -0- in Part I, line		} 2				71,273
3 Net short-term capital gain or (lo								
If gain, also enter in Part I, line 8		o) and (o).		)				
If (loss), enter -0- in Part I, line 8	<b>.</b>			] 3_			N/A	
Part V Qualification L	Inder Section 4940(e)	for Reduced	Tax on Net	Investn	nent Inco	me		
(For optional use by domestic privat	e foundations subject to the sec	tion 4940(a) tax on	net investment in	come.)				
f section 4940(d)(2) applies, leave t	this part blank.							
Was the foundation liable for the sec				iod?				Yes X No
f "Yes," the foundation does not qua	lify under section 4940(e). Do n	ot complete this pa	rt.	ntrian				
1 Enter the appropriate amount in			ore making any ei			1		(d)
(a) Base period years	(b) Ing (n) Adjusted qualifyin		Net value of no	(C) ncharitable:	use assets	1 ,	Distrib	(d) ution ratio ded by col. (c))
Calendar year (or tax year beginn	ing in) Adjusted quality in	-	IVEL VALUE OF THE				coi. (b) divi	• 33315
2015		167,733.			3,469. 7,988.			.23086
2014		103,425.			2,368.			.18619
2013		65,610.						.04797
2012		10,010. 5,780.			8,636. 6,834.			.03093
2011		5,/80.		10	0,034.	╫╌┈	_	.03093
								.82913
2 Total of line 1, column (d)						2		.04913
3 Average distribution ratio for the		total on line 2 by 5,	or by the number	of years				16500
the foundation has been in existe	ence if less than 5 years					3		.16582
						1 . 1		E22 040
4 Enter the net value of noncharita	ble-use assets for 2016 from Pa	art X, line 5				4		533,849
						1 - 1		00 527
5 Multiply line 4 by line 3						5		88,527
6 Enter 1% of net investment inco	me (1% of Part I, line 27b)					6		701
	, , ,							
7 Add lines 5 and 6						7		89,228
8 Enter qualifying distributions fro	m Part XII, line 4					8		138,940
If line 8 is equal to or greater that See the Part VI instructions.		l, line 1b, and comp	olete that part usin	g a 1% tax	rate.			

			32413		Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4940	B - se	ee instru	ıctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	* 1	. Ł.		
	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 X and enter 1%			7	01.
	of Part I, line 27b		3	- Âu	·
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	7 7	År`	, I	
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<u>:                                    </u>			0.
3	Add lines 1 and 2	-		7	01.
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-	<i>i</i>		7	01.
6	Credits/Payments:		, Č		
	2016 estimated tax payments and 2015 overpayment credited to 2016  6a 1,948.	帐			,
	Exempt foreign organizations - tax withheld at source 6b		1	<b>A</b> .	2.00
	Tax paid with application for extension of time to file (Form 8868)				
	Backup withholding erroneously withheld 6d 6		. lá		, 4
	Total credits and payments. Add lines 6a through 6d	<u>'                                      </u>		1,9	48.
	Enter any <b>penalty</b> 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	)		1,2	47.
	Enter the amount of line 10 to be: Credited to 2017 estimated tax	1			0.
	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		*	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		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published of	or			
	distributed by the foundation in connection with the activities		1 2		
	Did the foundation file Form 1120-POL for this year?		1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		\$^ *,		
	(1) On the foundation. ► \$ 0.			,á	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		',	, j	
_	managers. ▶ \$0.			`≱	k
	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				1
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or		l i	j.	š,
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		<u>X</u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
		N/A			
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
	If "Yes," attach the statement required by General Instruction T.				[4]
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
	By language in the governing instrument, or			Ž	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law		,		, L'i
	remain in the governing instrument?		6	Х	
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	Х	
_	<b>-</b>			. 🐔 📗	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)		_   ,,,,,,		
	MI		_   1		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				
_	of each state as required by General Instruction G? If "No," attach explanation		8b	Х	
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			X:	Ĺŵ.
	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV		9		<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10		<u>X</u>
			Form QQA	DE	20161

Ра	art VII,-A   Statements Hegarding Activities (continued)			
		1 1	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	1 /		[
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ►N/A			
14	The books are in care of ► ROBERT S. JAMPEL  Telephone no. ► 248 - 64	<del>16-8</del>	676	
	Located at ►4363 BARCHESTER DR, BLOOMFIELD HILLS, MI ZIP+4 ►48	3302		
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	N	/ 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	<u>'</u>	Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	**		1
	foreign country -	1 %	#	N.
Pa	rt 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?		<b>*</b>	1
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		š. 1	1.
	a disqualified person?		****	7
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes X No		<b>*</b> ]	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  Yes X No		§ 1	1
	(5) Transfer any income or assets to a disqualified person (or make any of either available	**	٠.	. "
	for the benefit or use of a disqualified person)?		10	. }
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			, , ,
	If the foundation agreed to make a grant to or to employ the official for a period after	*	už	* *
	termination of government service, if terminating within 90 days.)  Yes X No		*	4 :
h	of fany answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations	1 .		
, ,	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?  N/A		A38	Q.
	Organizations relying on a current notice regarding disaster assistance check here	1b	-2	-
^	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	[* ]	* }	N.
·	before the first day of the tax year beginning in 2016?	<b> </b>	• *	x
9	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	10		
2	defined in section 4942(j)(3) or 4942(j)(5)):		* 4	( )
•	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			
а	before 2016? Yes X No	i i	, ' `	, in
		1		
	If "Yes," list the years,			
U	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach		, /	1
	, , , , , , , , , , , , , , , , , , , ,	- <u>"</u>	2 S	A
_	,	2b	€8	- AT A
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.	*	3	1
_	<u> </u>	"		ĺ.
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	4	ξ,	ž
	during the year?	1:		* * *
p	If "Yes," did it have excess business holdings in 2016 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? (Use Schedule C,	أسأسا	Z	4"
_	Form 4720, to determine if the foundation had excess business holdings in 2016)  N/A	3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	أا	X
þ	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	* A.	1 kg	i.
	had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		<u> </u>
	Fo	rm <b>990</b>	-PF	(2016)

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Part VII-B   Statements Regarding Activities for Which I	orm 4720 May Be	Required (contin	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	1 4945(e)) <b>?</b>		es 🗶 No		,
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indir	ectly,			
any voter registration drive?		Y	es 🗓 No 🕴		**
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Y	es 🗶 No 📗		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
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 X No	1 1	
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify und		ın Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instru	,		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr					'À 4
expenditure responsibility for the grant?		[/A	es		4
If "Yes," attach the statement required by Regulations section 53 4945			ļ		,, 1
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	oay premiums on			*	
a personal benefit contract?		Y₁	es 🗓 No 🏻		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b 2	X
If "Yes" to 6b, file Form 8870					
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Y₁	es X No		Ś
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	
Part VIII Information About Officers, Directors, Trustore Paid Employees, and Contractors	ees, Foundation Ma	inagers, Highly	y		
List all officers, directors, trustees, foundation managers and their	compensation.				—
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to	(e) Expens	<del>se</del>
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens account, oth allowance	her 's
	to position	011101 0 7	compensation	unovarioo	<del>-</del>
SEE STATEMENT 7		0.	0.		0.
					_
	··· -				_
					_
				ļ	
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	1/4/0	I 4 3 Esmana	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expens account, oth	ner
NOVE	devoted to position		compensation	allowance	<u>s</u>
NONE					
				<b>_</b>	
				<del> </del>	—
		<del> </del>	<u> </u>	-	
Total number of other employees paid over \$50,000	·		<b></b>	<del></del>	0
			Form	1 <b>990-PF</b> (20	16)

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	on Managers, Highly	
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	<u> </u>	▶ 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	al information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers produc	ed, etc	Expenses
1 NONE		
		_
		0.
2		
3		
<u> </u>		
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 line	es 1 and 2.	Amount
1 NONE	,	
		0
2		0.
All other program-related investments. See instructions.		
3		

Total. Add lines 1 through 3

Part X: Minimum Investment Return (All domestic foundations must complete this part Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: ¹1a 514,613. a Average monthly fair market value of securities b Average of monthly cash balances 1b 27,366. c Fair market value of all other assets 1c 541,979. d Total (add lines 1a, b, and c) 1d e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets 3 3 Subtract line 2 from line 1d 8,130. Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 533,849. Minimum investment return, Enter 5% of line 5 26,692. 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.) 26,692. Minimum investment return from Part X. line 6 701. 2a Tax on investment income for 2016 from Part VI, line 5 2a b Income tax for 2016. (This does not include the tax from Part VI.) 2b 2c 701 c Add lines 2a and 2b 25,991. Distributable amount before adjustments. Subtract line 2c from line 1 3 4 Recoveries of amounts treated as qualifying distributions 5 25,991. Add lines 3 and 4 6 0. Deduction from distributable amount (see instructions) 25,991. Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) 1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 138,940. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 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 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 138,940. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 701. 5 income. Enter 1% of Part I, line 27b 138,239. Adjusted qualifying distributions. Subtract line 5 from 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 the section 4940(e) reduction of tax in those years.

# Part XIII Undistributed Income (see instructions)

	<u> </u>			
	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,	1 1 1	Toda's prior to 2010		2010
line 7				25,991.
2 Undistributed income, if any, as of the end of 2016				23,331.
a Enter amount for 2015 only			0.	
<b>b</b> Total for prior years:	1 (1) (1)			
, <u> </u>		0.		
3 Excess distributions carryover, if any, to 2016:				* * · · · · · ·
<b>a</b> From 2011				
<b>b</b> From 2012 253.				
cFrom 2013 48,154.				
dFrom 2014 83,308.				
eFrom 2015 143,304.				
f Total of lines 3a through e	275,019.		\$	
4 Qualifying distributions for 2016 from Part XII, line 4: ►\$ 138,940.				4 4 4
Part XII, line 4: ►\$ 138,940.  a Applied to 2015, but not more than line 2a		A		
<b>b</b> Applied to undistributed income of prior	* * * * *		0.	<u> </u>
years (Election required - see instructions)		0		
c Treated as distributions out of corpus		0.	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	· · · · · · · · · · · · · · · · · · ·
(Election required - see instructions)	0.	* ( )		
d Applied to 2016 distributable amount	- ·			3
e Remaining amount distributed out of corpus	112,949.			25,991.
5 Excess distributions carryover applied to 2016	0.	*	* * * * * * * * * * * * * * * * * * * *	* *
(If an amount appears in column (d), the same amount must be shown in column (a) )		3 A		0.
6 Enter the net total of each column as		<b>*</b>		
indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	387,968.			
<b>b</b> Prior years' undistributed income. Subtract		***		
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of				
deficiency has been issued, or on which				
the section 4942(a) tax has been previously				
assessed d Subtract line 6c from line 6b. Taxable		0.		<u> </u>
amount - see instructions				*. 1
e Undistributed income for 2015. Subtract line		0.		<u> </u>
4a from line 2a. Taxable amount - see instr.			ا م	
f Undistributed income for 2016. Subtract	N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* , * * *	0.	
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				0
7 Amounts treated as distributions out of	* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *	0.
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	f			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2011				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017.	-			
Subtract lines 7 and 8 from line 6a	387,968.			
10 Analysis of line 9:				<b>*</b> ***********************************
a Excess from 2012 253.				
b Excess from 2013 48,154. c Excess from 2014 83,308.				
dExcess from 2015	100 Y Y Y			
e Excess from 2016 112, 949.				
623581 11-23-16	<u> </u>		<u></u>	
		0		Form <b>990-PF</b> (2016)

	PEL FAMILY			38-34	32413 Page 10
Part XIV Private Operating F	_ <del></del>		<del></del>	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective for		=	<b>▶</b> L		
<b>b</b> Check box to indicate whether the found		ng foundation described		4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(E) 00 dC	Prior 3 years	(2) 0040	(a) Tatal
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for				}	
each year listed		ļ			
<b>b</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					<u></u>
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c 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		i			
(4) Gross investment income					
Part XV Supplementary Info at any time during to 1 Information Regarding Foundation a List any managers of the foundation who	he year-see inst n Managers:	ructions.)			
year (but only if they have contributed m	iore than \$5,000). (See s	section 507(d)(2).)			-
SEE STATEMENT 8					
b List any managers of the foundation who other entity) of which the foundation has			(or an equally large portion	on of the ownership of a pa	rtnership or
NONE					
2 Information Regarding Contributi Check here ► X if the foundation of the foundation makes gifts, grants, etc. (	nly makes contributions	to preselected charitable	e organizations and does n	not accept unsolicited requi	ests for funds. If d.
a The name, address, and telephone number	per or e-mail address of t	the person to whom app	lications should be addres	ssed:	
<b>b</b> The form in which applications should b	e submitted and informa	tion and materials they s	should include:		
c Any submission deadlines:	<u>-</u>				
d Any restrictions or limitations on awards	s, such as by geographic	al areas, charitable fields	s, kinds of institutions, or o	other factors.	
623601 11-23-16	<del></del>		<del>-</del>	<del></del>	Form <b>990-PF</b> (2016)

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation status of Purpose of grant or contribution show any relationship to Amount any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year AMERICAN CIVIL LIBERTIES FUND NONE 501(C)(3) UNRESTRICTED 60 W HANCOCK ST CHARITABLE GIFT DETROIT, MI 48201 300. AMERICAN FEDERATION OF POLICE & NONE 501(C)(3) UNRESTRICTED CONCERNED CITIZENS CHARITABLE GIFT 6350 HORIZON DRIVE TITUSVILLE, FL 32780 125. AMERICAN INDIAN COLLEGE FUND NONE 501(C)(3) UNRESTRICTED 8333 GREENWOOD BLVD CHARITABLE GIFT DENVER , CO 80221 100. NONE 501(C)(3) AMERICAN RED CROSS UNRESTRICTED CHARITABLE GIFT 431 18TH STREET NW WASHINGTON, DC 20006 100. AMERICAN TECHNION SOCIETY NONE 501(C)(3) UNRESTRICTED 30230 ORCHARD LAKE ROAD STE 155 CHARITABLE GIFT FARMINGTON HILLS, MI 48334 200. SEE CONTINUATION SHEET(S) → 3a 138,940. Total b Approved for future payment NONE 0. Total **▶** 3b

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated	business income		by section 512, 513, or 514	(e)
anto grada anto anto anto dano mada anto anto anto anto anto anto anto ant	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	code	Amount	sion code	Amount	function income
a				- "	
b					
c					
d					
e					
1					
g Fees and contracts from government agencies				<del></del>	
2 Membership dues and assessments		_			
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	1,068.	
5 Net rental income or (loss) from real estate:	7. 8		1		
a Debt-financed property		* /			
<b>b</b> Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory	1 1		18	71,273.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue.					
a					
b					
c					
d					
e		_			
12 Subtotal, Add columns (b), (d), and (e)			).	72,341.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	72,341.
(See worksheet in line 13 instructions to verify calculations.)					

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purpe	Part XVI-B	s to the Accomplishment of Exempt Pu	irposes
---	------------	--------------------------------------	---------

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplish the foundation's exempt purposes (other than by providing funds for such purposes).	ment of
623621 11-23	-16	Form <b>990-PF</b> (2016)

101111331					ONDATION			7441		ige 13
Part	ΧVII			ansfers To a	ind Transactions a	nd Relationsl	nips With Nonch	aritabl	е	
1 Did	I the ord	Exempt Organ		ony of the followin	g with any other organization	n described in section	on 501(c) of		Yes	No
	_	•		-	g with any other organization 7, relating to political organi		טון טט ווע טוויט ווע	,	163	140
		rom the reporting found		•		zations•		. €.	W	4
	Cash	Total the reporting lound	iauon to a noncha			1a(1)	<u> </u>	·X		
٠,	Other	accate						1a(2)	-	X
		sactions						10(2)		<u> </u>
		of assets to a noncharita	shle everent organ	sization				16(1)	, å	x
		ases of assets from a no	• -					1b(1)	-	$\frac{x}{x}$
		of facilities, equipment,		prorganization				1b(2)		- <u>x</u> -
		ursement arrangements						1b(4)		$\frac{x}{x}$
		or loan guarantees	•					1b(5)		X
٠,		mance of services or me	emberchin or fund	draicina colicitatio	ne			1b(6)		X
٠,		facilities, equipment, ma	•	•				1c		X
					dule. Column (b) should alw	ave show the fair m	arket value of the goods		LL	
		•	-	_	ed less than fair market value	-			,,	
		the value of the goods,			or 1000 that fall market falls	o in any danoaonon	or onarring arrangement	011044 111		
(a)Line n		(b) Amount involved			exempt organization	(d) Description	of transfers, transactions, an	d sharing a	rangeme	ents
(-)	+		(4)	N/A		(,				
	+					<del>                                     </del>				
	+-					<del>                                     </del>				
	+									
	$\top$		<del></del>		<del></del>	<del>                                     </del>				
	_	<del> </del>		· <del>·····</del>						
		<del> </del>								
								<del> </del>		
							<del></del>			
						ļ. <u></u> .			_	
			<u> </u>			L				
					or more tax-exempt organiz	ations described				_
		501(c) of the Code (othe		1(c)(3)) or ın sect	ion 527?			Yes	( <u>X</u>	No
<b>b</b> If "	Yes," co	mplete the following sch			(I) T		10-1-1			
		(a) Name of org	ganization		(b) Type of organization	<u> </u>	c) Description of relation	isnip ———		
		N/A								
							<del></del>			
		<del></del>			<u></u>			<del></del>		
										_
	Under	penalties of perjury, I declare	that I have examine	d this return, includin	g accompanying schedules and s	statements, and to the I	best of my knowledge			
Sign	and be	lief, it strue, correct, and cor	malete Declaration o	of preparer (other than	taxpayer) is based on all informa	ation of which preparer	nas any knowledge	lay the IRS	e prepar	er
Here		Rober		meson	2 111/4/11	PRESID	ENT	hown below		No
	Sign	ature of officer or trustee	e // //	-	Date	Title				
	۲-	Print/Type preparer's na	ame	Preparer's si	gnatur //	Date	Check if PTIN	1		
		CAROL S. R	UBENFAE	R , <b>/</b> /,	18/6 100	11.1.	self- employed			
Paid		C.P.A.		pau	WI THUN	4217	P	00019	683	
Prepa	arer	Firm's name ► RUE	BENFAER 8	& ASSOCI	ATES PC	<del>-//-/-</del>	Firm's EIN ► 38 – 2	24102	53	
Use (	Only				•					_
	Firm's address ▶ 32300 NORTHWESTERN HWY				N HWY #115					

623622 11-23-16

FARMINGTON HILLS, MI 48334-1501

Phone no. (248) 932-1900

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

Department of the Treasury Internal Revenue Service

### **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

2016

Name of the organization

Employer identification number

ТН	HE JAMPEL FAMILY FOUNDATION	38-3432413					
Organization type (check of	one)	<u> </u>					
Filers of:	Section:						
Form 990 or 990-EZ	501(c)( ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
	527 political organization						
Form 990-PF	S01(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 <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ile See instructions.					
General Rule							
	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) 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, or, 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					
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or eductively to children or animals. Complete Parts I, II, and III						
year, contributions is checked, enter h purpose Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from exclusively for religious, charitable, etc., purposes, but no such contributions totaled make the total contributions that were received during the year for an exclusively religious implete any of the parts unless the <b>General Rule</b> applies to this organization because it refer to contributions totaling \$5,000 or more during the year	ore than \$1,000 If this box , charitable, etc ,					
but it <b>must</b> answer "No" on	ution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), tit must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to rtify that it doesn't meet the filing requirements of Schedule B (Form 990, 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)

Schedule	B (Form 990, 990-EZ, or 990-PF) (2016)		Page
Name of or		[1	Employer identification number
THE J.	AMPEL FAMILY FOUNDATION		38-3432413
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	ROBERT S AND JOAN M JAMPEL		Person X
	4363 BARCHESTER DRIVE	\$10,00	0 Noncash
	BLOOMFIELD HILLS, MI 48302		(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 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

(Complete Part II for noncash contributions) Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Noncash

623452 10-18-16

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Page 3 Name of organization **Employer identification number** THE JAMPEL FAMILY FOUNDATION 38-3432413 Part II Noncash Property (See instructions) Use duplicate copies of Part II if additional space is needed (a) (c) No. (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I (a) (c) No. (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I (a) (c) No. (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I (a) (c) No. (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I (a) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

623453 10-18-16

Name of org	ganization		Employer identification number
THE JA	AMPEL FAMILY FOUNDATION	1	38-3432413
Partill	the year from any one contributor. Complete	columns (a) through (e) and the folio	d in section 501(c)(7), (8), or (10) that total more than \$1,000 for owing line entry. For green at the sections
	completing Part III, enter the total of exclusively religion.  Use duplicate copies of Part III if addition	ous, charitable, etc., contributions of \$1,000 c	or less for the year (Enter this info once)
(a) No.			<del></del>
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Ì			
1			
}		(e) Transfer of gi	ft
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
Ī			
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I		<del>                                     </del>	
}		(e) Transfer of git	
ŀ		(o) Transici of gi	•
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
.			
(a) No.			<del></del>
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		\ - <del></del>	
ſ		(e) Transfer of git	ft
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
ļ	Transcree or tame, and essy to		reductionship of ransier to transfere
		<del></del>   <del></del>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(b) i di pode ei giit	(o) ode of gift	(a) Description of now girt is field
		·	
-		(e) Transfer of git	
		(e) transier of gil	
1	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
623454 10-18	-16		Schedule B (Form 990, 990-EZ, or 990-PF) (2016

MWB 734000 03400			NUATION FOR	
THE JAMPEL FAMIL		38-34	32413 P	AGE 1 OF 2
	osses for Tax on Investment Income	1	Uh) How acquired	Language de la constitución de l
(a) List and 2-story b	d describe the kind(s) of property solo irick warehouse; or common stock, 20	d, e.g., real estate, 00 shs. MLC Co.	D - Donation	(c) Date acquired (d) Date sold (mo., day, yr.)
1a 300 SHS ALNYLA	M PHARMACEUTICAL	P	02/02/1605/13/16	
b 209.42605 SHS	APPLE INC		P	02/29/1605/02/16
c 1400 SHS CHUY	S HOLDINGS INC		P	03/17/1609/02/16
d 400 SHS CYBERA	RK SOFTWARE LTD		P	12/30/1502/10/16
		INC		05/08/1502/26/16
f 300 SHS LINKED				05/02/1606/28/16
g 400 SHS MATCH				05/16/1612/21/16
h 1000 SHS PROTO				10/28/1501/29/16
0.00646 SHS PRECISION CASTPARTS CORP				01/04/16/01/04/16
1 500 SHS STARZ				02/02/1605/24/16
k 150 SHS TAKE-T	WO INTERACTIVE S	OFTWARE		05/02/16/12/21/16
1 1000 SHS TWITT		<u> </u>		07/01/16/10/10/16
m 301.93873 SHS				02/02/16/06/21/16
n 401 SHS UNDER				02/02/16/10/25/16
0 50 SHS AMAZON		<del></del>		
0 30 SHS AMAZON	<del>,</del>	(30-1)		09/04/14/10/12/16
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(n) (e) p	) Gain or (loss) ilus (f) minus (g)
a 16,101.		19,705.		-3,604.
b 19,461.		20,678.		-1,217.
c 41,948.		43,048.		-1,100.
d 14,617.		18,025.		-3,408.
e 18,289.		21,161.		-2,872.
f 56,912.		38,505.		18,407.
g 7,019.		5,860.	<del></del>	1,159.
h 53,634.		64,402.		-10,768.
1 1.	<del></del>	1.		0.
13,273.	<del> </del>	14,484.		-1,211.
k 7,488.	<del> </del>	5,329.		2,159.
$\frac{1}{1}$ $\frac{7}{17,475}$ .	<del></del>	16,945.		530.
m 6,701.	<del></del>	7,086.		-385.
n 11,982.	<del></del>	16,493.	<del></del>	-4,511.
0 41,786.		17,400.	<del></del>	24,386.
	ng gain in column (h) and owned by t		(1) Loc	ses (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	Gains (excess o	of col (h) gain over col. (k), ot less than "-0-")
a	<del> </del>			-3,604.
b	<del>  </del>			$\frac{-3,001}{-1,217}$
C		<del></del>		-1,100.
d	<del> </del>			-3,408.
	<del>   </del>			-2,872.
e f				18,407.
<del></del>	<del> </del>			1,159.
<u>g</u>	<del>   </del>			-10,768.
<u>h</u>	<del>                                     </del>			
<u>-</u>				0.
<del>-</del>	<b></b>			-1,211.
k				2,159.
<u> </u>				530.
<u>m</u>				-385.
<u>n</u>				-4,511.
0	<u> </u>		<del></del>	24,386.
2 Capital gain net income or (net ca	apital loss) { If gain, also enter "-0	in Part I, line 7 -" in Part I, line 7	2	
3 Net short-term capital gain or (lo	ss) as defined in sections 1222(5) an	I		
If gain, also enter in Part I, line 8,		- \-'	1	
If (loss), enter "-0-" in Part I, line		<i>J</i> (	3	
			<del></del>	

*Part IV: Capital Gains and Loss	ses for Tax on Investment Income				
2-story brid	describe the kind(s) of property sold ck warehouse; or common stock, 20	l, e.g , real estate, 00 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a 503.97517 SHS A			P	09/04/14	05/02/16
b 500 SHS FACEBOO					10/12/16
c 100 SHS GILEAD					02/26/16
d 500 SHS YANDEX	N V		P	08/05/15	12/21/16
e					
f	<del></del>				<u></u>
<u>g</u>					
<u>h</u>					
		<del></del>			<u> </u>
<del></del>		_ <del></del>			<u></u>
<u>k</u>					
1					
<u>m</u>		<del></del>			<del></del>
<u>n</u>	<del></del>			<del></del>	
0	(f) Depreciation allowed	(g) Cost or other basis		Gain or (loss)	
(e) Gross sales price	(i) Depreciation allowed (or allowable)	plus expense of sale	(e) p	lus (f) minus (g)	
a 46,831.		50,445.		(7)	-3,614.
a 46,831.) b 64,474.		9,518.			54,956.
c 8,978.		10,007.			-1,029.
d 10,350.		6,955.			3,395.
e 20,0301		0,7333.			3,333.
f					
g					
h					
1					
1					
k					
1					
m					
n					
0					
Complete only for assets showing	gain in column (h) and owned by th		(I) Los	ses (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	but no	f col. (h) gain òver ot less than "-0-")	coi (K),
a					-3,614.
b					54,956.
С					-1,029.
d					3,395.
e					
f					
9					
<u>h</u>					
<del>!</del>				·	
<del></del>					
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<u>'</u>	<del></del>				
n l	<del></del>				
0 .	<del></del>		<del></del>		
<del></del>	<del> </del>				
2 Capital gain net income or (net capi	t in (lode), diller	_ {	2		71,273.
3 Net short-term capital gain or (loss if gain, also enter in Part I, line 8, co		(6):	2	NI / N	

623591 04-01-16

Part XV Supplementary Information 3 Grants and Contributions Paid During the	Year (Continuation)	0	· · · · · · · · · · · · · · · · · · ·	
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Traine and address (notice of passiness)	or substantial contributor	recipient	<del></del>	
				1
AMNESTY INTERNATIONAL	NONE	501(C)(3)	UNRESTRICTED	
FIVE PENN PLAZA 16TH FLOOR NEW YORK, NY 10001		1	CHARITABLE GIFT	5
,	<del> </del>	<del> </del>	<del> </del>	
BRONX HIGH SCHOOL OF SCIENCE	NONE	501(C)(3)	UNRESTRICTED	
P O BOX 145			CHARITABLE GIFT	ı
BRONX, NY 10468		ļ		20
CARE	NONE	501(C)(3)	UNRESTRICTED	
151 ELLIS STREET NE			CHARITABLE GIFT	
ATLANTA, GA 30303		<del> </del>	<u> </u>	5
				1
COLUMBIA COLLEGE 600 S MICHIGAN AVE	NONE	501(C)(3)	UNRESTRICTED CHARITABLE GIFT	,
CHICAGO, IL 60605		Į	CHARITABLE GIFT	2,00
			<del> </del>	
COLUMBIA UNIVERSITY	NONE	501(C)(3)	UNRESTRICTED	
622 WEST 113TH ST		}	CHARITABLE GIFT	
NEW YORK, NY 10025		ļ	<del> </del>	2,000
DETROIT SYMPHONY ORCHESTRA 3711 WOODWARD AVENUE	NONE	501(C)(3)	UNRESTRICTED CHARITABLE GIFT	
DETROIT, MI 48201			CHARTIABLE GIFT	500
FRIENDS OF THE EARTH	NONE	501(C)(3)	UNRESTRICTED	
1101 15TH STREET NW 11TH FLOOR		ļ	CHARITABLE GIFT	
WASHINGTON, DC 20005	<del></del>		<del> </del>	5(
FRIENDS OF THE SMITHSONIAN	NONE	501(C)(3)	UNRESTRICTED	
PO BOX 37012, MRC 712 WASHINGTON, DC 20013-7012			CHARITABLE GIFT	15
JEWISH COMMUNITY CENTER	NONE	501(C)(3)	UNRESTRICTED	II.
6600 W MAPLE	1		CHARITABLE GIFT	
WEST BLOOMFIELD, MI 48322	<del> </del>	<del> </del>	<del> </del>	879
JEWISH FEDERATION OF METRO DETROIT	NONE	501(C)(3)	UNRESTRICTED	
6735 TELEGRAPH RD BLOOMFIELD HILLS, MI 48301			CHARITABLE GIFT	20,00
Total from continuation sheets	<del></del>	<del></del>		138,11

3 Grants and Contributions Paid During the		<del>,</del> -	<del></del>	<del></del>
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient	<del></del>	
				i
JEWISH NEWS FOUNDATION 29200 NORTHWESTERN HWY, STE 110	NONE	501(C)(3)	UNRESTRICTED	Į.
SOUTHFIELD, MI 48034			CHARITABLE GIFT	2,00
,	<del></del>	<del>                                     </del>		
NATIONAL LAW ENFORCEMENT OFFICERS	NONE	501(C)(3)	UNRESTRICTED	ļ
MEMORIAL		į.	CHARITABLE GIFT	Į.
001 E STREET NW STE 100		ĺ		Į.
VASHINGTON, DC 20004	<del></del>	<del> </del>	<del></del>	<del></del>
NATIONAL MUSEUM OF AMERICAN JEWISH	NONE	501(C)(3)	UNRESTRICTED	ł
HISTORY		, , , , ,	CHARITABLE GIFT	i
101 SOUTH INDEPENDENCE MALL EAST		)		}
PHILADELPHIA, PA 19106		<u> </u>	<u> </u>	10
NATIONAL PARKS CONSERVATION	NONE	501(C)(3)	UNRESTRICTED	1
ASSOCIATION 777 6TH STREET NW, SUITE 700		ì	CHARITABLE GIFT	ĺ
WASHINGTON, DC 20001-3723		1		15
	<del></del>	<del> </del>	<del></del>	
		j		
NATIONAL WILD LIFE FEDERATION	NONE	501(C)(3)	UNRESTRICTED	)
11100 WILDLIFE CENTER DR RESTON, VA 20190			CHARITABLE GIFT	}
RESION, VA 20170		<del>                                     </del>	+	5
NATIONAL WORLD WAR II MUSEUM	NONE	501(C)(3)	UNRESTRICTED	}
945 MAGAZINE ST NEW ORLEANS, LA 70130		•	CHARITABLE GIFT	10
TEN ONDEANS, DA 70130	<del>-  </del>	<del> </del>	+	10
	1			
DXFAM	NONE	501(C)(3)	UNRESTRICTED	
226 CAUSEWAY STREET 5TH FLOOR			CHARITABLE GIFT	
BOSTON, MA 02114	+	<del> </del>	<del></del>	10
PLANNED PARENTHOOD	NONE	501(C)(3)	UNRESTRICTED	
950 VICTORS WAY STE 100			CHARITABLE GIFT	ĺ
ANN ARBOR, MI 48108	<del></del>	<del> </del>	<del></del>	10
SIERRA CLUB FOUNDATION-JOHN MUIR	NONE	501(C)(3)	UNRESTRICTED	1
SOCIETY			CHARITABLE GIFT	
35 SECOND STREET STE 750				1
SAN FRANCISCO, CA 94105	<del></del>	<b>}</b>	<u> </u>	16
SOUTHERN POVERTY LAW CENTER	NONE	501(C)(3)	UNRESTRICTED	}
400 WASHINGTON AVE			CHARITABLE GIFT	1
MONTGOMERY, AL 36104	<u></u>			30
Total from continuation sheets				

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor 501(C)(3) TEMPLE BETH EL NONE UNRESTRICTED CHARITABLE GIFT 7400 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 5,830. NONE 501(C)(3) UNRESTRICTED THE GLEANERS CHARITABLE GIFT 2131 BEAUFAIT STREET 50. DETROIT, MI 48207 501(C)(3) THE HEINZ C PRECHTER BIPOLAR RESEARCH UNRESTRICTED CHARITABLE GIFT FUND 4250 PLYMOUTH ROAD 3,000. ANN ARBOR, MI 48109 THE NATURE CONSERVANCY NONE 501(C)(3) UNRESTRICTED 4245 FAIRFAX DR STE 100 CHARITABLE GIFT ARLINGTON, VA 22203 75. UNICEF NONE 501(C)(3) UNRESTRICTED 125 MAIDEN LANE CHARITABLE GIFT 100. NEW YORK, NY 10038 VETERANS OF FOREIGN WARS NONE 501(C)(3) UNRESTRICTED CHARITABLE GIFT 200 MARYLAND AVE NE WASHINGTON, DC 20002 50. NONE 501(C)(3) UNRESTRICTED WAYNE STATE UNIVERSITY 5475 WOODWARD CHARITABLE GIFT DETROIT, MI 48202 100,000. Total from continuation sheets

FORM 990-PF I	DIVIDENDS	AND INTER	EST FROM SECU	RITIES ST	FATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	(A) REVENUE S PER BOOKS	(B) NET INVEST- MENT INCOME	
CHASE INVESTMENT SERVICES CORP	1,068.		0. 1,068	1,068.	
TO PART I, LINE 4	1,068.		0. 1,068	1,068.	
FORM 990-PF		ACCOUNTI	NG FEES	នា	FATEMENT 2
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
ACCOUNTING FEES		2,200.	2,200.		0.
TO FORM 990-PF, PG 1,	LN 16B	2,200.	2,200.		0.
FORM 990-PF		TAX	ES	្តា	PATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ANNUAL REPORT	·	20.	20.		0.
TO FORM 990-PF, PG 1,	LN 18	20.	20.		0.
FORM 990-PF		OTHER E	XPENSES	ST	CATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ADMINISTRATIVE		65.	65.		0.
TO FORM 990-PF, PG 1,	LN 23	65.	65.		0.
	=	<del></del>		<del></del>	<del></del>

FOOTNOTES

STATEMENT 5

PART XV

NONE OF THE RECIPIENTS HAVE ANY RELATIONSHIP TO ANY FOUNDATION MANAGER OR SUBSTANTIAL CONTRIBUTOR. THE PURPOSE OF EVERY CONTRIBUTION MADE IS FOR THE GENERAL PURPOSES OF THE DONEE ORGANIZATION. ALL OF THE DONEE ORGANIZATIONS ARE PUBLIC ENTITIES. NO LIMITATIONS ON THE USE OF FUNDS WERE IMPOSED.

FORM 990-PF	CORPORATE STOCK		STAT	EMENT 6	
DESCRIPTION		BOOK VALU		MARKET ALUE	
CHASE INVESTMENT SERVICES		254,3	07.	7. 456,408.	
TOTAL TO FORM 990-PF, PART II, LINE 10B		254,3	07.	456,408.	
	LIST OF OFFICERS, D AND FOUNDATION MANA		STAT	EMENT 7	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT	
ROBERT S. JAMPEL 4363 BARCHESTER DRIVE BLOOMFIELD HILLS, MI 48302	PRESIDENT 0.00	0.	0.	0 .	
JOAN M. JAMPEL 4363 BARCHESTER DRIVE BLOOMFIELD HILLS, MI 48302	SECRETARY 0.00	0.	0.	0.	
HENRY DAVID JAMPEL 1 RUBY FIELD COURT BALTIMORE, MD 21209	DIRECTOR 0.00	0.	0.	0.	
DELIA ELLEN JAMPEL FRANK 735 96TH AVENUE SE BELLEVUE, WA 98004	DIRECTOR 0.00	0.	0.	0.	
JAMES MEYERS JAMPEL 215 VALENTINE STREET WEST NEWTON, MA 02465	DIRECTOR 0.00	0.	0.	0.	
EMILY SHARON SHERMAN 7220 CAMDEN COURT BLOOMFIELD HILLS, MI 48301	DIRECTOR 0.00	0.	0.	0.	
TOTALS INCLUDED ON 990-PF, PAGE	E 6, PART VIII	0.	0.	0.	

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT

NAME OF MANAGER

ROBERT S. JAMPEL JOAN M. JAMPEL