

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93491202006107

OMB No 1545-0052

2016

# **Return of Private Foundation**

Form 990-PF

Department of the Treasury

Internal Revenue Service

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

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

Open to Public Inspection

|                                       |                  | ndar year 2016, or tax year beginning 01-01-20  | )16 , aı                             | nd er                 | nding 12-31-             |   |   |
|---------------------------------------|------------------|---|--------------------------------------|-----------------------|--------------------------|---|---|
|                                       |                  | indation<br>OUNDATION   | 38-6055569                           | entification numbe    | r                        |   |   |
| Nicon                                 | har and          | street (or P O box number if mail is not delivered to street address)   | Room/suite                           |                       | 36-0033309               |   |   |
|                                       | Del allo         |   | <b>B</b> Telephone nu (989) 753-3438 | mber (see instructior | ns)                      |   |   |
|                                       |                  | , state or province, country, and ZIP or foreign postal code  |                                      |                       |                          |   |   |
| SAG                                   | INAW, N          | MI 486052485  |                                      |                       | C If exemption           | application is pending                        | g, check here                                   |
| G Ch                                  | eck al           | I that apply Initial return Initial return of a   | former public charity                |                       | <b>D 1.</b> Foreign or   | ganızatıons, check he                         | ere 🕨 🗀   |
|                                       |                  | ☐ Final return ☐ Amended return   |                                      |                       |                          | rganizations meeting<br>k here and attach coi |   |
|                                       |                  | Address change Name change  |                                      |                       | E If private fou         | undation status was t                         | erminated                                       |
| _                                     | •                | tpe of organization $lacksquare$ Section 501(c)(3) exempt private to 4947(a)(1) nonexempt charitable trust $lacksquare$ Other taxable |                                      |                       | under sectio             | n 507(b)(1)(A), chec                          | k here 🕨 느                                      |
|                                       |                  |   | Cash Accru                           | ıal                   | F If the founda          | ation is in a 60-month                        | termination -                                   |
| of '                                  | year <i>(f</i> . | from Part II, col (c),  \$ 4,423,352  □ Other (specify) (Part I, column (d) must  |                                      |                       |                          | n 507(b)(1)(B), checl                         |   |
| Pa                                    | rt I             | Analysis of Revenue and Expenses (The total   | (a) Revenue and                      |                       |                          |   | (d) Disbursements                               |
|                                       |                  | of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)                        | (a) Revenue and expenses per books   | (b)                   | Net investment<br>income | (c) Adjusted net income                       | for charitable<br>purposes<br>(cash basis only) |
|                                       | 1                | Contributions, gifts, grants, etc , received (attach  | 51,425                               |                       |                          |   |   |
|                                       | 2                | schedule)  Check ▶ ☐ If the foundation is <b>not</b> required to attach   |                                      |                       |                          |   |   |
|                                       | 2                | Sch B   |                                      |                       |                          |   |   |
|                                       | 3                | Interest on savings and temporary cash investments  | 259                                  | -                     | 259                      |   |   |
|                                       | 4                | Dividends and interest from securities  | 156,987                              |                       | 156,987                  |   |   |
|                                       | 5a<br>b          | Gross rents   |                                      |                       |                          |   |   |
| <u>e</u>                              | 6a               | Net gain or (loss) from sale of assets not on line 10   | 35,243                               |                       |                          |   |   |
| Revenue                               | ь                | Gross sales price for all assets on line 6a 534,706   |                                      |                       |                          |   |   |
| Rev                                   | 7                | Capital gain net income (from Part IV, line 2)  |                                      |                       | 35,243                   |   |   |
|                                       | 8                | Net short-term capital gain   |                                      |                       |                          |   |   |
|                                       | 9                | Income modifications  |                                      |                       |                          |   |   |
|                                       | 10a              | Gross sales less returns and allowances   |                                      |                       |                          |   |   |
|                                       | Ь                | Less Cost of goods sold   |                                      |                       |                          |   |   |
|                                       | 11               | Other income (attach schedule)  | 2,851                                |                       |                          | 2,851   |   |
|                                       | 12               | Total. Add lines 1 through 11   | 246,765                              |                       | 192,489                  | 2,851   |   |
|                                       | 13               | Compensation of officers, directors, trustees, etc  | 32,837                               |                       | 24,628                   | ·   | 8,209   |
|                                       | 14               | Other employee salaries and wages   |                                      |                       | <u> </u>                 |   |   |
| 6S                                    | 15               | Pension plans, employee benefits  | 19,185                               |                       | 14,389                   | 14,389  | 4,796   |
| Sue                                   | 16a              | Legal fees (attach schedule)  |                                      |                       |                          |   |   |
| ă                                     | ь                | Accounting fees (attach schedule)   | 12,300                               |                       | 9,225                    | 9,225   | 3,075   |
| Operating and Administrative Expenses | С                | Other professional fees (attach schedule)   | 26,952                               |                       | 21,901                   | 21,901  | 5,05:   |
| ati                                   | 17               | Interest  |                                      |                       |                          |   |   |
| <u> </u>                              | 18               | Taxes (attach schedule) (see instructions)  Depreciation (attach schedule) and depletion  |                                      |                       |                          |   |   |
| Ē                                     | 19<br>20         | Occupancy   |                                      |                       |                          |   |   |
| Ad                                    | 21               | Travel, conferences, and meetings   | 7,994                                |                       |                          |   | 7,994   |
| pue                                   | 22               | Printing and publications   |                                      |                       |                          |   |   |
| bi.                                   | 23               | Other expenses (attach schedule)  | 4,852                                |                       | 2,532                    | 2,532   | 2,320   |
| ratı                                  | 24               | Total operating and administrative expenses.  |                                      |                       |                          |   |   |
| be<br>De                              |                  | Add lines 13 through 23   | 104,120                              |                       | 72,675                   | 72,675  | 31,44!  |
| ں                                     | 25               | Contributions, gifts, grants paid   | 213,315                              |                       |                          |   | 308,315   |
|                                       | 26               | <b>Total expenses and disbursements.</b> Add lines 24 and 25  | 317,435                              |                       | 72,675                   | 72,675  | 339,760   |
|                                       | 27               | Subtract line 26 from line 12   |                                      |                       |                          |   |   |
|                                       | а                | Excess of revenue over expenses and disbursements   | -70,670                              |                       |                          |   |   |
|                                       | ь                | Net investment income (If negative, enter -0-)  |                                      |                       | 119,814                  |   |   |
|                                       | С                | Adjusted net income(If negative, enter -0-)   |                                      |                       |                          |   |   |
| or                                    | Paner            | work Reduction Act Notice, see instructions.  |                                      |                       | at No. 11289             | / <u>For</u>                                  | m QQQ-PF (2016                                  |

4,307,751

150,000

150,000

4.157.751

4,157,751

4.307.751

4,423,352

95.000

95,000

4.328.352

4,328,352

4,423,352

2

3

4

5

6

4,157,751

-70,670

241,271

4,328,352

4,328,352 Form **990-PF** (2016)

4,423,352

Less accumulated depreciation (attach schedule)

Less accumulated depreciation (attach schedule)

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

Foundations that follow SFAS 117, check here ▶

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

Foundations that do not follow SFAS 117, check here ▶

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

Retained earnings, accumulated income, endowment, or other funds

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

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

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

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

**Analysis of Changes in Net Assets or Fund Balances** 

Land, buildings, and equipment basis ▶

instructions Also, see page 1, item I)

Other assets (describe > \_

Other liabilities (describe -

Unrestricted . . . . .

and complete lines 27 through 31.

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

Decreases not included in line 2 (itemize) ▶ \_

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

Other increases not included in line 2 (itemize) -

Permanently restricted . .

Temporarily restricted

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

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

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

12

13

14

15

16

17

18

19 20

21

22

23

24

25

28

29

31 Part III

Liabilities

Balances

Fund 26

ŏ

Assets 27

Net 30

2

|         | How acquired<br>P—Purchase<br>D—Donation | Date acquired<br>(mo , day, yr ) | Date sold<br>(mo , day, yr )          |
|---------|--|----------------------------------|---------------------------------------|
|         |  |                                  |                                       |
|         |  |                                  |                                       |
|         |  |                                  |                                       |
|         |  |                                  |                                       |
|         |  |                                  |                                       |
| Cost or | (g)<br>other basis<br>ense of sale       |                                  | n <b>)</b><br>r (loss)<br>) minus (g) |
|         |  |                                  |                                       |

(b)

(f)

Depreciation allowed

(or allowable)

(j)

Adjusted basis

as of 12/31/69

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (k) Excess of col (1) over col (j), if any

(I)Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))

Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)

If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0-

Net value of noncharitable-use assets

Part V (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

Capital gain net income or (net capital loss)

C d 6

b C d e

b c d е

2

(e)

Gross sales price

(i)

FMV as of 12/31/69

a See Additional Data Table

in Part I, line 8

(a)

Base period years Calendar

year (or tax year beginning in)

2015

2014

2013

2012

2011

2 Total of line 1, column (d)

5 Multiply line 4 by line 3

**7** Add lines 5 and 6 . .

instructions

a See Additional Data Table

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

242,367

239,875

231,188

218,153

204,418

3

2

🗌 Yes 🗸 No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

number of years the foundation has been in existence if less than 5 years

4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5

6 Enter 1% of net investment income (1% of Part I, line 27b)

8 Enter qualifying distributions from Part XII, line 4

Adjusted qualifying distributions

3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the

. . . . . . . . . .

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

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

If section 4940(d)(2) applies, leave this part blank

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI

4,405,078

4,568,980

4,339,028

4,085,316

4,086,960

2

3

4

5

6

7

8

(d) Distribution ratio

(col (b) divided by col (c))

35,243

Page 3

(4)

0 055020

0 052501

0 053281

0 053399

0 050017

0 264218

0 052844

4,299,450

227,200

228,398

339,760

Form 990-PF (2016)

1,198

| Form 990-PF (2016)  Information About Officers, Directors, Trustees,   | Foundation Managers Highly                            | Page 7                    |
|--|---|---------------------------|
| and Contractors (continued)  | roundation managers, riging                           | Palu Employees,           |
| 3 Five highest-paid independent contractors for professional service   | es (see instructions). If none, en                    | ter "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   |   | <b>&gt;</b>               |
| Part IX-A Summary of Direct Charitable Activities  |   | 1                         |
| List the foundation's four largest direct charitable activities during the tax year. Include rele<br>organizations and other beneficiaries served, conferences convened, research papers produ | evant statistical information such as the nunced, etc | nber of Expenses          |
| 1  |   |                           |
|  |   |                           |
|  |   |                           |
| 2  |   |                           |
|  |   |                           |
| 2  |   | <del></del>               |
| 3  |   |                           |
|  |   | <del></del>               |
| 4  |   |                           |
|  |   |                           |
|  |   |                           |
| Part IX-B Summary of Program-Related Investments (see  | nstructions)  |                           |
| Describe the two largest program-related investments made by the foundation during the   | ne tax year on lines 1 and 2                          | Amount                    |
| <b>1</b> N/A   |   |                           |
| 2  |   |                           |
|  |   |                           |
| All other program-related investments See instructions   |   |                           |
| all other program-related investments. See instructions  |   |                           |
|  |   |                           |
| -  |   |                           |
| Total. Add lines 1 through 3   |   | . ▶                       |
|  |   | Form <b>990-PF</b> (2016) |

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

1a

1b

2

За 3b

4

5

339,760

339.760

1.198

338.562

Form 990-PF (2016)

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

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

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

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

Amounts set aside for specific charitable projects that satisfy the

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

2

3

4

5

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

income Enter 1% of Part I. line 27b (see instructions).

Page 9

213.775

213.775

Form **990-PF** (2016)

| Form 990-PF (2016) |                                   |        |  |  |  |  |  |
|--------------------|-----------------------------------|--------|--|--|--|--|--|
| Part XIII          | Undistributed Income (see instruc | tions) |  |  |  |  |  |
|                    |                                   |        |  |  |  |  |  |

**b** Total for prior years

From 2011. . . .

**b** From 2012. . . . . c From 2013. . .

**d** From 2014. . . . .

e From 2015. . . . .

XII, line 4 > \$

indicated below:

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

d Applied to 2016 distributable amount. . . . .

same amount must be shown in column (a) )

(If an amount appears in column (d), the

line 4b from line 2b . . . . . . . . . c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . d Subtract line 6c from line 6b Taxable amount —see instructions . . . . . . . . . . . . . e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . . f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017 . . . . . . 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . . 8 Excess distributions carryover from 2011 not

applied on line 5 or line 7 (see instructions) . . .

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

9 Excess distributions carryover to 2017.

10 Analysis of line 9

a Excess from 2012. . .

c Excess from 2014. . . .

**b** Excess from 2013. .

d Excess from 2015. .

e Excess from 2016. . .

4 Qualifying distributions for 2016 from Part

a Applied to 2015, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election required—see instructions). . . . . . . . . .

- 1 Distributable amount for 2016 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2016
- a Enter amount for 2015 only. . . . . .

  - Excess distributions carryover, if any, to 2016
    - 2,179
      - 16,133
      - 18.977
      - - 24,285
        - 26,647

(a)

Corpus

88,221

125.985

214.206

2.179

212,027

16.133 18,977

24.285

26.647

125.985

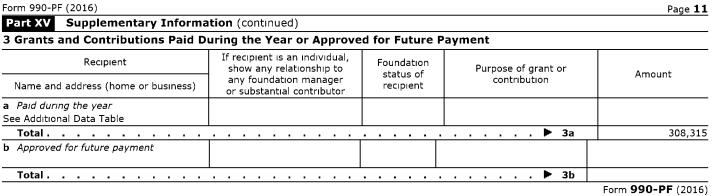
(b)

Years prior to 2015

(c)

2015

e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2016 6 Enter the net total of each column as a Corpus Add lines 3f, 4c, and 4e Subtract line 5 **b** Prior years' undistributed income Subtract



| Dort VV         | I-A Analysis of Income-Producing   | Activities    |              |                     |                     | Page 12                              |
|-----------------|--|---------------|--------------|---------------------|---------------------|--------------------------------------|
| Part XV         | Analysis of Income-Producing   |               |              |                     |                     | (e)                                  |
| Enter gross     | s amounts unless otherwise indicated   | (a)           | (b)          | Excluded by section | (d)                 | Related or exempt<br>function income |
| 1 Program       | m service revenue  | Business code | Amount       | Exclusion code      | Amount              | (See instructions )                  |
|                 |  |               |              |                     |                     |                                      |
|                 |  |               |              |                     |                     |                                      |
|                 |  |               |              |                     |                     |                                      |
|                 |  |               |              |                     |                     |                                      |
|                 |  |               |              |                     |                     |                                      |
|                 | and contracts from government agencies   |               |              |                     |                     |                                      |
|                 | ership dues and assessments eest on savings and temporary cash                             |               |              |                     |                     |                                      |
| invest          | tments   |               |              | 14                  | 259                 |                                      |
|                 | nds and interest from securities   |               |              | 14                  | 156,987             |                                      |
|                 | ntal income or (loss) from real estate<br>-financed property                               |               |              |                     |                     |                                      |
|                 | debt-financed property   |               |              |                     |                     |                                      |
| 6 Net re        | ental income or (loss) from personal property  |               |              |                     |                     |                                      |
| 7 Other         | investment income  |               |              |                     |                     |                                      |
|                 | or (loss) from sales of assets other than  |               |              |                     |                     |                                      |
|                 | tory   |               |              | 18                  | 35,243              |                                      |
|                 | profit or (loss) from sales of inventory   |               |              |                     |                     |                                      |
| <b>L1</b> Other |  |               |              |                     |                     |                                      |
|                 | ELLANEOUS  |               |              | 1                   | 2,851               |                                      |
|                 |  |               |              |                     |                     |                                      |
|                 |  |               |              |                     |                     |                                      |
|                 |  |               |              |                     |                     |                                      |
| L2 Subtot       | tal Add columns (b), (d), and (e)  |               |              |                     | 195,340             |                                      |
|                 | Add line 12, columns (b), (d), and (e)   |               |              | 1                   | 3                   | 195,340                              |
|                 | sheet in line 13 instructions to verify calculation  I-B Relationship of Activities to the |               | ment of Exem | not Purposes        |                     |                                      |
|                 | Explain below how each activity for which  |               |              |                     | uted importantly to |                                      |
| Line No. ▼      | the accomplishment of the foundation's ex  |               |              |                     |                     |                                      |
|                 | instructions )   |               |              |                     |                     |                                      |
|                 |  |               |              |                     |                     |                                      |
|                 |  |               |              |                     |                     |                                      |
|                 |  |               |              |                     |                     |                                      |
|                 |  |               |              |                     |                     |                                      |
|                 |  |               |              |                     |                     |                                      |
|                 |  |               |              |                     |                     |                                      |
|                 |  |               |              |                     |                     |                                      |
|                 |  |               |              |                     |                     |                                      |
|                 |  |               |              |                     |                     |                                      |
|                 |  |               |              |                     |                     |                                      |
|                 |  |               |              |                     |                     |                                      |
|                 |  |               |              |                     |                     |                                      |
|                 |  |               |              |                     |                     |                                      |
|                 | <u> </u>   |               |              |                     |                     |                                      |
|                 |  |               |              |                     |                     |                                      |
|                 |  |               |              |                     |                     |                                      |
|                 |  |               |              |                     |                     |                                      |
|                 |  |               |              |                     |                     |                                      |
|                 |  |               |              |                     |                     |                                      |
|                 |  |               |              |                     |                     |                                      |

Information Regarding Transfers To and Transactions and Relationships With Noncharitable

| Part   | XVII         | Exempt Organi  |               |         |              |                            |         | and nordin         |                              |                  |               |      |
|--|--------------|--|---------------|---------|--------------|----------------------------|---------|--------------------|------------------------------|------------------|---------------|------|
|  |              | ganization directly or in<br>Code (other than sectio | directly enga |         |              |                            |         |                    |                              | n 501            | Yes           | No   |
| a Tra  | nsfers f     | from the reporting foun                              | dation to a n | oncha   | ırıtable ex  | empt organizati            | on o    | of                 | _                            |                  |               |      |
| (1)  | Cash.        |  |               |         |              |                            |         |                    |                              | 1a(1)            |               | No   |
| (2)  | Other        | assets   |               |         |              |                            |         |                    |                              | . 1a(2)          |               | No   |
| <b>b</b> Oth   | er tran      | sactions   |               |         |              |                            |         |                    |                              |                  |               |      |
|  |              | of assets to a nonchar                               | •             | -       |              |                            |         |                    |                              | . 1b(1)          |               | No   |
| (2)  | Purch        | ases of assets from a n                              | oncharitable  | exem    | pt organi    | zation                     |         |                    |                              | . 1b(2)          |               | No   |
|  |              | al of facilities, equipmen                           | •             |         |              |                            |         |                    |                              | 1b(3)            |               | No   |
|  |              | bursement arrangemen                                 |               |         |              |                            |         |                    |                              | 1b(4)            |               | No   |
|  |              | or loan guarantees.                                  |               |         |              |                            |         |                    |                              | . 1b(5)          |               | No   |
| (6) Performance of services or membership or fundraising solicitations |              |  |               |         |              |                            | . 1b(6) |                    | No                           |                  |               |      |
|  | -            | racilities, equipment, n<br>ver to any of the above  |               |         | •            |                            |         |                    |                              |                  |               | No   |
|  |              | ds, other assets, or ser                             |               |         |              |                            |         |                    |                              |                  |               |      |
| ın a   | ny tran      | saction or sharing arra                              | ngement, sh   | ow in   | column (d    | <b>d)</b> the value of t   | the     | goods, other ass   | ets, or services receive     | ed               |               |      |
| (a) Line   | No I         | (b) Amount involved                                  | (c) Name of   | nonch:  | aritable eve | mpt organization           | ı       | (d) Description of | f transfers, transactions, a | and charing arra | naemen        | nte  |
| (a) Line   | INO          | (b) Amount involved                                  | (C) Name of   | ПОПСП   | aritable exe | impt organization          | +       | (u) Description o  | r cransiers, cransaccions, a | and snaring arra | ngemen        | 11.5 |
|  |              |  |               |         |              |                            |         |                    |                              |                  |               |      |
|  |              |  |               |         |              |                            |         |                    |                              |                  |               |      |
|  |              |  |               |         |              |                            |         |                    |                              |                  |               |      |
|  |              |  |               |         |              |                            | _       |                    |                              |                  |               |      |
|  |              |  |               |         |              |                            | +       |                    |                              |                  |               |      |
|  | _            |  |               |         |              |                            | +       |                    |                              |                  |               |      |
|  | _            |  |               |         |              |                            | +       |                    |                              |                  |               |      |
|  | +            |  |               |         |              |                            | +       |                    |                              |                  |               |      |
|  |              |  |               |         |              |                            |         |                    |                              |                  |               |      |
|  |              |  |               |         |              |                            |         |                    |                              |                  |               |      |
|  |              |  |               |         |              |                            |         |                    |                              |                  |               |      |
|  |              |  |               |         |              |                            | -       |                    |                              |                  |               |      |
|  | _            |  |               |         |              |                            | +       |                    |                              |                  |               |      |
| 2 7 1  |              |  |               |         |              | 1.                         | Щ.      |                    |                              |                  |               |      |
|  |              | ndation directly or indire                           | •             |         | •            | -                          |         |                    |                              | . 🗆 Yes          | <b>☑</b> N    |      |
|  |              | in section 501(c) of the                             | ,             | tnan    | section 50   | J1(c)(3)) or in s          | ecti    | ion 52/7           |                              | . ∟ Yes          | I <b>▼</b> IN | 10   |
| D II   | res, co      | omplete the following so<br>(a) Name of organization |               |         | 1 (          | <b>b)</b> Type of organiz  | atio    | n I                | (c) Description o            | of relationship  |               |      |
|  |              | ( <b>2</b> )   |               |         | ,            | <b>27</b> 17 po or organiz |         |                    | (a) Bassinpaion (            | , rotationismp   |               |      |
|  |              |  |               |         |              |                            |         |                    |                              |                  |               |      |
|  |              |  |               |         |              |                            |         |                    |                              |                  |               |      |
|  |              |  |               |         |              |                            |         |                    |                              |                  |               |      |
|  |              |  |               |         |              |                            |         |                    |                              |                  |               |      |
|  |              | er penalties of perjury,<br>y knowledge and belief   |               |         |              |                            |         |                    |                              |                  |               |      |
| Sign   |              | h preparer has any kno                               |               | on ect, | , and com    | piete Deciarati            | 011 0   | or preparer (othe  | chan caxpayer) is bas        | sea on an imo    | mation        | 1 01 |
| Here   | ٠,           | *****  |               |         |              | 2017-07-17                 |         | *****              |                              | ay the IRS discu |               |      |
|  | <b>  ₽</b> − | Signature of officer or ti                           |               |         |              | Data                       |         | — ) ———<br>Title   |                              | th the preparer  |               |      |
|  |              | signature of officer or ti                           | rustee        | Date    |              |                            | , inde  | (s                 | ee ınstr )? 📙 <b>\</b>       | es⊔N             | ło            |      |
|  |              | Print/Type preparer's                                | name          | Prep    | arer's Sıgı  | nature                     |         | Date               | P                            | TIN              |               |      |
|  |              |  |               |         |              |                            |         |                    | Check if self-               | P01306           | 5226          |      |
|  |              | JAMIE RIVETTE  |               |         |              |                            |         | 2017-07-17         | employed ▶ ☐                 | . 5155           |               |      |
| Paid   |              |  |               |         |              |                            |         |                    |                              |                  |               |      |
| Prep   |              | Firm's name ► YEO                                    | & YEO PC      | •       |              |                            |         | •                  | F                            | ırm's EIN ▶38    | -27061        | 146  |
| Use  | Only         | Francis edding 5 55                                  | N DOY 3375    |         |              |                            |         |                    | ' '                          | 2 211 F 30       |               | - 10 |
|  |              | Firm's address ► PC                                  | BOX 3275      |         |              |                            |         |                    |                              | ==-              | \ <b>-</b>    | 000- |
|  |              | SA   | GINAW, MI     | 4860    | 5            |                            |         |                    | Pi                           | hone no (989     | ) /93-9       | 9830 |
|  |              |  |               |         |              |                            |         |                    |                              |                  |               |      |

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (b) (c) (d) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) How acquired Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation AMERICAN WATER WORKS Р 2012-01-01 2016-06-07 Р PRINCIPAL HIGH YIELD INSTL 2012-01-01 2016-10-20 CARDINAL HEALTH INC Р 2012-01-01 2016-06-07 VANGUARD INTERNATIONAL EXPLORER FUND Ρ 2012-01-01 2016-10-20 JUNIPER NETWORKS INC Р 2012-01-01 2016-06-07 VERSUM MATERIALS INC Р 2012-01-01 2016-10-24 PG&E CORP Ρ 2016-06-07 2012-01-01 MORGAN STANLEY ACCT 114424 Р 2012-01-01 2016-12-31 DODGE & COX INCOME FUND Ρ 2012-01-01 2016-06-09 MORGAN STANLEY ACCT 108677 Р 2012-01-01 2016-12-31 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h Gain or (loss) (e) Gross sales price Depreciation allowed Cost or other basis (or allowable) (f) (g) plus expense of sale (h) (e) plus (f) minus (g) 7,475 3,729 3,746 21.705 23.986 -2,281 11,110 3,601 7,509 21,978 22,821 -843 6,997 4,869 2,128 1,192 660 532 1,474 6,029 4,555 180,182 132,389 -47,793 2,873 258 3,131 8,000 8,302 -302 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (i) **(I)** Losses (from col (h)) (k) over col (j), if any (j) as of 12/31/69 3,746 -2,281 7,509 -843 2,128 532 1,474 -47,793 258 -302

| P-Donation   P   2012-01-01   2016-06-09   P   2012-01-01   2016-06-09   P   2012-01-01   2016-02-16   VANGUARD TOTAL BOND INDEX   P   2012-01-01   2016-06-09   EXXON MOBIL CORPORATION   P   2012-01-01   2016-06-09   EXXON MOBIL CORPORATION   P   2012-01-01   2016-06-09   MORGAN STANLEY   P   2012-01-01   2016-06-09   MORGAN STANLEY   P   2012-01-01   2016-08-18   DFA EMERGING MARKETS CORE EQUITY   P   2012-01-01   2016-08-29   P   2012-01-01   P   2012-01-01   P   2012-01-01   P  | Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d |                                    |                         |               |            |            |  |
|---|--|------------------------------------|-------------------------|---------------|------------|------------|--|
| P   2012-01-01   2016-02-16   PRINCIPAL HIGH YIELD   P   2012-01-01   2016-06-09   WALGREENS BOOTS ALLIANCE INC   P   2012-01-01   2016-06-09   WALGREENS BOOTS ALLIANCE INC   P   2012-01-01   2016-06-09   EXXON MOBIL CORPORATION   P   2012-01-01   2016-06-09   EXXON MOBIL CORPORATION   P   2012-01-01   2016-06-09   VANGUARD SHORT TERM INVESTMENT   P   2012-01-01   2016-06-09   WALGREENS BOOTS ALLIANCE TERM INVESTMENT   P   2012-01-01   2016-06-09   WALGREENS BOOTS ALLIANCE   P   2012-01-01   2016-06-07   WALGUARD SHORT TERM INVESTMENT   P   2012-01-01   2016-08-18   WALGUARD SHORT TERM IN  |  |                                    | How acquired P—Purchase | Date acquired |            |            |  |
| PRINCIPAL HIGH YIELD  | PIMCO TOTAL RETURN FUND  |                                    |                         | Р             | 2012-01-01 | 2016-06-09 |  |
| WALGREENS BOOTS ALLIANCE INC  | PEPSICO INC  |                                    |                         | Р             | 2012-01-01 | 2016-02-16 |  |
| VANGUARD TOTAL BOND INDEX   | PRINCIPAL HIGH YIELD   |                                    |                         | Р             | 2012-01-01 | 2016-06-09 |  |
| EXXON MOBIL CORPORATION   | WALGREENS BOOTS ALLIANC  | E INC                              |                         | Р             | 2012-01-01 | 2016-02-16 |  |
| VANGUARD SHORT TERM INVESTMENT  | VANGUARD TOTAL BOND IND  | EX                                 |                         | Р             | 2012-01-01 | 2016-06-09 |  |
| MORGAN STANLEY  | EXXON MOBIL CORPORATION  |                                    |                         | Р             | 2012-01-01 | 2016-06-07 |  |
| DEA EMERGING MARKETS CORE EQUITY   P   2012-01-01   2016-10-20  | VANGUARD SHORT TERM INV  | ESTMENT                            |                         | Р             | 2012-01-01 | 2016-06-09 |  |
| HUNTINGTON BACSHARES  | MORGAN STANLEY   |                                    |                         | Р             | 2012-01-01 | 2016-08-18 |  |
| Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h  | DFA EMERGING MARKETS CO  | RE EQUITY                          |                         | Р             | 2012-01-01 | 2016-10-20 |  |
| (e) Gross sales price         Depreciation allowed (f) (or allowable)         Cost or other basis (g) plus expense of sale         Gain or (loss) (h) (e) plus (f) minus (g)           274         296           20,607         11,483         9,1           862         947           40,812         17,758         23,0           3,788         3,719           48,856         1,025         47,8           1,099         1,091         53,375           53,375         54,287         -9           11,282         12,019         -7           8         6         6           Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I           Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69         Gains (Col (h) gain minus col (k), but not less than -0-1 Losses (from col (h))         Col (k), but not less than -0-1 Losses (from col (h))           (i) F M V as of 12/31/69         Adjusted basis (j) as of 12/31/69         Excess of col (i) (k) over col (j), if any         Gains (Col (h) gain minus col (k), but not less than -0-1 Losses (from col (h))         Losses (from col (h))   | HUNTINGTON BACSHARES   |                                    |                         | Р             | 2012-01-01 | 2016-08-23 |  |
| (f)         (or allowable)         (g) plus expense of sale         (h) (e) plus (f) minus (g)           274         296           20,607         11,483         9,1           862         947           40,812         17,758         23,6           3,788         3,719           48,856         1,025         47,6           1,099         1,091           53,375         54,287         -5           11,282         12,019         -7           8         6         6           Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I         Gains (Col (h) gain minus col (k), but not less than -0-1 (h) for assets showing gain in column (h) and owned by the foundation on 12/31/69         Gains (Col (h) gain minus col (k), but not less than -0-1 (l) Losses (from col (h))         Gol (k), but not less than -0-1 (l) Losses (from col (h))         9,1  | Form 990PF Part IV - Capital   | Gains and Losses for Tax on        | Investment I            | ncome - Colum | ns e - h   | 1          |  |
| 20,607  | (e) Gross sales price  | •                                  |                         |               |            |            |  |
| 862   | 274  |                                    |                         | 296           | -22        |            |  |
| 40,812  | 20,607   |                                    |                         | 11,483        | 9,124      |            |  |
| 3,788 3,719 48,856 1,025 47,6 1,099 1,091 1,091 53,375 54,287 554,287 | 862  |                                    |                         | 947           | -85        |            |  |
| 1,099   | 40,812   |                                    |                         | 17,758        | 23,054     |            |  |
| 1,099  53,375  54,287   | 3,788  |                                    |                         | 3,719         | 69         |            |  |
| 53,375  11,282  12,019  -7  8  6  Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I  Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69  (i) F M V as of 12/31/69  Adjusted basis Excess of col (i) (k) over col (j), if any  Excess of col (i) Losses (from col (h))  9,1  | 48,856   |                                    |                         | 1,025         |            | 47,831     |  |
| 11,282  8  6  Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I  Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69  (i) F M V as of 12/31/69  Adjusted basis Excess of col (i) (k) over col (j), if any  (i) Losses (from col (h))  9,1  | 1,099  |                                    |                         | 1,091         | 8          |            |  |
| Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I  Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69  (i) F M V as of 12/31/69  Adjusted basis Excess of col (i) (i) Losses (from col (h))  (ii) F M V as of 12/31/69  Adjusted basis (k) over col (j), if any  9,1  | 53,375   |                                    |                         | 54,287        | -91        |            |  |
| Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I  Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69  (i) F M V as of 12/31/69  Adjusted basis Excess of col (i) (k) over col (j), if any  (i) Excess of col (i) (l) Losses (from col (h))  9,1  | 11,282   |                                    |                         | 12,019        | -737       |            |  |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69  (i) F M V as of 12/31/69  Adjusted basis Excess of col (i) (k) over col (j), if any  (i) Losses (from col (h))  9,1  | 8  |                                    |                         | 6             |            |            |  |
| (i) F M V as of 12/31/69  Adjusted basis (j) as of 12/31/69  Excess of col (i) (k) over col (j), if any  col (k), but not less than -0-) (l) Losses (from col (h))  9,1   | Form 990PF Part IV - Capital   | Gains and Losses for Tax on        | Investment I            | ncome - Colum | ns i - I   |            |  |
| (i) F M V as of 12/31/69 Adjusted basis (j) as of 12/31/69 Excess of col (i) (k) over col (j), if any  9,1  | Complete only for assets show  | ing gain in column (h) and owned b | y the foundation        | on 12/31/69   |            |            |  |
| 23,0  | (i) F M V as of 12/31/69   |                                    |                         |               |            |            |  |
| 23,0  |  |                                    |                         |               |            | -22        |  |
| 23,0  |  |                                    |                         |               |            | 9,124      |  |
|   |  |                                    |                         |               | -8         |            |  |
| 47,8  |  |                                    |                         |               | 23,054     |            |  |
| 47,8  |  |                                    |                         |               |            | 69         |  |
|   |  |                                    |                         |               |            | 47,831     |  |
|   |  |                                    |                         |               |            | 8          |  |
|   |  |                                    |                         |               |            | -912       |  |
| -7  |  |                                    |                         |               |            | -737       |  |
|   |  |                                    |                         |               |            | 2          |  |

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (b) (d) (c) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) How acquired Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation Р 2012-01-01 DODGE & COX INCOME FUND 2016-10-20 HARBOR CAPITAL APPRECIATION FUND Р 2012-01-01 2016-10-20 JOHN HANCOCK GLOBAL Р 2012-01-01 2016-10-20 PIMCO TOTAL RETURN FUND Р 2012-01-01 2016-10-20 T ROWE PRICE GROWTH STOCK Р 2012-01-01 2016-10-20 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (q) 5,957 5,638 319 17,302 17,075 227 56.367 62,905 -6,538 36,836 38,624 -1,788 17.275 17.012 263 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (i) Losses (from col (h)) **(I)** (j) as of 12/31/69 (k) over col (j), if any 319 227 -6,538 -1,788

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, not paid, enter (e) other allowances hours per week Contributions to (b) devoted to position -0-) employee benefit plans and deferred compensation DAVID MORLEY PRESIDENT 32,837 0 40 00 PO BOX 2485 SAGINAW, MI 48605 PETER MORLEY JR 0 VP/TREASURER 0 0 1 00 PO BOX 2485 SAGINAW, MI 48605 CHASE BRAND TRUSTEE 0 0 1 00 PO BOX 2485 SAGINAW, MI 48605 MICHAEL MORLEY BRAND TRUSTEE 0 0 1 00 PO BOX 2485 SAGINAW, MI 48605 JODONA MORLEY KINNEY 0 0 TRUSTEE 1 00 PO BOX 2485 SAGINAW, MI 48605 SARA MORLEY LACROIX 0 0 TRUSTEE 1 00 PO BOX 2485 SAGINAW, MI 48605 CAROL MORLEY BECK VICE PRESIDE 0 0 1 00 PO BOX 2485 SAGINAW, MI 48605 CHRISTINE BLACK **SECRETARY** 0 0 1 00 PO BOX 2485 SAGINAW, MI 486022485 BURROWS MORLEY JR 0 0 **TRUSTEE** 1 00 PO BOX 2485 SAGINAW, MI 48605 GEORGE MORLEY JR TRUSTEE 0 0 1 00 PO BOX 2485 SAGINAW, MI 48605 JONATHAN CHRISTOPHER MORLEY TRUSTEE 0 0 1 00 PO BOX 2485 SAGINAW, MI 48605 MICHAEL MORLEY 0 0 TRUSTEE 1 00 PO BOX 2485 SAGINAW, MI 48605 KATHARYN MORLEY HONORARY TRU 0 0 1 00 PO BOX 2485 SAGINAW, MI 48605 TOM THOMSON TRUSTEE 0 0 1 00 PO BOX 2485 SAGINAW, MI 48605 PETER MORLEY SR HONORARY TRU 0 0 1 00 PO BOX 2485 SAGINAW, MI 48605

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient

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

| Name and address (home or business) | or substantial contributor | recipient |           |       |
|-------------------------------------|----------------------------|-----------|-----------|-------|
| a Paid during the year              |                            |           |           |       |
| CRANBROOK EDUCATIONAL               |                            |           | EDUCATION | 1,000 |

| a raid daring the year   |  |           | i |
|--|--|-----------|---|
| CRANBROOK EDUCATIONAL<br>COMMUNITY<br>PO BOX 801<br>BLOOMFIELD HILLS, MI 48303 |  | EDUCATION |   |
|  |  |           |   |

| BLOOMFIELD HILLS, MI 48303   |  |           |       |
|--|--|-----------|-------|
| CRANBROOK SCHOOL OF<br>ADVANCEMENT<br>PO BOX 801<br>BLOOMFIELD HILLS, MI 48303 |  | EDUCATION | 1,000 |

| ADVANCEMENT PO BOX 801 BLOOMFIELD HILLS, MI 48303 | EDUCATION         | 1,000 |
|---|-------------------|-------|
| SAGINAW FILM FESTIVAL PO BOX 6032                 | CIVIC IMPROVEMENT | 3,000 |

| BLOOMFIELD HILLS, MI 48303                             |                   |       |
|--|-------------------|-------|
| SAGINAW FILM FESTIVAL PO BOX 6032<br>SAGINAW, MI 48608 | CIVIC IMPROVEMENT | 3,000 |
| ST JUDE CHILDRENS HOSPITAL PO BOX 50                   | HUMANITIES        | 500   |

| ST JUDE CHILDRENS HOSPITAL<br>PO BOX 50<br>MEMPHIS, TN 38105 |  | HUMANITIES         | 500   |
|--|--|--------------------|-------|
| SAGINAW, MI 48608  |  | CIVIC III KOVENEKI | 3,000 |

| ST JUDE CHILDRENS HOSPITAL<br>PO BOX 50<br>MEMPHIS, TN 38105 |  | HUMANITIES | 5 |
|--|--|------------|---|
| OREGON FOOD BANK PO BOX 2988                                 |  | WELFARE    | 5 |

| MEMPHIS, TN 38105                                  |  |         |    |
|--|--|---------|----|
| DREGON FOOD BANK PO BOX 2988<br>PORTLAND, OR 97211 |  | WELFARE | 50 |

| OREGON FOOD BANK PO BOX 2988<br>PORTLAND, OR 97211 |      | WELFARE | 500     |
|--|------|---------|---------|
| Total  | <br> |         | 308,315 |

За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year KALAMAZOO ANTI-HUMAN **HUMANITIES** 2,310 TRAFFICKING COALITION PO BOX 19935 KALAMAZOO, MI 49019 INTERLOCHEN CENTER FOR THE ARTS **EDUCATION** 26,000 PO BOX 199

| INTERLOCHEN, MI 49643                                      |  |                   |       |
|--|--|-------------------|-------|
| SAGINAW AREA FIREWORKS<br>PO BOX 1923<br>SAGINAW, MI 48605 |  | CIVIC IMPROVEMENT | 1,000 |
| NW SAMOYED RESCUE PO BOX 1878<br>KALAMA, WA 98625          |  | HUMANITIES        | 400   |

| · ·   |  |            |       |
|---|--|------------|-------|
| NW SAMOYED RESCUE PO BOX 1878<br>KALAMA, WA 98625 |  | HUMANITIES | 400   |
| SPECIAL OLYMPICS MICHIGAN                         |  | HUMANITIES | 1,000 |

| KALAMA, WA 98625          |  | HOMANITIES |   |
|---------------------------|--|------------|---|
| SPECIAL OLYMPICS MICHIGAN |  | HUMANITIES | 1 |

| SPECIAL OLYMPICS MICHIGAN | 1 | HUMANITIES | 1, |
|---------------------------|---|------------|----|
| CENTRAL MI UNIVERSITY     | 1 |            |    |
| MT PLEASANT, MI 48858     | 1 |            |    |
|                           |   |            |    |

Total . 308,315

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

| a Paid during the year                                 |  |           |  |
|--|--|-----------|--|
| HILTON ELEMENTARY 9600 HILTON RD<br>BRIGHTON, MI 48114 |  | EDUCATION |  |
|  |  |           |  |

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

| WOMENS NATIONAL FARM AND GARDEN<br>9355 ROAD 11<br>OTTAWA, OH 45875 |  | EDUCATION | 750    |
|---|--|-----------|--------|
| SVRC INDUSTRIES<br>919 VETERANS MEMORIAL                            |  | WELFARE   | 20,000 |

250

| OTTAWA, OH 45875   |  |           |        |
|--|--|-----------|--------|
| SVRC INDUSTRIES<br>919 VETERANS MEMORIAL<br>PARKWAY<br>SAGINAW, MI 48601 |  | WELFARE   | 20,000 |
| PIT & BALCONY 805 N HAMILTON   |  | EDUCATION | 7.500  |

| 919 VETERANS MEMORIAL<br>PARKWAY<br>SAGINAW, MI 48601 |  |            |       |
|---|--|------------|-------|
| PIT & BALCONY 805 N HAMILTON<br>SAGINAW, MI 48602     |  | EDUCATION  | 7,500 |
| MARCHALL EDEDEDICK MUSEUM SVSII                       |  | HUMANITIES | ECC   |

| PIT & BALCONY 805 N HAMILTON<br>SAGINAW, MI 48602 |  | EDUCATION  | 7,500 |
|---|--|------------|-------|
| MARSHALL FREDERICK MUSEUM SVSU<br>7400 BAY ROAD   |  | HUMANITIES | 500   |

| SAGINAW, MI 48602  |  |            |     |
|--|--|------------|-----|
| MARSHALL FREDERICK MUSEUM SVSU<br>7400 BAY ROAD<br>UNIVERSITY CENTER, MI 48710 |  | HUMANITIES | 500 |

| Total  | <br>       | 308,315 |
|--|------------|---------|
| 7400 BAY ROAD<br>UNIVERSITY CENTER, MI 48710 |            |         |
| MAKSHALL FREDERICK MUSEUM 3430               | HOMANITIES | 50      |

3a

### Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year 3,000

| YWCA GLBR 723 WASHINGTON AVE<br>BAY CITY, MI 48708                  |  | WELFARE    |  |
|---|--|------------|--|
| OREGON PUBLIC BROADCASTING<br>7140 SW MACADAM<br>PORTLAND, OR 97719 |  | HUMANITIES |  |

3a

| FIRST PRESPOTERIAN CHURCH   |  | CT. (I.C. TMBB C) (EMENIT | 1 000 |
|---|--|---------------------------|-------|
| ROSCOMMON COUNTY<br>COMMUNITY FOUNDATION 701 LAKE ST<br>ROSCOMMON, MI 48653 |  | CIVIC IMPROVEMENT         | 500   |
| 7140 SW MACADAM<br>PORTLAND, OR 97219                                       |  |                           |       |

| ROSCOMMON COUNTY<br>COMMUNITY FOUNDATION 701 LAKE ST<br>ROSCOMMON, MI 48653                   |  | CIVIC IMPROVEMENT | 500   |
|---|--|-------------------|-------|
| FIRST PRESBYTERIAN CHURCH<br>OF LAKE FOREST<br>700 NORTH SHERIDAN RD<br>LAKE FOREST, IL 60045 |  | CIVIC IMPROVEMENT | 1,000 |
|   |  |                   |       |

| OF LAKE FOREST<br>700 NORTH SHERIDAN RD<br>LAKE FOREST, IL 60045 |  |           |       |
|--|--|-----------|-------|
| DEERFIELD ACADEMY 7 BOYDEN LANE<br>DEERFIELD, MA 01342           |  | EDUCATION | 1,000 |

| Total  | <br> |           | 308,315 |
|--|------|-----------|---------|
| DEERFIELD ACADEMY 7 BOYDEN LANE<br>DEERFIELD, MA 01342 |      | EDUCATION | 1,0     |
| LAKE FOREST, IL 60045                                  |      |           |         |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                         |                                  |        |
|--|---|-------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to | Foundation<br>status of | Purpose of grant or contribution | Amount |
| Name and address (home or business)  | any foundation manager or substantial contributor       | recipient               |                                  |        |
| a Paid during the year   |   |                         |                                  |        |
| BRIDEMILE FOUNDATION<br>6663 SW BEAVERTON<br>HILLSDALE HIGHWAY 331<br>PORTLAND, OR 97225                 |   |                         | CIVIC IMPROVEMENT                | 650    |
| OLD TOWN SOUP KITCHEN<br>600 GRATIOT<br>SAGINAW, MI 48602  |   |                         | WELFARE                          | 325    |
| OLD TOWN SOUP KITCHEN<br>600 GRATIOT<br>SAGINAW, MI 48602  |   |                         | CIVIC IMPROVEMENT                | 5,000  |
| CHRISTIAN YOUTH FELLOWSHIP<br>OF SAGINAW 600 FEDERAL AVENUE<br>SAGINAW, MI 48607                         |   |                         | WELFARE                          | 2,500  |
| SAGINAW FUTURE<br>515 N WASHINGTON AVE   |   |                         | CIVIC IMPROVEMENTS               | 15,000 |

SAGINAW, MI 48607

308,315 За

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                         |                                  |        |
|--|---|-------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to | Foundation<br>status of | Purpose of grant or contribution | Amount |
| Name and address (home or business)  | any foundation manager<br>or substantial contributor    | recipient               |                                  |        |
| a Paid during the year   |   |                         |                                  |        |
| LAKE FOREST LAKE BLUFF<br>HISTORICAL SOCIETY<br>509 E DEARBORN RD<br>LAKE FOREST, IL 60045               |   |                         | CIVIC IMPROVEMENT                | 1,000  |
| PUBLIC LIBRARIES OF SAGINAW<br>505 JANES AVE<br>SAGINAW, MI 48607  |   |                         | EDUCATION                        | 200    |
| CROOKED TREE ARTS CENTER<br>461 EAST MITCHELL<br>PETOSKEY, MI 49770                                      |   |                         | HUMANITIES                       | 375    |
| HURON PINES 4241 OLD 27<br>2<br>GAYLORD, MI 49735  |   |                         | CIVIC IMPROVEMENT                | 1,000  |
| FIRST CONGREGATIONAL CHURCH<br>403 S JEFFERSON   |   |                         | CIVIC IMPROVEMENT                | 775    |

SAGINAW, MI 48607

308,315 За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year BAYLOR UNIVERSITY SCHOOL OF **EDUCATION** 1,000 NURSING 3700 WORTH STREET DALLAS, TX 75246 FRIENDS OF BAY CITY STATE 800 **FDUCATION** RECREATION AREA 3582 STATE PARK DRIVE BAY CITY, MI 48706 MARY HILL MUSEUM OF ART HUMANITIES 50 35 MARYHILL MUSEUM DR GOLENDALE, WA 98620 AMAZING GRACE ANIMAL RESCUE HUMANITIES 250 3365 FREELAND ROAD SAGINAW, MI 48604 FRIENDS OF COLUMBIA GORGE CIVIC IMPROVEMENT 250

333 SW 5TH AVE

303 PORTLAND, OR 97204 308,315 Total . . . . .

3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year HILLSDALE COLLEGE 33 E COLLEGE ST **EDUCATION** 1,000 HILLSDALE, MI 49242 PLANNED PARENTHOOD WELFARE 300 2650 MCLEOD DR SAGINAW, MI 48604

| ARCS FOUNDATION<br>24520 HAWTHORNE BLVD<br>SUITE 113<br>TORRANCE, CA 90505 |  | CIVIC IMPROVEMENT | 400   |
|--|--|-------------------|-------|
| MEL TROTTER MINISTRIES<br>225 COMMERCE AVE SW                              |  | EDUCATION         | 2,000 |

| MEL TROTTER MINISTRIES<br>225 COMMERCE AVE SW<br>GRAND RAPIDS, MI 49503 |  | EDUCATION | 2,000 |
|---|--|-----------|-------|
| CANCER SERVICES 220 MAIN ST<br>105                                      |  | HEALTH    | 500   |

| 225 COMMERCE AVE SW<br>GRAND RAPIDS, MI 49503 |  |        | _, |
|---|--|--------|----|
| CANCER SERVICES 220 MAIN ST                   |  | HEALTH |    |

| GRAND RAFIDS, MI 49303             |  |        |   |
|------------------------------------|--|--------|---|
| CANCER SERVICES 220 MAIN ST<br>105 |  | HEALTH | 5 |

| CANCER SERVICES 220 MAIN ST |  | HEALTH | 50 |
|-----------------------------|--|--------|----|
| 105                         |  |        |    |
| MIDLAND, MI 48640           |  |        |    |

| MIDLAND, MI 48640 |      |         |
|-------------------|------|---------|
| Total             | <br> | 308,315 |

### Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year SALVATION ARMY 2030 N CAROLINA **HUMANITIES** 2,900 SAGINAW, MI 48602

| SAGINAW BAY SYMPHONY<br>201 N WASHINGTON AVE<br>SAGINAW, MI 48607 |  | EDUCATION |  |
|---|--|-----------|--|
|   |  |           |  |

| SAGINAW CHORAL SOCIETY<br>201 N WASHINGTON AVE<br>SAGINAW, MI 48607 |  | CIVIC IMPROVEMENT |  |
|---|--|-------------------|--|
| DELTA COLLEGE PUBLIC TV   |  | EDUCATION         |  |

| SAGINAW, MI 48607                        |  |           |     |
|--|--|-----------|-----|
| DELTA COLLEGE PUBLIC TV<br>1961 DELTA RD |  | EDUCATION | 15, |
| LINITY CONTROL NO. 40740                 |  |           |     |

| DELTA COLLEGE PUBLIC TV<br>1961 DELTA RD<br>UNIVERSITY CENTER, MI 48710 |  | EDUCATION | 15,400 |
|---|--|-----------|--------|
| DELTA COLLEGE BURLIC BADIO  |  | EDUCATION | 2 800  |

5,000

3,000

| UNIVERSITY CENTER, MI 48710                 |  |           |       |
|---|--|-----------|-------|
| DELTA COLLEGE PUBLIC RADIO<br>1961 DELTA RD |  | EDUCATION | 2,800 |

| DELTA COLLEGE PUBLIC RADIO  |  | EDUCATION | 2,8 |
|-----------------------------|--|-----------|-----|
| 1961 DELTA RD               |  |           |     |
| UNIVERSITY CENTER, MI 48710 |  |           |     |

| Tatal  |  |           | 200 215 |
|--|--|-----------|---------|
| DELTA COLLEGE PUBLIC RADIO<br>1961 DELTA RD<br>UNIVERSITY CENTER, MI 48710 |  | EDUCATION | 2,      |

| JNIVERSITY CENTER, MI 48710 |      |         |
|-----------------------------|------|---------|
| Total                       | <br> | 308,315 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year DELTA COLLEGE INNOVATION **FDUCATION** 10,000 1961 DELTA RD UNIVERSITY CENTER, MI 48710 **DELTA COLLEGE - MORLEY** 5,000 **EDUCATION SCHOLARSHIP** 1961 DELTA RD UNIVERSITY CENTER, MI 48710

| DELTA COLLEGE INNOVATION<br>1961 DELTA RD<br>UNIVERSITY CENTER, MI 48701                  |  | EDUCATION | 10,000 |
|---|--|-----------|--------|
| BOYS & GIRLS CLUB OF LAKE COUNTY<br>18801 SHERIDAN ROAD<br>202<br>NORTH CHICAGO, IL 60064 |  | EDUCATION | 1,000  |

3,000

FRIENDS OF THEODORE ROETHKE CIVIC IMPROVEMENT

1805 GRATIOT AVE

SAGINAW, MI 48602

308,315 Total . 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year SAGINAW CHILDRENS 700 CIVIC IMPROVEMENT 500 1730 S WASHINGTON AVE SAGINAW, MI 48601 2,000 PORTLAND STATE UNIVERSITY **EDUCATION** FOUNDATION 1600 SW 4TH AVE

| PORTLAND, OR 97201   |  |            |       |
|--|--|------------|-------|
| GRACE MEMORIAL EPISCOPAL CHURCH<br>1535 NE 17TH<br>PORTLAND, OR 97232  |  | HUMANITIES | 500   |
| NORTH CENTRAL MICHIGAN COLLEGE<br>1515 HOWARD ST<br>PETOSKEY, MI 49770 |  | EDUCATION  | 1,000 |
| SAGINAW PUBLIC SCHOOLS   |  | EDUCATION  | 5,000 |

1505 OTTAWA BLVD SAGINAW, MI 48602

Total . 3a

308,315

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year FIRST WARD COMMUNITY CENTER **FDUCATION** 5,000 1410 NORTH 12TH STREET SAGINAW, MI 48601 **EDUCATION** 1,000 MICHIGAN TECHNOLOGICAL INSTITUTE ENGINEERING DEPARTMENT 1400 TOWNSEND DR

| HOUGHTON, MI 49931   |           |       |
|--|-----------|-------|
| CAN COUNCIL GLBR<br>1311 N MICHIGAN AVE<br>SAGINAW, MI 48602 | WELFARE   | 5,000 |
| CAN COUNCIL GLBR<br>1311 N MICHIGAN AVE<br>SAGINAW, MI 48602 | WELFARE   | 5,000 |
| HARTLEY OUTDOOR EDUCATION CENTER                             | EDUCATION | 7,500 |

| CAN COUNCIL GLBR<br>1311 N MICHIGAN AVE<br>SAGINAW, MI 48602                   |  | WELFARE   | 5,000 |
|--|--|-----------|-------|
| HARTLEY OUTDOOR EDUCATION<br>CENTER<br>12633 BEAVER RD<br>ST CHARLES, MI 48655 |  | EDUCATION | 7,500 |

3a

308,315 Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CAMP WESTMINISTER **EDUCATION** 5,000 116 WESTMINISTER DR ROSCOMMON, MI 48653 250 WARRIOR OUTDOORS **EDUCATION** 116 W 4TH STREET CAMERON, MO 64429

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

| PROSECUTING ATTORNEY ASSOCIATION OF MICHIGAN 116 OTTAWA ST 200 LANSING, MI 48933 | HUMANITIES         | 500   |
|--|--------------------|-------|
| RAUCHOULZ MEMORIAL LIBRARY<br>1140 N HEMLOCK ROAD<br>HEMLOCK MI 48626            | CIVIC IMPROVEMENTS | 5,000 |

| '  |  |                    |       |
|--|--|--------------------|-------|
| RAUCHOULZ MEMORIAL LIBRARY<br>1140 N HEMLOCK ROAD<br>HEMLOCK, MI 48626 |  | CIVIC IMPROVEMENTS | 5,000 |
| RAUCHOULZ MEMORIAL LIBRARY   |  | CIVIC IMPROVEMENT  | 5,000 |

1140 N HEMLOCK RD

HEMLOCK, MI 48626 Total .

308,315 3a

| orm 990PF Part XV Line 3 - Grant  | + Contributions Paid                                    | During the           | Tear or Approved for rulure      | Payment |
|---|---|----------------------|----------------------------------|---------|
| 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<br>or substantial contributor    | recipient            |                                  |         |
| a Paid during the year  |   |                      |                                  |         |
| SAGINAW ART MUSEUM<br>1126 NORTH MICHIGAN AVE<br>SAGINAW, MI 48602                            |   |                      | HUMANITIES                       | 20,500  |
| SAGINAW ART MUSEUM<br>1126 NORTH MICHIGAN AVE<br>SAGINAW, MI 48602                            |   |                      | HUMANITIES                       | 40,000  |
| CHARLEVOIX CIRCLE OF ARTS<br>109 CLINTON ST<br>CHARLEVOIX, MI 49720                           |   |                      | HUMANITIES                       | 750     |
| UNIVERSITY OF MICHIGAN<br>SCHOOL OF DENTISTRY<br>1011 N UNIVERSITY AVE<br>ANN ARBOR, MI 48109 |   |                      | EDUCATION                        | 1,000   |
| PRIDE IN SAGINAW<br>101 N WASHINGTON AVE<br>SAGINAW, MI 48607                                 |   |                      | CIVIC IMPROVEMENT                | 2,000   |
| Total   |   |                      | ·                                | 308,315 |

За

| Form 990PF Part XV Line 3 - Gran  | ts and Contributions Paid                               | During the              | Year or Approved for Future      | Payment |
|---|---|-------------------------|----------------------------------|---------|
| Recipient   | If recipient is an individual, show any relationship to | Foundation<br>status of | Purpose of grant or contribution | Amount  |
| Name and address (home or business)   | any foundation manager<br>or substantial contributor    | recipient               |                                  |         |
| a Paid during the year  |   |                         |                                  |         |
| SAGINAW BASIN LAND CONSERVACY<br>1008 N JOHNSON ST<br>BAY CITY, MI 48708      |   |                         | CIVIC IMPROVEMENT                | 16,250  |
| YMCA 1001 WEST MAPLE STREET<br>KALAMAZOO, MI 49008                            |   |                         | HUMANITIES                       | 6,000   |
| HEARTS WITH HOPE<br>10008 NATIONAL BLVD<br>SUITE 117<br>LOS ANGELES, CA 90034 |   |                         | WELFARE                          | 300     |
| WORK SKILLS FOUNDATION<br>100 SUMMIT<br>BRIGHTON, MI 48116                    |   |                         | EDUCATION                        | 1,000   |
| READ ACCOCIATION OF   |   |                         | EDUCATION                        | 2 920   |

| LOS ANGELES, CA 90034                                      |           |       |
|--|-----------|-------|
| WORK SKILLS FOUNDATION<br>100 SUMMIT<br>BRIGHTON, MI 48116 | EDUCATION | 1,000 |
| READ ASSOCIATION OF<br>SAGINAW COUNTY 100 S JEFFERSON      | EDUCATION | 2,830 |

401 SAGINAW, MI 48607

308,315 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year SAGINAW COMMUNITY FOUNDATION CIVIC IMPROVEMENT 2.500 100 S JEFFERSON 100 SAGINAW, MI 48607 SPECTRUM HEALTH FOUNDATION **HEALTH** 1,000 100 MICHIGAN ST NE GRAND RAPIDS, MI 49503 500 AUBURN WILLIAMS LIONS CLUB HUMANITIES 23E W MIDLAND DD

| AUBURN, MI 48611                       |  |           |       |
|--|--|-----------|-------|
| LASCSA N/A<br>N/A<br>SAGINAW, MI 48602 |  | EDUCATION | 750   |
| SAINT MARY MAGDELAN N/A                |  | WELFARE   | 1.000 |

N/A

SAGINAW, MI 48602

308,315

3a

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

recipient

| UNDERGROUND RAILROAD INC N/A |                            | WELFARE | 500 |
|------------------------------|----------------------------|---------|-----|
| a Paid during the year       |                            |         |     |
|                              | or substantial contributor |         | 1   |

N/A

Name and address (home or business)

3a

| SAGINAW, MI 48602 |      |  |
|-------------------|------|--|
| Total             | <br> |  |

| 5. (51.11.11.7) 1.12 1.000 I |      |         |
|------------------------------|------|---------|
| Total                        | <br> | 308,315 |

| efile GRAPHIC print - DO NOT | PROCESS                          | As Filed D | ata -                    | DI                     | N: 93491202006107                           |  |
|------------------------------|----------------------------------|------------|--------------------------|------------------------|---|--|
| TY 2016 Accounting F         | TY 2016 Accounting Fees Schedule |            |                          |                        |   |  |
|                              |                                  |            |                          |                        |   |  |
|                              | Name:                            | MORLEY     | FOUNDATION               |                        |   |  |
|                              | EIN:                             | 38-6055!   | 569                      |                        |   |  |
| _                            | <u> </u>                         |            |                          |                        | 1   |  |
| Category                     | Ame                              | ount       | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |  |
| YEO & YEO, P C - ACCOUNTING  |                                  | 12,300     | 9,225                    | 9,225                  | 3,075                                       |  |

| efile GRAPHIC print - DO NOT PROCES | S As Filed Data - | DLN: 93491202006107 |
|-------------------------------------|-------------------|---------------------|
| TY 2016 Investments Corpor          | dule              |                     |
| Nomo                                | MODIEV FOLINDA    | TION                |
| Name                                | MORLEY FOUNDAT    | LION                |

| <b>EIN:</b> 38-605 | 55569                     |                                  |
|--------------------|---------------------------|----------------------------------|
| Name of Stock      | End of Year Book<br>Value | End of Year Fair<br>Market Value |
| SECURITIES         | 4,279,873                 | 4,279,873                        |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data -                      |  | DLN:                   | : 93491202006107                            |  |  |
|--------------------------------------|--------------------------------------|--|------------------------|---|--|--|
| TY 2016 Other Expenses Sche          | TY 2016 Other Expenses Schedule      |  |                        |   |  |  |
|                                      |                                      |  |                        |   |  |  |
| Name:                                | MORLEY FOUND                         | DATION   |                        |   |  |  |
| EIN:                                 | <b>EIN:</b> 38-6055569               |  |                        |   |  |  |
| Other Expenses Schedule              |                                      |  |                        |   |  |  |
| Description                          | Revenue and<br>Expenses per<br>Books | Net Investment<br>Income                         | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |  |  |
| EXPENSES                             |                                      |  |                        |   |  |  |
| SUPPLIES                             | 3,267                                | 1,634  | 1,634                  | 1,633                                       |  |  |
|                                      |                                      | <del>                                     </del> |                        |   |  |  |

MISCELLANEOUS
TELEPHONE

Name: MORLEY FOUNDATION

As Filed Data -

Other Income Schedule

MISCELLANEOUS

**EIN:** 38-6055569

DLN: 93491202006107

2,851

Net Investment Income

**Adjusted Net Income** 

2.851

Description

efile GRAPHIC print - DO NOT PROCESS

Revenue And

**Expenses Per Books** 

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data -   | DLN: 93491202006107 |  |  |
|--------------------------------------|-------------------|---------------------|--|--|
| TY 2016 Other Increases Schedule     |                   |                     |  |  |
| Name                                 | MORLEY FOUNDATION |                     |  |  |
| Hamer                                | MORELITOONDATION  |                     |  |  |
| EIN:                                 | 38-6055569        |                     |  |  |
| De                                   | escription        | Amount              |  |  |
| UNREALIZED GAIN                      |                   | 186,271             |  |  |
| CHANGE IN PLEDGE COMMITTMENTS        |                   | 55,000              |  |  |

| efile GRAPHIC print - DO NOT PROCES      | SS As Filed Data | -              | DLI          | N: 93491202006107 |  |  |
|--|------------------|----------------|--------------|-------------------|--|--|
| TY 2016 Other Professional Fees Schedule |                  |                |              |                   |  |  |
| I  |                  |                |              |                   |  |  |
| Name: MORLEY FOUNDATION                  |                  |                |              |                   |  |  |
| <b>EIN:</b> 38-6055569                   |                  |                |              |                   |  |  |
|  | 1                |                |              |                   |  |  |
| Category                                 | Amount           | Net Investment | Adjusted Net | Disbursements     |  |  |
|  |                  | Income         | Income       | for Charitable    |  |  |
| ı <b>I</b>                               | J                | 1              | ( )          | Purposes          |  |  |

21,901

21,901

5,051

21,901

5,051

TRUST FEES

DUES - CHARITABLE

| efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491202006107  |   |                   |                             |  |  |
|---|---|-------------------|-----------------------------|--|--|
| Schedule B<br>(Form 990, 990-EZ,  | Schedule of Contributors  |                   | OMB No 1545-0047            |  |  |
| or 990-PF) Department of the Treasury Internal Revenue Service  | ► Attach to Form 990, 990-EZ, or 990-PF  Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at  |                   | 2016                        |  |  |
| Name of the organizat<br>MORLEY FOUNDATION  | ion   | Employer id       | lentification number        |  |  |
|   |   | 38-6055569        |                             |  |  |
| Organization type (ch   | eck one)  |                   |                             |  |  |
| 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  | ation             |                             |  |  |
|   | ☐ 527 political organization  |                   |                             |  |  |
| Form 990-PF   | 501(c)(3) exempt private foundation   |                   |                             |  |  |
|   | 4947(a)(1) nonexempt charitable trust treated as a private foundation   |                   |                             |  |  |
|   | 501(c)(3) taxable private foundation  |                   |                             |  |  |
| <b>V</b>  | zation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributer property) from any one contributor. Complete Parts I and II. See instructions for   | -                 | •                           |  |  |
| Special Rules   |   |                   |                             |  |  |
| under sections received from a  | ition described in section $501(c)(3)$ filing Form 990 or 990-EZ that met the $33^13\%$ $509(a)(1)$ and $170(b)(1)(A)(vi)$ , that checked Schedule A (Form 990 or 990-EZ), Finy one contributor, during the year, total contributions of the greater of <b>(1)</b> \$5,000 ne 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II | Part II, line 13, | 16a, or 16b, and that       |  |  |
| For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III   |   |                   |                             |  |  |
| 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 lf this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year |   |                   |                             |  |  |
| Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)   |   |                   |                             |  |  |
| For Paperwork Reduction<br>for Form 990, 990-EZ, or 9   |   | ule B (Form 990   | , 990-EZ, or 990-PF) (2016) |  |  |

| Schedule B (Form 99                    | 0, 990-EZ, or 990-PF) (2016)   |  | Page <b>3</b>                  |  |  |
|--|--|--|--------------------------------|--|--|
| Name of organization MORLEY FOUNDATION |  | Employer ident                           | Employer identification number |  |  |
| MOREETTOONDATION                       |  | 38-60                                    | )55569                         |  |  |
| Part II                                | Noncash Property   |  |                                |  |  |
| (a)<br>No.from Part I                  | (see instructions) Use duplicate copies of Part II if additional space is needed<br>(b)<br>Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d)<br>Date received           |  |  |
|  |  |  |                                |  |  |
| (a)<br>No.from Part I                  | (b)<br>Description of noncash property given   | (c) FMV (or estimate) (see instructions) | (d)<br>Date received           |  |  |
|  |  |  |                                |  |  |
| (a)<br>No.from Part I                  | (b)<br>Description of noncash property given   | (c) FMV (or estimate) (see instructions) | (d)<br>Date received           |  |  |
|  |  |  |                                |  |  |
| (a)<br>No.from Part I                  | (b)<br>Description of noncash property given   | (c) FMV (or estimate) (see instructions) | (d)<br>Date received           |  |  |
|  |  |  |                                |  |  |
| (a)<br>No.from Part I                  | (b)<br>Description of noncash property given   | (c) FMV (or estimate) (see instructions) | (d)<br>Date received           |  |  |
| =                                      |  |  |                                |  |  |
| (a)<br>No.from Part I                  | (b)<br>Description of noncash property given   | (c) FMV (or estimate) (see instructions) | (d)<br>Date received           |  |  |
| =                                      |  | s  |                                |  |  |
|  | <del>-</del>   | Schedule B (Form                         | 990, 990-EZ, or 990-PF) (2016) |  |  |

| Schedule B (Form                       | 990, 990-EZ, or 990-PF) (2016)            |  | Page <b>4</b>  |
|--|---|--|--|
| Name of organizat<br>MORLEY FOUNDATION |   |  | Employer identification number 38-6055569  |
| than \$1,<br>organiza<br>the year      | 000 for the year from any one contributor | r. Complete columns (a) thro of exclusively religious, chari ctions.) ▶ \$ | d in section 501(c)(7), (8), or (10) that total more ugh (e) and the following line entry. For table, etc., contributions of \$1,000 or less for |
| (a)<br>No.from Part I                  | (b) Purpose of gift                       | (c) Use of gift  | (d) Description of how gift is held  |
|  |   |  |  |
|  | Transferee's name, address, and           | (e) Transfer of gift<br>ZIP 4 F  | Relationship of transferor to transferee   |
|  |   |  |  |
| (a)<br>No.from Part I                  | (b) Purpose of gift                       | (c) Use of gift  | (d) Description of how gift is held  |
|  |   |  |  |
|  | Transferee's name, address, and           | (e) Transfer of gift   | Relationship of transferor to transferee   |
|  | -   |  |  |
| (a)<br>No.from Part I                  | (b) Purpose of gift                       | (c) Use of gift  | (d) Description of how gift is held  |
|  |   |  |  |
|  | Transferee's name, address, and           | (e) Transfer of gift<br>ZIP 4 F  | Relationship of transferor to transferee   |
|  |   |  |  |
|  |   |  |  |
| (a)<br>No.from Part I                  | (b) Purpose of gift                       | (c) Use of gift  | (d) Description of how gift is held  |
|  |   |  |  |
|  | Transferee's name, address, and           | (e) Transfer of gift<br>ZIP 4  | Relationship of transferor to transferee   |
|  |   |  |  |
|  |   |  |  |
|  |   |  | chedule B (Form 990, 990-EZ, or 990-PF) (2016)   |