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2016

OMB No 1545-0052

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 www.irs.gov/form990pf.

Open to Public Inspection

A finglewer destination number (1985 and 1987 an			ndar year 2016, or tax year beginning 01-01-2	016 , a	nd er	nding 12-31-			
Differential and intensity (in Fig. 10) on number if read is net delivered to shorted address? But intensity (in Fig. 10) Differential and intensity (' '	entification numbe	r	
Copen Section Sectio						43-182166/			
Continues, state or province, country, and 22P or brewn looper code) Room/suite					
Check all that apply Initial return Initial return of a former public chanty Address change Name change	C-1		770 ((314) 275-7563			
Check type of organization Amended return Amended return Section 501c(13) evempt private foundation Section 501c(13) Section 501c(13) evempt private foundation Section 501c(13) Sectio						C If exemption	application is pendin	g, check here	
Check type of organization Section 901(c)(3) exempt private foundation	G Ch	neck al	l that apply 🔲 Initial return 🔲 Initial return of a	former public charity		D 1. Foreign or	ganızatıons, check he	ere . \square	
Contract type of organization Section 501(x)(3) each preparate foundation Section 497(x)(1) nonexempt characteristics Section 501(x)(3) each preparate foundation Section 497(x)(1) nonexempt characteristics Section 501(x)(3) each preparate foundation Section 501(x)(3) each preparate Section 501(x) each preparate Section 501(x) each preparate Section			☐ Final return ☐ Amended return	l					
Control year of organization Described Social (1) Section 501(1) Tonesment Activation			\square Address change \square Name change]		· -	
Part Hard Value of all assets at end of year (from Part I), col (c), lone 16 3			· · · · · · · · · · · · · · · · · · ·						
of year (from Part II, col. (c), Other (specify)						-			
of amounts or columne (b), (c), and (g) may not necessarily equal the amounts on columne (a) (see mistrotions) 1	of '	year <i>(f</i>	from Part II, col (c), Uther (specify)		ıal				
of amounts in columns (b). (c), and (d) may not necessarily equal the amounts in columns (a) (see instructions) 1 Contributions, grits, grants, etc., received (ettach schedule) 2 Check ▶	Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and	Ī., .				
1 Contributions, gifts, grants, etc., received (attach schedule) 2 Check				expenses per	(ь)			purposes	
2 Check		4			<u> </u>			(cash basis only)	
Sch B 3 Interest on savings and temporary cash investments 9,055 1 1 1 1 1 1 1 1 1		-		3+2,022					
1		2	· ·						
10 10 10 10 10 10 10 10		2							
Sa Gross rents			- · · · · ·	9,055	5				
Sample S		5a		,					
8 Net short-term capital gain		ь	Net rental income or (loss)						
8 Net short-term capital gain	KIE	6a	Net gain or (loss) from sale of assets not on line 10						
8 Net short-term capital gain	ver	b	Gross sales price for all assets on line 6a						
9 Income modifications	2					14,871			
10a Gross sales less returns and allowances		_	· -				14,8/1		
b Less Cost of goods sold		_	ı						
c Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 12 Total. Add lines 1 through 11									
Total. Add lines 1 through 11		С	<u>-</u>						
13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages		11	Other income (attach schedule)						
14 Other employee salaries and wages		12	Total. Add lines 1 through 11	551,677	,	14,871	14,871		
15 Pension plans, employee benefits 16a Legal fees (attach schedule)		13	Compensation of officers, directors, trustees, etc						
16a Legal fees (attach schedule)		14	Other employee salaries and wages						
26 Total expenses and disbursements. Add lines 24 and 25	es								
26 Total expenses and disbursements. Add lines 24 and 25	ens	16a							
26 Total expenses and disbursements. Add lines 24 and 25	ТХр								
26 Total expenses and disbursements. Add lines 24 and 25	- Ke		·						
26 Total expenses and disbursements. Add lines 24 and 25	rat								
26 Total expenses and disbursements. Add lines 24 and 25	<u> </u>		, , , , , , , , , , , , , , , , , , , ,						
26 Total expenses and disbursements. Add lines 24 and 25	<u>=</u>								
26 Total expenses and disbursements. Add lines 24 and 25	A		•						
26 Total expenses and disbursements. Add lines 24 and 25	and	22	Printing and publications						
26 Total expenses and disbursements. Add lines 24 and 25	5	23	Other expenses (attach schedule)	1,657	,				
26 Total expenses and disbursements. Add lines 24 and 25	rat.	24	Total operating and administrative expenses.						
26 Total expenses and disbursements. Add lines 24 and 25	<u>ğ</u>		-		-	0		C	
25 202,899 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ر	25		201,242	2			C	
a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-)		26	•	202,899		0			
disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-)		27							
b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-)		a		348,778	3				
		ь				14,871			
							14,871		

335,375

630,017

630.017

630,017 630,017

2

3

4

5

6

281,239

348,778

630,017

630,017 Form 990-PF (2016)

281,239

281,239

281,239

281,239

328,661

623,303

Investments—corporate bonds (attach schedule)

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

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

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

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

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) ▶ _____

Capital stock, trust principal, or current funds

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

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

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

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

Analysis of Changes in Net Assets or Fund Balances

Investments—land, buildings, and equipment basis ▶ _

Less accumulated depreciation (attach schedule)

Less accumulated depreciation (attach schedule)

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

Foundations that follow SFAS 117, check here ▶

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

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe -_

Unrestricted Temporarily restricted

Permanently restricted

and complete lines 27 through 31.

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

Decreases not included in line 2 (itemize) ▶

C

11

12

13

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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

Page **3**

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)						ired ase ion	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a LACLEDE GAS COMPANY	3045	SHARES			D		2016-03-04	2016-03-07
b MASCO CORPORATION 1	L0350 S	SHARES			D		2016-03-04	2016-03-04
c TOP BUILD CORPORATION	ON				D		2016-01-29	2016-02-01
d								
e								
(e) Gross sales price		(f) Depreciation allowed (or allowable)		Cost or	(g) other basis ense of sale		Gain o	1) r (loss)) minus (g)
a 20	0,978	(3. 2)	0	p 5p.		9,901	(5) p.25 (1)	11,077
	9,527		0			6,062		3,465
c 4	12,117		0		4	1,788		329
d								
e								
Complete only for assets	s showi	ng gain in column (h) and ow	ned by	the foundation (on 12/31/69		-	I)
(i) F M V as of 12/31/69		(j) Adjusted basis as of 12/31/69	,	Excess	(k) of col (ı) (ı), ıf any		Gains (Col (col (k), but not	n) gain minus less than -0-) or om col (h))
a	0	, ,	0		(3///	0	`	11,077
b	0		0			0		3,465
С	0		0			0		329
d								
e								
•	gaın or	et capital loss)	If (los 1222(5		art İ, lıne 7	}	3	14,871 14,871
For optional use by domestic p	orivate	-						
f section 4940(d)(2) applies, lives the foundation liable for the fundation does not be appropriate to the foundation does not be appropriated to the founda	ne secti ot quali	on 4942 tax on the distributal	not co	mplete this part				es 🗹 No
(a)	I	, ,	366 111		making any	entiles	(d)	
Base period years Calendar year (or tax year beginning in)	Ad	(b) justed qualifying distributions	Net v	(c) alue of noncharitabl	e-use assets		Distribution rati (col (b) divided by c	ol (c))
2015 2014	-							0 000000
2013								0 000000
2013								0 000000
2012								0 000000
	٩)					2		0 000000
3 Average distribution ration number of years the four4 Enter the net value of no	o for th ndation oncharit	e 5-year base period—divide t has been in existence if less able-use assets for 2016 fron	the tot than 5 n Part	al on line 2 by 5, years X, line 5	or by the	3		0 000000
						5		1.40
		ome (1% of Part I, line 27b)				6		149
						7		149
		om Part XII, line 4 , nan line 7, check the box in Pa				rt using		
							Fo	rm 990-PF (2016)

CO 307 CABIN GROVE LANE ST LOUIS, MO 63141 RRISTI KREY TRUSTEE TO	b If yes, did the foundation received						No
(a) Name and address Title, and average hours per week (b) devoted to position MARY ANN VAN LOKEREN TRUSTEE TOUIS, MO 63141 Compensation of five highest-paid employee paid more than \$50,000 Tout Title, and average hours per week (b) devoted to position Trustee Touts per week (b) devoted to position TRUSTEE TRUSTEE TOUIS, MO 63141 Trustee Touts per week (b) devoted to position Tout paid, enter one ployee benefit plans and deferred compensation Tout per per per paid to the position of the ployees (other than those included on line 1—see instructions). If none, enter "NONE." Contributions to employee benefit plans and deferred (c) Compensation Title, and average hours per week devoted to position NONE Total number of other employees paid over \$50,000.	· 15 7 2 36 7 6 6 6 6	uc Ome	ers, Directors, Trust	ecs, i oundation in	magers, mgmy raid En	прючесь,	
(a) Name and address Ittle, and average hours per week (b) devoted to position not paid, enter -0-) Contributions to employee benefit plans and deferred compensation O	1 List all officers, directors, tru	ustees, fo	oundation managers an	d their compensation	(see instructions).		
Total number of other employees paid over \$50,000.	(a) Name and address	(hours per week	not paid, enter	Contributions to employee benefit plans and deferred		
Total number of other employees paid over \$50,000.	MARY ANN VAN LOKEREN			0	0	1	0
CO 307 CABIN GROVE LANE ST LOUIS, MO 63141 2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (c) Compensation (c) Compensation (d) Expense account, (e) other allowances Expense account, (e) other allowances Expense account, (e) other allowances Total number of other employees paid over \$50,000.	CO 307 CABIN GROVE LANE ST LOUIS, MO 63141	1 00					
Total number of other employees paid over \$50,000.	KRISTI KREY			0	0	1	0
Name and address of each employee paid more than \$50,000 NONE Contributions to employee benefit plans and deferred (d) compensation Contributions to employee benefit plans and deferred (d) compensation Contributions to employee benefit plans and deferred (d) compensation Contributions to employee benefit plans and deferred (d) compensation Contributions to employee benefit plans and deferred (d) compensation Contributions to employee benefit plans and deferred other allowances Contributions to employee benefit plans and deferred compensation Contributions to employee benefit plans and deferred other allowances Contributions to employee benefit plans and deferred compensation Contributions Contrib	CO 307 CABIN GROVE LANE ST LOUIS, MO 63141	1 00					
Name and address of each employee paid more than \$50,000 NONE Compensation Compensation Expense account, plans and deferred compensation Compensat	2 Compensation of five highes	t-paid er	nployees (other than th	ose included on line 1	L—see instructions). If no	ne, enter "NONE."	
Total number of other employees paid over \$50,000	Name and address of each employee paid		hours per week	(c) Compensation	employee benefit plans and deferred	•	
	NONE						
							_
							_
							_
			1				
	Total number of other employees par	id over \$5	50,000				0

Form 990-PF (2016)		Page 7
Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Pa	aid Employees,
3 Five highest-paid independent contractors for professional service	es (see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.	<u> </u>	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include rele organizations and other beneficiaries served, conferences convened, research papers produ		Expenses
1		
2		
3		
4		
		<u> </u>
Part IX-B Summary of Program-Related Investments (see	•	
Describe the two largest program-related investments made by the foundation during the	ne tax year on lines 1 and 2	Amount
1		
		
2		
•		
All other program-related investments. See instructions		
3		
Total. Add lines 1 through 3		•
		Form 990-PF (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

За

3b

4

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Amounts set aside for specific charitable projects that satisfy the

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

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

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.

3

4

5

b From 2012. . . c From 2013. . **d** From 2014. .

XII, line 4 > \$

indicated below:

e From 2015.

f Total of lines 3a through e. 4 Qualifying distributions for 2016 from Part

same amount must be shown in column (a))

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). d Applied to 2016 distributable amount. e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2016 (If an amount appears in column (d), the

6 Enter the net total of each column as

9 Excess distributions carryover to 2017.

10 Analysis of line 9 a Excess from 2012. . **b** Excess from 2013. . c Excess from 2014. . d Excess from 2015. . e Excess from 2016. .

Subtract lines 7 and 8 from line 6a

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

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0

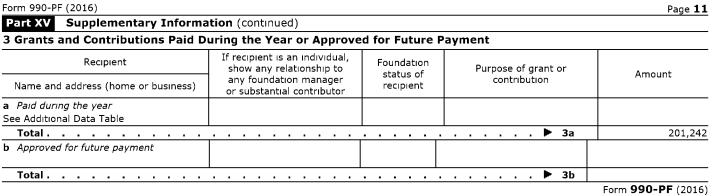
ארטפפ וווונ	710)
Part XIII	Undistributed Income (see instructions)

ľ	art XIIII Undistributed Income (see instru-	ctions)	
		(a) Corpus	(b) Years prior to 2015
1	Distributable amount for 2016 from Part XI, line 7		
2	Undistributed income, if any, as of the end of 2016		

Years prior to 2015	2015	

(6)

а	Enter amount for 2015 only		
b	Total for prior years 20		
3	Excess distributions carryover, if any, to 2016		
a	From 2011		



Enter gross amounts unless otherwise indicated		Unrelated bu	isiness income	Excluded by sectio	n 512, 513, or 514	(e) Related or exemp
_	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions
-	nd contracts from government agencies					
Member Interes	ship dues and assessments st on savings and temporary cash					
	nents					
Net rent	al income or (loss) from real estate					
	inanced property					
	bt-financed property natal income or (loss) from personal property					
	vestment income.					
Gain o	r (loss) from sales of assets other than					
	ory					
Gross p	rofit or (loss) from sales of inventory					
	evenue a					
	Add line 12, columns (b), (d), and (e)					
Tatal /				1	.3	
	eet in line 13 instructions to verify calculation	ns)				
ee worksh	eet in line 13 instructions to verify calculatio Relationship of Activities to th	e Accomplish				
ee worksh art XVI	eet in line 13 instructions to verify calculatio	e Accomplish	ed in column (e) o	of Part XVI-A contrib)
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Part XVII	Exempt Organia		ansters 10	o and Transact	ions and	Relatio	nsnips With No	ncnaritable		
	anization directly or in Code (other than sectio	directly engag						ion 501	Yes	No
a Transfers fr	rom the reporting foun	dation to a no	ncharitable	exempt organization	on of					
(1) Cash.								. 1a(1)		No
(2) Other	assets							1a(2)		No
b Other transactions										
	of assets to a nonchar		-					1b(1)		No
	ases of assets from a n							1b(2)		No
	of facilities, equipmer	•						1b(3)		No
	oursement arrangemen							. 1b(4)		No
` '	or loan guarantees. nance of services or m							1b(5) 1b(6)		No No
` '	facilities, equipment, n	•	-					. 10(0)		No
_	er to any of the above		•							110
of the good	ls, other assets, or sersaction or sharing arra (b) Amount involved	vices given by ngement, sho	the reportir w in column	ng foundation. If th	ie foundatio ne goods, o	n receive ther asse	d less than fair ma	rket value Ived	ngemen	ts
Line No	(b) Amount myorved	(c) Name of th	onchantable e	exempt organization	(d) Des	scription or	cransiers, cransactions	s, and sharing arra	ngemen	
2a Is the found	dation directly or indire	ctly affiliated	with or rela	ated to one or mor	e tay-eyem	nt organi	zations			
	n section 501(c) of the	•		•		,		🗆 Yes	☑ N	a
	mplete the following so	•	ariari section	301(0)(3)) 01 111 30						•
D II 105, 00	(a) Name of organization		1	(b) Type of organiza	ition	1	(c) Description	n of relationship		
						-				
						-				
of my	r penalties of perjury, / knowledge and belief n preparer has any kno	, it is true, cor					than taxpayer) is b	pased on all infor	mation	n of
lere 👠 ု	****			2017-06-24	\ *	****		May the IRS discus with the preparer s		
y s	ignature of officer or ti	rustee		Date		itle		(see instr)? 🗹 Y		
	Print/Type preparer's	name	Preparer's S	ignature	Date		Check if self	PTIN		
Paid	ANNA POLIZZI-KEI	LLER			2017	-06-25	employed ▶ ☑			
Preparer Use Only	Firm's name ► APK	FINANCIAL			1		1	Fırm's EIN ►		
	Firm's address ▶ 30	7 CABIN GRO	VE LANE							
	SA	AINT LOUIS, M	O 63141					Phone no (314) 275-7	7563

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 status of	Purpose of grant or contribution	Amount			
Name and address (home or business)	any foundation manager or substantial contributor	recipient		i			
a Paid during the year							
BOCA GRANDE CHILD CARE CENTER P O BOX 1386 BOCA GRANDE, FL 33921		501(C)3	UNRESTRICTED	700			
WASHINGTON UNIVERSITY IN ST LOUIS ONE BROOKINGS DRIVE ST LOUIS, MO 63130		501(C)3	W GREENLEAF ELIOT SOCIETY	5,000			
BOCA GRANDE HEALTH CLINIC FOUNDATION P O BOX BOCA GRANDE, FL 33921		501(C)3	UNRESTRICTED	13,000			
BOCA GRANDE WOMANS CLUB INC P O BOX 65 BOCA GRANDE, FL 33921		501(C)3	UNRESTRICTED	10,000			
THE ISLAND SCHOOL FOUNDATION INC P O BOX 1505 BOCA GRANDE, FL 33921		501(C)3	UNRESTRICTED	100			
LITTLE TRAVERSE CONSERVANCY P O BOX 583 HARBOR SPRINGS, MI 49740		501(C)3	UNRESTRICTED	1,750			
GASPARILLA ISLAND CONSERVATION & IMPRV ASSOC 131 FIRST STREET WEST GASPARILLA ISLAND, FL 33921		501(C)3	UNRESTRICTED	26,000			
DETROIT INSTITUTE OF ART 5200 WOODWARD AVE DETROIT, MI 48202		501(C)3	UNRESTRICTED	600			
JOHANN FUST LIBRARY FOUNDATION 1040 W TENTH STREET BOCA GRANDE, FL 33921		501(C)3	ANNUAL FUND	2,000			
BOCA GRANDE COMMUNITY CENTER 131 FIRST STREET WEST BOCA GRANDE, FL 33921		501(C)3	UNRESTRICTED	500			
MCLAREN NORTHERN MI FOUNDATION 360 CONNABLE PETOSKEY, MI 49770		501(C)3	UNRESTRICTED	5,000			
CROOKED TREE ARTS CENTER 461 E MITCHELL STREET PETOSKEY, MI 49770		501(C)3	UNRESTRICTED	2,000			
GREAT LAKES BOAT BUILDING SCHOOL 485 SOUTH MERIDIAN CEDARVILLE, MI 49719		501(C)3	UNRESTRICTED	16,667			
CATHOLIC FAITH APPEAL - DIOCESE OF VENICE IN FLORIDA 1000 PINEBROOK ROAD VENICE, FL 34285		501(C)3	UNRESTRICTED	500			
JUNIOR LEAGUE OF ST LOUIS 106 N KIRKWOOD ROAD ST LOUIS, MO 63122		501(C)3	UNRESTRICTED	100			

Total . 3a 201,242

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 recipient any foundation manager Name and address (home or business) or substantial contributor a Paid during the year MOTE MARINE LABORATORY & 501(C)3 UNRESTRICTED 300 AQUARIUM 1600 KEN THOMPSON PLACE SARASOTA, FL 34238 LITTLE TRAVERSE BAY HUMANE 501(C)3 UNRESTRICTED 700 SOCIETY 1300 WEST CONWAY ROAD HARBOR SPRINGS, MI 49740 250 GREAT LAKES CHAMBER ORCHESTRA 501(C)3 UNRESTRICTED 438 E LAKE STREET PETOSKEY, MI 49770 UNRESTRICTED TOP OF MICHIGAN TRAILS COUNCIL 501(C)3 100 445 EAST MITCHELL PETOSKEY, MI 49770 VARIETY 2200 WESTPRT PLAZA 501(C)3 UNRESTRICTED 1,000 ST LOUIS, MO 63146 USEPPA ISLAND HISTORICAL SOCIETY 501(C)3 UNRESTRICTED 500 PO BOX 640 BOKEELIA, FL 39224 OUR LADY OF MERCY CATHOLIC PARISH 501(C)3 UNRESTRICTED 1,175 240 PARK AVENUE BOCA GRANDE, FL 33921 100,000 HARBOR SPRINGS LYRIC THEATRE INC 501(C)3 UNRESTRICTED 275 E MAIN ST HARBOR SPRINGS, MI 49740 FOLDS OF HONOR FOUNDATION 501(C)3 UNRESTRICTED 1,000 5800 N PATRIOT DRIVE OWASSO, OK 74055 SOLUTIONS TO AVOID RED TIDE 501(C)3 UNRESTRICTED 100 1800 SECOND ST SARASOTA, FL 34236 RETIREMENT HOME FOR HORSES INC. 501(C)3 UNRESTRICTED 200 20307 NORTHWEST COUNTY ROAD 235A ALACHUA, FL 32615 ALZHEIMER'S ASSOCIATION 501(C)3 UNRESTRICTED 100 9370 OLIVE BLVD SAINT LOUIS, MO 63132 LES CHENEAUX CULINARY SCHOOL 501(C)3 UNRESTRICTED 6,000 PO BOX 26 HESSEL, MI 49745 GEORGE W BUSH PRESIDENTIAL 501(C)3 UNRESTRICTED 1,000 CENTER 2943 SMU BLVD DALLAS, TX 75205 PETOSKEY-HARBOR SPRINGS AREA 501(C)3 UNRESTRICTED 100 COMMUNITY FOUNDATION 616 PETOSKEY STREET SUITE 203

201,242

PETOSKEY, MI 49770

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 TIP OF THE MITT WATERSHED COUNCIL 501(C)3 UNRESTRICTED 100 426 BAY STREET PETOSKEY, MI 49770 READALOUDORG PO BOX 304 501(C)3 UNRESTRICTED 250 ALDEN, MI 49612 LIGHT KEEPERS FUND PO BOX 654 501(C)3 UNRESTRICTED 100

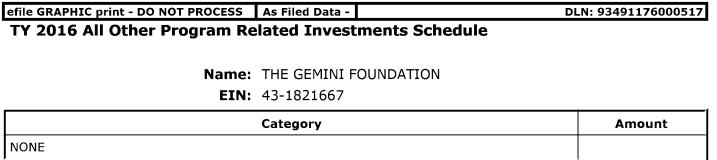
BOCA GRANDE, FL 33921	301(2)3	ONKESTICIES	100
HARBOR SPRINGS AREA HISTORICAL SOCIETY 349 E MAIN STREET HARBOR SPRINGS, MI 49740	501(C)3	UNRESTRICTED	500
BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON ROAD	501(C)3	UNRESTRICTED	250

349 E MAIN STREET HARBOR SPRINGS, MI 49740			
BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON ROAD KANAB, UT 84741	501(C)3	UNRESTRICTED	250
LES CHENEAUX COMMUNITY FOUNDATION PO BOX 249 CEDARVILLE, MI 49719	501(C)3	UNRESTRICTED	100
THE ISLAND SCHOOL BO BOY 1000	501/C\3	LINDESTRICTED	3 500

KANAB, UT 64/41			
LES CHENEAUX COMMUNITY FOUNDATION PO BOX 249 CEDARVILLE, MI 49719	501(C)3	UNRESTRICTED	100
THE ISLAND SCHOOL PO BOX 1090 BOCA GRANDE, FL 33921	501(C)3	UNRESTRICTED	3,500

CEDARVILLE, MI 49719			
THE ISLAND SCHOOL PO BOX 1090 BOCA GRANDE, FL 33921	501(C)3	UNRESTRICTED	3,
Total	 		201,242

За



TY 2016 Investments - Other Schedule	

Name: THE GEMINI FOUNDATION

As Filed Data -

EIN: 43-1821667 Listed at Cost or Category / Item **FMV** BOND FUNDS -PIMCO; DOUBLELINE

EQUITY FUNDS -AQR MGD, AMG YACKTMAN, FIDELITY

efile GRAPHIC print - DO NOT PROCESS

R/E; IQ HEDGE

End of Year Fair

DLN: 93491176000517

Book Value

90,100

245,275

Market Value

82,692

245,969

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491176000517	
TY 2016 Other Expenses Schedule					
Name: THE GEMINI FOUNDATION					
EIN: 43-1821667					
Other Expenses Schedule					
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
Amortization					
INVESTMENT FEES	1,657				

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491176000517						
Schedule B (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					
Name of the organizat		loyer identification number				
	<u> </u>	821667				
Organization type (ch	ck one)					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	☐ 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						
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to r property) from any one contributor. Complete Parts I and II. See instructions for deter					
Special Rules						
under sections : received from a	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ 3% suppo 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, by one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) the 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II	line 13, 16a, or 16b, and that				
during the year,	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received total contributions of more than \$1,000 exclusively for religious, charitable, scientific, little prevention of cruelty to children or animals. Complete Parts I, II, and III					
during the year, If this box is che purpose Do no	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received contributions exclusively for religious, charitable, etc., purposes, but no such contributions cked, enter here the total contributions that were received during the year for an exclusion complete any of the parts unless the General Rule applies to this organization becausible, etc., contributions totaling \$5,000 or more during the year	ons totaled more than \$1,000 sively religious, charitable, etc , se it received nonexclusively				
990-EZ, or 990-PF), bu	on that is not covered by the General Rule and/or the Special Rules does not file Scheo tit must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of it form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of School	s				
For Paperwork Reduction for Form 990, 990-EZ, or 9		Form 990, 990-EZ, or 990-PF) (2016)				

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Name of organization Employer identification number THE GEMINI FOUNDATION 43-1821667 Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person MARY ANN VAN LOKEREN Payroll CO P O BOX 2027 \$ 189,901 Noncash BOCA GRANDE, FL33921 (Complete Part II for noncash contributions) (c) (d) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person MARY ANN VAN LOKEREN Payroll CO P O BOX 2027 \$ 296,062 Noncash BOCA GRANDE, FL33921 (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person MARY ANN VAN LOKEREN **Payroll** CO P O BOX 2027 \$41,788 Noncash BOCA GRANDE, FL33921 (Complete Part II for noncash contributions) (d) (a) (b) (c) Name, address, and ZIP + 4 No. Total contributions Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash (Complete Part II for noncash contributions) (a) (c) (d) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions)

Schedule B (Forn	n 990, 990-EZ, or 990-PF) (2016)		Page 3
Name of organization THE GEMINI FOUNDATION		Employer ident	ification number
		43-18	321667
Part II	Noncash Property		
(a) No.from Part I	(see instructions) Use duplicate copies of Part II if additional space is needed (b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	LACLEDE GAS COMPANY 3045 SHARES	\$ 189 901	2016-03-04
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	MASCO CORPORATION 10350 SHARES	\$ 296 062	2016-03-04
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	TOP BUILD CORPORATION 1586 SHARES	\$ 41 788	2016-01-29
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	

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