Form 990-PF

Return of Private Foundation

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

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

OMB No 1545-0052

For calendar year 2016 or tax year beginning AUG 1, 2016 , and ending JUL 31, 2017 Name of fougdation A. ALPRED TAUBMAN POUNDATION Remote and of Sets or P to bee number of many and colored to three distincts of the set of the se			t of the Treasury		Do not enter	social s	ecurity numbers	on this form as it may	be ma	de public.		2010
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A. ALFRED TAUBMAN FOUNDATION Image: Common state of the common state and colored to severe addressed; Recommended to 248 - 258 - 7200 City or town, State or province, country, and 2P or foreign postal code				oi tax year begin	illing AUC	<u>, , , , , , , , , , , , , , , , , , , </u>	2010	, and ending				number
Test Adapted and Test			•									
248-258-7200 City or town, static or province, country, and ZPP or foreign postal code BLOOMPTEID HTLLIS, MT 48304 G Check all that apply: Initial return Amended return Amended return M Address change Name change H Check type of organization: MS Section 591(5) MS Section 591(5	_ <u>A</u>		ALFRED	TAUBMAN	FOUNDAT	ON				27-1366	308	
City or lows, state or province, country, and ZiP or foreign postal code BLOOMP IEED HILLS, MI 48 30 4 G Check all that apply:	_					t address)	!			•		
BLOOMFIELD HILLS, MI 48304 6 Check all that apply:										248-258	<u>-720</u>	00
G Check all that apply:							de			C If exemption applica	tion is per	nding, check here
Check type of organization:							Initial return of	a former public charity		D 1. Foreign organi	izations.	check here
H Check type of organization: XS Section 51(c)(3) exempt provate foundation Section 4947(a)(1) nonexempt chantable trust Other taxable private foundation Far marker value of all assets at end of year of the trust of trust of the trust of trust of the trust of tr				Final	return		5	•			•	
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Section 4947(a)(1) nonexempt chantable trust	н	Check	type of organiz	ation: X	Section 501(c)(3) 6			$\overline{\gamma}$	$\overline{\Pi}$			
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The total of amounts in orbinate (s), c), and (d) may not received and the second or orbinate purposes of the characters y equal the amounts in columnic (s). c), and (d) may not count has so only) 1 Contributions, girts, grants, etc., received 2 Check————————————————————————————————————					54. (Part I, coll	umn (d)	must be on cas	sh basis)				
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Comparison of the procession of the process of th							<u> </u>					(cash basis only)
a contraction and any and temporary 3 contracted on savings and temporary 4 Dividends and interest from securities 5 a Cross rents 5 b Net rental income or (loss) 6 Net sign in clicings from sail of assets not on line 10 6 Net sign in clicing from securities 7 Ceptate gain not lose from Part IV, line 2) 8 Net short-tem capital gain 9 Income modifications 10a ordinations 10a ordinatio		1	, <u> </u>		•	 3	<u>, 287, 951</u>	· 		N/A	 -l	
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b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	V	8	Excess of revenu	ie over expenses ar	nd disbursements	2	,149,45					
c Adjusted net income (if negative, enter -0-)	r D	t	Net investme	nt income (if nega	ative, enter -0-)				66.			
	ون 	1				\bot				N/A		

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_				
1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30			
	(must agree with end-of-year figure reported on prior year's return)	1 1		0.
2	Enter amount from Part I, line 27a	2		2,149,454.
3	Other increases not included in line 2 (itemize)	3		0.
4	Add lines 1, 2, and 3	\overline{A}	$\overline{}$	2 149 454.

Decreases not included in line 2 (itemize)
 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

2,149,454. Form **990-PF** (2016)

		nd(s) of property sold (e.ç or common stock, 200 sh			(0) D	low ac - Purci - Dona	quired nase tion	(c) Date a (mo., da	acquired ay, yr.)	(d) Date sold (mo., day, yr.)
1a										
b NO	NE									
<u>c</u>					}					<u> </u>
<u>d</u>					├					ļ
<u>e</u>	(0.5		1 (10		Ļ,					[
(e) Gross sales price	(1) [Depreciation allowed (or allowable)		st or other basis expense of sale					ain or (loss (f) minus	
<u>a</u>			 -		-					
<u> </u>			 	·						
<u> </u>	<u> </u>		<u> </u>							
Complete only for assets showing							(I)	Gains (C	ol. (h) gaın ıot less tha	minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any					(from col. (
)	<u> </u>		<u> </u>							
<u> </u>	L									
<u> </u>	<u> </u>									
)	<u>L</u>		<u>l </u>							
Capital gain net income or (net ca	apıtal loss)	If gain, also ente	er in Part I, line D- in Part I, line	7 7	}	2_				
Net short-term capital gain or (los	ss) as defii	•								
If gain, also enter in Part I, line 8,			(5).) l					
If (loss), enter -0- in Part I, line 8						3				
Part V Qualification U	muer 3	ection 4940(e) fo	r Reduced	rax on Net	Inv	esun	tent inc	ome		
section 4940(d)(2) applies, leave t as the foundation liable for the sec Yes," the foundation does not qua Enter the appropriate amount in	tion 4942 lify under :	tax on the distributable ar section 4940(e). Do not c	omplete this pa	ırt.						Yes X
(a)	Cacif Coldi		iliau dollona bo	lore making any e						(d)
Base period years Calendar year (or tax year beginni	na m)	(b) Adjusted qualifying di	stributions	Net value of no	(c) oncha		use assets	1	Distri (col. (b) di	(d) bution ratio vided by col. (c))
2015	"'g "''/	72	17,731.				8,401		(001. (0) 01	26.3276
2014			32,737.				$\frac{3,101}{1,289}$			95.9107
2013			37,275.				9,305			100.7281
2012			59,066.				80		7.	113.3250
2011			16,358.				115	.1		490.0695
				<u> </u>						
Total of line 1, column (d)								2	11,	826.3610
Average distribution ratio for the	-	•	on line 2 by 5,	or by the number	of ye	ears)	١	265 0500
the foundation has been in existe	ence if less	than 5 years						3	2,	365.2722
Enter the net value of noncharital	ble-use as:	sets for 2016 from Part X	, line 5					4		1,921,66
Multiply line 4 by line 3								5	4,54	15,263,20
Enter 1% of net investment inco	me (1% of	Part I, line 27b)						6		9
Add lines 5 and 6								7	4,54	15,263,29
Enter qualifying distributions froi	m Part XII,	line 4						8		3,147,66
If line 8 is equal to or greater tha See the Part VI instructions.	n line 7, ct	neck the box in Part VI, lin	e 1b, and com	plete that part usin	ng a 1	% tax	rate.			

Form 990-PF (2016) A. ALFRED TAUBMAN FOUNDATION		136630			age 4	
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948 ·	see inst	ruct	tion	s)	
1a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.						
Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	1					
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1%	1			18	3.	
of Part I, line 27b						
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	1					
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.	
3 Add lines 1 and 2	3			18	3.	
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.	
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			18	3.	
6 Credits/Payments;						
a 2016 estimated tax payments and 2015 overpayment credited to 2016						
b Exempt foreign organizations - tax withheld at source						
c Tax paid with application for extension of time to file (Form 8868)	}					
d Backup withholding erroneously withheld 6d	_					
7 Total credits and payments. Add lines 6a through 6d	7				0.	
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8					
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			18	33.	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10					
11 Enter the amount of line 10 to be; Credited to 2017 estimated tax ▶ Refunded ▶	11		<u> </u>			
Part VII-A Statements Regarding Activities						
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interver	ie in		Y	es		
any political campaign?		1:			X	
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition	n)?	11			X	
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publi	shed or	1	1	1		
distributed by the foundation in connection with the activities			1	1	,	
c Did the foundation file Form 1120-POL for this year?		1		_	<u>x</u> _	
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			1	- }		
(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$ 0	<u>.</u>			- 1	1	
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				- 1	ı	
managers. ► \$ 0 .		-		-		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		2	4	_	<u>X</u> _	
If "Yes," attach a detailed description of the activities			-	l		
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation	, or		-		ŀ	
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		_3	4	X		
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4	_		<u>x</u>	
b If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A 4	_			
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		<u> </u>	4	1	X	
If "Yes," attach the statement required by General Instruction T		1	1)	,	
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		j	ì	Ì	- 1	
By language in the governing instrument, or		Ì		1	;	
By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state of the state	ite law	1	1			
remain in the governing instrument?		<u> </u>		X		
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part 2	(V	<u> </u>	4	X		
		ļ		- (
8a Enter the states to which the foundation reports or with which it is registered (see instructions)			-	- 1	4	
DE,MI			- (Į		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				<u>.</u>	,	
of each state as required by General Instruction G? If "No," attach explanation		8	• ↓	X		
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for call the state of t	alendar	[.	_		v	
year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV	(Imter		1	╤┤	<u> </u>	
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	STMT		_	X	00.45	

	1 990-PF (2016) A. ALFRED TAUBMAN FOUNDATION art VII-A Statements Regarding Activities (continued)	27-13663	308		Page !
Г	Statements Regarding Activities (continued)	· · ·		N/	- NI -
	At any first the same of the form the standard of the standard			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	j	4.		
	section, 512(b)(13)? If "Yes," attach schedule (see instructions)		_11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory processing the foundation of	ivileges?		1	l <u></u>
	If "Yes," attach statement (see instructions)	Ļ	12	L	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	l	13	X	
	Website address ► N/A				
14		≥ 248-258			
	Located at ▶ 200 E LONG LAKE RD, STE 180, BLOOMFIELD HILLS, MI	ZIP+4 ▶48:	<u> 304</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			. •	
	and enter the amount of tax-exempt interest received or accrued during the year	15	N	/A	
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,	_		Yes	No
	securities, or other financial account in a foreign country?	[16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	ſ			
	foreign country				
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required				
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
18	a During the year did the foundation (either directly or indirectly):				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	es X No			ĺ
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)				
	a disqualified person?	es 🗌 No 🚶			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?				
		es X No			1
	(5) Transfer any income or assets to a disqualified person (or make any of either available	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		es X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"				
	if the foundation agreed to make a grant to or to employ the official for a period after				1
		es X No			
		S LA NO			
L	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		44		x
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	}	1b	ļ	<u> </u>
	Organizations relying on a current notice regarding disaster assistance check here			1	
(Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected				١.,
	before the first day of the tax year beginning in 2016?	ļ	1c	ļ	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation				
	defined in section 4942(j)(3) or 4942(j)(5)):			1	
í	a At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginnin				
	before 2016?	es X No			1
	If "Yes," list the years \blacktriangleright	1	ļ	1	
ı	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	1	1	Ì	
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	I	1		l
	statement - see instructions.)	N/A	2b]
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.				
					
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			1	1
	during the year?	es X No	ı		1
ı	b If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons af		ĺ	1	1
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to d		l	1	-
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C	•	l	1	
	Form 4720, to determine if the foundation had excess business holdings in 2016)	N/A	3b		
	· · · · · · · · · · · · · · · · · · ·		4		

Form **990-PF** (2016)

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

had not been removed from jeopardy before the first day of the tax year beginning in 2016?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

form 990-PF (2016) A. ALFRED TAUBMAN FOUNDA			<u> 27-13663</u>	08 Pa	age 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (continu	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Ye	s X No]]	
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire	ectly,	ļ		
any voter registration drive?	ê	Ye	s X No] [
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	s X No	((
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section		1	1 1	
4945(d)(4)(A)? (see instructions)		Ye	s X No	1 1	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or	-	} }	
the prevention of cruelty to children or animals?	, ,		s X No	} }	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc	er the exceptions described i))	
section 53.4945 or in a current notice regarding disaster assistance (see instru	•		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	•		▶ (- - 	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	•	ined	' (
expenditure responsibility for the grant?			s 🗔 No	1 (
If "Yes," attach the statement required by Regulations section 53 4945		1/22		1 1	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	• •				
	Jay premiums on		es X No		
a personal benefit contract?		16	,	.	x
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		 -	6b	<u> </u>
If "Yes" to 6b, file Form 8870		,	ভেল	i i	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Y6	es X No	_ 	
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b	
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	inagers, Highly	y		
1 List all officers, directors, trustees, foundation managers and their		(c) Compensation	(d) Coatehutana ta	1-) Evpo	
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expe account, o	other
(4) / 1000 2000 2000	to position	`enter -0-)	compensation	allowan	ces
		\	,	ł	
		1		1	_
SEE STATEMENT 6	L	0.	0.		0.
	1				
				j	
		<u> </u>			
	l	ļ	[l	
			i		
			}	İ	
			}	1	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expe	ense other
(a) Maine and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	allowan	ices
NONE				1	
		Ì	1	Ì	
		 	<u> </u>	 	
		1	l	Į.	
		 	†	 	
		1	ļ	1	
	 	 -	 	 	
			{	}	
	 	 	 	 	
		}	}	1	
Total number of other employees paid over \$50,000	L		<u> </u>	ــــــــــــــــــــــــــــــــــــــ	
Total number of other employees paid over \$50,000				.000 DE	
			FORM	990-PF	(ZU 10)

Part VIII Information About Officers, Directors, Trustees, For Paid Employees, and Contractors (continued)	undation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none	, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
DR. HAMILTON MOSES		
	CONSULTING	216,858.
AXIOM CONSULTING PARTNERS		1 220,000
	CONSULTING	203,624.
DR. GEORGE POSTE	CONDUCTING	203,021.
DR. GEORGE TOUTE	CONSULTING	180,189.
DR. DAVID R. PARKINSON	CONSULTING	100,103.
DR. DAVID R. PARKINSON	CONGUL MING	77 045
DD DDDDD D CIDOID	CONSULTING	77,945.
DR. BRETT P. GIROIR		7.0 544
	CONSULTING	76,544.
Total number of others receiving over \$50,000 for professional services		<u>▶</u> 2
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevan number of organizations and other beneficiaries served, conferences convened, research pape		Expenses
1 N/A		
` 		
		
		
2		
3		
		
		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax y	rear on lines 1 and 2.	Amount
1 N/A		
2		
		
		
All other program-related investments. See instructions.	-	
	Ì	
3		
		
Total. Add lines 1 through 3	<u> </u>	0.
	 	Form 990-PF (2016)

Form 990-PF (2016) A. ALFRED TAUBMAN FOUNDATION

_ P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	dations	s, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	$\neg \tau$	
a		1a	0.
b	Average of monthly cash balances	16	0. 1,950,930.
C	Fair market value of all other assets	10	 -
d	Total (add lines 1a, b, and c)	1d	1,950,930.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,950,930.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	29,264.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,921,666.
6_	Minimum investment return. Enter 5% of line 5	6	96,083.
<u>P</u>	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	96,083.
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	183.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	95,900.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	95,900.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	95,900.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	3,147,663.
þ	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	3,147,663.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	3,147,663.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (4940(e) reduction of tax in those years.	qualifies	for the section

Form **990-PF** (2016)

Part XIII Undistributed Income (see instructions)

	(a)	(b)	(c)	(d)
1 Distributable amount for 2016 from Part XI,	Corpus	Years prior to 2015	2015	2016
line 7				95,900.
2 Undistributed income, if any, as of the end of 2016				3077000
a Enter amount for 2015 only			0.	
b Total for prior years:				
, ,]	0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011]			
b From 2012]			
c From 2013]			
d From 2014	_			
e From 2015				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2016 from	Į Į			
Part XII, line 4: ►\$ 3,147,663.	4			
a Applied to 2015, but not more than line 2a			0.	
b Applied to undistributed income of prior		0		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	0.			
(Election required - see instructions)	ļ			95,900.
d Applied to 2016 distributable amount e Remaining amount distributed out of corpus	3,051,763.			33,300.
5 Excess distributions carryover applied to 2016	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below;				-
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	3,051,763.			
b Prior years' undistributed income. Subtract		•		
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				0.
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)	0.			
8 Excess distributions carryover from 2011	0.	11	ļ	
not applied on line 5 or line 7	· · · · · · · · · · · · · · · · · · ·			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	3,051,763.			
10 Analysis of line 9:	3,031,103.			
a Excess from 2012				
b Excess from 2013	┪		1	1
c Excess from 2014	1			
d Excess from 2015	†		}	<u> </u>
e Excess from 2016 3,051,763	7			
				Farm 000 DE (2016)

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	ED TAUBMAN				66308 Page 10
Part XIV Private Operating Fo	oundations (see in	structions and Part VI	I-A, question 9)	N/A	
1 a If the foundation has received a ruling or					
foundation, and the ruling is effective for	2016, enter the date of t	he ruling	▶		
b Check box to indicate whether the found		ig foundation described		4942(j)(3) or49	942(1)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for					
each year listed				<u> </u>	
b 85% of line 2a			<u> </u>		
c Qualifying distributions from Part XII,					
line 4 for each year listed			İ		
d Amounts included in line 2c not					
used directly for active conduct of			ł		
exempt activities			ļ		
e Qualifying distributions made directly					
for active conduct of exempt activities.			1	X	
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the			 		
alternative test relied upon; a "Assets" alternative test - enter:				ì	
(1) Value of all assets)			
(2) Value of assets qualifying			/		
under section 4942(j)(3)(B)(i)			\vee		
b "Endowment" alternative test - enter			1		
2/3 of minimum investment return					}
shown in Part X, line 6 for each year listed					}
c "Support" alternative test - enter:			 		
(1) Total support other than gross			ļ		1
investment income (interest,					i
dividends, rents, payments on		ľ	\		
securities loans (section 512(a)(5)), or royalties)			Į.		ļ
(2) Support from general public			 	- 	
and 5 or more exempt			ļ		ļ
organizations as provided in section 4942(j)(3)(B)(iii)					<u> </u>
(3) Largest amount of support from					
an exempt organization			ł		
(4) Gross investment income		 	 		
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	on had \$5 000 or m	ore in assets
at any time during t					0.0 000010
1 Information Regarding Foundatio	n Managere:				
a List any managers of the foundation who	•	than 2% of the total con	tributions received by	the foundation hefore the clo	se of any tay
year (but only if they have contributed m	ore than \$5,000). (See s	ection 507(d)(2).)	a locations received by	the realitation before the old	30 of any ax
SEE STATEMENT 7					
b List any managers of the foundation who	o own 10% or more of th	e stock of a corporation	(or an equally large or	ortion of the ownership of a c	artnership or
other entity) of which the foundation has			,		
NONE					
2 Information Regarding Contributi	on, Grant, Gift, Loan	, Scholarship, etc., P	rograms:		
Check here 🕨 🔲 if the foundation o	nly makes contributions	to preselected charitable	organizations and doe	es not accept unsolicited req	uests for funds. If
the foundation makes gifts, grants, etc.	(see instructions) to indiv	viduals or organizations	under other conditions	, complete items 2a, b, c, an	d d.
a The name, address, and telephone numl	per or e-mail address of	the person to whom app	lications should be add	dressed:	
SEE STATEMENT 8					
b The form in which applications should b	e submitted and informa	tion and materials they s	hould include:		
c Any submission deadlines;					
A Anarotation of the state of t		alaran aha tahi dari	(
d Any restrictions or limitations on awards	s, such as by geographic	ai areas, charitable fields	, KINOS OT INSTITUTIONS,	or other factors:	

3 Grants and Contributions Paid During the Y		Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	<u> </u>	
a Paid during the year				
		}		
		1		
	}			
AMERICAN ISRAEL EDUCATION FOUNDATION	NONE	PC	GENERAL FUND	
WASHINGTON, DC				125,000
	ł	ļ	1	
CHILD MIND INSTITUTE	NONE	PC	GENERAL FUND	
NEW YORK, NY		1		100,000
		}		
COMMUNITY PARTNERS FOR COLLEGE MATCH	NONE	PC	SUPPORT OF COLLEGE	
LOS ANGELES, CA	NONE	•	PREPARATORY PROGRAM	25,000
	 			
JEWISH FEDERATION OF METROPOLITAN	NONE	PC	2016 CAMPAIGN	
DETROIT BLOOMFIELD HILLS, MI				1,000,000
2200111222 11222 , 112	 	 	 	2,000,000
			1	
LAWRENCE TECHNOLOGICAL UNIVERSITY SOUTHFIELD, MI	NONE	PC	INSTALLATION OF FULCRUM STATUE	68,861
	NTINUATION SHEE	<u>1 </u>	▶ 3a	2,228,484
b Approved for future payment	1	<u> </u>	T	
, ,				
		ì		
UNIVERSITY OF MICHIGAN	NONE	PC	MEDICAL RESEARCH	
ANN ARBOR, MI			indicate with the second	1,500,000
	 	<u> </u>		
		1		
UNIVERSITY OF MICHIGAN	NONE	PC	INVESTMENT ADVISORY	
ANN ARBOR, MI		1	COMMITTEE ENDOWED CHIEF INVESTMENT	
		1	OFFICER	200,000
	 	 	127-2	
		1		
		1	1	

Enter gross amounts unless otherwise indicated.		business income		section 512, 513, or 514	(e)
1 Program service revenue;	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
	code		2008		
a b			+		
<u> </u>	· — - T	-	+		
d					
			+-+-		
			+-+		
Food and contracts from coverament account					
g Fees and contracts from government agencie	es –		╅—┼─		
2 Membership dues and assessments			+		
3 Interest on savings and temporary cash			14	9,166.	
investments 4 Dividends and interest from securities	├		1 4	9,100.	
	-				· · · · · · · · · · · · · · · · · · ·
5 Net rental income or (loss) from real estate:			 		
a Debt-financed property			+-+		
b Not debt-financed property	├		 		
6 Net rental income or (loss) from personal					
property	 	 	+		
7 Other investment income	 	 			
B Gain or (loss) from sales of assets other			1 1		
than inventory			+-+		
Net income or (loss) from special events Gross profit or (loss) from sales of inventory	+		++		
			- 		
1 Other revenue:	1 1				
a			+		
b			++-		
d	 - 		+		
e		· · · · · · · · · · · · · · · · · · ·	++-		
2 Subtotal. Add columns (b), (d), and (e)		0	- 	9,166.	0
3 Total. Add line 12, columns (b), (d), and (e)	<u> </u>		<u> </u>	13	9,166
See worksheet in line 13 instructions to verify calci	ulations)				
Part XVI-B Relationship of Act	tivities to the Acco		<u> </u>		
Line No. Explain below how each activity for the foundation's exempt purposes			-A contributed	importantly to the accomp	Dishment of
	·-				
	· · · · · · · · · · · · · · · · · · ·				

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Exempt Organizations Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of Yes	
	No
the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?	1110
a Transfers from the reporting foundation to a noncharitable exempt organization of:	
(1) Cash	x
(2) Other assets	X
b Other transactions:	
(1) Sales of assets to a noncharitable exempt organization 1b(1)	x
(2) Purchases of assets from a noncharitable exempt organization 1b(2)	X
(3) Rental of facilities, equipment, or other assets	X
(4) Reimbursement arrangements	X
(5) Loans or loan guarantees	X
(6) Performance of services or membership or fundraising solicitations	X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	X
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets,	
or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in	
column (d) the value of the goods, other assets, or services received.	
1) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arranger	nents
N/A	
	
	
ls the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described	
	X No
b If "Yes," complete the following schedule.	
(a) Name of organization (b) Type of organization (c) Description of relationship	
N/A	
Under penalties of perjud/ I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belieful it is true, careful, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge setup with the pre-	s this
shown below (see	nstr)?
	No
Signature of office Date Title	
Print/Type preparer's name Preparer's signature Date Check if PTIN	
Paid MARY LOU GURA MU Con Jun 12/13/17 self-employed P0012204	A
Paid MARY LOU GURA IVWW WW IVW IVW P0012204 Preparer Firm's name ▶ TAUBMAN VENTURES GROUP, LLC Firm's EIN ▶ 38-3080730	4
Use Only Firm's name ► TAUBMAN VENTURES GROUP, LLC Firm's EIN ► 38 – 3080/30	
Firm's address ► 200 EAST LONG LAKE ROAD, SUITE 180	
BLOOMFIELD HILLS, MI 48304 Phone no. 248-258-758	9
Form 990-P	

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

Name of the organization

Employer identification number

	A. ALFRED TAUBMAN FOUNDATION	27-1366308
Organization type (chec	ok 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	ı
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	on is covered by the General Rule or a Special Rule. 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spe	ecial Rule See instructions
General Rule		
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions any one contributor. Complete Parts I and II. See instructions for determining a cont	
Special Rules		
sections 509(a any one contrib	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% s)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 1 butor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the 0-EZ, line 1. Complete Parts I and II.	3, 16a, or 16b, and that received from
year, total cont	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive tributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, of cruelty to children or animals. Complete Parts I, II, and III.	
year, contribut is checked, en purpose Don't	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive ions exclusively for religious, charitable, etc., purposes, but no such contributions to ter here the total contributions that were received during the year for an exclusively recomplete any of the parts unless the General Rule applies to this organization becautable, etc., contributions totaling \$5,000 or more during the year	taled more than \$1,000. If this box religious, charitable, etc.,
but it must answer "No	on that isn't covered by the General Rule and/or the Special Rules doesn't file Sched on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or check the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	•

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

Name of organization

Employer identification number

A. ALFRED TAUBMAN FOUNDATION

27-1366308

Part I	 Contributors 	(See instructions). Use duplicate co	opies of Part I if additional	space is needed.
--------	----------------------------------	-------------------	---------------------	-------------------------------	------------------

(a) N o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	A. ALFRED TAUBMAN CHARITABLE LEAD ANNUITY TRUST 200 EAST LONG LAKE ROAD, SUITE 180 BLOOMFIELD HILLS, MI 48304	\$5,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ROBERT S. TAUBMAN 200 EAST LONG LAKE ROAD, SUITE 180 BLOOMFIELD HILLS, MI 48304	\$95,983.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	WILLIAM S. TAUBMAN 200 EAST LONG LAKE ROAD, SUITE 180 BLOOMFIELD HILLS, MI 48304	\$95,984.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	GAYLE T. KALISMAN 200 EAST LONG LAKE ROAD, SUITE 180 BLOOMFIELD HILLS, MI 48304	\$\$5,984.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Omnicash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
623452 10-		\$Schodulo B / Form	Person Payroll Noncash (Complete Part II for noncash contributions) 990. 990-FZ, or 990-PF) (2016

Name of organization

Employer identification number

A. ALFRED TAUBMAN FOUNDATION

27-1366308

Part II · Noncash Property (See instructions) Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	-
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

me of orga	nization		Employer identification number
. ALF	RED TAUBMAN FOUNDATION		27-1366308
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete of completing Part III, enter the total of exclusively religious	ributions to organizations describe columns (a) through (e) and the folk s, chantable, etc., contributions of \$1,000 c	d in section 501(c)(7), (8), or (10) that total more than \$1,000 for Dwing line entry. For organizations
a) No.	Use duplicate copies of Part III if addition	al space is needed.	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
		(e) Transfer of gi	ft
-	Transferee's name, address, at	nd ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
:			
-		(e) Transfer of gi	l
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
-			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- :			
		(e) Transfer of g	ift
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
:			
-		(e) Transfer of g	ift
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
3454 10-18-1			Schedule B (Form 990, 990-EZ, or 990-PF) (2

3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Colla ibudon	·
		į		
MAYOR'S RESIDENCE SOCIETY FAYLOR, MI	NONE	PC	GENERAL FUND	25,00
MINDS MATTER DETROIT, INC.	NONE	PC	GENERAL FUND	50.00
CLAWSON, MI	 			50,00
MUSEUM OF CONTEMPORARY ART DETROIT	none	PC	GENERAL FUND	
DETROIT, MI	 	-		50,00
NEW DETROIT DETROIT, MI	NONE	PC	REIMBURSEMENT FOR CONSULTING FEES	39,62
	·			
PALM BEACH SYNAGOGUE PALM BEACH, FL	NONE	PC	GENERAL FUND	100,00
PROSTATE CANCER FOUNDATION SANTA MONICA, CA	NONE	PC	MEDICAL RESEARCH	100,00
RACQUET UP DETROIT DETROIT, MI	NONE	PC	EXPAND COLLEGE PREPARATORY PROGRAM	25,00
				•
UNIVERSITY OF MICHIGAN - A. ALFRED TAUBMAN MEDICAL RESEARCH INSTITUTE ANN ARBOR, MI	NONE	PC	AN EVENING OF ART + SCIENCE FOUNDING CO-SPONSOR	20,00
· · · · · · · · · · · · · · · · · · ·				
UNIVERSITY OF MICHIGAN ANN ARBOR, MI	NONE	PC	MEDICAL RESEARCH	500,0
				i
Total from continuation sheets				909,6

FORM 990-PF INTEREST ON SAV	INGS AND TEM	PORARY	CASH II	IVESTMENTS	STATEMENT 1
SOURCE	(A REVE PER B	NUE		(B) VESTMENT NCOME	(C) ADJUSTED NET INCOME
HUNTINGTON NATIONAL BANK		9,166.		9,166.	
TOTAL TO PART I, LINE 3		9,166.		9,166.	
FORM 990-PF	LEGAL	FEES			STATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B NET IN MENT I	VEST-	(C) ADJUSTED NET INCOM	
LEGAL FEES	5,694.		0.		5,694
TO FM 990-PF, PG 1, LN 16A	5,694.		0.		5,694
FORM 990-PF	OTHER PROFES	SIONAL	FEES		STATEMENT
DESCRIPTION	(A) EXPENSES PER BOOKS	(B NET IN MENT I	VEST-	(C) ADJUSTED NET INCOM	
DR. DAVID R. PARKINSON 820 ANDERSON LANE SEBASTOPOL, CA 95472 PAYMENT MADE PURSUANT TO	0. 0. 0.		0. 0. 0.		0 0
CONSULTING AGREEMENTS DATED 1/1/16 & 1/1/17 DR. DOUGLAS A. GREENE 51 DARREN DRIVE BASKING RIDGE, NJ 07920 PAYMENT MADE PURSUANT TO	75,000. 0. 0. 0.		0. 0. 0.		75,000 0 0 0
CONSULTING AGREEMENTS DATED 1/1/16 & 1/1/17 DR. GEORGE POSTE PO BOX 647 GILBERTSVILLE, PA 19525 PAYMENT MADE PURSUANT TO	75,000. 0. 0. 0.		0. 0. 0.		75,000 0 0 0
CONSULTING AGREEMENTS DATED 1/1/16 & 1/1/17 DR. BRETT P. GIROIR 918 HAWTHORN ST	175,000. 0. 0.		0. 0. 0.		175,000 0 0

COLLEGE STATION, TX 77840 PAYMENT MADE PURSUANT TO CONSULTING AGREEMENTS DATED 1/1/16 & 1/1/17	0.	0.		0.
DATED 1/1/16 & 1/1/17				
	75,000.	0.		75,000.
IND LIAMITERIAN MASSES	•			
DR. HAMILTON MOSES	0.	0.		0.
3214 OAKMONT FARM	0.	0.		0.
NORTH GARDEN, VA 22959	0.	0.		0.
PAYMENT MADE PURSUANT TO				
CONSULTING AGREEMENTS	75 000	•		EE 000
DATED 1/1/16 & 1/1/17	75,000.	0.		75,000.
DR. HAMILTON MOSES	0.	0.		0.
3214 OAKMONT FARM	0.	0.		0.
NORTH GARDEN, VA 22959	0.	0.		0.
PAYMENT MADE FOR				
CONSULTING SERVICES				
RELATED TO NEW DIRECTOR	137,500.	0.		137,500.
AXIOM CONSULTING PARTNERS	0.	0.		0.
20 NORTH WACKER DRIVE,				
SUITE 3010	0.	0.		0.
CHICAGO, IL 60606	0.	0.		0.
PAYMENT MADE PURSUANT TO				
CONSULTING AGREEMENT DATED				
3/3/16	181,000.	0.		181,000.
ACKERMAN CONSULTING	0.	0.		0.
905 WEST WILLOW	0.	0.		0.
CHICAGO, IL 60614	0.	0.		0.
PAYMENT MADE PURSUANT TO				•
CONSULTING AGREEMENT DATED				
2/1/17	60,000.	0.		60,000.
TRAVEL EXPENSE	00,000.	•		00,000.
REIMBURSEMENTS	38,651.	0.		38,651.
BRANDING/LOGO DEVELOPMENT	19,550.	ŏ.		19,550.
TO FORM 990-PF, PG 1, LN 16C	911,701.	0.		911,701.
				======== ============================
FORM 990-PF	OTHER E	XPENSES	SI	ATEMENT 4
	(A)	(B)	(C)	(D)
	EXPENSES	NET INVEST-	ADJUSTED	CHARITABLE
DESCRIPTION	ER BOOKS	MENT INCOME	NET INCOME	PURPOSES
STATE OF MICHIGAN - FILING				
FEE	40.	0.		40.
REGISTERED AGENT FEES	128.	0.		128.
OFFICE SUPPLIES	891.	0.		891.
STATE OF DELAWARE - FILING	J	•		451
FEE	25.	0.		25.
COUNCIL OF MICHIGAN	23.	U •		23•
FOUNDATIONS MEMBERSHIP	700.	0.		700.
TOMPHITOMO MEMBERGHIE				700.
_				
TO FORM 990-PF, PG 1, LN 23	1,784.	0.		1,784.

	PANTIAL CONTRIBUTORS STATEMENT II-A, LINE 10	 5
NAME OF CONTRIBUTOR	ADDRESS	
A. ALFRED TAUBMAN CHARITABLE LEAD	200 EAST LONG LAKE ROAD, SUITE 180	
ANNUITY TRUST	BLOOMFIELD HILLS, MI 48304	

FORM 990-PF PART VIII - LIST TRUSTEES AND	OF OFFICERS, DEFOUNDATION MANAGE		STATI	EMENT 6
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
JEFFREY H. MIRO 39400 WOODWARD AVE, SUITE 101 BLOOMFIELD HILLS, MI 48304	SECRETARY 0.00	0.	0.	0.
JEFFREY M. DAVIDSON 200 EAST LONG LAKE RD, SUITE 180 BLOOMFIELD HILLS, MI 48304	ASSISTANT TREA	SURER 0.	0.	0.
GAYLE T. KALISMAN 200 EAST LONG LAKE RD, SUITE 180 BLOOMFIELD HILLS, MI 48304	PRESIDENT 0.00	0.	0.	0.
	VICE PRESIDENT 0.00	0.	0.	0.
ROBERT S. TAUBMAN 200 EAST LONG LAKE RD, SUITE 180 BLOOMFIELD HILLS, MI 48304	TREASURER 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII	0.	0.	0.

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT

NAME OF MANAGER

GAYLE T. KALISMAN WILLIAM S. TAUBMAN ROBERT S. TAUBMAN

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

GAYLE TAUBMAN KALISMAN 200 EAST LONG LAKE ROAD, SUITE 190 BLOOMFIELD HILLS, MI 48304

TELEPHONE NUMBER

248-258-7200

FORM AND CONTENT OF APPLICATIONS

REQUESTS FOR CONTRIBUTIONS SHOULD BE SUBMITTED IN WRITING. THERE ARE NO GRANT APPLICATION GUIDELINES, HOWEVER, APPLICATIONS SHOULD PROVIDE A BRIEF EXPLANATION OF WHAT APPLICANTS EXPECT TO RECEIVE FROM THE FOUNDATION AND WHY. IN ADDITION, IT WOULD BE OF ASSISTANCE IF A LIST OF CONTRIBUTORS THAT HAVE RESPONDED TO SIMILAR REQUESTS BE PROVIDED.

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

NONE