

**Form 990-PF**

Department of the Treasury  
Internal Revenue Service

## 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 instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

2017

**Open to Public  
Inspection**

**For calendar year 2017, or tax year beginning 01-01-2017 , and ending 12-31-2017**

Name of foundation THE STEPHEN L HICKMAN FAMILY FOUNDATION		<b>A Employer identification number</b> 38-3349206			
Number and street (or P O box number if mail is not delivered to street address) C/O 3401 TUTTLE ROAD NO 290		<b>B Telephone number (see instructions)</b> (517) 263-5055			
City or town, state or province, country, and ZIP or foreign postal code SHAKER HEIGHTS, OH 44122		<b>C If exemption application is pending, check here</b> ► <input type="checkbox"/>			
<b>G Check all that apply</b> <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1. Foreign organizations, check here</b> ► <input type="checkbox"/> <b>2 Foreign organizations meeting the 85% test, check here and attach computation</b> ► <input type="checkbox"/>			
<b>H Check type of organization</b> <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E If private foundation status was terminated under section 507(b)(1)(A), check here</b> ► <input type="checkbox"/>			
<b>I Fair market value of all assets at end of year (from Part II, col. (c), line 16)</b> ► \$ 8,541,083	<b>J Accounting method</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) <i>(Part I, column (d) must be on cash basis)</i>	<b>F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here</b> ► <input type="checkbox"/>			
<b>Part I Analysis of Revenue and Expenses</b> <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>		<b>(a)</b> Revenue and expenses per books	<b>(b)</b> Net investment income	<b>(c)</b> Adjusted net income	<b>(d)</b> Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>					
1 Contributions, gifts, grants, etc , received (attach schedule)		1,777,522			
2 Check ► <input type="checkbox"/> if the foundation is not required to attach Sch B					
3 Interest on savings and temporary cash investments		633	633		
4 Dividends and interest from securities		149,816	148,382		
5a Gross rents					
b Net rental income or (loss)					
6a Net gain or (loss) from sale of assets not on line 10		418,293			
b Gross sales price for all assets on line 6a	1,340,087				
7 Capital gain net income (from Part IV, line 2)			418,293		
8 Net short-term capital gain					
9 Income modifications					
10a Gross sales less returns and allowances					
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)		938	938		
<b>12 Total.</b> Add lines 1 through 11		2,347,202	568,246		
<b>Operating and Administrative Expenses</b>					
13 Compensation of officers, directors, trustees, etc		0	0		
14 Other employee salaries and wages					
15 Pension plans, employee benefits					
16a Legal fees (attach schedule)					
b Accounting fees (attach schedule)					
c Other professional fees (attach schedule)		29,233	29,233		
17 Interest		23,137	23,137		
18 Taxes (attach schedule) (see instructions)		16,959	3,724		
19 Depreciation (attach schedule) and depletion					
20 Occupancy					
21 Travel, conferences, and meetings					
22 Printing and publications					
23 Other expenses (attach schedule)		66,929	72,260		
<b>24 Total operating and administrative expenses.</b>		136,258	128,354		
Add lines 13 through 23		1,148,940			1,148,940
<b>25 Contributions, gifts, grants paid</b>					
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25		1,285,198	128,354		1,148,940
<b>27 Subtract line 26 from line 12</b>					
<b>a Excess of revenue over expenses and disbursements</b>		1,062,004			
<b>b Net investment income</b> (if negative, enter -0-)			439,892		
<b>c Adjusted net income</b> (if negative, enter -0-)					

	Part II Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions )	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
	1 Cash—non-interest-bearing				
	2 Savings and temporary cash investments		636,661	1,166,567	1,166,567
	3 Accounts receivable ►				
	Less allowance for doubtful accounts ►				
	4 Pledges receivable ►				
	Less allowance for doubtful accounts ►				
	5 Grants receivable				
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)				
	7 Other notes and loans receivable (attach schedule) ►				
	Less allowance for doubtful accounts ►				
	8 Inventories for sale or use				
	9 Prepaid expenses and deferred charges				
	10a Investments—U S and state government obligations (attach schedule)				
	b Investments—corporate stock (attach schedule)		3,528,602	3,671,088	4,460,068
	c Investments—corporate bonds (attach schedule)		662,080	634,638	648,158
	11 Investments—land, buildings, and equipment basis ►				
	Less accumulated depreciation (attach schedule) ►				
	12 Investments—mortgage loans				
	13 Investments—other (attach schedule)		1,900,924	2,266,290	2,266,290
	14 Land, buildings, and equipment basis ►				
	Less accumulated depreciation (attach schedule) ►				
	15 Other assets (describe ► _____)				
	16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)		6,728,267	7,738,583	8,541,083
	17 Accounts payable and accrued expenses				
	18 Grants payable				
	19 Deferred revenue				
	20 Loans from officers, directors, trustees, and other disqualified persons				
	21 Mortgages and other notes payable (attach schedule)				
	22 Other liabilities (describe ► _____)		0	0	
	23 Total liabilities (add lines 17 through 22)		0	0	
	<b>Foundations that follow SFAS 117, check here ► <input type="checkbox"/></b> <b>and complete lines 24 through 26 and lines 30 and 31.</b>				
	24 Unrestricted				
	25 Temporarily restricted				
	26 Permanently restricted				
	<b>Foundations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/></b> <b>and complete lines 27 through 31.</b>				
	27 Capital stock, trust principal, or current funds		0	0	
	28 Paid-in or capital surplus, or land, bldg , and equipment fund		0	0	
	29 Retained earnings, accumulated income, endowment, or other funds		6,728,267	7,738,583	
	30 Total net assets or fund balances (see instructions)		6,728,267	7,738,583	
	31 Total liabilities and net assets/fund balances (see instructions)		6,728,267	7,738,583	

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

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	6,728,267
2	Enter amount from Part I, line 27a	2	1,062,004
3	Other increases not included in line 2 (itemize) ►	3	837
4	Add lines 1, 2, and 3	4	7,791,108
5	Decreases not included in line 2 (itemize) ►	5	52,525
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	7,738,583

**Part IV Capital Gains and Losses for Tax on Investment Income**

(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.)			(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a See Additional Data Table					
b					
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
a See Additional Data Table					
b					
c					
d					
e					
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	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))		
a See Additional Data Table					
b					
c					
d					
e					
2 Capital gain net income or (net capital loss)		If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	418,293	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8				3	

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

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

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

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

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

 Yes  No**1 Enter the appropriate amount in each column for each year, see instructions before making any entries**

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	280,506	6,019,550	0 046599
2015	377,524	4,669,767	0 080844
2014	420,606	3,384,233	0 124284
2013	443,623	3,428,498	0 129393
2012	424,613	3,293,705	0 128917
<b>2 Total</b> of line 1, column (d)			<b>2</b> 0 510037
<b>3 Average</b> distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			<b>3</b> 0 102007
<b>4 Enter</b> the net value of noncharitable-use assets for 2017 from Part X, line 5			<b>4</b> 7,372,255
<b>5 Multiply</b> line 4 by line 3			<b>5</b> 752,022
<b>6 Enter</b> 1% of net investment income (1% of Part I, line 27b)			<b>6</b> 4,399
<b>7 Add</b> lines 5 and 6			<b>7</b> 756,421
<b>8 Enter</b> qualifying distributions from Part XIII, line 4			<b>8</b> 1,148,940

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 instructions

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)	1	4,399
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	0
3	Add lines 1 and 2.	3	4,399
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	0
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3 If zero or less, enter -0- . . . . .	5	4,399
6	Credits/Payments		
a	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	11,360
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments Add lines 6a through 6d.	7	11,360
8	Enter any <b>penalty</b> for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	8	0
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . . ►	9	
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . . ►	10	6,961
11	Enter the amount of line 10 to be <b>Credited to 2018 estimated tax</b> ►	11	0

**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 intervene in any political campaign? <input checked="" type="checkbox"/>	Yes	No
1b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . .	Yes	
	<i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>		
1c	Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	No	
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ► \$ _____ 0 (2) On foundation managers ► \$ _____ 0		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► \$ _____ 0		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . <i>If "Yes," attach a detailed description of the activities</i>	No	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	No	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	Yes	
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	Yes	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T</i>	No	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ► MI		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i>	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the taxable year beginning in 2017 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	No	
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	No	

**Part VII-A Statements Regarding Activities (continued)**

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11	No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12	No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ►N/A	13	Yes
14	The books are in care of ►SALLY D HICKMAN	Telephone no ►(517) 263-5055	
Located at ►2711 E MAUMEE STREET ADRIAN MI			ZIP+4 ►49221
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the year.	► 15	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ►	16	Yes No

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		
		Yes No
1a	During the year did the foundation (either directly or indirectly)	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 termination of government service, if terminating within 90 days).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here.	► <input type="checkbox"/>
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017?	1c <input type="checkbox"/> No
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))	
a	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? If "Yes," list the years ► 20____, 20____, 20____, 20____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions) ►	2b <input type="checkbox"/>
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2017).	3b <input type="checkbox"/>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a <input type="checkbox"/> No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b <input type="checkbox"/> No

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)**

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))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? . . . . .	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions). . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)? . . . . . Organizations relying on a current notice regarding disaster assistance check here. . . . . ►			5b	Yes
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	<i>If "Yes," attach the statement required by Regulations section 53 4945-5(d)</i>				
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	6b	No
	<i>If "Yes" to 6b, file Form 8870</i>				
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .			7b	

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
TRACY L HICKMAN 1046 W KINZIE STREET SUITE 102 CHICAGO, IL 60642	PRESIDENT 0 00	0	0	0
STEPHANIE L HICKMAN-BOYSE 3743 BIRNWICK DRIVE ADRIAN, MI 49221	SECRETARY 0 00	0	0	0
SALLY D HICKMAN C/O PARAGON ADVISORS 3401 TUTTLE RD 290 SHAKER HTS, OH 44122	VICE PRES/TREASURER 0 00	0	0	0
STEPHEN L HICKMAN C/O PARAGON ADVISORS 3401 TUTTLE RD 290 SHAKER HTS, OH 44122	TRUSTEE 0 00	0	0	0

**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	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
NONE				

Total number of other employees paid over \$50,000. ► 0

**3 Five highest-paid independent contractors for professional services (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. ► 0

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc

Expenses

1	
2	
3	
4	

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

Amount

1	
2	
All other program-related investments See instructions	
3	

Total. Add lines 1 through 3 ► 0

**Part X Minimum Investment Return** (All domestic foundations must complete this part Foreign foundations, see instructions )

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities. . . . .	1a	4,854,458
b	Average of monthly cash balances. . . . .	1b	407,729
c	Fair market value of all other assets (see instructions). . . . .	1c	2,222,336
d	<b>Total</b> (add lines 1a, b, and c). . . . .	1d	7,484,523
e	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	7,484,523
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	4	112,268
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	5	7,372,255
6	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	6	368,613

**Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign

**Part XI** organizations check here ►  and do not complete this part )

1	Minimum investment return from Part X, line 6. . . . .	1	368,613
2a	Tax on investment income for 2017 from Part VI, line 5. . . . .	2a	4,399
b	Income tax for 2017 (This does not include the tax from Part VI ). . . . .	2b	800
c	Add lines 2a and 2b. . . . .	2c	5,199
3	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	3	363,414
4	Recoveries of amounts treated as qualifying distributions. . . . .	4	0
5	Add lines 3 and 4. . . . .	5	363,414
6	Deduction from distributable amount (see instructions). . . . .	6	0
7	<b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	7	363,414

**Part XII Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	1a	1,148,940
b	Program-related investments—total from Part IX-B. . . . .	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required). . . . .	3a	
b	Cash distribution test (attach the required schedule). . . . .	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,148,940
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 (see instructions). . . . .	5	4,399
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	6	1,144,541
<b>Note:</b> The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years			

**Part XIII Undistributed Income (see instructions)**

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
<b>1</b> Distributable amount for 2017 from Part XI, line 7				363,414
<b>2</b> Undistributed income, if any, as of the end of 2017			0	
<b>a</b> Enter amount for 2016 only. . . . .			0	
<b>b</b> Total for prior years 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2017				
<b>a</b> From 2012. . . . .	262,710			
<b>b</b> From 2013. . . . .	274,200			
<b>c</b> From 2014. . . . .	258,548			
<b>d</b> From 2015. . . . .	151,244			
<b>e</b> From 2016. . . . .				
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	946,702			
<b>4</b> Qualifying distributions for 2017 from Part XII, line 4 ► \$ 1,148,940			0	
<b>a</b> Applied to 2016, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2017 distributable amount. . . . .			363,414	
<b>e</b> Remaining amount distributed out of corpus	785,526			
<b>5</b> Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a) )	0			0
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,732,228			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b. . . . .		0		
<b>c</b> 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		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018 . . . . .				0
<b>7</b> 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			
<b>8</b> Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions) . . . . .	262,710			
<b>9</b> <b>Excess distributions carryover to 2018.</b> Subtract lines 7 and 8 from line 6a . . . . .	1,469,518			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2013. . . . .	274,200			
<b>b</b> Excess from 2014. . . . .	258,548			
<b>c</b> Excess from 2015. . . . .	151,244			
<b>d</b> Excess from 2016. . . . .				
<b>e</b> Excess from 2017. . . . .	785,526			

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

1a	If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. ►			
b	Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)			
2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed.			
b	85% of line 2a.			
c	Qualifying distributions from Part XII, line 4 for each year listed.			
d	Amounts included in line 2c not used directly for active conduct of exempt activities.			
e	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c.			
3	Complete 3a, b, or c for the alternative test relied upon			
a	"Assets" alternative test—enter			
(1)	Value of all assets.			
(2)	Value of assets qualifying under section 4942(j)(3)(B)(i).			
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.			
c	"Support" alternative test—enter			
(1)	Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties).			
(2)	Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).			
(3)	Largest amount of support from an exempt organization			
(4)	Gross investment income			

**Part XV Supplementary Information** (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)**1 Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))  
See Additional Data Table

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ►  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

SALLY D HICKMAN  
2711 E MAUMEE STREET  
ADRIAN, MI 49221  
(571) 263-5055

b The form in which applications should be submitted and information and materials they should include  
ALL APPLICATIONS MUST BE IN WRITING AND INCLUDE A DETAILED DESCRIPTION AS TO THE PURPOSE OF THE REQUEST

c Any submission deadlines

ALL APPLICATIONS MUST BE RECEIVED AT THE FOUNDATION'S BUSINESS OFFICE NO LATER THAN OCTOBER 1

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

ALL APPLICANTS MUST BE 501(C)(3) ORGANIZATIONS

## **Part XV    Supplementary Information (continued)**

### **3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1 Program service revenue</b>					
a					
b					
c					
d					
e					
f					
<b>g Fees and contracts from government agencies</b>					
<b>2 Membership dues and assessments.</b>					
<b>3 Interest on savings and temporary cash investments</b>			14	633	
<b>4 Dividends and interest from securities.</b>			14	149,816	
<b>5 Net rental income or (loss) from real estate</b>					
a Debt-financed property.					
b Not debt-financed property.					
<b>6 Net rental income or (loss) from personal property</b>					
<b>7 Other investment income.</b>			14	938	
<b>8 Gain or (loss) from sales of assets other than inventory</b>			18	418,293	
<b>9 Net income or (loss) from special events</b>					
<b>10 Gross profit or (loss) from sales of inventory</b>					
<b>11 Other revenue a</b>					
b					
c					
d					
e					
<b>12 Subtotal Add columns (b), (d), and (e).</b>		0		569,680	
<b>13 Total. Add line 12, columns (b), (d), and (e).</b>			13		569,680
(See worksheet in line 13 instructions to verify calculations.)					

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**



**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

(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.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
GABELLI		2017-01-01	2017-12-31
GABELLI		2016-01-01	2017-12-31
SCHWAB 5236		2017-01-01	2017-12-31
SCHWAB 5236		2016-01-01	2017-12-31
SCHWAB 7300		2017-01-01	2017-12-31
SCHWAB 7300		2016-01-01	2017-12-31
K-1 S/T	P	2017-01-01	2017-12-31
K-1 L/T	P	2016-01-01	2017-12-31
K-1 1231	P	2016-01-01	2017-12-31
SCHWAB #5236 LTCG DISTRIBUTION		2016-01-01	2017-12-31

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis (h) plus expense of sale	(h) (e) plus (f) minus (g)
18,505		17,270	1,235
141,914		130,220	11,694
124,200		110,145	14,055
669,281		472,637	196,644
149,933		148,814	1,119
46,084		42,708	3,376
9,320			9,320
74,408			74,408
8,468			8,468
34,988			34,988

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(I) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) FMV as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
			1,235
			11,694
			14,055
			196,644
			1,119
			3,376
			9,320
			74,408
			8,468
			34,988

**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, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
ST CAP GAIN DIST		2017-01-01	2017-12-31
SCHWAB #8164		2017-01-01	2017-12-31

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
471			471
62,515			62,515

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

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 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	
			471
			62,515

**Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).**

SALLY D HICKMAN

STEPHEN L HICKMAN

**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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
ADRIAN COUNCIL FOR THE ARTS 2300 NORTH ADRIAN HWY ADRIAN, MI 49221	NONE	501(C)(3)	OPERATING	1,000
ADRIAN SCHOOL EDUCATION FOUNDATION 785 RIVERSIDE AVE STE 2 ADRAIN, MI 49221	NONE	501(C)(3)	OPERATING	25,000
BOYS AND GIRLS CLUB OF LENAWEE 340 E CHURCH ST SUITE A ADRIAN, MI 49221	NONE	501(C)(3)	OPERATING	11,429
<b>Total . . . . .</b>				1,148,940
<b>3a</b>				

**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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
BOYS AND GIRLS CLUB OF THE LOWCOUNTRY - JASPER PO BOX 1421 RIDGELAND, SC 29936	NONE	501(C)(3)	OPERATING	7,500
GRAZE TO RAISE 137 NORTH MAIN ST ADRAIN, MI 49221	NONE	501(C)(3)	OPERATING	10,000
HOPE COMMUNITY CENTER 431 BAKER ST ADRIAN, MI 49221	NONE	501(C)(3)	OPERATING	5,000
<b>Total . . . . .</b>				1,148,940
<b>3a</b>				

**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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
K-1 ACTIVITY3401 TUTTLE RD STE 290 SHAKER HEIGHTS, OH 44122	NONE	503(C)(3)	OPERATING	11
LENAWEE COMMUNITY FOUNDATION 606 N EVANS ST TECUMSEH, MI 49286	NONE	501(C)(3)	OPERATING	2,000
LENAWEE COMMUNITY FOUNDATION ART-A-LICIOUS PO BOX 685 ADRIAN, MI 49221	NONE	501(C)(3)	OPERATING	2,500
<b>Total . . . . .</b>				1,148,940
<b>3a</b>				

## 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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
LINCOLN PARK ZOO 2001 NORTH CLARK STREET CHICAGO, IL 60614	NONE	501(C)(3)	OPERATING	50,000
MACKINAC CENTER 140 WEST MAIN STREET PO BOX 568 MIDLAND, MI 48640	NONE	501(C)(3)	OPERATING	1,000
MEMORIAL FOUNDATION 826 W KING ST OWOSO, MI 48867	NONE	501(C)(3)	OPERATING	1,000
<b>Total . . . . .</b>				1,148,940
<b>3a</b>				

## 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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
PROMEDICA 2142 N COVE BLVD TOLEDO, OH 43606	NONE	501(C)(3)	OPERATING	1,000,000
SIENNA HEIGHTS UNIVERSITY 1247 E SIENA HEIGHTS DR ADRAIN, MI 49221	NONE	503(C)(3)	OPERATING	10,000
SIGMA ALPHA EPSILON FOUNDATION 1856 SHERIDAN ROAD EVANSTON, IL 60201	NONE	501(C)(3)	OPERATING	5,000
<b>Total . . . . .</b>				1,148,940
<b>3a</b>				

## 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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
SOUTH CAROLINA GOVERNORS SCHOOL 401 RAILROAD AVE HARTSVILLE, SC 29550	NONE	501(C)(3)	OPERATING	5,000
TELFAIR MUSEUM OF ARTPO BOX 10081 SAVANNAH, GA 31412	NONE	501(C)(3)	OPERATING	1,500
UNITED WAY4224 W MAUMEE STREET ADRIAN, MI 49221	NONE	501(C)(3)	OPERATING	11,000
<b>Total . . . . .</b>				1,148,940
<b>3a</b>				

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As Filed Data -

DLN: 93491318026048

# TY 2017 ExplanOfLegisPoliticalActvts

**Name:** THE STEPHEN L HICKMAN FAMILY FOUNDATION

**EIN:** 38-3349206

**Explanation:** SUPPORTED A POLITICAL CANDIDATE

## TY 2017 Investments Corporate Bonds Schedule

**Name:** THE STEPHEN L HICKMAN FAMILY FOUNDATION

**EIN:** 38-3349206

### Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
FIDELITY FLOATING RATE	264,937	269,129
INVESCO CONV. SECURITIES	268,052	280,712
MD SASS 1 3 YEAR DURATION	83,699	80,322
US TREASURY BILL	17,950	17,995

**TY 2017 Investments Corporate Stock Schedule**

**Name:** THE STEPHEN L HICKMAN FAMILY FOUNDATION  
**EIN:** 38-3349206

Name of Stock	End of Year Book Value	End of Year Fair Market Value
ADVANCE AUTO PARTS	51,586	37,085
ALLERGAN PLC	43,340	30,099
AON PLC	38,013	45,694
APPLE INC.	24,539	36,723
BERKSHIRE HATHAWAY INC.	41,257	57,087
CERNER CORP	19,041	21,093
COGNIZANT TECH SOLU	36,590	47,370
COMCAST CORPORATION	43,473	51,264
CVS HEALTH CORP	36,048	30,305
DOLLAR GENERAL CORP	33,038	42,506
GABELLI #4783	722,165	943,784
GENTEX CORP	19,234	22,731
MCKESSON CORPORATION	37,843	36,804
MICROSOFT	37,989	56,799
MOTOROLA SOLUTIONS	19,004	23,037
ORACLE CORPORATION	47,533	57,729
PRICELINE GROUP	37,763	43,444
SCHLUMBERGER	28,522	24,463
SHERWIN WILLIAMS CO	25,220	35,263
WALGREENS BOOTS ALLI	45,228	41,974
WILLIS TOWERS WATSON	15,706	17,932
HARDING LOEVNER EMERGING	253,795	327,746
INVESCO EUROPEAN GROWTH FUND	365,410	437,880
MATTHEWS ASIA DIVIDEND	378,496	447,154
OAKMARK INTERNATIONAL FUND	476,015	638,005
GABELLI SMALL CAP GROWTH	222,391	242,957
PRIMECAP ODYSSEY AGGR	309,040	381,748
CDK GLOBAL INC	30,961	31,720
HERSEY COMPANY	30,653	32,350
KANSAS CITY SOUTHERN	19,599	22,938

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
L BRANDS INC	40,439	52,030
TIME WARNER INC	42,317	42,899
WALT DISNEY CO	20,672	21,287
SUN LIFE STOCK	50,330	50,330
OLD NATIONAL BANK STOCK	27,838	27,838

## TY 2017 Investments - Other Schedule

**Name:** THE STEPHEN L HICKMAN FAMILY FOUNDATION

**EIN:** 38-3349206

### Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
ENERGY TRANSFER PARTNERS LP	FMV	5,012	5,012
PRIVATE EQUITY CAPITAL PARTNERS 2008	FMV	123,936	123,936
REAL ESTATE CAPITAL FUND 2008	FMV	56,003	56,003
ADVISORS HEDGE FUND	FMV	286,877	286,877
HEDGE STRATEGY FUND	FMV	550,434	550,434
INTERNATIONAL STRATEGIES FUND	FMV	400,560	400,560
TOWER EAST MAVERICK FUND	FMV	269,533	269,533
VENTURE CAPITAL INVESTMENT PARTNERS 2014	FMV	310,432	310,432
PRIVATE EQUITY CAPITAL PARTNERS 2016	FMV	69,717	69,717
PRIVATE CREDIT INVESTMENT FUND 2016	FMV	117,498	117,498
REAL ESTATE CAPITAL FUND 2016	FMV	76,288	76,288

## TY 2017 Other Decreases Schedule

**Name:** THE STEPHEN L HICKMAN FAMILY FOUNDATION

**EIN:** 38-3349206

Description	Amount
BOOK GAIN/LOSS	51,895
K-1 ACTIVITY NON DEDUCTIBLE EXPENSE	630

## TY 2017 Other Expenses Schedule

**Name:** THE STEPHEN L HICKMAN FAMILY FOUNDATION  
**EIN:** 38-3349206

## Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FILING FEES (MICHIGAN)	20	20		0
K-1 ACTIVITY OTHER DEDUCTIONS	7,074	7,074		0
K-1 ACTIVITY OTHER PORTFOLIO DEDUCTIONS	552	552		0
K-1 ACTIVITY SEC 59(E)	140	140		0
K-1 ACTIVITY ROYALTY EXPENSE	19	19		0
K-1 ACTIVITY PORTFOLIO DEDUCTIONS	33,635	33,635		0
K-1 RENTAL INCOME	7,105	7,105		0
K-1 ACTIVITY OTHER PORTFOLIO LOSS	2,123	2,123		0
BANK FEES	100	100		0
K-1 SEC 1256	14,162	14,162		0

## Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
K-1 ORDINARY LOSS	999	7,330	0	
POLITICAL DONATION	1,000	0	0	

## TY 2017 Other Income Schedule

**Name:** THE STEPHEN L HICKMAN FAMILY FOUNDATION

**EIN:** 38-3349206

### Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
K-1 ACITIVTY ROYALTY INCOME	57	57	57
K-1 ACITIVITY OTHER INCOME	873	873	873
K-1 CANCELLATION OF DEBT	7	7	7
K-1 OTHER RENTAL INCOME	1	1	1

## TY 2017 Other Increases Schedule

**Name:** THE STEPHEN L HICKMAN FAMILY FOUNDATION

**EIN:** 38-3349206

Description	Amount
NON DIVIDEND DISTRIBUTIONS	837

## TY 2017 Other Professional Fees Schedule

**Name:** THE STEPHEN L HICKMAN FAMILY FOUNDATION  
**EIN:** 38-3349206

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
GABELLI ADVISORY FEES	9,425	9,425		0
PARAGON FEES	7,000	7,000		0
ADR FEES	20	20		0
SCHWAB MANAGEMENT FEES	12,788	12,788		0

## TY 2017 Taxes Schedule

**Name:** THE STEPHEN L HICKMAN FAMILY FOUNDATION**EIN:** 38-3349206

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES GABELLI 4783	36	36		0
FOREIGN TAXES SCHWAB 5236	2,585	2,585		0
FOREIGN TAXES K-1 ACTIVITY	811	811		0
K-1 BACKUP WITHHOLDING	50	0		0
FEDERAL TAX PAYMENTS	13,185	0		0
FOREIGN TAXES SCHWAB 7300	23	23		0
FOREIGN TAXES SUN LIFE	233	233		0
FOREIGN TAXES SCHWAB 8164	36	36		0

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

OMB No 1545-0047

► 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  
[www.irs.gov/form990](http://www.irs.gov/form990)

**2017****Name of the organization**

THE STEPHEN L HICKMAN FAMILY FOUNDATION

**Employer identification number**

38-3349206

**Organization type (check 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  
 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

Check if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor Complete Parts I and II. See instructions for determining a contributor's total contributions

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup> 3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc. purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc. purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc. contributions totaling \$5,000 or more during the year. ► \$ \_\_\_\_\_

**Caution.** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

<b>Name of organization</b> THE STEPHEN L HICKMAN FAMILY FOUNDATION		<b>Employer identification number</b> 38-3349206	
<b>Part I</b> <b>Contributors</b> (See instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	STEPHEN L HICKMAN 2711 E MAUMEE STREET	\$ 953,168	Person <input type="checkbox"/>
	ADRIAN, MI49221		Payroll <input type="checkbox"/>
			Noncash <input checked="" type="checkbox"/>
			(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	SALLY D HICKMAN 2711 E MAUMEE STREET	\$ 824,354	Person <input type="checkbox"/>
	ADRIAN, MI49221		Payroll <input type="checkbox"/>
			Noncash <input checked="" type="checkbox"/>
			(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions )

<b>Name of organization</b> THE STEPHEN L HICKMAN FAMILY FOUNDATION		<b>Employer identification number</b> 38-3349206	
<b>Part II</b> <b>Noncash Property</b> <small>(See instructions) Use duplicate copies of Part II if additional space is needed</small>			
<b>(a) No. from Part I</b>	<b>(b) Description of noncash property given</b>	<b>(c) FMV (or estimate) (See instructions)</b>	<b>(d) Date received</b>
1	STOCKS	\$ 353,168	2017-12-31
<b>(a) No. from Part I</b>	<b>(b) Description of noncash property given</b>	<b>(c) FMV (or estimate) (See instructions)</b>	<b>(d) Date received</b>
2	STOCKS	\$ 320,054	2017-12-31
<b>(a) No. from Part I</b>	<b>(b) Description of noncash property given</b>	<b>(c) FMV (or estimate) (See instructions)</b>	<b>(d) Date received</b>
		\$	
<b>(a) No. from Part I</b>	<b>(b) Description of noncash property given</b>	<b>(c) FMV (or estimate) (See instructions)</b>	<b>(d) Date received</b>
		\$	
<b>(a) No. from Part I</b>	<b>(b) Description of noncash property given</b>	<b>(c) FMV (or estimate) (See instructions)</b>	<b>(d) Date received</b>
		\$	
<b>(a) No. from Part I</b>	<b>(b) Description of noncash property given</b>	<b>(c) FMV (or estimate) (See instructions)</b>	<b>(d) Date received</b>
		\$	
<b>(a) No. from Part I</b>	<b>(b) Description of noncash property given</b>	<b>(c) FMV (or estimate) (See instructions)</b>	<b>(d) Date received</b>
		\$	

**Name of organization**  
THE STEPHEN L HICKMAN FAMILY FOUNDATION

**Employer identification number**  
38-3349206

**Part III** *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_*  
Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		<p style="text-align: center;">(e) Transfer of gift</p> <p>Transferee's name, address, and ZIP 4</p>	<p>Relationship of transferor to transferee</p>
		<p style="text-align: center;">(e) Transfer of gift</p> <p>Transferee's name, address, and ZIP 4</p>	<p>Relationship of transferor to transferee</p>
		<p style="text-align: center;">(e) Transfer of gift</p> <p>Transferee's name, address, and ZIP 4</p>	<p>Relationship of transferor to transferee</p>
		<p style="text-align: center;">(e) Transfer of gift</p> <p>Transferee's name, address, and ZIP 4</p>	<p>Relationship of transferor to transferee</p>