DLN: 93491312005258

OMB No 1545-0052

2017

## **Return of Private Foundation**

Form 990-PF

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

or	caler	ndar year 2017, or tax year beginning 01-01-20	)17 , a	nd er	nding 12-31-	2017			
		indation ) LUCIANA DICLEMENTE			A Employer ıd	entification numbe	r		
	UNDAT				38-3440485				
		d street (or P O box number if mail is not delivered to street address)	Room/suite		<b>B</b> Telephone nu	mber (see instruction	ıs)		
2	3105 GI	REENFIELD RD		(248) 569-1430					
		, state or province, country, and ZIP or foreign postal code			C If exemption	application is pending	s chock horo		
500	IHFIEL	D, MI 480763046			C II exemption	application is penulii	b □		
G Cł	neck al	l that apply $\square$ Initial return $\square$ Initial return of a	former public charity		<b>D 1.</b> Foreign or	ganızatıons, check he	re 🕨		
		Final return Amended return				ganizations meeting k here and attach coi			
		Address change Name change					· -		
<b>1</b> C	neck ty	pe of organization $\checkmark$ Section 501(c)(3) exempt private				ındatıon status was t n 507(b)(1)(A), chec			
			e private foundation		-				
		ket value of all assets at end from Part II, col (c),	☐ Cash ☑ Accru	ıal		ation is in a 60-month n 507(b)(1)(B), chec			
		\$ 1,765,742	he on cash basis )						
			1	1		_			
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily	(a) Revenue and	(b)	Net investment	(c) Adjusted net	(d) Disbursements for charitable		
		equal the amounts in column (a) (see instructions) )	expenses per books		income	ıncome	purposes (cash basıs only)		
	1	Contributions, gifts, grants, etc , received (attach	104,780				,,		
		schedule)							
	2	Check ► ☐ If the foundation is <b>not</b> required to attach							
	3	Sch B							
	4	Dividends and interest from securities	46,354		46,354	46,354			
	5a	Gross rents	,		,	,			
	ь	Net rental income or (loss)							
ne	6a	Net gain or (loss) from sale of assets not on line 10	3,729						
Revenue	ь	Gross sales price for all assets on line 6a 29,982							
Re	7	Capital gain net income (from Part IV, line 2)			3,464				
	8	Net short-term capital gain							
	9	Income modifications							
	10a	Gross sales less returns and allowances							
	b	Less Cost of goods sold							
	С	Gross profit or (loss) (attach schedule)							
	11	Other income (attach schedule)							
	12	Total. Add lines 1 through 11	154,863	<u> </u>	49,818	46,354			
	13	Compensation of officers, directors, trustees, etc							
	14	Other employee salaries and wages							
ses	15 16a	Pension plans, employee benefits							
Ē		Accounting fees (attach schedule)	1,200				1,20		
Operating and Administrative Expenses	b c	Other professional fees (attach schedule)	1,200				1,20		
e N		· · · · · · · · · · · · · · · · · · ·							
Ta Ta	17 18	Interest	1,177		125		1,05		
<u> </u>	19	Taxes (attach schedule) (see instructions)  Depreciation (attach schedule) and depletion	29 2,277				1,03.		
Ξ	20	Occupancy		-					
A	21	Travel, conferences, and meetings							
ב ב	22	Printing and publications							
ਨ <u>ਹ</u> ੋ:	23	Other expenses (attach schedule)	<b>9</b> 2		2				
a <b>t</b>	24	Total operating and administrative expenses.	_						
ě		Add lines 13 through 23	2,379	,	127		2,25.		
<u> </u>	25	Contributions, gifts, grants paid	57,523				57,52		
	26	Total expenses and disbursements. Add lines 24 and							
		25	59,902		127		59,77		
	27	Subtract line 26 from line 12							
	а	Excess of revenue over expenses and disbursements	94,961						
	ь	Net investment income (if negative, enter -0-)			49,691				
	С	Adjusted net income(if negative, enter -0-)				46,354			
	Danar	work Deduction Act Natice are instructions			C   N 44300\	, –	000 DE (2017		

	2	Savings and temporary cash investments	26,537	28,948	28,948
	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			
5	9	Prepaid expenses and deferred charges			
ç	10a	Investments—U S and state government obligations (attach schedule)			
	ь	Investments—corporate stock (attach schedule)	1,366,380	1,736,794	1,736,794
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	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)	1,392,917	1,765,742	1,765,742
_					

	11	Investments—land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	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			
		ınstructions Also, see page 1, item I)	1,392,917	1,765,742	1,765,742
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ies	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
lat	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe )			
	23	Total liabilities(add lines 17 through 22)		0	
_			1		

	15	Other assets (describe P)			
	16	Total assets (to be completed by all filers—see the			
		instructions Also, see page 1, item I)	1,392,917	1,765,742	1,765,742
	17	Accounts payable and accrued expenses			
	18	Grants payable			
Liabilities	19	Deferred revenue			
풀	20	Loans from officers, directors, trustees, and other disqualified persons			
iat	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe )			
	23	Total liabilities(add lines 17 through 22)		0	
Balances		Foundations that follow SFAS 117, check here ▶ ✓ and complete lines 24 through 26 and lines 30 and 31.			
ä	24	Unrestricted	1,392,917	1,765,742	
<u> </u>	25	Temporarily restricted			
Fund	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here $lacktriangle$			
ŏ		and complete lines 27 through 31.			
ets	27	Capital stock, trust principal, or current funds			

Net Asso 28 Paid-in or capital surplus, or land, bldg, and equipment fund Retained earnings, accumulated income, endowment, or other funds 29

30 Total net assets or fund balances (see instructions) . 1,392,917 1,765,742 Total liabilities and net assets/fund balances (see instructions) . 1,392,917 1,765,742 31 Part III **Analysis of Changes in Net Assets or Fund Balances** Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with endof-year figure reported on prior year's return) 1,392,917 1 Enter amount from Part I, line 27a 2 94,961 2

Other increases 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

Add lines 1, 2, and 3 . . . . . . Decreases not included in line 2 (itemize) ▶ 3

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5

6

277,864

1,765,742

1,765,742 Form **990-PF** (2017)

Page **3** 

				/h)		
		<b>(a)</b> the kınd(s) of property sold (e g , rea ehouse, or common stock, 200 shs  l		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1a	1			B Bollacion		
	•					
-						
-						
-						
-	(e)	(f)		(g)		h)
	Gross sales price	Depreciation allowed (or allowable)	l l	r other basıs pense of sale		or (loss) f) minus (g)
a		(or anowabic)	pius ex	perise or sale	(c) plus (i	<i>)</i>
<u>b</u>						
<u>c</u>						
d						
e						
	C			12/21/60		
	Complete only for assets	s showing gain in column (h) and owi	ned by the foundation			( <b>I)</b> h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis		(k) s of col (ı)	col (k), but not	less than -0-) <b>or</b> om col (h))
		as of 12/31/69	over co	ol (j), if any	Losses (II	om cor (n))
a		<del></del>				
b						
С						
d						
e			If gain, also enter in			
	If gain, also enter in Pa		If (loss), enter -0- in 1222(5) and (6)	Part I, line 7	2	3,464
e 2 3	Net short-term capital of If gain, also enter in Pain Part I, line 8	gain or (loss) as defined in sections 1 rt I, line 8, column (c) (see instructions)	If (loss), enter -0- in 1222(5) and (6) ons) If (loss), enter -	0	3	3,464
e 2 3 Part	Net short-term capital of If gain, also enter in Pain Part I, line 8  Qualification L	gain or (loss) as defined in sections 1 rt I, line 8, column (c) (see instructions 1	If (loss), enter -0- in 1222(5) and (6) ons) If (loss), enter - 	Part İ, line 7  0	3 ncome	3,464
e 2 3 Part	Net short-term capital of If gain, also enter in Pain Part I, line 8  V Qualification Lotional use by domestic potential	gain or (loss) as defined in sections 1 rt I, line 8, column (c) (see instruction of the column (c))  Juder Section 4940(e) for Reservate foundations subject to the section 4940(e)	If (loss), enter -0- in 1222(5) and (6) ons) If (loss), enter - 	Part İ, line 7  0	3 ncome	3,464
e 2 3 Part (For op	Net short-term capital of If gain, also enter in Pain Part I, line 8  V Qualification to the potential use by domestic plant 1940(d)(2) applies, leading 1940(d)(2) applies, leading 1940(d)(2)	gain or (loss) as defined in sections 1 rt I, line 8, column (c) (see instruction	If (loss), enter -0- in 1222(5) and (6) ons) If (loss), enter	Part İ, line 7  0	ancome	
e 2 3 Part (For op If secti Was th If "Yes	Net short-term capital of If gain, also enter in Pain Part I, line 8  EV Qualification Lotional use by domestic pain 4940(d)(2) applies, less the foundation liable for the production does not the foundation does not the fo	gain or (loss) as defined in sections 1 rt I, line 8, column (c) (see instruction of the column in t	If (loss), enter -0- in 1222(5) and (6) ons) If (loss), enter	Part İ, line 7  0-  • • • • • • • • • • • • • • • • • • •	3 ncome me ) d?	3,464 es <b>☑</b> No
e 2 3 Part (For op If secti Was th If "Yes	Net short-term capital of If gain, also enter in Part I, line 8  EV Qualification Laborional use by domestic part of 4940(d)(2) applies, leading to the foundation liable for the coundation does not be shown that the appropriate and in the short of the	gain or (loss) as defined in sections 1 rt I, line 8, column (c) (see instruction of the column (c))  Juder Section 4940(e) for Reservate foundations subject to the section 4942 tax on the distributable	If (loss), enter -0- in 1222(5) and (6) ons) If (loss), enter	Part İ, line 7  0-  • • • • • • • • • • • • • • • • • • •	3 ncome me ) d?	
Part (For op If secti Was th If "Yes, 1 Bas	Net short-term capital of If gain, also enter in Pain Part I, line 8  EV Qualification Lotional use by domestic pain 4940(d)(2) applies, let foundation liable for the foundation does not the period years Calendar	gain or (loss) as defined in sections 1 rt I, line 8, column (c) (see instruction of the column in t	If (loss), enter -0- in 1222(5) and (6) ons) If (loss), enter	Part İ, line 7  0-  • Investment Incomer in the base period the making any entri	as a state of the	es 🔽 No
Part (For op If secti Was th If "Yes, 1 Bas	Net short-term capital of If gain, also enter in Pain Part I, line 8  V Qualification Lotional use by domestic potional use by domestic potion 4940(d)(2) applies, let foundation liable for the propriate and (a)  The foundation does not be considered to the period years Calendar (or tax year beginning in)	gain or (loss) as defined in sections 1 rt I, line 8, column (c) (see instruction of the section 4940(e) for Reservate foundations subject to the section 4942 tax on the distributate of qualify under section 4940(e) Donount in each column for each year,  (b)  Adjusted qualifying distributions	If (loss), enter -0- in 1222(5) and (6) ons) If (loss), enter	Part I, line 7  0-  t Investment Intel investment inco  ar in the base period the making any entri	3 ncome me )  d?	es V No
Part (For op If secti Was th If "Yes, 1 Bas	Net short-term capital of If gain, also enter in Pain Part I, line 8  EV Qualification Lotional use by domestic potional use by domestic potion 4940(d)(2) applies, let foundation liable for the propriate and (a)  The foundation does not be period years Calendar (or tax year beginning in)  2016	gain or (loss) as defined in sections 1 rt I, line 8, column (c) (see instruction  Jnder Section 4940(e) for Reservate foundations subject to the section 4942 tax on the distributation qualify under section 4940(e) Donount in each column for each year,  (b)  Adjusted qualifying distributions	If (loss), enter -0- in 1222(5) and (6) ons) If (loss), enter	Part I, line 7  0-  t Investment Intel investment inco  ar in the base period the making any entri ble-use assets  1,338,300	as a state of the	es  No    No   O   No   O   O   O   O   O   O   O   O   O   O
e 2 3 Part (For op If secti Was th If "Yes, 1 Bas	Net short-term capital of If gain, also enter in Pain Part I, line 8  EV Qualification Lotional use by domestic potional use by domestic potion 4940(d)(2) applies, let use foundation liable for the foundation does not the Enter the appropriate among the period years Calendar (or tax year beginning in)  2016 2015	gain or (loss) as defined in sections 1 rt I, line 8, column (c) (see instruction  Jnder Section 4940(e) for Reservate foundations subject to the section 4942 tax on the distributate of qualify under section 4940(e) Donount in each column for each year,  (b)  Adjusted qualifying distributions  52,390 61,980	If (loss), enter -0- in 1222(5) and (6) ons) If (loss), enter	Part I, line 7  0	as a state of the	es No    No   O   O   O   O   O   O   O   O   O   O
e 2 3 Part (For op If secti Was th If "Yes, 1 Bas	Net short-term capital of If gain, also enter in Pain Part I, line 8  EV Qualification Lotional use by domestic pain 4940(d)(2) applies, let the foundation liable for the part of the foundation does not be period years Calendar (or tax year beginning in)  2016 2015 2014	gain or (loss) as defined in sections 1 rt I, line 8, column (c) (see instruction of the section 4940(e) for Reservate foundations subject to the section 4942 tax on the distributation of qualify under section 4940(e) Domount in each column for each year,  (b)  Adjusted qualifying distributions  52,390 61,980 45,682	If (loss), enter -0- in 1222(5) and (6) ons) If (loss), enter	Part I, line 7  0	as a state of the	es No    No   O   O   O   O   O   O   O   O   O   O
e 2 3 Part (For op If secti Was th If "Yes, 1 Bas	Net short-term capital of If gain, also enter in Pain Part I, line 8  EV Qualification Lotional use by domestic potional use by domestic potion 4940(d)(2) applies, let use foundation liable for the foundation does not the Enter the appropriate among the period years Calendar (or tax year beginning in)  2016 2015	gain or (loss) as defined in sections 1 rt I, line 8, column (c) (see instruction  Jnder Section 4940(e) for Reservate foundations subject to the section 4942 tax on the distributate of qualify under section 4940(e) Donount in each column for each year,  (b)  Adjusted qualifying distributions  52,390 61,980	If (loss), enter -0- in 1222(5) and (6) ons) If (loss), enter -0- in 1222(5) and (6) ons) If (loss), enter -0- in 1222(5) and (1222)	Part I, line 7  0	as a state of the	es No    No   O   O   O   O   O   O   O   O   O   O
e 2 3 Part (For op If secti Was th If "Yes 1 Bas year	Net short-term capital of If gain, also enter in Part I, line 8  EV Qualification Leptional use by domestic part of the foundation liable for the foundation does not be period years Calendar (or tax year beginning in)  2016  2015  2014  2013  2012	gain or (loss) as defined in sections 1 rt I, line 8, column (c) (see instruction of the section	If (loss), enter -0- in 1222(5) and (6) ons) If (loss), enter -0- in 1222(5) and (6) ons) If (loss), enter -0- in 1222(5) and (6) ons) If (loss), enter -0- in 1222(5) and (1222	Part I, line 7  0	as ncome me )  d?	es No    O   O   O   O
Part (For op If secti Was th If "Yes, 1 Bas year	Net short-term capital of If gain, also enter in Part I, line 8  EV Qualification Leptional use by domestic part of the foundation liable for the foundation does not be period years Calendar (or tax year beginning in)  2016  2015  2014  2013  2012  Total of line 1, column (or tax of the foundation liable for the appropriate and the foundation does not be period years Calendar (or tax year beginning in)  2016  2017	gain or (loss) as defined in sections 1 rt I, line 8, column (c) (see instruction of the section 4940(e) for Reservate foundations subject to the section 4942 tax on the distributable qualify under section 4940(e) Donount in each column for each year,  (b) Adjusted qualifying distributions  52,390 61,980 45,682 37,655 39,258 d)	If (loss), enter -0- in 1222(5) and (6) ons) If (loss), enter -0- in 1222(5) and (6) ons) If (loss), enter -0- in 1222(5) and	Part I, line 7  0	as ncome me )  d?	es No    O   O   O   O
Part (For op If secti Was th If "Yes  Bas year  2 - 3 /	Net short-term capital of If gain, also enter in Pain Part I, line 8  EV Qualification Lobiconal use by domestic potional use by domestic potional use by domestic potion 4940(d)(2) applies, let foundation liable for the properties and (a) the foundation does not be period years Calendar (or tax year beginning in)  2016  2015  2014  2013  2012  Total of line 1, column (a) Average distribution rationumber of years the four	gain or (loss) as defined in sections 1 rt I, line 8, column (c) (see instruction of the section	If (loss), enter -0- in 1222(5) and (6) ons) If (loss), enter	Part I, line 7  0	as ncome me )  d?	es No    O   No     O   O   O   O     O   O   O   O   O
Part (For op If secti Was th If "Yes  1  Bas year	Net short-term capital of If gain, also enter in Part I, line 8  EV Qualification Leptional use by domestic part of the foundation liable for the foundation does not be period years Calendar (or tax year beginning in)  2016  2015  2014  2013  2012  Total of line 1, column (of Average distribution ration under the net value of note the part of the foundation of the found	gain or (loss) as defined in sections 1 rt I, line 8, column (c) (see instruction of the section	If (loss), enter -0- in 1222(5) and (6) ons) If (loss), enter -0- in 1222(5) and (6) ons) If (loss), enter -0- in 1222(5) and (6) ons) If (loss), enter -0- in 1222(5) and (6) ons) If (loss), enter the total on line 2 by than 5 years in Part X, line 5 in	Part I, line 7  0	as ncome me )  d?	es No  No  10  10  10  10  10  10  10  10  10  1
Part (For op If secti Was th If "Yes 1 Bas year  2 3 / 4   5	Net short-term capital of If gain, also enter in Part I, line 8  EV Qualification Leptional use by domestic part of the foundation liable for the foundation does not be period years Calendar (or tax year beginning in)  2016  2015  2014  2013  2012  Total of line 1, column (of Average distribution ration number of years the foundation ration number of years the foundation of the foundatio	gain or (loss) as defined in sections 1 rt I, line 8, column (c) (see instruction of the section 4940(e) for Reservate foundations subject to the section 4942 tax on the distributable qualify under section 4940(e) Donount in each column for each year,  (b)  Adjusted qualifying distributions  52,390 61,980 45,682 37,655 39,258 d)	If (loss), enter -0- in 1222(5) and (6) ons) If (loss), enter -0- in 1222(5) and (6) ons) If (loss), enter -0- in 1222(5) and (6) ons) If (loss), enter -0- in 1222(5) and (6) ons) If (loss), enter the total on line 2 by than 5 years in Part X, line 5 in .	Part I, line 7  0	as ncome me )  d?	es No    No   No     O   (c)     O   039147     O   047971     O   039398     O   038023     O   047700     O   212239     O   042448     1,525,736     64,764
Part (For open open open open open open open open	Net short-term capital of If gain, also enter in Pain Part I, line 8  EV Qualification Lotional use by domestic potential use by domestic potential use by domestic potential use by domestic potential use for the foundation does not be foundation does not be period years Calendar (or tax year beginning in)  2016  2015  2014  2013  2012  Total of line 1, column (of Average distribution ration number of years the four Enter the net value of no Multiply line 4 by line 3  Enter 1% of net investments	gain or (loss) as defined in sections 1 rt I, line 8, column (c) (see instruction of the section	If (loss), enter -0- in 1222(5) and (6) ons) If (loss), enter -0- in 1222(5) and (6) ons) If (loss), enter -0- in 1222(5) and (6) ons) If (loss), enter -0- in 1222(5) and (6) ons) If (loss), enter -0- in 1222(5) and (6) ons),	Part I, line 7  0	as ncome me )  d?	es No    No   No
Part (For open open open open open open open open	Net short-term capital of If gain, also enter in Pain Part I, line 8  EV Qualification Lotional use by domestic point and use by domestic point and use by domestic point and use foundation liable for the foundation does not be foundation does not be period years Calendar (or tax year beginning in)  2016  2015  2014  2013  2012  Total of line 1, column (of Average distribution ration number of years the four Enter the net value of no Multiply line 4 by line 3  Enter 1% of net investment of the state of the s	gain or (loss) as defined in sections 1 rt I, line 8, column (c) (see instruction of the section 4940(e) for Reservate foundations subject to the section 4942 tax on the distributable qualify under section 4940(e) Donount in each column for each year,  (b)  Adjusted qualifying distributions  52,390 61,980 45,682 37,655 39,258 d)	If (loss), enter -0- in 1222(5) and (6) ons) If (loss), enter -0- in 1222(5) and (6) ons) If (loss), enter -0- in 1222(5) and (6) ons) If (loss), enter -0- in 1222(5) and (6) ons) If (loss), enter -0- in 1222(5) and (6) ons) If (loss), enter -0- in 1222(5) and (6) ons), enter -0- in 1222(5) and	Part I, line 7  0	as ncome me )  d?	es No    No   No     O   (c)     O   039147     O   047971     O   039398     O   038023     O   047700     O   212239     O   042448     1,525,736     64,764

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

					Form 990-PF (2017)
Employees,	nagers, Highly Paid E	ees, Foundation Ma	ers, Directors, Trust	ormation About Offic I Contractors	
	(see instructions).	d their compensation	oundation managers an	rs, directors, trustees, f	1 List all officers, di
	(d) Contributions to employee benefit plans and deferred compensation	(c) Compensation (If not paid, enter -0-)	Title, and average hours per week <b>b)</b> devoted to position		(a) Name and a
				Table	See Additional Data Table
ione, enter "NONE."	.—see instructions). If no	nose included on line 1	mployees (other than th	n of five highest-paid e	2 Compensation of
Expense account, (e) other allowances	Contributions to employee benefit plans and deferred (d) compensation	(c) Compensation	Title, and average hours per week (b) devoted to position	(a) s of each employee paid han \$50,000	Name and address of e
					NONE
			-	er employees paid over \$5	
(c) Compensation	e of service	<b>(b)</b> Typ	d more than \$50,000	address of each person pai	
					NONE
		· · · · · · · ·	<u>`</u>	<del>-</del>	
Expenses	nation such as the number of		rities during the tax year Inclu	r largest direct charitable active beneficiaries served, conferen	List the foundation's four larg
Expense account (e) other allowance  DNE".  (c) Compensation	Contributions to employee benefit plans and deferred (d) compensation	(c) Compensation  services (see instruction (b) Type (b) Type (b) Type (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	Title, and average hours per week  (b) devoted to position  50,000	er employees paid over \$5  paid independent contra address of each person paid ers receiving over \$50,000  mmary of Direct Chair	Name and address of e more than s  NONE  Total number of other en  3 Five highest-paid (a) Name and addre  NONE  Total number of others re  Part IX-A Summa

		_			
Total number	of other employees hald ever	\$50,000			
		tractors for professional sei			ıe"
	and address of each person p		(b) Type		(c) Compensation
NONE	and address of each person p	ald more than \$50,000	(b) Type	or service	(c) Compensation
NONE					
		00 for professional services.			
Part IX-A	Summary of Direct Ch				
		tivities during the tax year Include ences convened, research papers pi		on such as the number of	Expenses
1	,		•		
-					
2					_
-					
3					
4					
Part IX-B	Summary of Program-	Related Investments (Se	ee instructions)		
	<del>-</del>	ments made by the foundation during	·	d 2	Amount
<b>1</b> N/A		,			
2					

All other program-related investments See instructions

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

3a 3h

4

5

59.775

59,775

Form **990-PF** (2017)

Amounts set aside for specific charitable projects that satisfy the

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

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

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

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

3

4

5

**b** Total for prior years

a From 2012. . . . . **b** From 2013. . . . c From 2014. . d From 2015. . . . e From 2016. . . . . 75,293

19,025

56,268

Form **990-PF** (2017)

(d)

Page 9

Part XIII	Undistributed Income (see instruc	tions)

		l
1	Distributable amount for 2017 from Part XI, line 7	Γ
2	Undistributed income, if any, as of the end of 2017	Γ
а	Enter amount for 2016 only	L

same amount must be shown in column (a) )

6 Enter the net total of each column as

7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . . 8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . . **b** Excess from 2014. . c Excess from 2015. . . . d Excess from 2016. . . e Excess from 2017. .

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

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . . . . f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 . . . . .

indicated below:

Excess distributions carryover, if any, to 2017

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

4 Qualifying distributions for 2017 from Part XII, line 4 🕨 \$ a Applied to 2016, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election

required—see instructions). . . . . . . . .

**d** Applied to 2017 distributable amount. . . . e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2017

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

(a)

Corpus

(b)

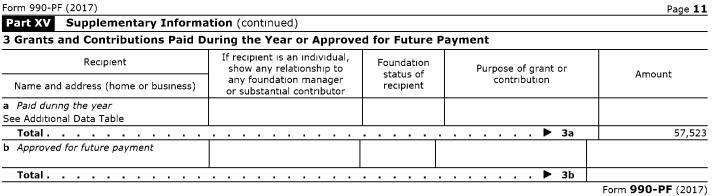
Years prior to 2016

(c)

2016

40.750

40,750



Enter gross amounts unless otherwise indicated	Unrelated bu	siness income	Excluded by section	512, 513, or 514	(e) Related or exempt function income
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	<b>(d)</b> Amount	(See instructions )
a					
b					
d					
e					
f					
<ul><li>g Fees and contracts from government agencies</li><li>2 Membership dues and assessments</li></ul>					
<ul> <li>Interest on savings and temporary cash investments</li> <li>1 Dividends and interest from securities</li> </ul>			14	46,354	
5 Net rental income or (loss) from real estate			14	40,334	
a Debt-financed property					
<ul><li>b Not debt-financed property</li><li>6 Net rental income or (loss) from personal property</li></ul>					
<ul><li>7 Other investment income.</li><li></li><li>8 Gain or (loss) from sales of assets other than</li></ul>					
<ul><li>inventory</li></ul>			14	3,464	265
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					
c d					
e					
	+		1		
LZ Subtotal Add columns (b), (d), and (e)	1			49,818	265
<b>13 Total.</b> Add line 12, columns (b), (d), and (e)			13	49,818	50,083
	ulations )			· · · · · · · · · · · · · · · · · · ·	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculated.)	ulations ) he Accomplish income is reporte	ment of Exemed in column (e) of	pt Purposes  of Part XVI-A contribut	ed importantly to	
Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calcular to the second s	ulations ) he Accomplish income is reporte	ment of Exemed in column (e) of	pt Purposes  of Part XVI-A contribut	ed importantly to	
13 Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calcular to the second secon	ulations ) he Accomplish income is reporte	ment of Exemed in column (e) of	pt Purposes  of Part XVI-A contribut	ed importantly to	
Part XVI-B Relationship of Activities to the Line No. Explain below how each activity for which the accomplishment of the foundation's e	ulations ) he Accomplish income is reporte	ment of Exemed in column (e) of	pt Purposes  of Part XVI-A contribut	ed importantly to	
(See worksheet in line 13 instructions to verify calcular XVI-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's e	ulations ) he Accomplish income is reporte	ment of Exemed in column (e) of	pt Purposes  of Part XVI-A contribut	ed importantly to	
(See worksheet in line 13 instructions to verify calcular XVI-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's e	ulations ) he Accomplish income is reporte	ment of Exemed in column (e) of	pt Purposes  of Part XVI-A contribut	ed importantly to	
13 Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calcular to the second secon	ulations ) he Accomplish income is reporte	ment of Exemed in column (e) of	pt Purposes  of Part XVI-A contribut	ed importantly to	
13 Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calcular to the second secon	ulations ) he Accomplish income is reporte	ment of Exemed in column (e) of	pt Purposes  of Part XVI-A contribut	ed importantly to	
13 Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calcular to the second secon	ulations ) he Accomplish income is reporte	ment of Exemed in column (e) of	pt Purposes  of Part XVI-A contribut	ed importantly to	
(See worksheet in line 13 instructions to verify calcular XVI-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's e	ulations ) he Accomplish income is reporte	ment of Exemed in column (e) of	pt Purposes  of Part XVI-A contribut	ed importantly to	
13 Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calcular to the second secon	ulations ) he Accomplish income is reporte	ment of Exemed in column (e) of	pt Purposes  of Part XVI-A contribut	ed importantly to	
(See worksheet in line 13 instructions to verify calcular XVI-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's e	ulations ) he Accomplish income is reporte	ment of Exemed in column (e) of	pt Purposes  of Part XVI-A contribut	ed importantly to	
(See worksheet in line 13 instructions to verify calcular XVI-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's e	ulations ) he Accomplish income is reporte	ment of Exemed in column (e) of	pt Purposes  of Part XVI-A contribut	ed importantly to	
13 Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calcular to the second secon	ulations ) he Accomplish income is reporte	ment of Exemed in column (e) of	pt Purposes  of Part XVI-A contribut	ed importantly to	
13 Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calcular to the second secon	ulations ) he Accomplish income is reporte	ment of Exemed in column (e) of	pt Purposes  of Part XVI-A contribut	ed importantly to	

orm 9	90-PF (2	2017)											Pa	ge <b>13</b>
Pari	: XVII	Information Re Exempt Organia		ansf	ers To a	and Transac	tion	ns and I	Relatio	nships With No	ncharit	able		
		janization directly or in Code (other than sectio									on 501		Yes	No
		rom the reporting foun								•				
												1a(1)		No
(2	<b>)</b> Other	assets										1a(2)		No
<b>b</b> Oth	her trans	sactions												
(1	) Sales	of assets to a nonchari	table exempt	orga	nızatıon.							1b(1)		No
(2	) Purcha	ases of assets from a n	oncharitable	exem	pt organiz	ation						1b(2)		No
(3	<b>)</b> Renta	l of facilities, equipmer	nt, or other as	sets.								1b(3)		No
(4	) Reimb	oursement arrangemen	ts									1b(4)		No
(5	<b>)</b> Loans	or loan guarantees.										1b(5)		No
•	•	mance of services or m	·		_							1b(6)		No
	-	facilities, equipment, ner to any of the above			-						• .	1c		No
	any tran	is, other assets, or services or services or sharing arra  (b) Amount involved	ngement, sho	ow in	column (d		the q	goods, ot	her asse		ved		ngemen	ts
							+							
							+							
							+							
							+							
de	scribed ii	dation directly or indire n section 501(c) of the implete the following so	Code (other						_		[	Yes	✓	No
		(a) Name of organization	in		(E	) Type of organiz	zatıor	1		(c) Description	of relation	nship		
Sign	of my which	r penalties of perjury, y knowledge and belief n preparer has any kno	, it is true, co								ased on	all infor	matior	n of
Here		****				2018-07-03		*	****		return			
		ignature of officer or t	rustee			Date		— <b>₽</b> _	ıtle		below	ne prepai nstr )? [		_
		Print/Type preparer's	name	Prepa	arer's Sıgr	nature		Date			PTIN			
Paid		RONALD A LEMMIN	IG					2018-	07-03	Check if self- employed ▶ □		P00014	929	
	oarer Only	Firm's name ▶ PLOT	NIK FEINBER	RG & A	ASSOCIAT	ES PC					Fırm's E	IN ▶38·	24342	284
	7	Firm's address ▶ 27	313 SOUTHF	IELD I	ROAD									
			TUDUD VIII A	CE M	11 4007 <i>6</i>						Phone no (248) 443-2440			

LATHRUP VILLAGE, MI 48076

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation GINO DICLEMENTE PRES, TREAS, 000 00 5135 IRON GATE BLOOMFIELD HILLS, MI 48304 LUCIANA DICLEMENTE DIRECTOR 000 00 5135 IRON GATE BLOOMFIELD HILLS, MI 48304 JOHN F DICLEMENTE DIRECTOR 0 0 000.00 STEVEN L DICLEMENTE DIRECTOR 000 00 5129 HIGHMOUNT TROY. MI 48098 GINO M DICLEMENTE DIRECTOR

1247 BARTON WAY TROY, MI 48098	000 00			
PERRY G DICLEMENTE	DIRECTOR	0	0	(
13154 DARTAGNAN CT CREVE COEUR, MO 63141	000 00			

000 00

5135 IRON GATE

BLOOMFIELD HILLS, MI 48304

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

AMERICAN RED CROSS 431 18TH STREET NW WASHINGTON DC, DC 200065009	NONE	CHARITABLE	DISASTER RELIEF	1,000
ANNA MARIA COMMUNITY CENTER	NONE	CHARITABLE	COMMUNITY RECREATION	500

ANNA MARIA COMMUNITY CENTER 407 MAGNOLIA AVE ANNA MARIA, FL 34217	NONE	CHARITABLE	COMMUNITY RECREATION	500
CATHOLIC SERVICES APPEAL 305 MICHIGAN AVE	NONE	CHARITABLE	RELIGOUS	500

Takal				F7 F32
CATHOLIC SERVICES APPEAL 305 MICHIGAN AVE DETROIT, MI 48226	NONE	CHARITABLE	RELIGOUS	500
ANNA MARIA, FL 34217				

	E7 E32
CATHOLIC SERVICES APPEAL NONE CHARITABLE RELIGOUS 305 MICHIGAN AVE DETROIT, MI 48226	

3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CHIDDEWA VALLEY EDUCATIONAL FUND I NONE CHADITABLE EDUCATION 5 000

19120 CASS AVENUE CLINTON TWP, MI 48038	NONE	CHARITABLE	EDUCATION	3,000
DETROIT PUBLIC TELEVISION 1 CLOVER CT	NONE	CHARITABLE	COMMUNITY ENTERTAINMENT	1,000

1 CLOVER CT WIXOM, MI 48393				
DETROIT RESCUE MISSION 150 STIMSON ST DETROIT, MI 48201	NONE	CHARITABLE	POVERTY RELIEF	

DETROIT RESCUE MISSION	NONE	CHARITABLE	POVERTY RELIEF	
150 STIMSON ST DETROIT, MI 48201				

DETROIT RESCUE MISSION	NONE	CHARITABLE	POVERTY RELIEF	5,500
150 STIMSON ST				
DETROIT, MI 48201				

150 STIMSON ST DETROIT, MI 48201		
Total	 	57,523

Total	 ▶	57,523

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

477 MICHIGAN AVE DETROIT, MI 48226	NONE	CHARITABLE	VETERAN ASSISTANCE	1,000
ED RICE CHRISTIAN BROTHERS	NONE	CHARITABLE	RELIGOUS	1,200

ED RICE CHRISTIAN BROTHERS 7101 LAHSER RD 3LOOMFIELD HILLS, MI 48301	NONE	CHARITABLE	RELIGOUS	1
ORGOTTEN HARVEST	NONE	CHARITABLE	POVERTY RELIEF	

BLOOMFIELD HILLS, MI 48301				
FORGOTTEN HARVEST 21800 GREENFIELD RD	NONE	CHARITABLE	POVERTY RELIEF	

BEGGINIEED HIEES, HI 10301				
FORGOTTEN HARVEST 21800 GREENFIELD RD OAK PARK, MI 48237	NONE	CHARITABLE	POVERTY RELIEF	400
OAK 174KK, 111 10237				

FORGOTTEN HARVEST	NONE	CHARITABLE	POVERTY RELIEF	4
21800 GREENFIELD RD OAK PARK, MI 48237				
				1

Total	_		<b>N</b>	57 522
21800 GREENFIELD RD OAK PARK, MI 48237				
OKOOT IEN III WEST	INONE	CITALL	I O VERTI RELIE	

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

a Faid during the year				
GATEWAY COMMUNITY CHURCH 760 CLEAR LAKE CITY BLVD HOUSTON, TX 77598	NONE	CHARITABLE	RELIGOUS	2,500
CHEST HOUSE	NONE	CHARITARIE	PELICOLIS	1 400

GUEST HOUSE MISSION SERVICES OFFICE 1601 JOSLYN ROAD LAKE ORION, MI 48360	NONE	CHARITABLE	RELIGOUS	1,400

1601 JOSLYN ROAD LAKE ORION, MI 48360				
HOLMES BEACH CHAMBER OF COMMERCE 5313 GULF DR	NONE	CHARITABLE	COMMUNITY DEVELOPMENT	1,500

57,523

LAKE ORION, MI 48360				
HOLMES BEACH CHAMBER OF COMMERCE 5313 GULF DR HOLMES BEACH, FL 34217	NONE	CHARITABLE	COMMUNITY DEVELOPMENT	1,50

HOLMES BEACH CHAMBER OF COMMUNITY DEVELOPMENT 1,5 COMMUNITY DEVELOPMEN	EARL ORIGIN, MI 40300				
	COMMERCE 5313 GULF DR	NONE	CHARITABLE	COMMUNITY DEVELOPMENT	1,5

Total . 3a

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

a Paid during the year				
HOLY CROSS CHURCH 25225 MIDDLEBELT RD FARMINGTON HILLS, MI 48331	NONE	CHARITABLE	RELIGOUS	500
HOLY NAME SOCIETY202 W 97TH ST	NONE	CHARITABLE	RELIGOUS	2,400

NEW YORK, NY 11234				
LAWRENCE TECH UNIV 21000 WEST TEN MILE RD	NONE	CHARITABLE	EDUCATION	
		l	l l	l

or substantial contributor

Name and address (home or business)

Total . 3a

LAWRENCE TECH UNIV	NONE	CHARITABLE	EDUCATION	4,836
21000 WEST TEN MILE RD				
SOUTHFIELD, MI 48075				

57,523

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

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

or substantial contributor

a Paid during the year				
MANRESA RETREAT1390 QUARTON RD BLOOMFIELD HILLS, MI 48304	NONE	CHARITABLE	RELIGOUS	250
MICHIGAN STATE UNIVERSITY	NONE	CHARITABLE	EDUCATION	1,000

MICHIGAN STATE UNIVERSITY	NONE	CHARITABLE	EDUCATION	
535 CHESTNUT ROAD				
ROOM 300				
EAST LANSING, MI 48824				

535 CHESTNUT ROAD ROOM 300 EAST LANSING, MI 48824				
PIME MISSIONAIRIES17330 QUINCY ST	NONE	CHARITABLE	RELIGOUS	6,400

PIME MISSIONAIRIES17330 QUINCY ST NONE CHARITABLE RELIGOUS DETROIT, MI 482212765	6,400

PIME MISSIONAIRIES17330 QUINCY ST DETROIT, MI 482212765	NONE	CHARITABLE	RELIGOUS	6,400
Total			•	57 523

DETROIT, MI 482212765	NONE	CHARITABLE	RELIGOUS	6,400
Total				57,523

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

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

a raid daring the year				
PENTECOSTAL CHURCH OF GOD 365 E WILSON AVE PONTIAC, MI 48341	NONE	CHARITABLE	RELIGOUS	2,500
RONALD MCDONALD HOUSE	NONE	CHARITABLE	MEDICAL SUPPORT	560

RONALD MCDONALD HOUSE 110 N CARPENTER ST CHICAGO, IL 606072101	NONE	CHARITABLE	MEDICAL SUPPORT	560
ROSER COMMUNITY CHURCH	NONE	CHARITABLE	RELIGOUS	1,000

CHICAGO, IL 606072101				
ROSER COMMUNITY CHURCH 512 PINE AVE ANNA MARIA, FL 34216	NONE	CHARITABLE	RELIGOUS	1,000
· · · · · · · · · · · · · · · · · · ·				

C/110/(00,12 0000/2101				i
ROSER COMMUNITY CHURCH	NONE	CHARITABLE	RELIGOUS	1,0
512 PINE AVE ANNA MARIA, FL 34216				

3a

57,523 Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year SAN FRANCESCO CHURCH NONE CHARITABLE RELIGOUS 3,000 22870 S NUNNELEY RD

CT 10 CENU OR 1 TORY 1000 11 V CT	NONE		DE1.100110	
ST BERNARD CHURCH 248 SOUTH HARBOR DR PO BOX 1036 HOLMES BEACH, FL 34217	NONE	CHARITABLE	RELIGOUS	2,450
CHARTER TWP OF CLINTON, MI 48035				

248 SOUTH HARBOR DR PO BOX 1036 HOLMES BEACH, FL 34217				<b>-</b> , ··
ST JOSEPH ORATORY1828 JAY ST	NONE	CHARITABLE	RELIGOUS	1,00

HOLMES BEACH, FL 34217				
ST JOSEPH ORATORY1828 JAY ST DETROIT, MI 48207	NONE	CHARITABLE	RELIGOUS	1,0

ST JOSEPH ORATORY1828 JAY ST DETROIT, MI 48207	NONE	CHARITABLE	RELIGOUS	1,000
Total				57,523

DETROIT, MI 48207				
ST JOSEPH ORATORY1828 JAY ST	NONE	CHARITABLE	RELIGOUS	1,

3a

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

<u> </u>			1	
ST THOMAS MOORE CHURCH 4580 ADAMS RD TROY, MI 48098	NONE	CHARITABLE	RELIGOUS	2,850
VARIOUSNONE OVER 250 28105 GREENFIELD RD	NONE	CHARITABLE	RELIGOUS/EDUCATION/POVERTY	4,277

SOUTHFIELD, MI 480763046				
VETERANS ADMINISTRATION 4646 JOHN R STREET DETROIT, MI 48201	NONE	CHARITABLE	MEDICAL CARE	

VETERANS ADMINISTRATION NONE CHARITABLE MEDICAL CARE 4646 JOHN R STREET DETROIT, MI 48201	

Total . 3a

VETERANS ADMINISTRATION 4646 JOHN R STREET DETROIT, MI 48201	NONE	CHARITABLE	MEDICAL CARE	

VETERANS ADMINISTRATION	NONE	CHARITABLE	MEDICAL CARE	1,000
4646 JOHN R STREET				
DETROIT, MI 48201				

TERANS ADMINISTRATION INO	JINL	CHARTIABLE	MEDICAL CARE	⊥,
46 JOHN R STREET TROIT, MI 48201				

57,523

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

1.000

1,000

a Paid during the year				
VFW POST 2488810 6TH ST W PALMETTO, FL 34220	NONE	CHARITABLE	MILITARY VETERANS SUPPORT	

PALMETTO, PL 34220				I
VISION RESEARCH FOUNDATION 3412 W 13 MILE RD	NONE	CHARITABLE	MEDICAL RESEARCH	

VISION RESEARCH FOUNDATION	NONE	CHARITABLE	MEDICAL RESEARCH	
3412 W 13 MILE RD				
ROYAL OAK, MI 48073				
				I

Total	•	•	- 5
3412 W 13 MILE RD ROYAL OAK, MI 48073			

3a

Total	1	ı	_	57 522
ROYAL OAK, MI 48073				
STIE W IS MILL NO				

efile GRAPHIC print - DO NOT F	ROCESS	As Filed D	ata -	D	LN: 93491312005258			
TY 2017 Accounting Fees Schedule								
	Name:	GINO AN	D LUCIANA DICLEN	1ENTE				
		FOUNDA <sup>*</sup>	TION					
	EIN:	38-3440	485					
Accounting Fees Schedule								
Category	Amo	ount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
PLOTNIK, FEINBERG & ASSOC , P C		1,200			1,200			

lote: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.						
TY 2017 Gain/Loss from Sale of Other Assets Schedule						
Name:	GINO AND LUCIANA DICLEMENTE					
	FOUNDATION					
EIN:	38-3440485					

DLN: 93491312005258

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Name	Date Acquired	How A cquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
PIMCO GLOBAL STOCKSPLUS INC	2012-06	PURCHASE	2018-06		26,518	26,253			265	

## **TY 2017 Investments Corporate Stock Schedule**

Name: GINO AND LUCIANA DICLEMENTE

FOUNDATION

**EIN:** 38-3440485

Name of Stock	End of Year Book Value	End of Year Fair Market Value
167SH ORAMED PHARMACEUTICALS	1,503	1,503
241SH BANK OF AMERICA	7,115	7,115
132SH PAYPAL HOLDINGS	9,718	9,718
224SH ORACLE CORP	10,613	10,613
103SH CHEVRON CORP.	12,887	12,887
164 SPDR S&P DIVID ETF ACAT	15,526	15,526
153SH VANGUARD DVD APPREC. INDEX	15,590	15,590
1946SH ORCHID ISLAND CAPITAL	18,063	18,063
174SH ALLSTATE CORP	18,187	18,187
1246SH PIMCO GLOBAL STOCKSPLUS INC.	19,169	19,169
100SH BERKSHIRE HATHAWAY	19,822	19,822
221SH PROCTER & GAMBLE	20,290	20,290
191SH MONSANTO	22,280	22,280
335SH CVS CAREMARK	24,308	24,308
306SH NOVARTIS AG ADR	25,716	25,716
222SH PEPSICO INC	26,676	26,676
256SH DISNEY, WALT CO	27,551	27,551
523SH VERIZON COMMUNICATIONS	27,686	27,686
4452SH MAGELLAN MIDSTREAM PTRS	32,091	32,091
170SH HOME DEPOT	32,307	32,307
498SH TARGET CORP.	32,470	32,470
188SH AMGEN, INC.	32,669	32,669
204SH APPLE INC.	34,591	34,591
680SH FASTENAL CO.	37,175	37,175
184SH GENERAL DYNAMICS	38,349	38,349
986SH COCA COLA CO.	45,247	45,247
1132SH INTEL CORP	52,234	52,234
2890SH FIDELITY ADV. REAL ESTATE FUN	62,995	62,995
330SH ROCKWELL AUTOMATION	64,710	64,710
715SH JPMORGAN CHASE & CO.	76,464	76,464

Name of Stock	End of Year Book Value	End of Year Fair Market Value
502SH CATERPILLAR, INC.	79,118	79,118
1158SH MICROSOFT	99,076	99,076
1282SH MARSH & MCLENNAN CO'S	104,348	104,348
993SH PHILIP MORRIS INT'L INC.	104,867	104,867
8505SH FORD MOTOR CO.	106,222	106,222
1011SH DTE ENERGY HOLDING CO.	110,637	110,637
777SH MCDONALDS	133,821	133,821
561SH 3M COMPANY	134,703	134,703

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<b>TY 2017 Other Expenses Sche</b>	dule			_		
Name:	GINO AND LUC	IANA DICLEMENT	E			
	FOUNDATION					
EIN:	38-3440485					
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
EXPENSES						
INVESTMENT FEES	2	2				

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TY 2017 Other Increases Schedule								
Name:	GINO AND LUC	CIANA DICLEMENTE						
	FOUNDATION							
EIN:	38-3440485							
De	escription		Amount					
UNREALIZED INCREASE IN FMV			277,864					

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DL	N: 93491312005258	
TY 2017 Taxes Schedule					
Name:	GINO AND L	UCIANA DICLEMEI	NTE		
	FOUNDATION				
EIN:	38-3440485	;			
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
TAXES - FEDERAL 2016 FORM 990-PF	1,012	1		1,012	
TAXES - TEDERAL 2010 TORM 330-FT	1,012	l		1,012	
TAXES - FOREIGN DIVIDEND TAX	1,012	125		1,012	

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Schedule B		Schedu	ule of Contributo	ors		OMB No 1545-0047					
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Information a	about Schedule B (F	o Form 990, 990-EZ, or 990 Form 990, 990-EZ, or 990-l <u>ww <i>i</i>rs <i>gov/form</i>990</u>		ons is at	2017					
Name of the organizati GINO AND LUCIANA DICL					Employer id	lentification number					
FOUNDATION Organization type (she	ak ana)				38-3440485						
Organization type (che	ck one)										
Filers of:	Section:										
Form 990 or 990-EZ	☐ 501(c)(	501(c)( ) (enter number) organization									
4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation											
	☐ 527 politi	cal organization									
Form 990-PF	<b>✓</b> 501(c)(3)	exempt private fo	oundation								
	☐ 4947(a)(1	1) nonexempt chai	ritable trust treated as a	private foundation							
	☐ 501(c)(3)	taxable private fo	undation								
			PF that received, during Complete Parts I and II S								
Special Rules											
under sections 5 received from ar	09(a)(1) and 170(b)	(1)(A)(vi), that che uring the year, total	g Form 990 or 990-EZ th ecked Schedule A (Form al contributions of the gr plete Parts I and II	990 or 990-EZ), P	art II, line 13,	16a, or 16b, and that					
during the year,	total contributions o	f more than \$1,000	, or (10) filing Form 990 0 <i>exclusively</i> for religious ranimals Complete Part	s, charitable, scien							
during the year, If this box is che purpose Don't c	contributions <i>exclus</i> cked, enter here the omplete any of the p	eively for religious, total contributions parts unless the <b>G</b>	, or (10) filing Form 990 charitable, etc , purpose s that were received duri <b>eneral Rule</b> applies to tl or more during the year	es, but no such con ng the year for an nis organization be	ntributions tota exclusively re ecause it recei	aled more than \$1,000 eligious, charitable, etc , ived <i>nonexclusively</i>					
990-EZ, or 990-PF), but	ıt <b>must</b> answer "No	o" on Part IV, line 2	ile and/or the Special Ru 2, of its Form 990, or che at it doesn't meet the filin	ck the box on line	H of its						
For Paperwork Reduction A for Form 990, 990-EZ, or 99		ructions	Cat No 30613X	Schedu	ıle B (Form 990	, 990-EZ, or 990-PF) (2017)					

selledale B (1 elli	11 000; 000 12; 01 000 1 1 / (2011)		1 ugo <b>-</b>
Name of organization GINO AND LUCIANA DICLEMENTE COUNDATION		Employer identification 38-3440485	number
Part I	Contributors (See instructions) Use duplicate copies of Part I if ac	dditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GINO LUCIANA DICLEMENTE 5200 GULF DRIVE 506	\$ 104,733	Person  Payroll  Noncash
	HOLMES BEACH, FL34217		(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person
		Cohadala P. (5	(Complete Part II for noncash contributions )

Schedule B (Form 9	990, 990-EZ, or 990-PF) (2017)		Page <b>4</b>
Name of organizat GINO AND LUCIANA FOUNDATION			Employer identification number 38-3440485
than \$1, organiza the year	000 for the year from any one contributor	r. Complete columns (a) through exclusively religious, charictions.) ▶ \$	d in section 501(c)(7), (8), or (10) that total more ugh <b>(e) and</b> the following line entry. For table, etc., contributions of <b>\$1,000 or less</b> for
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
(a) _	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
No. from Part I	(b) i dipose oi giit	(c) 03c 01 giil	(a) Description of new gift is field
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 F	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
	Transferee's name, address, and	(e) Transfer of gift	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
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
			schedule B (Form 990, 990-EZ, or 990-PF) (2017)