Form **990-PF**

Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

| For calen | <u>idar year 2017 or tax year beginning</u> |) | | , and ending | | |
|---|---|-------------------------|---|---------------------|--|--|
| Name of | foundation | | | | A Employer identification | number |
| ΜOΓ | INELLO FAMILY FO | 38-3494266 | | | | |
| | nd street (or P O box number if mail is not o | delivered to street a | ddress) | Room/suite | B Telephone number | |
| | BOX 721067 | | | | 248-549-94 | <u>67</u> |
| | own, state or province, country, and | | ostal code | | C If exemption application is po | ending, check here |
| | KLEY, MI 48072- | | | | <u></u> | |
| G Check | all that apply: | | Initial return of a fo | rmer public charity | D 1. Foreign organizations | s, check here |
| | Final retu | | Amended return | | Foreign organizations me check here and attach co | eting the 85% test, |
| U Chook | Address type of organization: X Sect | | Name change tempt private foundation | | 1 | |
| | ction 4947(a)(1) nonexempt charitat | | Other taxable private founda | tion | E If private foundation sta under section 507(b)(1) | |
| | arket value of all assets at end of yea | | | Accrual | 1 ` ` ` ` ` | • • |
| | Part II, col. (c), line 16) | 1 | ther (specify) | | F If the foundation is in a under section 507(b)(1) | . — |
| ▶\$ | | | nn (d) must be on cash basis | i.) | | (5), 611001(1101) |
| Part I | Analysis of Revenue and Expense (The total of amounts in columns (b), (c), | 8 | (a) Revenue and | (b) Net investment | (c) Adjusted net | (d) Disbursements |
| | necessarily equal the amounts in column | and (d) may not (a)) | expenses per books | ` income | ` income | for charitable purposes (cash basis only) |
| 1 | Contributions, gifts, grants, etc., red | ceived | | | N/A | |
| 2 | Check X if the foundation is not require | ed to attach Sch B | | | | |
| 3 | Interest on savings and temporary cash investments | | | | | |
| 4 | Dividends and interest from securit | ies / | 729,838. | 729,838. | | STATEMENT 1 |
| | Gross rents | 67 | | | | 10 |
| | Net rental income or (loss) | | 2,345,753. | | | 100 |
| ₽ 68 | Net gain or (loss) from sale of assets not o Gross sales price for all | 9,941. | 2,345,755. | | REU | 10 |
| Revenue 2 | assets on line 6a Capital gain net income (from Part IV, line) | | | 2,345,753. | 1 | 13 2010 /82/ |
| 8 B | Net short-term capital gain | 2) | | 2,343,733. | TEST SEP | 10 10 |
| 9 | Income modifications | | | | 121 | |
| 1 - | Gross sales less returns and allowances | | | | 1000 | TEIN |
| | Less Cost of goods sold | | | | 1 00 | 2 |
| c | Gross profit or (loss) | | | | Ç C | |
| 11 | Other income | | 145. | 145. | | STATEMENT 2 |
| 12 | Total. Add lines 1 through 11 | | 3,075,736. | 3,075,736. | | |
| 13 | Compensation of officers, directors, truste | | 185,000. | 0. | <u> </u> | 0. |
| 14 | Other employee salaries and wages | | | | | |
| 15 | Pension plans, employee benefits | STMT 3 | 45,523. | 0. | | 0. |
| 95 16a | | STMT 3 STMT 4 | 1,600. | 0. | | 0. |
| e d | | STMT 5 | 43,258. | 43,258. | | 0. |
| ப்பி 9 17 | Interest | JIMI J | 11. | 11. | | 0. |
| Administrative Expens 15 0 1 1 1 1 0 9 | | TMT 6 | 3,553. | 3,533. | | 0. |
| <u>\$</u> 19 | Depreciation and depletion | | , , , , , , , | | | |
| Ę 20 | Occupancy | | | | | |
| ₽ 21 | Travel, conferences, and meetings | | | | | |
| DE 22 | Printing and publications | | 223. | 223. | | 0. |
| | Other expenses | STMT 7 | 5,417. | 0. | | 0. |
| 喜 24 | Total operating and administrative | | | | |] |
| Operating 22 | expenses. Add lines 13 through 23 | } | 284,585. | 47,025. | ļ | 0. |
| 23 | Contributions, gifts, grants paid | | 1,100,000. | | | 1,100,000. |
| 26 | Total expenses and disbursements | S. | 1 204 505 | A7 00E | | 1 100 000 |
| | Add lines 24 and 25 | | 1,384,585. | 47,025. | | 1,100,000. |
| 27 | | | 1,691,151. | | <u> </u> | |
| - 1 | Excess of revenue over expenses and distant Net investment income (if negative, e | | 1,031,131. | 3,028,711. | | |
| | Adjusted net income (if negative, enter | | | 3,020,111. | N/A | |
| | reguerou not mounte (n negative, ente | | | | | - 000 PE |

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions.

20480830 759633 449067.00000

| Dort III | Analysis of | Changes | in Net | Assets or Fun | d Ralances |
|----------|-------------|---------|--------|---------------|------------|

| 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 | 16,226,073. |
| 2 | Enter amount from Part I, line 27a | 2 | 1,691,151. |
| 3 | Other increases not included in line 2 (itemize) | 3 | 0. |
| 4 | Add lines 1, 2, and 3 | 4 | 17,917,224. |
| 5 | Decreases not included in line 2 (itemize) SEE STATEMENT 8 | 5 | 29,534. |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 | 6 | 17,887,690. |

| | ELLO FAMILY FOR | | | | | | | <u>-349</u> | | Page 3 |
|---|---|------------------|--------------------------------------|--------------|--|--------------|---------------------------|------------------------|-------------------------------|------------------|
| Rantily: Capital Gains and | Losses for Tax on In | vestment | Income | | E ATTA | | D ST | ATEM: | ENT | |
| | nd(s) of property sold (for exaruse; or common stock, 200 shs | | te, | (b) | low acquired - Purchase - Donation | (0 |) Date ac (mo., day | | (d) Dat (mo., da | |
| 1a | | | | | | | | | | |
| b | | | | | | | | | | |
| C | | | | 1 | | _ | | | | |
| d | | | | | | | | | | |
| e | | | | | | | | | | |
| (e) Gross sales price (f) Depreciation allowed (g) Cost or other basis plus expense of sale | | | | | | | (h) Gair (e) plus (1 | or (loss) minus | | |
| a_ | | | | ĺ | | | | | | |
| b | | | | | | | | | | |
| С | | | | ļ | | | | | | |
| d | _ | | | | | | | | | |
| e6,159,941. | | | 3,814,18 | 8. | | | _ | • | 2,345 | ,753. |
| Complete only for assets showing gain | n in column (h) and owned by t | the foundation | on 12/31/69. | | | (1) @ | Gains (Col. | (h) gaın | minus | |
| (i) FMV as of 12/31/69 | (i) Adjusted basis as of 12/31/69 | | cess of col. (1) col. (j), if any | | | col. (I | k), but not Losses (fr | less tha om col. (| n -0-) or h)) | |
| a | | | | | | | | | | |
| b | | | | | | | | | | |
| С | | | | | | | | | _ | |
| d | | | | | | | | | | |
| <u>e</u> | | | | | | | | | 2,345 | <u>,753.</u> |
| 2 Capital gain net income or (net capital | loss) If gain, also enter | | | } | 2 | | | | 2,345 | <u>,753.</u> |
| 3 Net short-term capital gain or (loss) as | defined in sections 1222(5) an | ıd (6): | | | Ì | | | | | |
| If gain, also enter in Part I, line 8, colu | | (0). | | <i>]</i> [| | | | | | |
| If (loss), enter -0- in Part I, line 8 | • • | | _ | Ŋ | 3 | | | N/A | · | |
| Part V Qualification Under | r Section 4940(e) for | Reduced | Tax on Net | Inve | stment l | ncon | ne | | | |
| If section 4940(d)(2) applies, leave this pa Was the foundation liable for the section 4 If "Yes," the foundation doesn't qualify und | 942 tax on the distributable am | | | od? | | | | | Yes | X No |
| 1 Enter the appropriate amount in each | | | | ntries. | | | | | ₹. | |
| | | ion donono boi | or o making any or | | | | | | (d) | |
| Base period years Calendar year (or tax year beginning in) | | tributions | Net value of no | | | | (C | Distrit ol. (b) div | oùtion ratio vided by col. | (c)) 46387 |
| 2016 | | 0,000. | | | $\frac{120,4}{504,2}$ | | | | | 52083 |
| 2015 | | 0,000. | | | | | | | | |
| 2014 | 1,07 | 0,000. | | | ,206,8 | | <u> </u> | | | 48183 |
| 2013 | | 0,000. | | | ,208,4 | | <u> </u> | - | | 40550 |
| 2012 | 91 | 8,000. | | 1/ | ,065,3 | /5. | | | . 04 | <u>47933</u> |
| 2 Total of line 1, column (d) | | | | _ | | | 2 | | . 2 | <u>35136</u> |
| 3 Average distribution ratio for the 5-yea the foundation has been in existence if | · · | on line 2 by 5.(| u, or by the numb | er of y | ears | | 3 | | .04 | <u>47027</u> |
| 4 Enter the net value of noncharitable-us | e assets for 2017 from Part X, I | line 5 | | | | | 4 | 2 | 2,854 | ,557. |
| 5 Multiply line 4 by line 3 | | | 5 | | 1,074 | <u>,781.</u> | | | | |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) | | | | 6 | | 30 | ,287. | | | |
| 7 Add lines 5 and 6 | | | | | | | 7 | | 1,105 | ,068. |
| 8 Enter qualifying distributions from Par | | | | | | 1,100 | ,000. | | | |
| If line 8 is equal to or greater than line See the Part VI instructions. | 7, check the box in Part VI, line | 1b, and comp | lete that part usin | ig a 19 | % tax rate. | | <u></u> | | | |
| 723521 01-03-18 | | _ | | | | | | ŀ | orm 990- | PF (2017) |

| | n 990-PF (2017) MOLINELLO FAMILY FOUNDATION 38-3494 Int VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in | | tions | Page 4 |
|-----------|---|----------|------------|------------|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. | | | <u> </u> |
| | Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1% | 6 | 0,5 | 74. |
| | 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-) | | | 0. |
| 3 | Add lines 1 and 2 | 6 | 0,5 | 74. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) | | | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | 6 | 0,5 | 74. |
| 6 | Credits/Payments: | | | |
| a | 2017 estimated tax payments and 2016 overpayment credited to 2017 6a 6a 0. | | | |
| b | Exempt foreign organizations - tax withheld at source 6b 0. | | | |
| C | Tax paid with application for extension of time to file (Form 8868) 6c 0. | | | |
| d | Backup withholding erroneously withheld 6d 0. | | | |
| 7 | Total credits and payments. Add lines 6a through 6d SEE STATEMENT 11 62,460. 7 | 6 | 2,4 | 60. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached | | <u>1,8</u> | <u>86.</u> |
| 9 | Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed | | | 0. |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | | |
| 11 | | | | |
| | rt 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 | | Yes | |
| | any political campaign? | 1a | | X |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition | 1b | | <u> </u> |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or | 1 | | |
| | distributed by the foundation in connection with the activities. | | | |
| | Did the foundation file Form 1120-POL for this year? | 1c | | X |
| 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 . | | | |
| е | 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? | 2 | | X |
| | If "Yes," attach a detailed description of the activities. | | | 1 |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or | | 7 | |
| | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | 3 | X | - V |
| | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | | <u> </u> |
| | If "Yes," has it filed a tax return on Form 990-T for this year? | 4b | | X |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | 5 | | - |
| | If "Yes," attach the statement required by General Instruction T. | | | |
| 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 | | X | |
| - | remain in the governing instrument? | 7 | X | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV | - | | \vdash |
| 0- | Enter the states to which the foundation reports or with which it is registered. See instructions. |] | | |
| ва | · · · · · · · · · · · · · · · · · · · | | | |
| | MI If the appropriate Vanitation 7, has the foundation furnished a copy of Form 000 DE to the Attorney Congrel (or decignate) | 1 ' | | |
| D | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) | Ph | X | |
| ^ | of each state as required by General Instruction G? If "No," attach explanation | 8b | 47 | |
| 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 tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV | 9 | | X |
| 40 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | 10 | | X |
| <u>10</u> | | rm 99(|) DE | |

| LP8 | art VII-A Statements Regarding Activities (continued) | | | |
|-----|---|---------------|-------------|---------|
| | | | Yes | No |
| 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 | | X |
| 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 | | _ X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | X | |
| | Website address ►N/A | | | |
| 14 | The books are in care of ► REHMANN ROBSON Telephone no. ► 248 – 95 | | 000 | |
| | Located at ► 1500 W BIG BEAVER, 2ND FLOOR, TROY, MI ZIP+4 ► 48 | 084 | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here | | > | \cdot |
| | and enter the amount of tax-exempt interest received or accrued during the year | N | /A | |
| 16 | At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, | | Yes | No |
| | securities, or other financial account in a foreign country? | 16 | | X |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the | | | |
| De | foreign country | | | |
| P 6 | art VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | . | |
| 4- | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | Yes | No |
| 18 | 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? Yes X No | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | | | |
| | a disqualified person? Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No | | | |
| | | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (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)? | | | |
| | (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.) | | | |
| h | of fany answer is "Yes" to 1a(1)-(6), did any 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 | 1b | | X |
| | Organizations relying on a current notice regarding disaster assistance, check here | . 10 | | |
| 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 | | X |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation | | | |
| | defined in section 4942(j)(3) or 4942(j)(5)): | | | |
| а | 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? X Yes No | | | |
| | If "Yes," list the years ▶2015 | | | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect | | | 1 |
| | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach | | | |
| | statement - see instructions.) | 2b | Х | |
| C | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | | | |
| | > | | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | | | |
| | during the year? | | | |
| 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.) N/A | 3b | | |
| | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | X |
| 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 | | X |
| | For | m 99 0 |)-PF (| (2017) |

| Form 990-PF (2017) MOLINELLO FAMILY FOUNDAT: | | | 38-34942 | 66 | Pa | age 6 |
|--|---|------------------|--|----------|---------------|--------------|
| Part VII-B Statements Regarding Activities for Which F | orm 4720 May Be Re | equirea (continu | ued) | 15 | 1 | NI. |
| 5a During the year, did the foundation pay or incur any amount to: | | | | Y | 'es | No |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | | | s X No | | - 1 | |
| (2) Influence the outcome of any specific public election (see section 4955); or | r to carry on, directly or indire | | | | | |
| any voter registration drive? | | | s X No | | | 1 |
| (3) Provide a grant to an individual for travel, study, or other similar purposes | | Ye | s X No | | | l |
| (4) Provide a grant to an organization other than a charitable, etc., organization | n described in section | | | | | - 1 |
| 4945(d)(4)(A)? See instructions | | | s X No | | | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, | or educational purposes, or fo | | | | | - 1 |
| the prevention of cruelty to children or animals? | | | s X No | | | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und | | n Regulations | ,_ L | \dashv | | |
| section 53.4945 or in a current notice regarding disaster assistance? See instru | | | N/A | 5b | | |
| Organizations relying on a current notice regarding disaster assistance, check h | ere | | ▶□ | | | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr | | . — | | | | |
| expenditure responsibility for the grant? | N | '/A | s L No | | | - |
| If "Yes," attach the statement required by Regulations section 53.4945-5(d). | | | | | | 1 |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to p | pay premiums on | | | | | |
| a personal benefit contract? | | Ye | s X No | | | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | ersonal benefit contract? | | | 6b | | X |
| If "Yes" to 6b, file Form 8870. | | | | | ļ | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s | helter transaction? | Ye | es 🗶 No 📙 | | | |
| b If "Yes," did the foundation receive any proceeds or have any net income attribu | | | N/A | 7b | İ | |
| Part VIII Information About Officers, Directors, Truste | es, Foundation Man | agers, Highly | | | | |
| Paid Employees, and Contractors | | | | | | |
| 1 List all officers, directors, trustees, and foundation managers and the | | (c) Compensation | (d) Contributions to | 10 | \ Evno | nca |
| (a) Name and address | (b) Title, and average hours per week devoted | (If not paid, | (d) Contributions to employee benefit plans and deferred | acc |) Expe | other |
| | to position | enter -0-) | compensation | al | lowan | ces |
| | PRESIDENT/DIR | ECTOR | | | | |
| 3717 RAVENA AVE | 7 50 | 60 000 | 0 | | | ^ |
| ROYAL OAK, MI 48073 | 7.50 | 60,000. | 0. | } | | <u>0.</u> |
| | SECRETARY/DIR | ECTOR | | | | |
| 1647 THREE LAKES DR | F 00 | 25 000 | | | | ^ |
| TROY, MI 48085 | 5.00 | 25,000. | 0. | <u> </u> | | 0. |
| | VICE PRES/TRE | AS/DIRECTO |)R | i | | |
| 3717 RAVENA AVE | 10.50 | 60 000 | • | | | ^ |
| ROYAL OAK, MI 48073 | 12.50 | 60,000. | 0. | 100 | 1 77 | 0. |
| | PRES THRU 5/2 | B/2017; D11 | K THRU 8 | 120. | L / | |
| 810 FORESTDALE | | 40.000 | | | | ^ |
| ROYAL OAK, MI 48067 | 7.50 | 40,000. | 0. | l | | 0. |
| 2 Compensation of five highest-paid employees (other than those inc | (b) Title, and average | INCH "NUNE." | (d) Contributions to | 10 |) Expe | 920 |
| (a) Name and address of each employee paid more than \$50,000 | hours per week | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | acc | ount, | other |
| | devoted to position | | compensation | al | lowan | ces |
| NONE | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | - | | |
| | | | | | | |
| | | | | | | |
| | - | Į | | | | |
| | | 1 | | - | | |
| | | | | | | |
| - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | <u> </u> | | | L | | |
| Total number of other employees paid over \$50,000 | | | <u> </u> | 990- | DE . | |
| | | | Form | 220- | -rr(| 2017) |

| Form 990-PF (2017) MOLINELLO FAMILY FOUNDATION | 38-349 | 1266 Page 7 |
|--|---------------------|---------------------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Man Paid Employees, and Contractors (continued) | | |
| 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." | | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | | 0 |
| PartilX:A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information organizations and other beneficiaries served, conferences convened, research papers produced, etc. | tion such as the | Expenses |
| 1 N/A | | |
| 2 | | |
| | | |
| 3 | | |
| | | |
| | | |
| Partix:B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | | Amount |
| 1 N/A | | Amount |
| | | |
| 2 | | |
| All other program-related investments. See instructions. | | |
| 3 | | |
| | | |
| | | |
| Total. Add lines 1 through 3 | F | 0 • orm 990-PF (2017) |

| P | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four | ndations | s, see instructions) |
|----|--|-------------|----------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| а | Average monthly fair market value of securities | 1a | 22,745,932. |
| | Average of monthly cash balances | 1b | 456,664. |
| C | | 1c | <u> </u> |
| d | Total (add lines 1a, b, and c) | 1d | 23,202,596. |
| е | | | |
| | 1c (attach detailed explanation) 1e 0. | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 23,202,596. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 348,039. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 22,854,557. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 1,142,728. |
| P | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations ar | ıd certair | <u> </u> |
| _ | foreign organizations, check here 🕨 🔲 and do not complete this part.) | | |
| 1 | Mınımum investment return from Part X, line 6 | 1 | 1,142,728. |
| 2a | Tax on investment income for 2017 from Part VI, line 5 | | |
| b | Income tax for 2017. (This does not include the tax from Part VI.) | | |
| C | Add lines 2a and 2b | 2c | 60,574. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 1,082,154. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 1,082,154. |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0. |
| 7_ | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 1,082,154. |
| P | art 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 | 1,100,000. |
| 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 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 | 4 | 1,100,000. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | | |
| | income. Enter 1% of Part I, line 27b | 5 | 0. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 1,100,000. |
| | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years. | jualifies f | for the section |

Page 9

Part XIII Undistributed Income (see instructions) (d) (a) (b) (c) Corpus Years prior to 2016 2016 2017 1 Distributable amount for 2017 from Part XI, 1,082,154. line 7 2 Undistributed income, if any, as of the end of 2017 964,078. a Enter amount for 2016 only b Total for prior years: 56,568. 2015 . 3 Excess distributions carryover, if any, to 2017: a From 2012 **b** From 2013 c From 2014 d From 2015 e From 2016 0. f Total of lines 3a through e 4 Qualifying distributions for 2017 from Part XII, line 4: \triangleright \$ 1,100,00. 964,078 a Applied to 2016, but not more than line 2a b Applied to undistributed income of prior 0 years (Election required - see instructions) c Treated as distributions out of corpus 0. (Election required - see instructions) 135,922. d Applied to 2017 distributable amount 0 e Remaining amount distributed out of corpus 0. 0. Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a)) 6 Enter the net total of each column as indicated below: 0. a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract 56,568. line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously 56,568. assessed d Subtract line 6c from line 6b. Taxable 0. amount - see instructions e Undistributed income for 2016. Subtract line 0 4a from line 2a. Taxable amount - see instr. f Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must 946,232. be distributed in 2018 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election 0. may be required - see instructions) 8 Excess distributions carryover from 2012 0. not applied on line 5 or line 7 Excess distributions carryover to 2018. 0. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2013 b Excess from 2014 c Excess from 2015 d Excess from 2016

Form **990-PF** (2017)

e Excess from 2017

| Part XIV Private Operating F | oundations (see in | structions and Part V | II-A guestion 9) | N/A | 194200 Page 10 |
|---|---------------------------|-----------------------------|-----------------------------|--|-------------------------|
| 1 a If the foundation has received a ruling o | | | 171, quodion 5) | M/A | |
| foundation, and the ruling is effective fo | | | | | |
| b Check box to indicate whether the found | • | - | in section | 4942(j)(3) or 4 | 1942(₁)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year | 19 Touridation described | Prior 3 years | 1 4342(J)(0) OI1 | 1542(1)(5) |
| income from Part I or the minimum | (a) 2017 | (b) 2016 | (c) 2015 | (d) 2014 | (e) Total |
| investment return from Part X for | (-,,- | (-, | (0, 000 | 10, | (0) 10.00 |
| each year listed | | | | | |
| b 85% of line 2a | | | | · · · · · · · · · · · · · · · · · · · | |
| c Qualifying distributions from Part XII. | | | | | - |
| line 4 for each year listed | | | | | i |
| d Amounts included in line 2c not | | | | | |
| used directly for active conduct of | ļ | | | 1 | |
| exempt activities | | | | | |
| e Qualifying distributions made directly | | | | | |
| for active conduct of exempt activities. | ļ | ļ | | | |
| 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 | | | <u></u> | | |
| (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 Parit XV. Supplementary Info | rmation (Comple | te this part only | if the foundation | had \$5,000 or mo | re in assets |
| at any time during the | | | ii tile loulluation | nau \$5,000 or mo | ire iii assets |
| 1 Information Regarding Foundatio | | | | | |
| a List any managers of the foundation wh | ~ | than 2% of the total con | tributions received by the | foundation before the clo | se of any tay |
| year (but only if they have contributed n | | | indutions received by the | Touridation before the cio | oc or any tax |
| NONE | | | | | |
| b List any managers of the foundation who | o own 10% or more of th | e stock of a corporation | (or an equally large porti | on of the ownership of a p | artnership or |
| other entity) of which the foundation has | | | - · · | , , | • |
| NONE | | | | | |
| 2 Information Regarding Contributi | | • • • • | • | | |
| Check here if the foundation o | | | | | uests for funds. If |
| the foundation makes gifts, grants, etc., | | | | | |
| a The name, address, and telephone numb | | e person to whom appli | cations should be address | sed; | |
| RITA MORELLI, 248-54 PO BOX 721067, BERKLI | | 2-0067 | | | |
| b The form in which applications should b WRITTEN REQUEST | e submitted and informat | tion and materials they s | hould include: | | |
| c Any submission deadlines: | | | | | |
| d Any restrictions or limitations on awards | s, such as by geographica | al areas, charitable fields | , kinds of institutions, or | other factors: | |
| | | | | | |

Part XVI-A Analysis of Income-Producing Activities

| Enter gross amounts unless otherwise indicated. | Unrelated | business income | | by section 512, 513, or 514 | (e) |
|--|-----------------|-----------------|---------------|-----------------------------|-------------------|
| | (a) Business | (b) | (c) Exclu- | (d) | Related or exempt |
| 1 Program service revenue: | Business | Amount | code | Amount | function income |
| a | - | | 1 | | |
| b | | | | | |
| С | | | | - | |
| d | | | | | |
| е | - [[| | | | |
| f | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash investments | | | | | |
| 4 Dividends and interest from securities | | | 18 | 729,838. | |
| 5 Net rental income or (loss) from real estate: | | | | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal property | | | | | |
| 7 Other investment income | | | 14 | 145. | |
| 8 Gain or (loss) from sales of assets other than inventory | | | 18 | 2,345,753. | |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 1 Other revenue: | | | | | |
| a | | | | | |
| b | | | | | |
| C | | | | | |
| d | _ | | | | |
| e | _ | | | | |
| 12 Subtotal. Add columns (b), (d), and (e) | | 0 | | 3,075,736. | |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 3,075,730 |

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

| Line No ▼ | Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). | | | | | | |
|--------------|---|--|--|--|--|--|--|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| Signature of officer or trustee Print/Type preparer's name RATHLEEN M. UNDERHILL, CPA Preparer Use Only Signature of officer or trustee Date Title Check if self- employed Self- employed PO0589677 Firm's name ► REHMANN ROBSON LLC Firm's address ► 1500 W BIG BEAVER RD, 2ND FLR | Part XVII | Information Re | | | nd Transactions and | d Relationshi | ps With Noncharit | | Pa | ge 13 |
|---|----------------|------------------------------|------------------------|----------------------------------|---------------------------------------|--|---------------------------------------|---------------|------------|----------|
| (other than section 501(0/3) organizations) or in section 527, relating to political organizations? 1 Transfers from the reporting foundation to a noncharitable exempt organization of: 1 Sales of assets to a noncharitable exempt organization 1 Sales of assets to an anoncharitable exempt organization 2 Purchases of assets from a noncharitable exempt organization 3 Relatal of facilities, equipment, or other assets 4 Reminiscent a rangements 5 Light X Was Was | | | | | | | | _ | Voc | No |
| a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash (2) Other assets 5 Other transactions (2) Purchases of assets from a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Rembursament arrangements (5) Loans for foran guarantees (6) Performance of sances or membership or fund assing solicitations (6) Performance of sances or organizations (6) Interest or foran guarantees (6) Performance of sances or rest organization in the foundation of the above is "Yes," Complete the following schedule. Column (b) should always show the fair market value of the poods, other assets, or sances received. (a) Amount involved (c) Name of noncharitable exempt organization (d) Description of relationships 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organization assets, or sances received. (a) Amount involved (c) Name of noncharitable exempt organization (d) Description of relationships 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organization (d) Description of relationships (a) Amount involved (c) Name of noncharitable exempt organization (d) Description of relationships N/A 11-Yes, complete the following schedule. (a) Name of organization (b) Type of organization (e) Description of relationships N/A 13-Test of the section of the schedule. (a) Name of organization (b) Type of organization of indirectly or indire | | - | | | | i described in section | on 501(c) | - | res | NO |
| (2) Other sessets b Other transactions: (1) Siles of assets to a noncharitable exempt organization (2) Purchases of assets to an anoncharitable exempt organization (3) Retails of facilities, equipment, or other assets (4) Remitterinament arrangements (5) Loans or foan quiranteles (6) Performance of services or membership or fundrasing solicitations c Starring of facilities, equipment, maining lists, other assets, or paid employees d if the answer to any of the above is "Yes," complete the following schedule. Column (s) should always show the fair market value of the goods, other assets, or services represent or services given by the reporting foundation received less than fair market value in any transaction or sharing arrangement, show in column (g) the value of the goods, other assets, or services represent or services given by the reporting foundation received less than fair market value in any transaction or sharing arrangement, show in column (g) the value of the goods, other assets, or services represent in a section 501(c) (other than section 501(c)(3)) or in section 52/2? 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organization (d) Description of relationship N/A (a) Name of organization (b) Type of organization (d) Description of relationship N/A (b) Type of organization (e) Description of relationship N/A (c) Description of relationship N/A Paid Preparer Preparer Preparer Preparer (insert mail has a cannot all thrace | | | · | | • | | | | | |
| (2) Other transactions: (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rendial of scallate, equipment, or other assets (4) Renthorsement arrangements (5) Loans or foran guarantees (6) Performance of services or membership or fundations goliocitations (6) Performance of services or membership or fundations goliocitations (7) Sharing of facilities, equipment, making lists, other assets, or paid employees (8) It is a services given by the regioning foundation, if the foundation required lists than fair market value many transaction or sharing arrangement, show in column (2) the value of the goods, other assets, or services given by the regioning foundation, if the foundation required lists than fair market value many transaction or sharing arrangement, show in column (3) the value of the goods, other assets, or services given by the regioning foundation, if the foundation required lists than fair market value many transactions or sharing arrangement, show in soliton (3) Amount involved (a) Amount involved (b) Amount involved (c) Rame of noncharitable exempt organization (d) Description of relationship N/A (d) Description of relationship N/A (e) Description of relationship N/A (ii) Type of organization (b) Type of organization (c) Description of relationship N/A (b) Type of organization (c) Description of relationship N/A (d) Description of relationship N/A (e) Description of relationship N/A (f) Description of relationship N/A (g) Rame of organization (h) Type of organization (h) Description of relationship N/A (h) Description of relat | | · · · · · · | anon to a nononantaor | o exempt org | amzanom on | | | 1a(1) | | X |
| (1) Sales of assets to a noncharitable exempt organization (2) Prurchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (5) Loans or foan guarantees (6) Performance of services or membership or fundraising solicitations (5) Loans or foan guarantees (6) Performance of services or membership or fundraising solicitations (7) It the newer to any or the above to "ves" complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services received. 4) The newer to any or the above to "ves" complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services received. 4) The new (b) Amount involved (c) Name of inorcharitable exempt organization (d) Description of sharing arrangement, show in socion 50°C (c) (other than section 50°C)(c)(3)) or in section 52°? 2a. Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 50°C (c) (other than section 50°C)(c)(3)) or in section 52°? b) If "Yes" (c) (other than section 50°C)(c)(3)) or in section 52°? b) If Yes (c) (other than section 50°C)(c)(3)) or in section 52°? b) If Yes (c) (other than section 50°C)(c)(3)) or in section 52°? b) If Yes (c) (other than section 50°C)(c)(3)) or in section 52°? b) If Yes (c) (other than section 50°C)(c)(3)) or in section 52°? b) If Yes (c) (other than section 50°C)(c)(3)) or in section 52°? b) If Yes (c) (other than section 50°C)(c)(3)) or in section 52°C (other than section 50°C)(c)(3) or in section 50°C (other than section 50°C)(c)(3) or in section 52°C (other than section 50°C)(c)(3) or in section 50°C (other than section 50°C)(c)(3) or in section 50°C (other than section 50°C)(c)(3) o | ٠. | | | | | | | - | | |
| 22 Purchases of assets from a noncharitable everify organization 15(3) X 15(3) X 15(3) X 15(4) Reimburger enter arrangements 15(5) Loans or loan guarantees 15(6) Loans or loan guarantees 15(6) Earth and the pools, other assets, or paid employees 15(6) X 15(6) X 15(7) X 15(8) X 1 | • • | | | | | | | | | |
| (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursiment arrangements (5) Cans or loan guarantess (6) Performance of sevues or membership or fundrasing solicitations (7) Rental of facilities, equipment, mailing lists, other assets, organd employees (8) Performance of sevues or membership or fundrasing solicitations (8) Performance of sevues or membership or fundrasing solicitations (9) Performance of sevues or membership or fundrasing solicitations (9) Performance of sevues or membership or fundrasing solicitations (9) It the answer to any of the above is "Yes," complete the following schedule. Column (9) should always show the fair market value of the goods, other assets, or serves received. (9) Amount involved (1) Amount involved (1) Amount involved (2) Name of noncharitable exempt organization (3) Description of transfers, sevasactions, and sharing arrangements. (4) Description of transfers, sevasactions, and sharing arrangements. (a) Name of organization (b) Type of organization (c) Description of relationship (d) Description of relationship (e) Description of relationship (e) Description of relationship (f) Description of relationship (h) Type of organization (h) Description of relationship (h) Desc | (1) Sales | of assets to a noncharita | ble exempt organizatio | on | | | | 16(1) | | X |
| (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (6) Performance of services or membership or fundraising solicitations (7) Each or the process of services or membership or fundraising solicitations (8) Performance of services or sembership or fundraising solicitations (8) Performance of services or sembership or fundraising solicitations (9) Performance of services or sembership or fundraising solicitations (9) It the answer to any of the above is "Yes," complete the following schedule. Column (8) should always show the fair market value of the goods, other assets, or services received. (9) Amount involved (9) Amount involved (10) | (2) Purcl | hases of assets from a no | ncharitable exempt or | ganization | | | | 1b(2) | | |
| (6) Performance of services or membership or fundrasing solicitations (7) Enter formance of services or membership or fundrasing solicitations (8) Performance of services or membership or fundrasing solicitations (8) Performance of services or membership or fundrasing solicitations (8) It is answer to any of the above is Yes, "complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services received. (9) Amount involved (9) Name of noncharitable exempt organization (9) Amount involved (9) Name of noncharitable exempt organization (9) Amount involved (9) Name of noncharitable exempt organization (9) Amount involved (9) Name of noncharitable exempt organization (9) Description of banders, transactions, and abaning arrangements N/A 11 Yes, complete the following schedule. (9) Name of organization (10) Type of organizations described (11 Yes, complete the following schedule. (12 Yes) (13 Name of organization or relationship N/A (14) Description of relationship N/A (15) Type of organization organization organization or relationship N/A (16) Description of relationship N/A (17) Type of organization or | (3) Renta | al of facilities, equipment, | or other assets | | | | | 1b(3) | | |
| (e) Performance of services or membership or fundrasing solicitations 2 Sharing of facilities, equipment, mailing lists, other assets, or paid employees 4 If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (b) the value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (b) the value of the goods, other assets, or services received. 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organization. (d) Description of transfers, and sharing arrangements. N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 52?? If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Whose certaines of popur, I declare that I have examined the return, including accompanying schedules and statements, and to the best of my involved popular to the section with the persure has any knowledge. Signal and belief, it is the contract or trustee. Prespirity is present on all information of which prepare has any knowledge. N/A Paid Preparter Version M. Unider N. Un | (4) Reim | bursement arrangements | | | | | | 1b(4) | | |
| d If the answer to any of the above is "yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. a) I.ne no (b) Amount involved (c) Name of noncharitable exempt organization (d) Described of handlers, transactions, and sharing arrangements. N/A 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? If Yes \(\text{No} \) If Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A One of organization (b) Type of organization (c) Description of relationship One of organization (c) Description of relationship One | | | | | | | | $\overline{}$ | | X |
| d If the answer to any of the above is "yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. a) I.ne no (b) Amount involved (c) Name of noncharitable exempt organization (d) Described of handlers, transactions, and sharing arrangements. N/A 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? If Yes \(\text{No} \) If Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A One of organization (b) Type of organization (c) Description of relationship One of organization (c) Description of relationship One | · · | | | | | | | | | X |
| or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (4) the value of the goods, other assets, or services received. a Lime no (b) Amount involved (c) Name of noncharinable exempt organization (d) Description of bransfers, transactions, and sharing arrangements N/A | | | | | · · · · · · | | | | | <u> </u> |
| a) Inverse the following schedule. (a) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exampt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? If Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Sign Under parallels of parally, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and the first than taxpayers is based on all information of which prepare has any knowledge and the first than taxpayers is based on all information of which prepare has any knowledge and the first than taxpayers is based on all information of which prepare has any knowledge and the first than taxpayers is based on all information of which prepare has any knowledge and the first than taxpayers is based on all information of which prepare that have been allowed the prepare that the pre | | | | | | | | | ets, | |
| a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transferon, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? | | | | | u iess man iair market value | in any transaction | or snaring arrangement, sr | IOW III | | |
| N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 50 f(c) (other than section 50 f(c)(3)) or in section 52?? Yes | | | | | exempt organization | (d) Description | of transfers, transactions, and s | haring arra | ngemer | |
| 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? □ If Yes, complete the following schedules. (a) Name of organization (b) Type of organization (c) Description of relationship Way the IRS discuss this return correct, and complete Destruction of preparer (with the taxpayer) is based on all information of which prepare has any knowledge. Signal and based, it is thus, correct, and complete Destruction of preparer (with the taxpayer) is based on all information of which prepare has any knowledge. Signature of officer or frustee Personal Complete | (4) | (D) i uno un consoci | (b) Harris or t | | Oxompt o. gameaton | (2) | | | | |
| In section 501(c) (other than section 501(c)(3)) or in section 527? Yes | | | | | | | | | | |
| In section 501(c) (other than section 501(c)(3)) or in section 527? Yes | | | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| In section 501(c) (other than section 501(c)(3)) or in section 527? Yes | | | | | | | | | | |
| In section 501(c) (other than section 501(c)(3)) or in section 527? Yes | | | | | | | | | | |
| In section 501(c) (other than section 501(c)(3)) or in section 527? Yes | | | | | | | | | | |
| In section 501(c) (other than section 501(c)(3)) or in section 527? Yes | | | | | | <u> </u> | | | | |
| In section 501(c) (other than section 501(c)(3)) or in section 527? Yes | | | | | | <u> </u> | | | | |
| In section 501(c) (other than section 501(c)(3)) or in section 527? Yes | | | | | | ļ | | | | |
| In section 501(c) (other than section 501(c)(3)) or in section 527? Yes | | | <u> </u> | | | | | | | |
| In section 501(c) (other than section 501(c)(3)) or in section 527? Yes | | | | | | | | | | |
| In section 501(c) (other than section 501(c)(3)) or in section 527? Yes | | | | | | + | | | | |
| In section 501(c) (other than section 501(c)(3)) or in section 527? Yes | | | | - | | + | | | | |
| In section 501(c) (other than section 501(c)(3)) or in section 527? Yes | | | | | | | | | | |
| In section 501(c) (other than section 501(c)(3)) or in section 527? Yes | | | | | | | | <u> </u> | | |
| In section 501(c) (other than section 501(c)(3)) or in section 527? Yes | 2a Is the four | ndation directly or indirec | l | alated to one | or more tay-eyempt organiz | ations described | | | | |
| b If Yes,' complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Sign Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this return with the preparer has any knowledge | | - | • | • | of more tax exempt organize | dions described | | Yes | X | ∃ Nn |
| (a) Name of organization N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge seturn with the preparer sugnature of officer or trustee Print/Type preparer's name KATHLEEN M. UNDERHILL, CPA KATHLEEN M. UNDER 08/30/18 Prim's name ▶ REHMANN ROBSON LLC Firm's lame ▶ REHMANN ROBSON LLC Firm's address ▶ 1500 W BIG BEAVER RD, 2ND FLR | | | | | | | _ | | | |
| Sign Here Vinder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this return with the preparer shown below? See instruction in the preparer shown | | | | | (b) Type of organization | (| c) Description of relations | hip | | |
| And belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge No No No No No No | | N/A | | | | | | | | |
| And belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge No No No No No No | | | | | | | | | | |
| And belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge No No No No No No | | | | | | | | | | |
| And belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge No No No No No No | | | | | | | | | | |
| And belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge No No No No No No | | | | | | | | | | |
| Here No No No No No No No N | | | | • | | | May | the IRS o | iscuss t | his |
| Signature of officer or trustee Print/Type preparer's name KATHLEEN M. UNDERHILL, CPA Preparer Use Only Firm's address ▶ 1500 W BIG BEAVER RD, 2ND FLR Print/Type preparer's name No Date Title Check if PTIN self- employed Print's EIN ▶ 38-3635706 Firm's EIN ▶ 38-3635706 | | Y Dan. n. | | · | Valelia | PREGER | sho | wn below' | ? See ins | str |
| Print/Type preparer's name KATHLEEN M. UNDERHILL, CPA RATHLEEN M. UNDER 08/30/18 Preparer Use Only Firm's address ▶ 1500 W BIG BEAVER RD, 2ND FLR | | | rellu- | | 1/4/3//4 | | ENT | <u> Yes</u> | | _ No |
| Paid Preparer Use Only KATHLEEN M. UNDERHILL, CPA KATHLEEN M. UNDER 08/30/18 Preparer Use Only Firm's name ► REHMANN ROBSON LLC Firm's address ► 1500 W BIG BEAVER RD, 2ND FLR | Sigi | | me I | Preparare a | | | Check of DTIN | | | |
| Paid UNDERHILL, CPA KATHLEEN M. UNDER 08/30/18 P00589677 Preparer Use Only Firm's address ▶ 1500 W BIG BEAVER RD, 2ND FLR | | | | 12/1/1 | yilalule | " | <u> </u> | | | |
| Preparer Use Only Firm's address ▶ 1500 W BIG BEAVER RD, 2ND FLR Firm's address ▶ 1500 W BIG BEAVER RD, 2ND FLR | Paid | | 1. | <i>ДИИ</i> ИИ 7 Д Т Н Т . Б . | EN M. INDER | _ | | 1589 | 677 | |
| Use Only Firm's address ▶ 1500 W BIG BEAVER RD, 2ND FLR | | | | | DIA M. ONDER | 00/20/70 | | | | |
| Firm's address ▶ 1500 W BIG BEAVER RD, 2ND FLR | Use Only | THIRS HAIR - KEI | THE RODGE | ,14 HIC | | | I I I I I I I I I I I I I I I I I I I | , , , , | . . | |
| | • | Firm's address ▶ 15 | 00 W BIG F | BEAVER | RD, 2ND FLR | | | | | |
| | | | | | | | Phone no. 248-9! | 52-5 | 000 | |

| Part IV | Capital Gains and Lo | sses for Tax on Investment Income | | | | |
|------------|-------------------------------|---|--|--|---|----------------------------------|
| | (a) List and 2-story b | d describe the kind(s) of property sol rick warehouse; or common stock, 20 | d, e.g., real estate, 00 shs. MLC Co. | (b) How acquired P - Purchase D - Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
| 1a UBS | | BLICLY TRADED SEC | | D Donation | | |
| b UBS | | | CURITIES | | | |
| c UBS | | | CURITIES | | | |
| | | | CURITIES | | | |
| | | BLICLY TRADED SEC | CURITIES | | | |
| f UBS | - 42470 PU | | CURITIES | | | |
| g CAP | ITAL GAINS | DIVIDENDS | | | | |
| _h | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | _ | | | | | |
| _ <u>m</u> | | | | | | |
| <u>n</u> | | | | | <u> </u> | |
| 0 (0) (| Gross sales price | (f) Depreciation allowed | (g) Cost or other basis | (h |) Gain or (loss) | |
| (e) (| | (or allowable) | plus expense of sale | (e) p | olus (f) minus (g) | |
| a | 83,571. | | 89,873. | | | -6,302. |
| <u>b</u> | 70,115. | | 81,735. | | | -11,620. |
| <u>c</u> | 119,268. | | 117,359. | | | 1,909. |
| d d | 765,194. | <u> </u> | 557,686. | | | 207,508. |
| <u>e</u> | 4,975,249. | | 2,967,535. | | | 007,714. |
| <u>f</u> | 1,467. | | | | | $\frac{1,467.}{145.077}$ |
| <u>g</u> | 145,077. | | | | | 145,077. |
| <u>h</u> | | | | | | |
| <u> </u> | | | | | | |
| k | | | | | | |
| 1 | | | | | | |
| m | | | | | | |
| n | | | | | | <u> </u> |
| 0 | | | | | | |
| Comple | ete only for assets shown | ng gain in column (h) and owned by | the foundation on 12/31/69 | (I) Los | sses (from col. (h)) | |
| (i) F.N | 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 | | of col. (h) gain over not less than "-0-") | col. (k), |
| a | | | | | | -6,302. |
| b | | | | | | -11,620. |
| С | | | | | | 1,909. |
| d | | | | | | 207,508. |
| e | | | | | 2, | 007,714. |
| <u>f</u> | | | ļ | | | 1,467. |
| <u>g</u> | | ļ | | | | $14\overline{5},077.$ |
| h | | | | | | |
| | | | | | | |
| <u> </u> | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 0 | | | | | | |
| <u> </u> | - | <u></u> | | | | |
| | ain net income or (net ca | | r in Part I, line 7 D-" in Part I, line 7 | 2 | 2, | 345,753. |
| If gain, a | ilso enter in Part I, line 8, | | nd (6): | | /- | |
| If (loss), | enter "-0-" in Part I, line | 8 | | 3 | N/A | |

MOLINELLO FAMILY FOUNDATION 38-3494266

| 3 Grants and Contributions Paid During the | ear (Continuation) | | | |
|--|---|------------------------|---|--------|
| Recipient | If recipient is an individual, show any relationship to | Foundation | Purpose of grant or | A |
| Name and address (home or business) | any foundation manager or substantial contributor | status of recipient | contribution | Amount |
| | | | VOVOTNO AND GUDDORM | |
| COVENANT HOUSE MICHIGAN | NONE | | HOUSING AND SUPPORT | |
| 2959 MARTIN LUTHER KING JR BLVD | | | SERVICES FOR AT-RISK AND HOMELESS YOUTH | 15,00 |
| DETROIT, MI 48208 | | | AND NOMEDESS TOOTH | |
| CROSSROADS FOR YOUTH | NONE | | HOUSING AND HEALING | |
| 930 E DRAHNER RD, PO BOX 9 | | | PROGRAMS FOR AT-RISK | |
| OXFORD, MI 48371 | | | уоитн | 25,00 |
| DETROIT CRISTO REY HIGH SCHOOL | NONE | | CATHOLIC EDUCATION FOR | |
| 5679 W VERNOR HIGHWAY | NOME. | | THOSE IN NEED | |
| DETROIT, MI 48209-2157 | | | | 25,00 |
| DETROIT RESCUE MISSION | NONE | | SHELTER FOR THE | |
| 150 STIMSON, PO BOX 312087 | | | HOMELESS, MEDICAL, | |
| DETROIT, MI 48231-2087 | | | EMOTIONAL, EDUCATION | |
| | | | AND JOB SUPPORT | |
| | | | SERVICES | 25,00 |
| FIBROMYALGIA ASSOCIATION OF MICHIGAN | NONE | | EDUCATION/SUPPORT | |
| PO BOX 1876 | | | GROUP FOR THOSE IN | |
| ROYAL OAK, MI 48068-1876 | | | CHRONIC PAIN | 10,00 |
| | | | | |
| FORGOTTEN HARVEST | NONE | | PROVIDE FOOD FOR THOSE | |
| 21800 GREENFIELD ROAD | | | IN NEED | |
| OAK PARK, MI 48237 | | | | 20,00 |
| FURNITURE BANK OF SOUTHEASTERN MI | NONE | | PROVIDES FURNITURE FOR | |
| 333 N PERRY | | | FAMILIES IN NEED | |
| PONTIAC, MI 48342 | | | | 15,00 |
| | Lava. | | CANCER CURRORS | |
| GILDAS CLUB METRO DETROIT | NONE | | CANCER SUPPORT SERVICES | |
| 3517 ROCHESTER ROAD ROYAL OAK, MI 48073 | | | DERVICED . | 30,00 |
| GRACE CENTERS OF HOPE | NONE | | CHRISTIAN LONG-TERM | |
| 35 E HURON STREET | | | RESIDENTIAL TREATMENT | |
| PONTIAC, MI 48342-0725 | | | PROGRAMS FOR HOMELESS | |
| | | | AND ADDICTED PERSONS | 10,00 |
| GUEST HOUSE | NONE | | ADDICTION RECOVERY | |
| 1601 JOSLYN ROAD | | | SERVICES FOR CATHOLIC | |
| LAKE ORION, MI 48360 | | | CLERGY | 30,0 |
| Total from continuation sheets | | | | 895,0 |

15

| PartXV: Supplementary Information 3 Grants and Contributions Paid During the Y | | | T | |
|--|---|-------------------------|----------------------------------|---------|
| Recipient | If recipient is an individual, | | | |
| Name and address (home or business) | show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Harie and address (none of business) | or substantial contributor | recipient | | |
| JUDSON CENTER | NONE | | AUTISM, CHILD AND | |
| 4410 W THIRTEEN MILE RD | | | FAMILY SERVICES, | |
| ROYAL OAK, MI 48073 | | | DISABILITY AND MENTAL | |
| | | | HEALTH SERVICES | 50,000 |
| | | | | |
| KARMANOS CANCER INSTITUTE | NONE | | RESEARCH AND | |
| 4100 JOHN R | | | HEALTHCARE SUPPORT FOR | |
| DETROIT, MI 48201 | - | | THOSE WITH CANCER | 30,000 |
| | | | | |
| LEADER DOGS FOR THE BLIND | NONE | | GUIDE DOGS AND SUPPORT | |
| PO BOX 5000 | | | SERVICES FOR THE BLIND | 75,000 |
| ROCHESTER, MI 48308-5000 | | | | 75,000 |
| LITTLE SISTERS OF THE POOR | NONE | | CARE FOR THE ELDERLY | |
| 930 SOUTH WYNN RD | | | IN NEED | |
| OREGON, OH 43616-3599 | | | | _30,000 |
| | | | | |
| LOURDES SENIOR COMMUNITY | NONE | | CATHOLIC HEALTHCARE | |
| 2300 WATKINS LAKE RD | | | | |
| WATERFORD, MI 48328 | | | | 10,000 |
| | | | | |
| MANRESA JESUIT RETREAT HOUSE | NONE | | JESUIT RETREAT | |
| 1390 QUARTON RD | | | SERVICES AND | |
| BLOOMFIELD HILLS, MI 48304 | | | MINISTRIES | 5,000 |
| | | | | |
| NATIONAL SHRINE OF THE LITTLE FLOWER | NONE | | CATHOLIC CHURCH, | |
| 2100 W TWELVE MILE RD | | | SCHOOLS AND SERVICES | |
| ROYAL OAK, MI 48073-3910 | | | | 100,000 |
| | | | | |
| PENRICKTON CENTER FOR BLIND CHILDREN | NONE | | CARE AND EDUCATION FOR | |
| 26530 EUREKA ROAD | | | BLIND AND DISABLED | 20.000 |
| TAYLOR, MI 48180 | | | CHILDREN | 30,000 |
| PIME MISSIONARIES | NONE | | MISSION WORK AIDING | |
| 17330 QUINCY ST | 10111 | | THOSE IN NEED AND | |
| DETROIT, MI 48221-2749 | | | NEGLECTED | 10,000 |
| | | | | |
| REACHING HIGHER | NONE | | EDUCATION AND | |
| 508 E GRAND RIVER, SUITE 300B | | | EMPOWERMENT OF | |
| BRIGHTON, MI 48116 | | | CHILDREN | 10,000 |
| Total from continuation sheets | | | | |

MOLINELLO FAMILY FOUNDATION

| 3 Grants and Contributions Paid During the Y | ear (Continuation) | | | |
|--|---|---------------------|-----------------------------------|--------|
| Recipient | If recipient is an individual, show any relationship to | Foundation | Purpose of grant or | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | status of recipient | contribution | Amount |
| CONALD MCDONALD HOUSE OF DETROIT | NONE | | PROVIDES HOUSING AND | |
| 707 ST ANTOINE ST, SUITE 200 | | | SUPPORT SERVICES FOR | |
| DETROIT, MI 48201 | 1 | | FAMILIES WITH A CHILD | |
| | | | IN THE HOSPITAL | 10,000 |
| ROSE HILL FOUNDATION | NONE | | RESIDENTIAL TREATMENT | |
| 5130 ROSE HILL BLVD | [10.10] | | PROGRAM FOR THOSE WITH | |
| HOLLY, MI 48442-9507 | | | MENTAL ILLNESS | 15,000 |
| CALLY TOW ADMY | VOVE | | GEDUTCES FOR DUVITON | |
| SALVATION ARMY PO BOX 1 | NONE | | SERVICES FOR PHYSICAL, | |
| ROYAL OAK, MI 48068 | | | EMOTIONAL AND SPIRITUAL NEEDS | 75,000 |
| SAMARITAS | NONE | | ADOPTION, FOSTER CARE, | 73,000 |
| 3131 E JEFFERSON AVE | | | CARE FOR THE ELDERLY | |
| DETROIT, MI 48214 | 1 | | AND DISABLED, AND | |
| | | | REFUGEE RESETTLEMENT | |
| | | | SERVICES | 10,000 |
| 777777 C OF WAR PERSON | | | | |
| SISTERS OF MARY REPARATRIX | NONE | | CARE FOR ELDERLY | |
| L0065 NORTHWAY AVE ALLEN PARK, MI 48101 | | | CATHOLIC NUNS AND MISSION WORK | 40,000 |
| man Ind., MI 10101 | | | ALBEIGN WORK | |
| SKY FOUNDATION INC | NONE | | RESEARCH AND RAISING | |
| 33 BLOOMFIELD PARKWAY, SUITE 275 | 1 | | AWARENESS OF | |
| BLOOMFIELD HILLS, MI 48304 | | | PANCREATIC CANCER | 10,000 |
| SOUTH OAKLAND CITIZENS FOR THE | NONE | | DAYTIME HOMELESS | |
| HOMELESS | | | SHELTER AND SUPPORT | |
| PO BOX 1937 | | | SERVICES | |
| ROYAL OAK, MI 48068 | | | | 25,000 |
| ST JUDE CHILDREN'S RESEARCH HOSPITAL | NONE | | RESEARCH AND TREATMENT | |
| 501 ST JUDE PLACE | | | OF PEDIATRIC CANCER | |
| MEMPHIS, TN 38105-1942 | | | AND DISEASES, AND | |
| | | | SUPPORT SERVICES FOR | _= |
| | + | | THE FAMILIES | 75,000 |
| ST VINCENT DE PAUL - SHRINE | NONE | | FOOD AND SUPPORT | |
| 2100 W TWELVE MILE RD | | | SERVICES FOR THOSE IN | |
| ROYAL OAK, MI 48073-3910 | | | NEED | 70,000 |
| THE EMPOWERMENT PLAN | NONE | | EMPLOYS AND PROVIDES | |
| 1401 VERMONT ST | TOTAL . | | SLEEPING BAG COATS FOR | |
| DETROIT, MI 48216 | | | THE HOMELESS | 10,000 |
| Total from continuation sheets | <u></u> | | | |

| FORM 990-PF D | DIVIDENDS | AND INTER | REST | FROM SECUE | RITIES S | TATEMENT 1 |
|---|-----------------|---|--|-----------------------------------|---------------------------------------|--|
| | GROSS AMOUNT | CAPITAI GAINS DIVIDENI | | (A) REVENUE PER BOOKS | (B) NET INVEST- MENT INCOME | |
| UBS - 42470 | 371,575. | | 0. | 371,575. | 371,575. | - |
| UBS - 42470 | 109,729. | | | 0. | · · | |
| UBS - 42470 | 1,088. | | 0. | 1,088. | | |
| UBS - 96345 | 1,756. | | 0. | 1,756. | 1,756. | |
| UBS - 96345 | 35,348. | | | 0. | | |
| UBS - 96345 | 355,419. | | 0. | 355,419. | 355,419. | |
| TO PART I, LINE 4 | 874,915. | 145,0 | 77. =================================== | 729,838. | 729,838. | |
| FORM 990-PF | | OTHER I | INCOM | | | TATEMENT 2 |
| | | OTHER . | - INCOR | _ | | TATEMENT Z |
| | | | REV | | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME |
| DESCRIPTION | | | | | | |
| DESCRIPTION SETTLEMENT INCOME | | | | 145. | 145. | |
| DESCRIPTION SETTLEMENT INCOME TOTAL TO FORM 990-PF, | PART I, | LINE 11 | | 145. | 145. | |
| SETTLEMENT INCOME TOTAL TO FORM 990-PF, | PART I, | LEGAI | | 145. | 145. | TATEMENT 3 |
| SETTLEMENT INCOME TOTAL TO FORM 990-PF, | PART I, | | | 145. | 145. | TATEMENT 3 |
| SETTLEMENT INCOME TOTAL TO FORM 990-PF, FORM 990-PF | | | L FEE | 145. | 145. | (D) |
| SETTLEMENT INCOME TOTAL TO FORM 990-PF, FORM 990-PF DESCRIPTION | | LEGAI (A) EXPENSES | L FEE | 145. | 145. S (C) ADJUSTED | (D) CHARITABL PURPOSES |
| SETTLEMENT INCOME TOTAL TO FORM 990-PF, FORM 990-PF DESCRIPTION LEGAL EXPENSE | | LEGAI (A) EXPENSES PER BOOKS | L FEE | 145. (B) TINVEST- NT INCOME | 145. S (C) ADJUSTED | (D) CHARITABL |
| SETTLEMENT INCOME TOTAL TO FORM 990-PF, FORM 990-PF DESCRIPTION LEGAL EXPENSE TO FM 990-PF, PG 1, LN | | LEGAI (A) EXPENSES PER BOOKS 45,523 | L FEE | 145. (B) C INVEST- NT INCOME 0. | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| SETTLEMENT INCOME TOTAL TO FORM 990-PF, FORM 990-PF DESCRIPTION LEGAL EXPENSE TO FM 990-PF, PG 1, LN FORM 990-PF | N 16A | LEGAI (A) EXPENSES PER BOOKS 45,523 | L FEE | 145. (B) C INVEST- NT INCOME 0. | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES 0 |
| SETTLEMENT INCOME | N 16A | LEGAL (A) EXPENSES PER BOOKS 45,523 45,523 ACCOUNT: | L FEE | 145. (B) TINVEST- O. O. TEES | (C) ADJUSTED NET INCOME (C) ADJUSTED | (D) CHARITABLE PURPOSES 0 TATEMENT 4 (D) CHARITABLE |

| FORM 990-PF C | THER PROFES | SIONAL FEES | S | STATEMENT 5 | | |
|---|------------------------------|-----------------------------------|-----------------|--------------------------------------|--|--|
| DESCRIPTION | (A) EXPENSES PER BOOKS | | | | | |
| INVESTMENT EXPENSE | 43,258. | 43,258. | | 0. | | |
| TO FORM 990-PF, PG 1, LN 16C = | 43,258. | 43,258. | | 0. | | |
| FORM 990-PF | TAX | ES | S | TATEMENT 6 | | |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | | (D) CHARITABLE PURPOSES | | |
| FOREIGN TAXES STATE OF MICHIGAN LICENSE | 3,533. 20. | | | 0. | | |
| - TO FORM 990-PF, PG 1, LN 18 | 3,553. | 3,533. | | 0. | | |
| FORM 990-PF DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- | (C) ADJUSTED | TATEMENT 7 (D) CHARITABLE PURPOSES | | |
| POSTAGE | 312. | 0. | | 0. | | |
| OFFICE EXPENSE | 760. 465. | 0. | | 0. | | |
| MEALS | | | | | | |
| | 3,880. | 0. | | 0 . | | |
| MEALS INSURANCE TO FORM 990-PF, PG 1, LN 23 | 3,880. 5, 4 17. | 0. | | 0 | | |
| INSURANCE | 5,417. | 0. | BALANCES S | | | |

29,534.

TOTAL TO FORM 990-PF, PART III, LINE 5

| FORM 990-PF CORPORATE STOCK | | STATEMENT 9 |
|---|-------------|----------------------|
| DESCRIPTION | BOOK VALUE | FAIR MARKET VALUE |
| EQUITIES | 13,596,643. | 18,793,471. |
| TOTAL TO FORM 990-PF, PART II, LINE 10B | 13,596,643. | 18,793,471. |

| FORM 990-PF OTHER | INVESTMENTS | | STATEMENT 10 |
|---------------------------------------|---------------------|------------------------|------------------------|
| DESCRIPTION | VALUATION METHOD | BOOK VALUE | FAIR MARKET VALUE |
| FIXED INCOME FUNDS MUTUAL FUNDS | COST COST | 3,894,651. 270,480. | 3,782,354. 397,945. |
| TOTAL TO FORM 990-PF, PART II, LINE 1 | .3 | 4,165,131. | 4,180,299. |

| FORM 990-PF | OTHER CREDITS AND PAYMENTS | STATEMENT 11 |
|---------------------|----------------------------|--------------|
| DESCRIPTION | | AMOUNT |
| TAX PAID W/ O.R. | | 62,460. |
| TOTAL INCLUDED ON F | PART VI, LINE 7 | 62,460. |

GENERAL EXPLANATION

STATEMENT 12

FORM/LINE IDENTIFIER

AMENDED FORM 990PF EXPLANATION

EXPLANATION:

THIS RETURN IS BEING AMENDED TO REFLECT THE FOLLOWING CHANGES AS A RESULT OF THE AMENDED RETURNS FOR 2015 AND 2016 THAT WERE RECENTLY

PART V, LINE 1, 2015 AND 2016 COLUMN C HAVE BEEN CORRECTED TO AGREE TO THE FIGURES ON THE AMENDED RETURNS FOR 2015 AND 2016. PART VII-B, LINES 2A-B HAVE CHANGED DUE TO AMENDED RETURNS FILED FOR 2015 AND 2016. PART XIII, LINES 1-10 COLUMNS B, C AND D HAVE CHANGED DUE TO THE AMENDED RETURNS FOR 2015 AND 2016.