

## 2949114603714

# 990-PF

### **Return of Private Foundation**

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

OMB No 1545-0052

2017

5,308

Form 990-PF (2017)

			of the Treasury enue Service  Do not enter social secu Foo to www irs.gov/Forn				Open to Public Inspection				
				and ending		<del></del>	<u> </u>				
		ne of four			A Empl	oyer identification number	<del></del>				
	T	HE [	BARRY H. TIGAY FAMILY								
			DATION	·		81-2771517					
			street (or P O box number if mail is not delivered to street address)		Telephone number (see instructions) 248-568-4313						
			WABEEK LAKE DR E state or province, country, and ZIP or foreign postal code		0-300-4313						
3			MFIELD HILLS MI 48302	C If exe	emption application is pending	check here					
	G C	heck a	all that apply   Initial return   Initial return	rn of a former public cl	harity D 1 F	oreign organizations, check he	ere ►				
/_			Final return Amended	•	-	oreign organizations meeting t	he				
$\zeta_{\perp}$			Address change Name cha	inge		5% test, check here and attach					
$\gamma$	H C	heck t	ype of organization $X$ Section 501(c)(3) exempt private	foundation	E If priv	vate foundation status was terr	ninated under				
/				le private foundation	1 1 -	on 507(b)(1)(A), check here	<b>&gt;</b>				
,			ket value of all assets at J Accounting method	X Cash Acc	rual F if the	foundation is in a 60-month te	rmination				
	en	d of ye	ear (from Part II, col. (c), Other (specify)		unde	r section 507(b)(1)(B), check h	nere •				
	lın	e 16) I	\$ 987,914 (Part I, column (d) must	be on cash basis)			·				
	Pa	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable				
<u> </u>			amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )	expenses per books	income	income	purposes				
1 2 2018		1	Contributions, gifts, grants, etc., received (attach schedule)	200,166			(cash basis only)				
		2	Check ► I If the foundation is <b>not</b> required to attach Sch B								
		3	Interest on savings and temporary cash investments	56	56	56					
=		4	Dividends and interest from securities	5,252	5,252	5,252					
=		5a	Gross rents								
$\bigcirc$	Ð	b	Net rental income or (loss)								
ليا	ם ת	6a	Net gain or (loss) from sale of assets not on line 10								
SCANNED	Revenue	b	Gross sales price for all assets on line 6a								
Ž	8	7	Capital gain net income (from Part IV, line 2)		<u>C</u>						
$S_{\mathcal{C}}$		8	Net short-term capital gain			0					
90		9	Income modifications								
		10a	Gross sales less returns and allowances								
		b	Less Cost of goods sold	<u> </u>							
		C	Gross profit or (loss) (attach schedule)			<del> </del>					
		11	Other income (attach schedule)  Total. Add lines 1 through 11	205,474	5,308	5,308					
		13		203,1,1	<del></del>	3,300					
	ses	14	Compensation of officers directors, trustees, etc Other employee salanes and wages								
	Sue		Pension plans, employee benefits								
	ğ.	16a	Pension plans, employee benefits egal fees (attech screedle)								
	Ш	ь	Accounting-fees (attach schedule) STMT 1	1,382	691		691				
	.≚	c	Other professional fees (attach schedule)								
	īa	17	nterest								
	ist	18	Taxes (attach schedule) (see instructions)		<u> </u>						
	Ė	19	Depreciation (attach schedule) and depletion								
	þ	20	Occupancy								
	Operating and Administrative Expen	21	Travel, conferences, and meetings	500	)	-	500				
	an	22	Printing and publications			<del>                                     </del>					
	ng	23	Other expenses (att sch) STMT 2	20	<u>' </u>	<del>                                     </del>	20				
	ati	24	Total operating and administrative expenses.	1 000	691		1 011				
	)er	25	Add lines 13 through 23	1,902		L]C	<del></del>				
	Ö	25	Contributions gifts, grants paid  Total expenses and disbursements Add lines 24 and 25	18,260		L C	16,358 17,569				
		26 27	Subtract line 26 from line 12	18,280	,		11,569				
		a a	Excess of revenue over expenses and disbursements	187,214		**					

For Paperwork Reduction Act Notice, see instructions. DAA

b Net investment income (if negative, enter -0-)

c Adjusted net income (if negative, enter -0-)

	Part II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
_		should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing	157,854	86,982	86,982
	2	Savings and temporary cash investments			
İ	3	Accounts receivable ▶			
ı		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
ŀ	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
ŀ		disqualified persons (attach schedule) (see			
ŀ		instructions)			
		Other notes and loans receivable (att schedule)			
		Less allowance for doubtful accounts ▶ 0			
s		Inventories for sale or use			
set		Prepaid expenses and deferred charges			
Assets		Investments – U.S. and state government obligations (attach schedule)			
_		Investments – corporate stock (attach schedule)  SEE STMT 3	139,928	398,014	000 033
		Investments – corporate bonds (attach schedule)	133,328	398,014	900,932
		Investments – land buildings and equipment basis			
		Less accumulated depreciation (attach sch.)			
		Investments - mortgage loans			
		Investments – other (attach schedule)	· · · -		
		Land buildings and equipment basis			
- 1					
		Less accumulated depreciation (attach sch.)			
		Other assets (describe > )			
		Total assets (to be completed by all filers – see the			
$\dashv$		instructions Also see page 1, item I)	297,782	484,996	987,914
		Accounts payable and accrued expenses			
S		Grants payable			
Ë		Deferred revenue			
Liabilities		Loans from officers, directors, trustees, and other disqualified persons			
<u>E</u> .		Mortgages and other notes payable (attach schedule)			
		Other liabilities (describe ► )			
4	23	Total liabilities (add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here			
nces		and complete lines 24 through 26 and lines 30 and 31.			
anc	24	Unrestricted	297,782	484,996	
Sal	25	Temporarily restricted			
Assets or Fund Bala	26	Permanently restricted			
Ë		Foundations that do not follow SFAS 117, check here			
<u>-</u>		and complete lines 27 through 31.			
S	27	Capital stock, trust principal, or current funds			
set	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
As	29	Retained earnings, accumulated income, endowment, or other funds			
Net	30	Total net assets or fund balances (see instructions)	297,782	484,996	
Z	31	Total liabilities and net assets/fund balances (see			
ᆚ		instructions)	297,782	484,996	
	Part III				
1	Total r	net assets or fund balances at beginning of year – Part II, column (a), line 30 (mu	ist agree with		
		f-year figure reported on prior year's return)		1_1	297,782
2	Enter	amount from Part I, line 27a		2	187,214
3	Other	ıncreases not included in line 2 (itemize) ▶		3	
4	Add lir	nes 1, 2, and 3		4	484,996
5	Decre	ases not included in line 2 (itemize) ▶		5	<del>-</del>
6	Total r	net assets or fund balances at end of year (line 4 minus line 5) - Part II column (	b) line 30	6	484,996
					Form <b>990-PF</b> (2017)

Part IV Capital Gains a	ind Losses for Tax on Investme	ent Income	<del></del>	· <del></del>	<del></del>
	the kind(s) of property sold (for example real estate, arehouse or common stock, 200 shs MLC Co.)		(b) How acquired P – Purchase D – Donation	(c) Date acquired (mo , day yr )	(d) Date sold (mo day yr)
1a N/A					
b					
С					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis ense of sale		Sain or (loss) is (f) minus (g))
a					
b					<del></del>
С					<del></del>
d					
e		10/24/		<del></del>	
Complete only for assets showing	ng gain in column (h) and owned by the f	1			Col (h) gain minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col (i) (j), if any		not less than -0-) or s (from col (h))
_a		<b></b>			
_ b		ļ			
С					
d		<del> </del>			
<u>e</u>	<u> </u>	<u> </u>		<del></del>	
2 Capital gain net income or (net o	capital loss)  If gain, also enter in If (loss), enter -0- in			2	
3 Net short-term capital gain or (lo	oss) as defined in sections 1222(5) and (	6)			
If gain, also enter in Part I, line 8	8, column (c) See instructions If (loss), a	enter -0- in	}	}	
Part I line 8				3	
Part V Qualification U	nder Section 4940(e) for Redu	ced Tax on Net	investment inco	me	
	this part blank ction 4942 tax on the distributable amoui alify under section 4940(e) Do not comp		base period?		Yes X No
1 Enter the appropriate amount in	each column for each year, see the inst	ructions before mak	ing any entries	· · · · · · · · · · · · · · · · · · ·	
(a) Base period years Calendar year (or tax year beginning i			(c) le of noncharitable-use assets		(d) Distribution ratio (b) divided by col (c))
2016	16	5,158	293,1	L24	0.055123
2015					
2014					
2013					
2012					
2 Total of line 1, column (d)				2	0.055123
_	e 5-year base period – divide the total on has been in existence if less than 5 year		the	3	0.055123
4 Enter the net value of noncharit	able-use assets for 2017 from Part X, lin	e 5		4	389,437
5 Multiply line 4 by line 3	·			5	21,467
	ome (40) of Part Live 275				
6 Enter 1% of net investment inco	ome (1% of Part I, line 27b)			6	46
7 Add lines 5 and 6				7	21,513
8 Enter qualifying distributions fro				8	17,569
If line 8 is equal to or greater the Part VI instructions	an line 7, check the box in Part VI, line 1	b, and complete tha	t part using a 1% tax r	ate See the	
			<del></del>		Form 990-PF (2017)

orm	990-PF (2017) THE BARRY H. TIGAY FAMILY 81-2771517			Pa	ge <b>4</b>
Pa	rt VI . Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)				
1a	Exempt operating foundations described in section 4940(d)(2), check here   and enter "N/A" on line 1				
	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				92
	here ▶ ☐ and enter 1% of Part I, line 27b				
С	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				92
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-				92
6	Credits/Payments				
а	2017 estimated tax payments and 2016 overpayment credited to 2017  6a  6a				
b	Exempt foreign organizations – tax withheld at source 6b				
С	Tax paid with application for extension of time to file (Form 8868)  6c				
d	Backup withholding erroneously withheld 6d 6d				
7	Total credits and payments Add lines 6a through 6d				
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				92
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	)			
11	Enter the amount of line 10 to be Credited to 2018 estimated tax ▶ Refunded ▶ 1	<u> </u>	_		
<u>Pa</u>	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			Yes	No_
	participate or intervene in any political campaign?		1a	$\rightarrow$	<u>x</u>
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the		1		
	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 distributed by the foundation in connection with the activities				
С	Did the foundation file Form 1120-POL for this year?		1c		<u>X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
	on foundation managers  \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		<u>X</u>
	If "Yes," attach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of				
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		<u>X</u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	· · / -	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b	<del></del>	37
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
_	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			v	
_	conflict with the state law remain in the governing instrument?  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 X	.,	6	X	
7		V	7	<del>-^</del> -	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions   MI				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			1	
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or				
	4942(j)(5) for calendar year 2017 or the taxable year beginning in 2017? See instructions for Part XIV If "Yes,"		1		0
	complete Part XIV		9	Х	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses STMT 4		10	Х	
			orm 99	0-PF	(2017)

_Pa	rt VII-A. Statements Regarding Activities (continued)					
	•	- <del></del>			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the				Ţ	
	meaning of section 512(b)(13)? If 'Yes," attach schedule See instructions			11		<u>X</u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified				į	
	person had advisory privileges? If "Yes," attach statement. See instructions			12		<u>x</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption applic	ation?		_13	X	
	Website address ► N/A					_
14		phone no 🕨	248-5	68-	431	3
	3938 WABEEK LAKE DR E		40000			
	Located at ▶ BLOOMFIELD HILLS MI	ZIP+4 ▶	48302	<u>'</u>		. ,—
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 ~ check here	. 1	1			<b>▶</b> <u> </u>
	and enter the amount of tax-exempt interest received or accrued during the year	_	15			·
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority			40	Yes	No
	over a bank, 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 foreign country ►  Int VII-B Statements Regarding Activities for Which Form 4720 May Be Required	 l		<u> </u>		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			1	Yes	No
1a	During the year, did the foundation (either directly or indirectly)				162	MO
ıa	(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		<u></u>			
	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?	Yes	X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for					
	the benefit or use of a disqualified person)?	Yes	X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	_				[
	foundation agreed to make a grant to or to employ the official for a period after					
	termination of government service, if terminating within 90 days)	Yes	X No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regula	ations				
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions		N/A	1b		<u> </u>
	Organizations relying on a current notice regarding disaster assistance, check here					
С	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?		N/A	1c		ļ
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		X No		'	
	6e, Part XIII) for tax year(s) beginning before 2017?	Yes	A NO			
b	If "Yes," list the years ▶ 20 , 20 , 20 , 20 Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)					
D	(relating to incorrect 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 )	,	N/A	2b		
С	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here		,	<del></del>		<u> </u>
·	<b>▶</b> 20 , 20 , 20 , 20					
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise					
	at any time during the year?	Yes	X No			
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or					
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the					
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of	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		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purpos	es?		4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize	ts				
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in	2017?		4b	<u> </u>	X
				- 0	On DE	F (2017

	1990-PF (2017) IIII BERGET III.		4700 M - D - D	7 7 1 3 1 7			rage	
		ng Activities for Which Form	14/20 May Be R	equirea (cont	inuea)		<del></del>	—
ba	During the year did the foundation pay or	-	40.45(-)\0	_ ,	, <del>, , , , , , , , , , , , , , , , , , </del>	1		
	(1) Carry on propaganda, or otherwise at	,		`	res X No			
	(2) Influence the outcome of any specific		r to carry on,	<b>→</b> ,		}		
	directly or indirectly, any voter registra			`	res X No			
	(3) Provide a grant to an individual for tra			□ \	Yes 🗓 No			
	(4) Provide a grant to an organization oth	•	n described in	<u></u>	. 🚗 .			
	section 4945(d)(4)(A)? See instruction			Li '	Yes X No	1		
	(5) Provide for any purpose other than re		or educational					
	purposes, or for the prevention of cru-				Yes X No			
b	If any answer is "Yes" to 5a(1)–(5), did an	•	•	escribed in	/-	- 1		
	Regulations section 53 4945 or in a curre	• •			N/A	5b		_
	Organizations relying on a current notice				▶ [_] {	1		
С	If the answer is "Yes" to question 5a(4), d	•	from the tax	· / · □		- 1		
	because it maintained expenditure respor	•		$N/A \square$	Yes 🗌 No			
	If "Yes," attach the statement required by							
6a	Did the foundation, during the year, received	ve any funds, directly or indirectly, to	pay premiums	_	<u></u>			
	on a personal benefit contract?				Yes X No	Ī		_
b	Did the foundation, during the year, pay p	remiums, directly or indirectly, on a p	ersonal benefit contr	ract?	ļ	6b	X	
	If "Yes" to 6b, file Form 8870			$\overline{}$	<del></del>			
	At any time during the tax year, was the for				Yes X No	1		
_	If "Yes," did the foundation receive any pr				N/A	7b		
Pa		icers, Directors, Trustees, F	oundation Mana	agers, Highly	Paid Employe	ees,		
	and Contractors	<del> </del>	<del></del>	<del></del>				_
1 1	List all officers, directors, trustees, and	foundation managers and their cor	npensation. See ins	structions		<del></del>		_
			(b) Title and average	(c) Compensation	(d) Contributions to employee benefit	(a) Ex	pense accour	nt
	(a) Name and ac	dress	hours per week devoted to position	(If not paid, enter -0-)	plans and deferred		er allowances	
					compensation	<u> </u>		_
B	ARRY H TIGAY	BLOOMFIELD HILLS	PRESIDENT					
39	38 WABEEK LAKE DR	MI 48302	5.00					0
			•	]				
			<del></del>	<b></b>		<del> </del>		
				<del> </del>	<del> </del>	<u> </u>		_
					{	1		
				L	<u> </u>	<u>L</u>		_
2	Compensation of five highest-paid em	ployees (other than those included	d on line 1 – see ins	tructions) If nor	ne, enter			
	"NONE."		<del>-  </del>		<del>,</del>			
			(b) Title, and average		_(d) Contributions to employee benefit	(e) Ex	pense accou	nt
	(a) Name and address of each employee p	aid more than \$50 000	hours per week devoted to position	(c) Compensation	plans and deferred		er allowances	
					compensation	<u> </u>		
N	ONE			ļ		ļ		
			-		-	<del> </del>		
			<del></del>	<del> </del>	ļ	<del> </del>		
				1	1	1		
			<del></del>	ļ <u> </u>	<del> </del>	<del> </del>		
				}	1	)		
			<del></del>	ļ <del></del>	<del> </del>	<u> </u>		
				1		1		
				<u> </u>	<u>L</u>	<del> </del>		
rota	al number of other employees paid over \$5	0,000	<del></del>					0
					F	orm <b>9</b> 9	90-PF (20	017)

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	rustees, Foundation Managers, Highly Pai	
3 Five highest-paid independent contractors for professional	services See instructions If none, enter "NONE."	
(a) Name and address of each person paid more than \$	50 000 (b) Type of service	e (c) Compensation
NONE		
Total number of others receiving over \$50 000 for professional service	is	<b>•</b>
Part IX-A Summary of Direct Charitable Activitie	es	
List the foundation's four largest direct charitable activities during the tax year. Include rele organizations and other beneficiaries served, conferences convened, research papers produced the conferences convened.		Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investr	nents (see instructions)	
Describe the two largest program-related investments made by the foundation during the ta	ax year on lines 1 and 2	Amount
1 N/A		
2		
All other program-related investments. See instructions		
3		

Total Add lines 1 through 3

Pa	Int X . Minimum Investment Return (All domestic foundations must complete this part. Foreign	n fou	ndations,
	see instructions )		<del></del>
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	} }	
	purposes	1 1	
а	Average monthly fair market value of securities	1a	310,597
b	Average of monthly cash balances	1b	84,771
С	Fair market value of all other assets (see instructions)	1c	0
đ	Total (add lines 1a, b, and c)	1d	395,368
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0	4 }	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	395,368
4	Cash deemed held for charitable activities Enter 1½% of line 3 (for greater amount, see		
	instructions)	4	5,931
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	389,437
6	Minimum investment return. Enter 5% of line 5	6	19,472
Pa	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	tound	lations
	and certain foreign organizations check here ▶ X and do not complete this part)	7 ···-	
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2017 from Part VI, line 5	-	li
þ	Income tax for 2017 (This does not include the tax from Part VI)	- }	
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	<del> </del>
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	<del></del>
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,	1_	
	line 1	7_	<u> </u>
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		1
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	17,569
þ	Program-related investments – total from Part IX-B	1b	
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	1	
а	Suitability test (prior IRS approval required)	3a	
þ	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	17,569
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	}	
	Enter 1% of Part I, line 27b See instructions	5	0
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	17,569
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the four	dation	
	qualifies for the section 4940(e) reduction of tax in those years		

<u>Pa</u>	rt XIII , Undistributed Income	(see instructions)				
	•		(a)	(b)	(c)	(d)
1	Distributable amount for 2017 from Part >	<i,< th=""><th>Corpus</th><th>Years prior to 2016</th><th>2016</th><th>2017</th></i,<>	Corpus	Years prior to 2016	2016	2017
	line 7					
2	Undistributed income, if any, as of the en	d of 2017				
а	Enter amount for 2016 only					
ь	Total for prior years 20, 20	, 20				
3	Excess distributions carryover, if any, to 2					
a	From 2012					
b	From 2013			Ì		
С	From 2014			1		
d	<u>_</u>			l		
	From 2016				j	
	Total of lines 3a through e					
4	Qualifying distributions for 2017 from Par	+ XII				
•	line 4 ▶ \$ 17,569	(7,11,		ł		
а	Applied to 2016, but not more than line 2	a		1		
	Applied to undistributed income of prior y	t t				· · · · · · · · · · · · · · · · · · ·
~	(Election required – see instructions)	Caro				
c	Treated as distributions out of corpus (Ele	ection				
·	required – see instructions)	Collon				
А	Applied to 2017 distributable amount	}				<del></del>
	Remaining amount distributed out of corp	vue	17,569			<del></del>
5	Excess distributions carryover applied to	+			<del></del>	<del></del>
•	(If an amount appears in column (d), the	ľ				<del></del>
	amount must be shown in column (a) )	Same	į			
6	Enter the net total of each column as					
U	indicated below:					
•	Corpus Add lines 3f, 4c, and 4e Subtrac	t line 5	17,569			
	Prior years' undistributed income Subtra		17,303	<del></del>		
b	line 4b from line 2b	Ci	ł			
_	Enter the amount of prior years' undistrib	utod		<del></del>		
·	income for which a notice of deficiency ha					
	been issued, or on which the section 494		}			
	tax has been previously assessed	2(a)				
ч	Subtract line 6c from line 6b Taxable			<del></del>		
u	amount – see instructions					
^	Undistributed income for 2016 Subtract I	lino.			<del></del>	
G	4a from line 2a Taxable amount – see	line				
	instructions					
f	Undistributed income for 2017 Subtract I	liner			<del></del>	
•	4d and 5 from line 1. This amount must be	1				
	distributed in 2018	, e				
7	Amounts treated as distributions out of ci	ornus			<del></del>	
,	to satisfy requirements imposed by section	· 1				
	170(b)(1)(F) or 4942(g)(3) (Election may	i i				
	required—see instructions)					
8	Excess distributions carryover from 2012	not				
J	applied on line 5 or line 7 (see instruction					
9	Excess distributions carryover to 2018	· ·				
J	Subtract lines 7 and 8 from line 6a	·· [				
10	Analysis of line 9					
10	Excess from 2013					
a	Excess from 2013					
b	Excess from 2014 Excess from 2015					
C C	Excess from 2015					
ď	<b>†</b>					
<u>e</u>	Excess from 2017				<u></u>	<u> </u>

 $\Omega$ 

Part XV . Supplementary Information (co	ntınued)			
Part XV . Supplementary Information (co 3 Grants and Contributions Paid During the		uture Payment	<del></del>	
Recipient	If recipient is an individual show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
Name and address (home or business)  a Paid during the year  SEE STATEMENT 5		recipient		16,35
		ı		
Tabl	<u> </u>	<u> </u>		16 25
b Approved for future payment N/A			<b>▶</b> 3a	16,35
Total	<u> </u>	<u> </u>	<b>▶</b> 3b	<del> </del>
rotar			<b>₽</b> 30 l	

Part XVI-A Analysis of nter gross amounts unless otherwise	f Income-Producing Ac se indicated		usiness income	Excluded b	y section 512 513 or 514	(a)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
1 Program service revenue		<del></del>				
a		-	<del> </del>			
b		1 1			******	<del></del>
d						<del></del>
e				1		· · · · · · · · · · · · · · · · · · ·
f	<del></del>					
g Fees and contracts from gov	vernment agencies					
2 Membership dues and assessmi						
Interest on savings and tempora	ry cash investments			14	56	
Dividends and interest from secu	unties			14	5,252	
Net rental income or (loss) from	real estate					
a Debt-financed property						<del> </del>
b Not debt-financed property			<del> </del>			<del></del>
Net rental income or (loss) from	personal property		<del> </del>			
Other investment income						
<b>3</b> Gain or (loss) from sales of asse	ets other than inventory					
Net income or (loss) from specia						
Gross profit or (loss) from sales	-					
1 Other revenue a		-				
b		-				
С		- }				
		1 1		, ,	1	
d		- <del>}  </del> -				
e		_			5 300	
e2 Subtotal Add columns (b), (d), a	and (e)			0	5,308	
e Subtotal Add columns (b), (d), a  Total. Add line 12, columns (b),	and (e) (d), and (e)			0		5,30
e	and (e) (d), and (e) ns to verify calculations )	Accomplishme	nt of Evernot		13	
e 2 Subtotal Add columns (b), (d), a 3 Total. Add line 12, columns (b), See worksheet in line 13 instruction Part XVI-B Relationsh	and (e) (d), and (e) as to verify calculations) aip of Activities to the			Purposes	13	5,30
e 2 Subtotal Add columns (b), (d), a 3 Total. Add line 12, columns (b), See worksheet in line 13 instruction Part XVI-B Relationsh Line No. Explain below how	and (e) (d), and (e) ns to verify calculations) nip of Activities to the average weach activity for which income	ne is reported in col	umn (e) of Part X	Purposes	13	5,30
e 2 Subtotal Add columns (b), (d), a 3 Total. Add line 12, columns (b), See worksheet in line 13 instruction Part XVI-B Relationsh Line No. Explain below how accomplishment of	and (e) (d), and (e) as to verify calculations) aip of Activities to the	ne is reported in col	umn (e) of Part X	Purposes	13	5,30
e 2 Subtotal Add columns (b), (d), a 3 Total. Add line 12, columns (b), See worksheet in line 13 instruction Part XVI-B Relationsh Line No. Explain below how	and (e) (d), and (e) ns to verify calculations) nip of Activities to the average weach activity for which income	ne is reported in col	umn (e) of Part X	Purposes	13	5,30
e 2 Subtotal Add columns (b), (d), a 3 Total. Add line 12, columns (b), See worksheet in line 13 instruction Part XVI-B Relationsh Line No. Explain below how accomplishment of	and (e) (d), and (e) ns to verify calculations) nip of Activities to the average weach activity for which income	ne is reported in col	umn (e) of Part X	Purposes	13	5,30
e 2 Subtotal Add columns (b), (d), a 3 Total. Add line 12, columns (b), See worksheet in line 13 instruction Part XVI-B Relationsh Line No. Explain below how accomplishment of	and (e) (d), and (e) ns to verify calculations) nip of Activities to the average weach activity for which income	ne is reported in col	umn (e) of Part X	Purposes	13	5,30
e 2 Subtotal Add columns (b), (d), a 3 Total. Add line 12, columns (b), See worksheet in line 13 instruction Part XVI-B Relationsh Line No. Explain below how accomplishment of	and (e) (d), and (e) ns to verify calculations) nip of Activities to the average weach activity for which income	ne is reported in col	umn (e) of Part X	Purposes	13	5,30
e 2 Subtotal Add columns (b), (d), a 3 Total. Add line 12, columns (b), See worksheet in line 13 instruction Part XVI-B Relationsh Line No. Explain below how accomplishment of	and (e) (d), and (e) ns to verify calculations) nip of Activities to the average weach activity for which income	ne is reported in col	umn (e) of Part X	Purposes	13	5,30
e 2 Subtotal Add columns (b), (d), a 3 Total. Add line 12, columns (b), See worksheet in line 13 instruction Part XVI-B Relationsh Line No. Explain below how accomplishment of	and (e) (d), and (e) ns to verify calculations) nip of Activities to the average weach activity for which income	ne is reported in col	umn (e) of Part X	Purposes	13	5,30
e 2 Subtotal Add columns (b), (d), a 3 Total. Add line 12, columns (b), See worksheet in line 13 instruction Part XVI-B Relationsh Line No. Explain below how accomplishment of	and (e) (d), and (e) ns to verify calculations) nip of Activities to the average weach activity for which income	ne is reported in col	umn (e) of Part X	Purposes	13	5,30
e 2 Subtotal Add columns (b), (d), a 3 Total. Add line 12, columns (b), See worksheet in line 13 instruction Part XVI-B Relationsh Line No. Explain below how accomplishment of	and (e) (d), and (e) ns to verify calculations) nip of Activities to the average weach activity for which income	ne is reported in col	umn (e) of Part X	Purposes	13	5,30
e 2 Subtotal Add columns (b), (d), a 3 Total. Add line 12, columns (b), See worksheet in line 13 instruction Part XVI-B Relationsh Line No. Explain below how accomplishment of	and (e) (d), and (e) ns to verify calculations) nip of Activities to the average weach activity for which income	ne is reported in col	umn (e) of Part X	Purposes	13	5,30
e 2 Subtotal Add columns (b), (d), a 3 Total. Add line 12, columns (b), See worksheet in line 13 instruction Part XVI-B Relationsh Line No. Explain below how accomplishment of	and (e) (d), and (e) ns to verify calculations) nip of Activities to the average weach activity for which income	ne is reported in col	umn (e) of Part X	Purposes	13	5,30
e 2 Subtotal Add columns (b), (d), a 3 Total. Add line 12, columns (b), See worksheet in line 13 instruction Part XVI-B Relationsh Line No. Explain below how accomplishment of	and (e) (d), and (e) ns to verify calculations) nip of Activities to the average weach activity for which income	ne is reported in col	umn (e) of Part X	Purposes	13	5,30
e 2 Subtotal Add columns (b), (d), a 3 Total. Add line 12, columns (b), See worksheet in line 13 instruction Part XVI-B Relationsh Line No. Explain below how accomplishment of	and (e) (d), and (e) ns to verify calculations) nip of Activities to the average weach activity for which income	ne is reported in col	umn (e) of Part X	Purposes	13	5,30
e 2 Subtotal Add columns (b), (d), a 3 Total. Add line 12, columns (b), See worksheet in line 13 instruction Part XVI-B Relationsh Line No. Explain below how accomplishment of	and (e) (d), and (e) as to verify calculations) aip of Activities to the average weach activity for which income	ne is reported in col	umn (e) of Part X	Purposes	13	5,30
e 2 Subtotal Add columns (b), (d), a 3 Total. Add line 12, columns (b), See worksheet in line 13 instruction Part XVI-B Relationsh Line No. Explain below how accomplishment of	and (e) (d), and (e) as to verify calculations) aip of Activities to the average weach activity for which income	ne is reported in col	umn (e) of Part X	Purposes	13	5,30
e 2 Subtotal Add columns (b), (d), a 3 Total. Add line 12, columns (b), See worksheet in line 13 instruction Part XVI-B Relationsh Line No. Explain below how accomplishment of	and (e) (d), and (e) as to verify calculations) aip of Activities to the average weach activity for which income	ne is reported in col	umn (e) of Part X	Purposes	13	5,30
e 2 Subtotal Add columns (b), (d), a 3 Total. Add line 12, columns (b), See worksheet in line 13 instruction Part XVI-B Relationsh Line No. Explain below how accomplishment of	and (e) (d), and (e) as to verify calculations) aip of Activities to the average weach activity for which income	ne is reported in col	umn (e) of Part X	Purposes	13	5,30
e 2 Subtotal Add columns (b), (d), a 3 Total. Add line 12, columns (b), See worksheet in line 13 instruction Part XVI-B Relationsh Line No. Explain below how accomplishment of	and (e) (d), and (e) as to verify calculations) aip of Activities to the average weach activity for which income	ne is reported in col	umn (e) of Part X	Purposes	13	5,30
e 2 Subtotal Add columns (b), (d), a 3 Total. Add line 12, columns (b), See worksheet in line 13 instruction Part XVI-B Relationsh Line No. Explain below how accomplishment of	and (e) (d), and (e) as to verify calculations) aip of Activities to the average weach activity for which income	ne is reported in col	umn (e) of Part X	Purposes	13	5,30
e 2 Subtotal Add columns (b), (d), a 3 Total. Add line 12, columns (b), See worksheet in line 13 instruction Part XVI-B Relationsh Line No. Explain below how accomplishment of	and (e) (d), and (e) as to verify calculations) aip of Activities to the average weach activity for which income	ne is reported in col	umn (e) of Part X	Purposes	13	5,30
e 2 Subtotal Add columns (b), (d), a 3 Total. Add line 12, columns (b), See worksheet in line 13 instruction Part XVI-B Relationsh Line No. Explain below how accomplishment of	and (e) (d), and (e) as to verify calculations) aip of Activities to the average weach activity for which income	ne is reported in col	umn (e) of Part X	Purposes	13	5,30
e 2 Subtotal Add columns (b), (d), a 3 Total. Add line 12, columns (b), See worksheet in line 13 instruction Part XVI-B Relationsh Line No. Explain below how accomplishment of	and (e) (d), and (e) as to verify calculations) aip of Activities to the average weach activity for which income	ne is reported in col	umn (e) of Part X	Purposes	13	5,30

Part X		nformation Rega Exempt Organiza		sfers To and	Transactio	ns and Relations	ships With Noncharit	able		
	he orgar	nization directly or indi 1(c) (other than section	rectly engage				cribed		Yes	No
	nizations		) ( C )( C ) ( C )	rganizations) of it	i section 327, 16	siating to political				
-		, m the reporting found:	ation to a none	charitable exempt	t organization of	F				
	Cash				<b></b>			1a(1)		X
(2)	Other as:	sets						1a(2)		X
	er transa									
(1)	Sales of	assets to a noncharita	able exempt or	rganization				16(1)		<u>X</u>
(2)	urchase	es of assets from a no	ncharitable ex	empt organizatio	n			1b(2)		X
(3)	Rental of	f facilities, equipment,	or other asset	ts				16(3)		X
(4)	Reimbur	sement arrangements						16(4)		<u>X</u>
(5)	Loans or	loan guarantees						1b(5)		X X X X
		ance of services or me						1b(6)		<u>X</u>
	_	cilities, equipment, ma	-					1c		X
		to any of the above is		_						
							ed less than fair market			
				f noncharitable exemp			ets, or services received of transfers, transactions, and share			
(a) Line	no	(b) Amount involved	(c) Name o	n nonchantable exemp	organization	(d) Description	i of transfers, transactions, and strain	ig arrangeme		
N/A			<del></del>			<del> </del>	<del> </del>			
			<del></del>							
<del></del>		<del></del>				<del></del>	<del> </del>			
						<del></del>	<del> </del>			
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<del></del>				<del></del>						
			<u> </u>	<del></del>		<u> </u>				
		ation directly or indired	•			c-exempt organization	9S		(=	=;
		section 501(c) (other		501(c)(3)) or in se	ection 527?			Y	es X	. No
b If "Y		plete the following so	hedule	· <del></del>		<del></del>	<del></del>			
37/3		) Name of organization		(b) Type of o	rganization	<del> </del>	(c) Description of relationship	<del></del>		
N/A	7					<del> </del>	<del> </del>			
							<del></del>			
						<del> </del>				
						<del> </del>				
<del></del>	Under per	nalties of perjury, I declare the	nat I have examine	ed this return including	g accompanying sch	ledules and statements, and	d to the best of my knowledge and	oelief, it is tru	e,	
1		nd complete Declaration of					owledge	S discuss this i		
Sign							) '	parer shown b		_
Here							See instruc	tions	Yes	No
11010		Ba 1	Talan	<b></b>	10	-3-18 N	PRESIDENT			
ļ	Signa	ature of officer of trustee	- I ST	<del></del>	Date	, Z. Z. G	Title			
	Print/T-	pe preparer's name			Preparer's signati	ure		ate	T	<u></u>
	""""	he brehaver a traine			0 11	<i>D</i> 1			Check self-er	nployed
Paid	JEFFI	REY B. ELLIS,	C.P.A.		1 John	> or	- 19	125/18	35,1-61	
Preparer	Firm's n	TIDETA		LIS, STA	NEEY & C	O., P.C.	PTIN	P0004	716	1
Use Only				FIELD DR				8-233		
	, 3	TROY		8084-345	•		<del></del>	48-64		
	<del></del>				<del></del>		, Hone no			<b>F</b> (2017)

	g Fees	Adjusted Charitable Net \$ 691	enses	Adjusted Charitable Net Purpose	20 s 20	п	valuation
Federal Statements	- Form 990-PF, Part I, Line 16b - Accounting Fees	Net   Investment   S   S   S   S   S   S   S   S   S	2 - Form 990-PF, Part I, Line 23 - Other Expenses	Net Investment	20 \$ 00 \$	, Line 10b - Cor g	\$ 47,405 \$ 48,692 \$ 50,105 \$ 44,476 \$ 33,054 \$ 98,113 \$ 98,113 \$ 9,277 \$ \$ 398,014
81-2771517	Statement 1 - Form	Description ACCOUNTING FEES TOTAL	Statement	Description	EXPENSES MICHIGAN ANNUAL REGISTRATION TOTAL	Statement 3	SPDR S&P 400 MID CAP VALUE ETF SCHWAB US SMALL CAP ETF SCHWAB US DIVIDEND EQUITY ETF SCHWAB US BROAD MARKET AMAZON COM INC APPLE INC KEYCORP INC TOTAL

ents	10 - Substantial Contributors	BLOOMFIELD HILLS MI 48302	
Federal Statements	Statement 4 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors	3938 WABEEK LAKE DR E BI	
81-2771517	Name	BARRY H. TIGAY	•

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31-2771517	Federal Statements
`	
Form 990-PF, Part XV, Lin	ne 1a - Managers Who Contributed Over 2% or \$5,000
Name of Mana	ager Amount
BARRY H. TIGAY	\$ 677,569
TOTAL	\$ 677,569
Form 990-PF, Part >	XV. Line 2d - Award Restrictions or Limitations
Form 990-PF, Part >	XV, Line 2d - Award Restrictions or Limitations iption
Descri	

81-2771517	Federal Statements	ments	
Statement 5 - Forn	n 990-PF, Part XV, Line 3a - Gra	Statement 5 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the	
Name	Address	1	
Address	Relationship Status	Purpose	Amount
BIRTHRIGHT ISRAEL HICKSVILLE NY 11802	PO BOX 5892	EDUCATIONAL	250
STAND WITH US LOS ANGELES CA 90034	PO BOX 341069	EDUCATIONAL	250
JEWISH FEDERATION OF DETROIT BLOOMFIELD HILLS MI 48301	6735 TELEGRAPH RD # 30	FUNDRAISING	250
7	W MAPLE RD	POLITICAL	360
THE INVESTIGATIVE PROJECT WASHINGTON DC 20015		EDUCATIONAL	100
	WOODWA	CULTURAL	09
	NOKIT	RELIGIOUS	1,000
	WOODWARD AVE	CULTURAL	3,000
AMERICAN FRIENDS OF ARIEL COCONUT CREEK FL 33066	9 CARAM	HUMAIN SERVICES	1,000
FRIENDS OF ANN ARBOR LIABRARY ANN ARBOR MI 48104	FIFTH AVE	CULTURAL	25
HILLEL DAY SCHOOL FARMINGTON HILLS MI 48334	MIDDLEBELT	EDUCATIONAL	100
ADAT SHALOM FARMINGTON HILLS MI 48334	MIDDLEBELT RI	RELIGIOUS	3,115
()		EDUCATIONAL	100
AISH HATOKA OAK PARK MI 48237		CULTURAL	1,134
WASHINGTON	WN I.S	POLITICAL	100
	I WARD COURT NW STH	FL ENVIRONMENTAL	36
	STNUT SULTE	3C CULTURAL	1,000
JEWISH NATIOANL FUND BEACHWOOD OH 44122	AUBURN DR	CULTURAL	250
MIDDLE EAST FORUM PHILADELPHIA PA 19103	1650 MARKET ST # 3600	CULTURAL	250
,			
			5

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81-2771517	Federal Statements	ments	
Statement 5 - Form 990-PF	Par	t XV, Line 3a - Grants and Contributions Paid During the Year (continued)	>
Name	Addres		V
Address  AMERICAN CIVIL RIGHTS INSTU SACRAMENTO CA 95816 PANCREATIC CANCER CENTER ANN ARBOR MI 48109 MEMORIAL SLOAN KETTERING NEW YORK NY 10065 AMERICAN FRIENDS OF THE ISRAEL PHIL NEW YORK NY 10168 CONGREGATION BUBE DEERFIELD IL 60015 AMERICAN FRIENDS OF IDC HERZYLIA NEW YORK NY 10019 UNIVERSITY OF MICHIGAN ANN ARBOR MI 48109 TOTAL	1617 28TH ST   1500 EAST MEDICAL CENTER   1275 YORK AVENUE   1201 LAKE COOK DR   11TH FLOOR 142 W 57TH   500 S STATE ST   500 S STATE ST   1617 EAST   1617 EAST	CIVIL RIGHTS RESEARCH CULTURAL RELIGIOUS EDUCATIONAL EDUCATIONAL	118 800 200 2,000 -240 16,358

### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Employer identification number

FOUNDATION Organization type (check	( ana )	81-2771517
Organization type (check	( Cone)	
Filers of	Section.	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private found	lation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	n
	501(c)(3) taxable private foundation	
	n is covered by the <b>General Rule</b> or a <b>Special Rule</b> . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a	a Special Rule See
General Rule		
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution y or property) from any one contributor. Complete Parts I and II. See instruction contributions.	
Special Rules		
regulations under 13, 16a, or 16b, a	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> /3% sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or and that received from any one contributor, during the year, total contributions of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Co	r 990-EZ), Part II, line if the greater of (1)
contributor, during	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rec g the year, total contributions of more than \$1,000 <i>exclusively</i> for religious, chai tional purposes, or for the prevention of cruelty to children or animals. Complete	ritable, scientific,
contributor, during contributions tota during the year for General Rule ap	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that reciping the year, contributions exclusively for religious, charitable, etc., purposes, but alled more than \$1,000. If this box is checked, enter here the total contributions to or an exclusively religious, charitable, etc., purpose. Don't complete any of the pupplies to this organization because it received nonexclusively religious, charitable, more during the year.	t no such that were received parts unless the
990-EZ, or 990-PF), but it	that isn't covered by the General Rule and/or the Special Rules doesn't file Sc t must answer "No" on Part IV, line 2, of its Form 990, or check the box on line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 99).	H of its Form 990-EZ or on its
For Paperwork Reduction	Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF	Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

THE BARRY H. TIGAY FAMILY

Employer identification number 81-2771517

Part I	Contributors (see instructions) Use duplicate copies of	of Part I if additional space is ne	eeded
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BARRY H. TIGAY 3938 WABEEK LAKE DR E BLOOMFIELD HILLS MI 48302	\$ 200,166	Person X Payroll X Noncash X (Complete Part II for noncash contributions)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140	Name, address, and Err 14	\$	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) <b>N</b> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) <b>N</b> o	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Page 3

Name of organization
THE BARRY H. TIGAY FAMILY

Employer identification number 81-2771517

Part II (a) No from Part I	Noncash Property (see instructions) Use duplication (b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	EQUITY SECURITIES	\$ 617,847	12/21/17
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions )	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	