EXTENDED TO NOVEMBER 15, 2018 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.

		dar year 2017 or tax year beginning JUI	20, 2017	, and ending	DEC 31, 2017	Open to Public Inspection			
		foundation		··	A Employer identification	number			
		<u>EŞ AND SALLY SCAPA FAMI</u>		<u> </u>	82-2225846				
		nd street (or P O box number if mail is not delivered to street	B Telephone number						
		2 HANOVER CT	248-351-30	00					
		own, state or province, country, and ZIP or foreign i	C If exemption application is p	ending, check here					
		T BLOOMFIELD , MI 4832			-	r			
G C	heck	all that apply: X Initial return		ormer public charity	D 1. Foreign organizations	s, check here			
		Final return	Amended return		Foreign organizations me check here and attach co	eting the 85% test,			
		Address change	Name change	7/1	1				
H C	_	type of organization: X Section 501(c)(3) e ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	UT	E If private foundation sta				
_ <u></u>	_		ing method: X Cash	Accrual	under section 507(b)(1)	•			
			Other (specify)	Accidal	F If the foundation is in a under section 507(b)(1)				
•	\$	5,928,589. (Part I, colu		s.)	dilder section 507(b)(1)	(U), clieck fiele			
كسر	rt I		(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements			
		Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)			
	1	Contributions, gifts, grants, etc., received	5.933,909.	, 1	N/A ·	(,)			
- - -	2	Check I I the foundation is not required to attach Sch. B							
	3	Interest on savings and temporary cash investments	2.	2.		STATEMENT 1			
<i>و</i> م	4	Dividends and interest from securities	1,696.	1,696.		STATEMENT 2			
	5a	Gross rents							
- -	þ	Net rental income or (loss)		,					
	63	Net gain or (lose) from Jale of assets not on line 10							
INEL Revenue	þ	Gross sales price for all assets on line 6a							
Ť	7	Capital gain net income (from Part IV, line 2)		0.					
Źő	8	Net short-term capital gain							
SCANNED Revenue	9	Income modifications							
ဌ	10a	Gross sales less returns		• • • • • • • • • • • • • • • • • • • •					
	Þ	Less Cost of goods sold							
	C	Gross profit or (loss)							
	11	Other income							
_	12	Total Add lines 1 through 11	5,935,607.	1,698.	<u> </u>				
	13	Compensation of officers, directors, trustees, etc	0.	0.		0.			
	14	Other employee salaries and wages							
		Pension plans, employee benefits			2=07				
ses	16a	Legal fees			RECEIVE	<u> </u>			
De.	Þ	Accounting fees				080			
<u>~</u>	C	Other professional fees		·	NOV 27 20	6 0			
e K	17	Interest			NOV 27 20	 _ <u>& </u>			
tr Ta	18	Taxes			PODEN	 			
Si	19	Depreciation and depletion			OGDEN.	<u> </u>			
Ë	20	Occupancy				<u> </u>			
¥	21	Travel, conferences, and meetings			 	 			
Operating and Administrative Expenses	22	Printing and publications			 	 			
<u> </u>	23	Other expenses				 			
rat	24	Total operating and administrative	0.	0.					
Ope	0.5	expenses Add lines 13 through 23	0.			0.			
J	23	Contributions, gifts, grants paid	0.			 			
	26	Total expenses and disbursements	0.	0.		0.			
_	<u>_</u>	Add lines 24 and 25				<u> </u>			
	27	Subtract line 26 from line 12	5,935,607.	· · · · · ·	* * *	 			
	ŀ	Excess of revenue over expenses and disbursements	3,333,007.	1,698.	 	 			
		Net investment income (if negative, enter -0-)		1,030.	. N/A	 '-			
		Adjusted net income (if negative, enter -0-) -03-18 LHA For Paperwork Reduction Act Noti	no one instructions	<u> </u>	1 . IV/A	Form 990-PF (2017)			

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	0.
2	Enter amount from Part I, line 27a	2	5,935,607.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	5,935,607.
5	Decreases not included in line 2 (itemize) SEE STATEMENT 3	5	419,291.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	5,516,316.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions

Form 990-PF (2017)

7 Add lines 5 and 6

8 Enter qualifying distributions from Part XII, line 4

orm 990-P					<u> 225846</u>	Р	age 4
Part VI	Excise Tax Based on Investment Income (Section 494)	0(a), 49	940(b), 4940(e), or 49	948 - se	e instruc	tions)
1a Exemp	ot operating foundations described in section 4940(d)(2), check here 🕨 🔲 and d	enter "N/A	on line 1				٠
Date o	f ruling or determination letter: (attach copy of letter if ne	cessary-	see instructions)		·		
	stic foundations that meet the section 4940(e) requirements in Part V, check here		l l	1		3	34.
of Par	t I, line 27b						
c All oth	er domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4	% of Part	I, line 12, col (b).				
	ider section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; of			2			0.
	nes 1 and 2	•	,	3		3	34.
4 Subtit	e A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; of	others, en	ter -0-)	4			0.
	used on investment income Subtract line 4 from line 3. If zero or less, enter -0-	,	,	5	-		34.
	s/Payments:						
	estimated tax payments and 2016 overpayment credited to 2017	6a	0.				
	of the foreign organizations - tax withheld at source	6b	0.	1		`	·
	and with application for extension of time to file (Form 8868)	6c	100.	1 1			
	p withholding erroneously withheld	6d	0.	1			
		Ou	<u> </u>	+ + +		10	00.
	credits and payments. Add lines 6a through 6d	an had		7			0.
	any penalty for underpayment of estimated tax. Check here if Form 2220 is att	acneo	_	8			0.
	ie. If the total of lines 5 and 8 is more than line 7, enter amount owed			9	<u> </u>		
-	ayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		cc la	10			56.
	the amount of line 10 to be: Credited to 2018 estimated tax		66. Refunded ▶	11			0.
	-A Statements Regarding Activities					VT	N.C.
	the tax year, did the foundation attempt to influence any national, state, or local legi	slation or	did it participate or intervene	IN	 	Yes	
	olitical campaign?				1a	\longrightarrow	X
b Did it	spend more than \$100 during the year (either directly or indirectly) for political purpo	oses? See	the instructions for the defir	ition	1b	\longrightarrow	Х
If the	answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies	of any m	aterials published or				
distrib	uted by the foundation in connection with the activities.						
c Did th	e foundation file Form 1120-POL for this year?				1c		X
	the amount (if any) of tax on political expenditures (section 4955) imposed during th					- 1	
(1) 0	n the foundation. $ ightharpoonup$ \$0 (2) On foundation manager	s ▶ \$	0.	_			
e Enter	the reimbursement (if any) paid by the foundation during the year for political expend	diture tax	imposed on foundation			۱.	
mana	gers ▶ \$ 0 .						
2 Has th	e 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.						
3 Has th	e foundation made any changes, not previously reported to the IRS, in its governing	ınstrume	nt, articles of incorporation, o	r		1.	
bylaw	s, or other similar instruments? If "Yes," attach a conformed copy of the changes				3	$\neg \neg$	Х
	e foundation have unrelated business gross income of \$1,000 or more during the yea	ar?			4a	$\neg \uparrow$	X
	," has it filed a tax return on Form 990-T for this year?			N/.			
	nere a liquidation, termination, dissolution, or substantial contraction during the year	?			5		x
	," attach the statement required by General Instruction T					\neg	
	e requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e	either:				- 1	
	anguage in the governing instrument, or					J	
-	anguage in the governing manament, or tate legislation that effectively amends the governing instrument so that no mandato	rv directi	ons that conflict with the ctate	law			
•	nate registation that electively afficilitis the governing instrument so that no mailbato n in the governing instrument?	ay un cull	one that commet with the State	, ici vv	6	х	
	e foundation have at least \$5,000 in assets at any time during the year? If "Yes," com	niata Dari	II col (c) and Part VV		7	X	
/ Dia til	e touthation have at least \$5,000 in assets at any time during the year? If tes, com	piele rai i	. II, COI. (C), AIIU FAIL AV		- -'- 	^ +	
						ı	
	the states to which the foundation reports or with which it is registered. See instructi	ons -				- 1	}
MI					— I I	- 1	l
	answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	Attorney (deneral (or designate)			 _	
	h state as required by General Instruction G2 If "No," attach explanation				8b_	X	
	foundation claiming status as a private operating foundation within the meaning of s			ndar	<u> </u>		
-	017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," cor				9		<u> </u>
<u>10 Did ar</u>	y persons become substantial contributors during the tax year? if "Yes," attach a sched	iule listing t	heir names and addresses		10		X
_				_	Form 990)-PF (2017)

Pa	art VII-A Statements Regarding Activities (continued)			
	•	TY	es i	Vο
.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			x	
	Website address ► N/A			
14	The books are in care of ▶ JAMES SCAPA Telephone no. ▶ 248-35	1-30	00	
	Located at ► 4042 HANOVER CT, WEST BLOOMFIELD, MI ZIP+4 ►48			
15			▶□	T
	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,	Υ	es l	Vo
	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			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Y	es 1	<u>No</u>
1a	During the year, did the foundation (either directly or indirectly):	' ,		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		ľ	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		1	ı
	a disqualified person? Yes X No		- 1	- 1
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			ľ
	(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			٠
	(6) Agree to pay money or property to a government official? (Exception Check "No"		1	
	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		ŀ	
h	of the any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
U	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	1b	+-	
	Organizations relying on a current notice regarding disaster assistance, check here	"	┪.	_
c	E Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			ł
Ĭ	before the first day of the tax year beginning in 2017?	1c	- 	χ
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	- '' -	- 	
	defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2017? Yes X No		ľ	- 1
	If "Yes," list the years \blacktriangleright			
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.) N/A	2b		
C	: If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	>	1 1		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	.		İ
	during the year?			
b	of "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,		\perp	
	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	+	<u>X</u>
D	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?	 	+,	<u>-</u> J
		4b rm 990-l		<u>X</u>

Form 990-PF (2017) JAMES AND SALLY SCAPA FAMILY FOUNDATI Part VIII Information About Officers, Directors, Trustees, Foundation Ma		2225846 Page 7
Paid Employees, and Contractors (continued)	nagers, riigiliy	
8 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		
		
		
7		<u> </u>
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		<u> </u>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical inform	nation such as the	
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 N/A		
2	· · · · · · · · · · · · · · · · · · ·	
3		 -
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and	2.	Amount
1 N/A		
<u></u>		
2		
All other program-related investments. See instructions.		
3		
		
Total. Add lines 1 through 3	>	0.
		Form 990-PF (2017)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	dations	, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		· · · · · · · · · · · · · · · · · · ·
a	Average monthly fair market value of securities	1a	975,427.
ь	Average of monthly cash balances	1b	105,145.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	1,080,572.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) le l 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,080,572.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	16,209.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,064,363.
6	Minimum investment return Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	24,058.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	d certain	
_	foreign organizations, check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	24,058.
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	34.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	24,024.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	24,024.
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	24,024.
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	0.
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	0.
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	0.
_	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.		

Part XIII Undistributed Income (see instructions)

•	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI,		,		
line 7				24,024.
2 Undistributed income, if any, as of the end of 2017	4 . V .	1 42 4 214 24 24	.*_ :	1 1 4 4 5 1 ² 7 6
a Enter amount for 2016 only		4	0.	1
b Total for prior years:				
		0.		<u>.</u>
3 Excess distributions carryover, if any, to 2017:			N	, ,
a From 2012	No.	n e i	41	•
b From 2013		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11 i i i i	
¢ From 2014	E A P	ш ,		
d From 2015			• • • •	-
c From 2016	• • • •	,		, ,
f Total of lines 3a through e	0;	entres 1	6 4 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	
4 Qualifying distributions for 2017 from				<u> </u>
Part XII, linc 4: ► \$ 0 .	• ,	^		· -
a Applied to 2016, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				- 1
(Election required - sec instructions)	0.	A		
d Applied to 2017 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2017	0.			0.
(If an amount appears in column (d), the same amount must be chown in column (a))		• ,	,	. 7
6 Enter the net total of each column as				
indicated below:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· •		[
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.	(!	, , ,	
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.	· · · · · · · · · · · · · · · · · · ·	
e Undistributed income for 2016. Subtract line				
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must				1 04 004
be distributed in 2018		,		24,024.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Flection		•		.
may be required see Instructions)	0.			
8 Excess distributions carryover from 2012	,			, ,
not applied on line 5 or linc 7	0.		•	100
9 Excess distributions carryover to 2018].·	j
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:		7,	P. C. Barrier	
a Excess from 2013], • • · ·
b Excess from 2014	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
c Excess from 2015		, <u>,</u> ,	g and g as a first the adoption by	. 56
d Excess from 2016	·		1.5	•
o Excess from 2017	to grant you can	P 40	and the second	Sorm 990-PF (2017)

	ND SALLY SCA				225846 Page 10
Part XIV Private Operating Fo			A, question 9)	N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo			▶ ∟_		
b Check box to indicate whether the found		g foundation described i		4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	" > 0040	Prior 3 years	T	-
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for					
each year listed					A
b 85% of line 2a				//	<u> </u>
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities	į į				
e Qualifying distributions made directly			/		<u> </u>
for active conduct of exempt activities			/		
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon:					
a "Assets" alternative test - enter:					Ì
(1) Value of all assets			 /	 	
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter			1		
2/3 of minimum investment return					
shown in Part X, line 6 for each year					
listed		/			
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest, dividends, rents, payments on					
securities loans (section		,			
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info			f the foundation	had \$5,000 or m	ore in assets
at any time during t	he year-see instru	ıctions.)			
1 Information Regarding Foundation	n Managers:			<u> </u>	
a List any managers of the foundation wh	-	han 2% of the total cont	ributions received by the	foundation before the cl	ose of any tax
year (but only if they have contributed n					•
JAMES R. SCAPA					
b List any managers of the foundation wh	o own 10% or more of the	stock of a corporation (or an equally large portion	on of the ownership of a	partnership or
other entity) of which the foundation ha					
NONE					
2 Information Regarding Contribute	ion, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:		
Check here X if the foundation of				not accept unsolicited red	quests for funds. If
the foundation makes gifts, grants, etc,					•
a The name, address, and telephone num	ber or email address of the	e person to whom applic	ations should be address	sed:	
• ,					
b The form in which applications should t	oe submitted and informat	on and materials they sl	nould include;		
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographica	l areas, charitable fields,	kinds of institutions, or	other factors:	

Grants and Contributions Paid During the	Year or Approved for Future P	ayment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	A
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year				
NONE				
	· -			
·				
	-	<u></u>	-	
			-	
	į			
Total			▶ 3a	
Approved for future payment				
NONE				
Total			<u> </u>	
rutai			₹ 3D	

Part XVI-A Analysis of Income-Producing Activities

Form 990-PF (2017)

Enter gross amounts unless otherwise indicated	Unrelated	business income		ed by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	Amount	code	Amount	Tunction income
a			 		
b	 -				<u>.</u>
C			├		
d			1		
e	 		\sqcup		
f			 		
g Fees and contracts from government agencies					<u> </u>
2 Membership dues and assessments		,	\sqcup		
3 Interest on savings and temporary cash					
investments			14	2.	
4 Dividends and interest from securities	<u></u>		14	1,696.	
5 Net rental income or (loss) from real estato:	1	· · · · · · · · · · · · · · · · · · ·	1		' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal	1				
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory		·			
f1 Other revenue:			1		.
a					
b					
C					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		1,698.	0.
13 Total Add line 12, columns (b), (d), and (e)				13	1,698.
(See worksheet in line 13 instructions to verify calculations.)					

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).						
-							

Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable **Exempt Organizations**

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)									Yes	No
(other than section 501(c)(3) organizations) or in section 527, relating to political organizations?										
a	-	from the reporting founda	•							
	(1) Cash	1						1a(1)		X
(2) Other assets										X
b	Other tran	nsactions:								
	(1) Sales	s of assets to a noncharitat	ole exempt organizat	ion				1b(1)		<u> </u>
	(2) Purc	hases of assets from a nor	icharitable exempt o	rganization				1b(2)		Х
	(3) Rent	al of facilities, equipment, (or other assets					1b(3)		X
	(4) Reim	nbursement arrangements						1b(4)		X
	٠,	is or loan guarantees						1b(5)		X
	` '	ormance of services or mei	•	•				1b(6)		<u>X</u>
	-	of facilities, equipment, mai	= :		•			1c		<u>X</u> _
d					dule. Column (b) should alv		-		ets,	
		• • •			d less than fair market valu	e in any transaction	n or snaring arrangemen	t, snow in		
2)1	ne no	d) the value of the goods, of (b) Amount involved			exempt organization	(d) Description	n of transfers, transactions, a			
4)	ne no	(b) Amount involved	(c) Name of	N/A	exempt organization	(u) Descriptio	n or transfers, transactions, a	ing sharing arrai	ngemen	<u></u>
				И/Д						
		· .		-:						
			-							
								·		
						<u> </u>	<u>.</u>			
										
					<u> </u>			·		
										
_	1-11-1-1						··			
2a		indation directly or indirect n 501(c) (other than section	•		or more tax-exempt organiz	zations described		Yes	₹	No
		complete the following sche		CROII JZ1 *					Δ	טאו ך
	11 165, 0	(a) Name of org			(b) Type of organization		(c) Description of relati	onship		
		N/A			(-) ,,,		(-) - <u>-</u>			
		,,								
	Unde	r penalties of perjury, I declare the	hat I have examined this	return, including	accompanying schedules and sta	atements, and to the b	est of my knowledge	May the IRS di	scuss t	nis
Si	gn 🛗	pener, it is true bonnect, and conn	preceded at all or or pre	parer (other than	taxpayer) is based on all informat	PRESI		return with the shown below?		
He		CAN	/r		11-13-18	· 	URER	X Yes		No
	Sig	nature of officer or frustee		T	Date	Title	05			
		Print/Type preparer's na	me	Preparer's si	gnature	Date	Check if PT	IN		
Pa	id	T. 1/2/2017	TT (343 355	T 3/2-777	M IIIIT (3)/3355	11 /10 /10	self- employed		.	
	eparer	LYNNE M. HI		LYNNE :		11/12/18		2000538		
	eparer se Only	Firm's name PLA	NIE & MOR	AN, PL			Firm's EIN ► 38-	-135/9t	οT	
U	Offing	Firm's address ▶ 19	176 บ ุงกา	מגסם	מוודיים פווי				-	
			INTON TOW	-			Phone no. (586	5) 416-	- 10	nn
		т сп	TMION TOW	HUILL /	*** #0000	·	TENORS NO. 1300	Form 990		
						-		1 01111 000	• • •	(2017)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Name of the organization

Employer identification number

J.	AMES AND SALLY SCAPA FAMILY FOUNDATION	82-2225846
Organization type (check	one)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note: Only a section 501(c General Rule X For an organization	us covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule on filling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling on the contributor. Complete Parts I and II. See instructions for determining a contributor.	g \$5,000 or more (in money or
Special Rules	y one continued to the continue of the continu	o total contributions
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, tor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount Z, line 1 Complete Parts I and II	or 16b, and that received from
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from outions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or edu cruelty to children or animals Complete Parts I, II, and III	
year, contribution is checked, enter purpose Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from as exclusively for religious, charitable, etc., purposes, but no such contributions totaled in the total contributions that were received during the year for an exclusively religious omplete any of the parts unless the General Rule applies to this organization because it ble, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000 If this box is, charitable, etc ,
but it must answer "No" of certify that it doesn't meet	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fon Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its fit the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	

Name of organization

Employer identification number

JAMES AND SALLY SCAPA FAMILY FOUNDATION

82-2225846

<u>NAMES</u>	AND SALLY SCAPA FAMILY FOUNDATION	1 02	-2223040
Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	al space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JAMES R SCAPA DEC OF TRUST U/A DTD 03/05/1987 4042 HANOVER COURT WEST BLOOMFIELD , MI 48323-1815	\$ 5,933,909.	Person X Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
;		\$	Person Payroll Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)

Name of organization

Employer identification number

AMES AND	SALLY SCAPA FAMILY FOUNDATION	82-	82-2225846	
Part II No	ncash Property (see instructions) Use duplicate copies of Part	II if additional space is needed		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
1 SECU	JRITIES	_		
		s 2,882,490.	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. irom 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. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
_				
(a) No. From	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		_		
		\$	90, 990-EZ, or 990-PF) (20	

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Page 4 Name of organization Employer identification number 82-2225846 JAMES AND SALLY SCAPA FAMILY FOUNDATION Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this inflo once) Use duplicate copies of Part III if additional space is needed (a) No. from (c) Use of gift (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF INTERES	T ON SAVING	S AND TEMPORA	RY CASH I	NVESTMENTS	STATEMENT 1
SOURCE		(A) REVENUE PER BOOKS		(B) NVESTMENT NCOME	(C) ADJUSTED NET INCOME
RBC CAPITAL MARKETS-	INTEREST		2.	2.	•
TOTAL TO PART I, LIM	1E 3		2.	2.	•
FORM 990-PF	DIVIDENDS	AND INTEREST	FROM SECU	RITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST MENT INCOM	
RBC CAPITAL MARKETS- DIVIDENDS RBC CAPITAL	1,665.	0.	1,665		
MARKETS- INTEREST	31.		31	· 31	. •
TO PART I, LINE 4	1,696.	0.	1,696	1,696	j.

FORM 990-PF	OTHER	DECREASES	IN N	ET	ASSETS	OR	FUND	BALANCES	STATEMENT 3
DESCRIPTION									AMOUNT
FMV ADJUSTMENT BOOK/TAX DIFFE									418,662. 629.
TOTAL TO FORM	990-PF	, PART III	, LIN	E 5	5				419,291.

FORM 990-PF CORPORATE STOC	K	STATEMENT 4
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
AMCAP FUND INC	100,000.	99,685.
BERKSHIRE HATHAWAY INC CLASS B	57,337.	79,288.
BERKSHIRE HATHAWAY INC CLASS A	29Š,580.	297,600.
CISCO SYSTEMS INC	7,038.	11,490.
COLUMBIA CONTRARIAN CORE FD	100,000.	99,538.
COLUMBIA FDA SER TR I	150,000.	148,973.
GENERAL MOTORS COMPANY	308,488.	303,736.
INTEL CORP	178,010.	184,640.
JPMORGAN CHASE & CO	399,805.	650,730.
JPMORGAN DIVERSIFIED MID CAP	150,000.	149,687.
JPMORGAN TR I	150,000.	149,440.
JPMORGAN TR II EQUITY INCOME	100,200.	99,856.
MFS SER TR IX	150,000.	150,442.
MICROSOFT CORP	141,328.	173,390.
QUALCOMM INC	313,188.	313,443.
UNION PACIFIC CORP	33,617.	53,640.
VERIZON COMMUNICATIONS	258,995.	264,650.
WELLS FARGO & CO	213,921.	236,613.
TOTAL TO FORM 990-PF, PART II, LINE 10B	3,107,507.	3,466,841.

FORM 990-PF	OTHER INVESTMENTS	3	STATEMENT 5
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
EUROPACIFIC GROWTH FUND	COST	150,000.	151,160.
OPPENHEIMER INTRNATIONAL	COST	150,000.	150,691.
ORBOTECH LTD	COST	24,929.	52,250.
ROYAL BANK OF CANADA	COST	205,073.	213,515.
VOLKWAGEN AG	COST	26,518.	40,515.
EATON VANCE MUTUAL FUNDS	COST	50,000.	50,056.
FIDELITY ADVISOR HIGH INCOME	COST	100,837.	100,000.
LORD ABBETT BD DEB	COST	200,000.	200,000.
LORD ABBETT SHOR TDURATION	COST	100,000.	100,122.
OPPENHEIMER SENIOR FLOATING	COST	50,000.	50,124.
PRUDENTIAL TOTAL RETURN BOND	COST	300,000.	301,863.
TOTAL TO FORM 990-PF, PART II,	LINE 13	1,357,357.	1,410,296.