

**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.

OMB No 1545-0052

For	calen	dar year 2017 or tax year beginning OCT	6, 2017	, and ending	DEC 31, 2017	'
Na	ıme of	foundation			A Employer identification	number
1	TAN	BACH FAMILY FOUNDATION			82-3026511	
		nd street (or P O box number if mail is not delivered to stree	address)	Room/suite	B Telephone number	<u> </u>
:	265	00 AMERICAN DRIVE			248-436-50	50
		own, state or province, country, and ZIP or foreign p	ostal code	<del></del>	C If exemption application is p	
	OU	THFIELD, MI 48034				-
G	Check	all that apply: X Initial return	Initial return of a fo	rmer public charity	<b>D</b> 1 Foreign organizations	s, check here
		Final return	Amended return			
		Address change	Name change		2 Foreign organizations me check here and attach co	pering the 85% test, proputation
H_		type of organization $\mathbf{X}$ Section 501(c)(3) e	empt private foundation	nU	E If private foundation sta	tus was terminated
L			Other taxable private foundate		under section 507(b)(1)	)(A), check here
		·   ===	ing method: X Cash	Accrual	F If the foundation is in a	60-month termination
		Part II, col. (c), line 16)	ther (specify)	<del></del>	under section 507(b)(1)	(B), check here
	<u>\$</u>	200,000 (Part I, colu	T	<del></del>	<del></del>	(4)
<u> P</u>	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(0) Disbursements for charitable purposes (cash basis only)
12	1	Contributions, gifts, grants, etc., received	200,000.		N/A	
0	2	Check if the foundation is not required to attach Sch. B				
14	3	Interest on savings and temporary cash investments				
)~(	4	Dividends and interest from securities		<del></del>		<u> </u>
	5a	Gross rents				
	b	Net rental income or (loss)				
9	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all			<del> </del>	
Dougla	7	assets on line 6a  Capital gain net income (from Part IV, line 2)		0.	<del>                                     </del>	
à	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
,		Less Cost of goods sold				
)	C	Gross profit or (loss)				
•	11	Other income				
] 1 —	12	Total Add lines 1 through 11	200,000.	0.		
_	13	Compensation of officers, directors, trustees, etc	0.	0,	·	0.
=	14	Other employee salaries and wages		·		
	n 1	Pension plans, employee benefits			<del> </del>	
201	3   16a	Legal fees			<del> </del>	<del> </del>
္ ရှိ	3 0	Accounting fees ECEIVED			<del> </del>	<del> </del>
3010	j  C b 17	Other professional fees				
` ;	17	Taxes MAY 0 8 2018			<del> </del>	<del> </del>
1	19				<del> </del>	<del>                                     </del>
	20	Depreciation and depletion Occupancy OGDEN, UT	-	<del></del>	<del> </del>	<del> </del>
Ť	21	Travel, conferences, and meetings	· · · · · · · · · · · · · · · · · · ·		<del>                                     </del>	<del> </del>
7	22	Printing and publications			<del> </del>	<del> </del>
Ç	2 23	Other expenses			<del>                                     </del>	<del> </del>
į	24	Total operating and administrative				
	1	expenses Add lines 13 through 23	0.	0 .		0.
Č	25	Contributions, gifts, grants paid	0.			0.
	26	Total expenses and disbursements				
_	1	Add lines 24 and 25	0.	0		0.
	27	Subtract line 26 from line 12;		\	1	
		Excess of revenue over expenses and disbursements	200,000.		ļ	ļ
		Net investment income (if negative, enter -0-)		0		ļ
_		Adjusted net income (if negative, enter -0-)	<u> </u>		N/A	5. 000 PF :
723	501 01	1-03-18 LHA For Paperwork Reduction Act Notic	e, see instructions.			Form <b>990-PF</b> (2017)

Par	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of yea	
	column should be for end of year amounts only	(a) Book Value		(c) Fair Market Value
1	Cash - non-interest-bearing		200,000.	200,000.
2	Savings and temporary cash investments			
3	Accounts receivable ►			
	Less: allowance for doubtful accounts			
4	Pledges receivable	]		
	Less: allowance for doubtful accounts	L		
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			-
	disqualified persons	<u> </u>		
7	Other notes and loans receivable			
	Less: allowance for doubtful accounts			
<u>د</u> 8	Inventories for sale or use			
ssets	Prepaid expenses and deferred charges			<u></u>
	Investments - U.S. and state government obligations			
į	b Investments - corporate stock			· · ·
- 1	c Investments - corporate bonds			
11	·			<del></del>
\	Less accumulated depreciation	1		
12	Investments - mortgage loans			
13				
14				
'`	Less accumulated depreciation	1		
15	i Other assets (describe ►	<del>                                     </del>		
1	Total assets (to be completed by all filers - see the		<del></del>	<del></del>
	instructions. Also, see page 1, item I)	0.	200,000.	200,000.
-	Accounts payable and accrued expenses	<del> </del>	200,000.	200,000.
	·			
18		<del></del>		
Liabilities 51				
= 20				
E   21		<del></del>		
_ 22	! Other liabilities (describe ►)	<del></del>		
- 123	Total liabilities (add lines 17 through 22)	0.	0.	
	Foundations that follow SFAS 117, check here			
S 24	and complete lines 24 through 26, and lines 30 and 31		000 000	
g 24		0.	200,000.	
Fund Balanc				
<u>m</u>   26	. —			
Š	Foundations that do not follow SFAS 117, check here			
	and complete lines 27 through 31			
Net Assets or	Capital stock, trust principal, or current funds			
8 28	Paid-in or capital surplus, or land, bldg., and equipment fund			
₹  29	•			
₩ 30	) Total net assets or fund balances	0.	200,000.	
1				
31	Total liabilities and net assets/fund balances	0.	200,000.	
Par	t III Analysis of Changes in Net Assets or Fund E	Balances		
1 To	tal net assets or fund balances at beginning of year - Part II, column (a), line	e 30		
•	ust agree with end-of-year figure reported on prior year's return)		1	0.
<b>2</b> Ent	ter amount from Part I, line 27a		2	200,000.
	ner increases not included in line 2 (itemize)		3	0.
	d lines 1, 2, and 3		4	200,000.
5 De	creases not included in line 2 (itemize)		5	0.
<u>6 To</u>	tal net assets or fund balances at end of year (line 4 minus line 5) - Part II, o	column (b), line 30	6	200,000.
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See the Part VI instructions

8 Enter qualifying distributions from Part XII, line 4

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.

Form !			30265 see ins			age 4	
	exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.	Ť					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)						
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here  and enter 1%	1				0.	
	of Part I, line 27b	-+					
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)						
	Fax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2				0.	
	Add lines 1 and 2	3				0.	
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4				0.	
	Fax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5				0.	
6	Credits/Payments:						
	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 6	1					
ь	Exempt foreign organizations - tax withheld at source 6b 0.						
c ·	Fax paid with application for extension of time to file (Form 8868) 6c 0.						
d l	Backup withholding erroneously withheld 6d 0.						
7	Total credits and payments. Add lines 6a through 6d	7				0.	
	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached	8				0.	
	Fax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9				0.	
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10					
	Enter the amount of line 10 to be Credited to 2018 estimated tax	11					
	t 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	n		T	/es	No	
	any political campaign?			1a		X	
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definit	tion		1b		X	
	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.						
	Did the foundation file Form 1120-POL for this year?			1c		X	
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:						
	(1) On the foundation. $\blacktriangleright$ \$ 0. (2) On foundation managers. $\blacktriangleright$ \$ 0.						
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			İ			
	managers ► \$ 0.		Ì		Ì		
	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2	i	X	
	If "Yes," attach a detailed description of the activities.		_				
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			1	ł		
	pylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3	i	X	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		<u>X</u> _	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b			
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:		ŀ	ļ	:		
	By language in the governing instrument, or			}			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	law					
	remain in the governing instrument?		Ĺ	6		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			7	X		
8a	Enter the states to which the foundation reports or with which it is registered. See instructions   NONE		]				
				1	- 1		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)						
	of each state as required by General Instruction G? If "No," attach explanation		L	8b	Х		
9	is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for caler	ndar					<b>1</b>
	year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV		L	9		<u>X</u> _	0
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses S'	<u>TMT</u>			<u>x  </u>		
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Pa	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	1		
	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	Х	_
	Website address ► N/A			
14	The books are in care of ▶ THE FOUNDATION Telephone no. ▶ 248 – 43	6-5	050	
	Located at ► 26500 AMERICAN DRIVE, SOUTHFIELD, MI ZIP+4 ► 48			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			
	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	<u> </u>	,	
	foreign country			
P	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<u> </u>		
ــــــــــــــــــــــــــــــــــــــ	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Ι	Yes	No
1:	During the year, did the foundation (either directly or indirectly).	<u> </u>		
"	(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?	1	i	
	(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		1 1	
	termination of government service, if terminating within 90 days )			
	b If any 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  N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here			
(	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		ļļ	
	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)):			
;	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2017?			
	if "Yes," list the years $\blacktriangleright$			
1	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect	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 <b>any</b> of the years listed in 2a, list the years here	1		
	<b>&gt;</b>			
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			l
	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,			ļ
	Form 4720, to determine if the foundation had excess business holdings in 2017.) N/A	3b		<u> </u>
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	<u> </u>	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
	r.	rm 99	D DE	10047

orm 990-PF (2017) MAIBACH FAMILY FOUNDATION  Part VII-B   Statements Regarding Activities for Which			82-30265	11	Page 6
5a During the year, did the foundation pay or incur any amount to (1) Carry on propaganda, or otherwise attempt to influence legislation (section			s X No	Yes	No
(2) Influence the outcome of any specific public election (see section 4955),			S A NO		
any voter registration drive?	or no conf on conf or mon		s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	5?	Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section				ļ
4945(d)(4)(A)? See instructions		Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or				
the prevention of cruelty to children or animals?	idas tha assaultana dasas had		s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un section 53.4945 or in a current notice regarding disaster assistance? See instr		in Regulations	N/A	ib	
Organizations relying on a current notice regarding disaster assistance, check			<b>N</b> / <b>A</b>	,,,,	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption is		uned			1
expenditure responsibility for the grant?	ı	√I/A	s No		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).					
${\bf 6a}$ Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on	(			
a personal benefit contract?		Ye	es X No		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?		<u> </u>	Sb	X
If "Yes" to 6b, file Form 8870.	shaltar transaction?		s X No	Ì	
7a At any time during the tax year, was the foundation a party to a prohibited tax b if "Yes," did the foundation receive any proceeds or have any net income attrib		16		7b	<del> </del>
Part VIII Information About Officers, Directors, Trust		anagers, Highly			
Paid Employees, and Contractors					
List all officers, directors, trustees, and foundation managers and		1	( <del>d</del> ) 0		
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Exp account allowa	, other
BENJAMIN C MAIBACH III	DIRECTOR				
26500 AMERICAN DRIVE	1 00				_
SOUTHFIELD, MI 48034 · BARBARA MAIBACH	1.00 DIRECTOR	0.	0.		0.
26500 AMERICAN DRIVE	DIKECIOK				
SOUTHFIELD, MI 48034	1.00	0.	0.		0.
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2,00				
Compensation of five highest-paid employees (other than those in	cluded on line 1). If none	enter "NONE."			
	(b) Title, and average		(d) Contributions to employee benefit plans and deferred	<b>(e)</b> Exp	ense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	account allowa	, otner inces
NONE					
	4				
	<del> </del>				
	-				
		<del>                                     </del>			
	1				
Total number of other employees paid over \$50,000	<del></del>			<del></del>	0
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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Hi Paid Employees, and Contractors (continued)	ghly
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 o	f service (c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities	<u> </u>
	<del></del>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	e Expenses
N/A	
1 N/A	
2	
3	
4	
Det IV DIO	
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
27/2	Amount
1 N/A	
2	
<u> </u>	
All other program-related investments. See instructions.	
3	
To the Addition of the control of th	
Total. Add lines 1 through 3	<b>▶</b> 0.

Part X Minimum Investment Return (All domestic foundations must complete this part Foreig	gn foundations, see	instructions)
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a Average monthly fair market value of securities	1a	0.
b Average of monthly cash balances	1b	33,333.
c Fair market value of all other assets	1c	
d Total (add lines 1a, b, and c)	1d	33,333.
e Reduction claimed for blockage or other factors reported on lines 1a and		
1c (attach detailed explanation)	0.	
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	33,333.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	500.
5 Net value of noncharitable-use assets Subtract line 4 from line 3 Enter here and on Part V, line 4	5	32,833.
6 Minimum investment return Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	<u>391.</u>
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundat foreign organizations, check here ▶ ☐ and do not complete this part.)	tions and certain	
1 Minimum investment return from Part X, line 6	1	391.
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	0.
3 Distributable amount before adjustments Subtract line 2c from line 1	3	391.
4 Recoveries of amounts treated as qualifying distributions	4	0.
5 Add lines 3 and 4	5	391.
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	391.
Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		_
a Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	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 found	dation qualifies for the	esection

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4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	( <b>d)</b> 2017
1 Distributable amount for 2017 from Part XI,				··········
line 7				391.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only			0.	
<b>b</b> Total for prior years				
,,		0.		
3 Excess distributions carryover, if any, to 2017.				
a From 2012				
<b>b</b> From 2013				
<b>c</b> From 2014				
d From 2015				
e From 2016	0.			
f Total of lines 3a through e	U.			
4 Qualifying distributions for 2017 from Part XII, line 4. ► \$ 0 .				
a Applied to 2016, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus			<del></del>	
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount		· ·····		0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below.				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
<b>b</b> Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'	1			
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.  f Undistributed income for 2017 Subtract			0.	
lines 4d and 5 from line 1. This amount must				
be distributed in 2018				391.
7 Amounts treated as distributions out of				371.
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2012				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2018				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2013				
b Excess from 2014				
c Excess from 2015				
d Excess from 2016				
e Excess from 2017				5 000 PF (0047)

723581 01-03-18

Form **990-PF** (2017)

Form 990-PF (2017) MAIBACH	FAMILY FOU	NDATION			26511 Page 10
Part XIV Private Operating For	<del></del>		I-A, question 9)	N/A	
1 a If the foundation has received a ruling or					
foundation, and the ruling is effective to			▶ └		
<b>b</b> Check box to indicate whether the found		g foundation described		4942(j)(3) or4!	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(b) 004C	Prior 3 years	(4) 0014	(a) Tatal
income from Part I or the minimum	(a) 2017	<b>(b)</b> 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for					
each year listed			ļ	<u> </u>	
<b>b</b> 85% of line 2a		<u></u>		/	
c Qualifying distributions from Part XII,					
line 4 for each year listed			ļ		
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities			-		<del></del>
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the			4	<del></del>	
alternative test relied upon					
<ul><li>a "Assets" alternative test - enter:</li><li>(1) Value of all assets</li></ul>					
(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:					
<ol> <li>Total support other than gross investment income (interest,</li> </ol>					
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				<del> </del>	<del> </del>
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	on had \$5,000 or m	ore in assets
at any time during t	he year-see instr	ructions.)			
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh			tributions received by t	he foundation before the clo	ose of any tax
year (but only if they have contributed n	nore than \$5,000). (See s	ection 507(d)(2).)			
SEE STATEMENT 2		·		<u> </u>	
<b>b</b> List any managers of the foundation wh			(or an equally large po	rtion of the ownership of a p	partnership or
other entity) of which the foundation ha	s a 10% or greater interes	St.			
NONE					
2 Information Regarding Contribut					
Check here <b>X</b> if the foundation of the foundation makes gifts, grants, etc.,					uests for funds If
		<del></del>	<del></del>	<del></del>	
a The name, address, and telephone num	ber or email address of th	ie person to whom appl	cations should be addr	essed:	
<b>b</b> The form in which applications should t	e submitted and informati	tion and materials they s	should include:		
					<del></del>
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields	, kinds of institutions of	or other factors:	
, <del></del>	, g	,	,		
	_ <del>_</del>				

3 Grants and Contributions Paid During the Y	ear or Approved for Future F	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year				
NONE				
		•		
Total			<b>▶</b> 3a	0.
b Approved for future payment			- Ju	0.
NONE				
				-
Total	<del></del>		<b>▶</b> 3b	0. Earm <b>990-PF</b> (2017)

Part XVI-A	Analy	sis of	Income-l	Producina	<b>Activities</b>
I DILATIA I	- Alian	1313 UI 1	11 100111 <del>0</del> -1	I COUCHING	<b>MOUTHURS</b>

Enter gross amounts unless otherwise indicated.	Unrelated I	ousiness income		by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	Exclu- sion	( <b>d)</b> Amount	Related or exempt function income
1 Program service revenue.	code		code	741100111	- Idilolion moonic
a	[ [				<del> </del>
b	1 1	<del></del>			+
d	1 1	<del> </del>			<del>                                     </del>
· · · · · · · · · · · · · · · · · · ·	1 1				<del>                                     </del>
	1 1				
g Fees and contracts from government agencies		<del></del>	+		<del> </del>
Membership dues and assessments					<del> </del>
3 Interest on savings and temporary cash				<del></del>	<u> </u>
investments					
4 Dividends and interest from securities				<del></del>	
5 Net rental income or (loss) from real estate:	<del></del>			<del> </del>	<del> </del>
Debt-financed property					
b Not debt-financed property			+		
6 Net rental income or (loss) from personal			<del>-   -   -</del>		<del> </del>
property					
7 Other investment income			+		<del>                                     </del>
8 Gain or (loss) from sales of assets other			<del></del>		<del>                                     </del>
than inventory					
9 Net income or (loss) from special events					+
O Gross profit or (loss) from sales of inventory					<del> </del>
1 Other revenue:					
a	į		}		
b					<del> </del>
	1 1				<del> </del>
de					<del></del>
12 Subtotal Add columns (b), (d), and (e)			0.	0	. 0
13 Total Add line 12, columns (b), (d), and (e)	<del></del>		<del></del>		0
See worksheet in line 13 instructions to verify calculations	; )			- ,	
Part XVI-B Relationship of Activitie	s to the Accor	nplishment of	Exempt P	urposes	
Explain below how each activity for which is the foundation's exempt purposes (other the				d importantly to the acc	omplishment of
	·				
				<del> </del>	_,
				<del></del>	
				<del></del>	
					<del> </del>

Part )		CH FAMIL				ad Dalatiana		3020311		ge 13
rail /	(VII Information Re Exempt Organ		isiers to a	ina i	ransactions a	nd Relations	nips with Nor	icnaritable	,	
1 Did	the organization directly or indi		of the following	o with	any other organizate	an described in sec	uon 501(n)	— Т	Yes	No
	ier than section 501(c)(3) organ						1011 50 1(0)	İ	103	
•		•			=					
a Transfers from the reporting foundation to a noncharitable exempt organization of					1a(1)		Х			
(1) Cash (2) Other assets					1a(2)		X			
٠,	er transactions.							18(2)		
	Sales of assets to a noncharita	ihle exempt organiz	ation					1b(1)		X
٠,	Purchases of assets from a no							1b(2)		X
	Rental of facilities, equipment,		or garnzanon					1b(3)		X
` '	Reimbursement arrangements							1b(4)		X
٠,	Loans or loan guarantees							1b(5)		X
	Performance of services or me	embership or fundra	aisina solicitatio	ons				1b(6)		X
٠,,	ring of facilities, equipment, ma	· ·	•		S			1c		X
	e answer to any of the above is	•				ways show the fair	market value of the o	100ds, other as	sets.	
	ervices given by the reporting f								•	
colu	ımn (d) the value of the goods,	other assets, or ser	rvices received.					·		
(a) Line no	(b) Amount involved	(c) Name	of noncharitable	e exem	ot organization	(d) Descriptio	n of transfers, transaction	ons, and sharing a	rangeme	ents
			N/A							
								_		
		<u> </u>								
		ļ								
		<u> </u>								
	ļ	Ļ								
		L								
	ne foundation directly or indirec	-	-	or mo	re tax-exempt organ	izations described		_	r==	_
	ection 501(c) (other than section		section 527?					Yes	X	No
<b>b</b> If "Y	es," complete the following sch			/L \ T			( ) D	. (		
	(a) Name of org	ganization		(0)	ype of organization	ļ	(c) Description of re	elationsnip		
	N/A			ļ	<del></del>	<del> </del>				
				╁	<del></del>	<del> </del>		<del></del>		
				┼	<del></del>	<del> </del>				
				<del> </del>		<del> </del>		<del></del>		
	Under penalties of perjury, I declare	that I have examined t	retura includii	ng accon	npanying schedules and	statements and to the	hest of my knowledge			
Sign	Under penalties of perjury, y declare that I have examined the return including accompanying schedules and statements, and to the best of my knowledge and belief, it is full, correct, and combined. Declaration of peparer bother than taxpayer) is based on all information of which preparer has any knowledge						May the IRS return with the			
Here	1 ) ( Tour Hatt)					DDECT	showr			str
	Signature of officer or trustee	- num			Date	Title	D D IN I	_ X Yes	· L_	_l No
	Print/Type preparer's n		Preparer's s	signatur		Date	Check If	PTIN		
	JEFFREY JA		1 Sparar 3		. //	1.1	self- employed			
Paid	CPA	TOTOMOUT,	Muluf	#16	rolle (1/1	4/25/2018		P01042	685	
Prepa		LINS, BU	KT 2/x40	יירטאי	KEY, LLP	1	Firm's EIN ► 3			
Use (					and a mine		Timi a Lin P J	0 32122		

Form **990-PF** (2017)

Phone no. 248.646.7440

Firm's address ▶ 1450 W. LONG LAKE ROAD, SUITE 365

TROY, MI 48098

## 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

Employer identification number

MA	IBACH FAMILY FOUNDATION	82-3026511				
Organization type (check o						
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 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					
	s covered by the <b>General Rule</b> or a <b>Special Rule</b> . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule See instructions				
General Rule						
	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions					
Special Rules						
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II						
year, total contribu	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.						
but it must answer "No" on	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its F the filing requirements of Schedule B (Form 990, 990-EZ, or 990 PF)					

LHA 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

Employer identification number

## MAIBACH FAMILY FOUNDATION

82-3026511

Part I	Contributors (see instructions) Use duplicate copies of Part I if addition	onal space is needed	
(a) <b>N</b> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BENJAMIN C III, AND BARBARA MAIBACH  26500 AMERICAN DRIVE  SOUTHFIELD, MI 48034	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		-	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

## MAIBACH FAMILY FOUNDATION

82-3026511

Part II	Noncash Property (see instructions) Use duplicate copies of P	art 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	
		\$		
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate)	(d) Date received	
Part I		(See instructions.)		
		\$		
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		e		
		\$		
(a) No. from 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	
Part I				
		<b></b> \$		
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
Part I				
		\$	990, 990-EZ, or 990-PF) (2	

Name of organization Employer identification number MAIBACH FAMILY FOUNDATION 82-3026511 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info once) Use duplicate copies of Part III if additional space is needed (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 f (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

LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10

STATEMENT

1

NAME OF CONTRIBUTOR

ADDRESS

BENJAMIN C, III AND BARBARA MAIBACH 26500 AMERICAN DRIVE

SOUTHFIELD, MI 48034

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT 2

NAME OF MANAGER

BENJAMIN C MAIBACH III

BARBARA MAIBACH