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Form **990-PF**
Department of the Treasury
Internal Revenue Service

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

2018

Open to Public Inspection

For calendar year 2018, or tax year beginning 01-01-2018 , and ending 12-31-2018

Name of foundation
DRYDEN FAMILY FOUNDATION

A Employer identification number
38-3527211

Number and street (or P O box number if mail is not delivered to street address)
2560 DEASE LAKE ROAD

Room/suite

B Telephone number (see instructions)
(989) 257-5453

City or town, state or province, country, and ZIP or foreign postal code
HALE, MI 48739

C If exemption application is pending, check here ▶ ☐

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here ▶ ☐
2 Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

H Check type of organization ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year (from Part II, col (c), *line 16)* ▶$ 2,520,627

J Accounting method ☐ Cash ☑ Accrual ☐ Other (specify) _____
(Part I, column (d) must be on cash basis)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

Part 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) (see instructions))*

		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	50,000			
	2 Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	70,181	70,181		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	87,437			
	b Gross sales price for all assets on line 6a 365,218				
	7 Capital gain net income (from Part IV, line 2)		55,808		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 **Total.** Add lines 1 through 11	207,618	125,989		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	900			900
	14 Other employee salaries and wages	250			250
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)	114			114
	b Accounting fees (attach schedule)	3,290			3,290
	c Other professional fees (attach schedule)	15,782	15,782		
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	2,960	891		20
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings	828			828
	22 Printing and publications				
	23 Other expenses (attach schedule)	864			864
	24 **Total operating and administrative expenses.** Add lines 13 through 23	24,988	16,673		6,266
	25 Contributions, gifts, grants paid	129,760			129,760
	26 **Total expenses and disbursements.** Add lines 24 and 25	154,748	16,673		136,026
	27 Subtract line 26 from line 12				
	a **Excess of revenue over expenses and disbursements**	52,870			
	b **Net investment income** (if negative, enter -0-)		109,316		
	c **Adjusted net income** (if negative, enter -0-)				

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments	15,495	24,110	24,110
	3 Accounts receivable ▶			
	Less allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	Less allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	767,793	660,597	1,291,624
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	1,034,054	1,185,505	1,204,893
	14 Land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	15 Other assets (describe ▶)			
	16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	1,817,342	1,870,212	2,520,627
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)			
	23 **Total liabilities**(add lines 17 through 22)		0	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ ☑ and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted	1,817,342	1,870,212	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 **Total net assets or fund balances** (see instructions)	1,817,342	1,870,212	
	31 **Total liabilities and net assets/fund balances** (see instructions)	1,817,342	1,870,212	

Part III Analysis of Changes in Net Assets or Fund Balances

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	1,817,342
2	Enter amount from Part I, line 27a	2	52,870
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	1,870,212
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	1,870,212

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, 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				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a				
b				
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) **or** Losses (from col (h))
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a				
b				
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	55,808
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☑ No
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017	112,651	2,452,054	0 045941
2016	112,214	2,180,459	0 051463
2015	104,637	2,224,093	0 047047
2014	109,400	2,160,048	0 050647
2013	103,915	2,019,036	0 051468

2	**Total** of line 1, column (d)	2	0 246566
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	3	0 049313
4	Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	2,627,353
5	Multiply line 4 by line 3	5	129,563
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	1,093
7	Add lines 5 and 6	7	130,656
8	Enter qualifying distributions from Part XII, line 4	8	136,026

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

Part 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 here ▶ ☑ and enter 1% of Part I, line 27b	1	1,093
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	
3	Add lines 1 and 2	3	1,093
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-	5	1,093
6	Credits/Payments		
a	2018 estimated tax payments and 2017 overpayment credited to 2018 — 6a: 1,600		
b	Exempt foreign organizations—tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c:		
d	Backup withholding erroneously withheld — 6d:		
7	Total credits and payments Add lines 6a through 6d	7	1,600
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached	8	
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	507
11	Enter the amount of line 10 to be **Credited to 2019 estimated tax** ▶ 507 **Refunded** ▶	11	

Part VII-A **Statements Regarding Activities**

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition)	1b		No
	*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*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
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 ▶ $ _____			
e	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? *If "Yes," attach a detailed description of the activities*	2		No
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		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T*	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
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	Yes	
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 (or designate) of each state as required by General Instruction G? *If "No," attach explanation* .	8b	Yes	
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 2018 or the taxable year beginning in 2018? See the instructions for Part XIV If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses*	10		No

Part VII-A Statements Regarding Activities (continued)

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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ WWW DRYDENFAMILYFOUNDATION ORG

14 The books are in care of ▶ RICHARD G DRYDEN Telephone no ▶ (989) 257-5453

Located at ▶ 2560 DEASE LAKE ROAD HALE MI ZIP+4 ▶ 48739

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 ▶ 15

16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		No

See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes", enter the name of the foreign country ▶

Part 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.

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? ☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☑ 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 ☑ 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 ☑ No			
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	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 before the first day of the tax year beginning in 2018?	1c		
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 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? ☐ Yes ☑ No			
	If "Yes," list the years ▶ 20____ , 20____ , 20____ , 20____			
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 valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ 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 ☑ No			
b	If "Yes," did it have excess business holdings in 2018 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969, **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018).*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2018?	4b		No

Part VII-B **Statements Regarding Activities for Which Form 4720 May Be Required** *(continued)*

			Yes	No
5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes ☑ No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	☐ Yes ☑ No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes ☑ No		
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? See instructions	☐ Yes ☑ No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes ☑ No		
b	If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance? See instructions	5b		
	Organizations relying on a current notice regarding disaster assistance check here ▶	☐		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	☐ Yes ☐ No		
	If "Yes," attach the statement required by Regulations section 53 4945–5(d)			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes ☑ No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		No
	If "Yes" to 6b, file Form 8870			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes ☑ No		
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment during the year?	☐ Yes ☑ No		

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions

(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)** Expense account, other allowances
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than $50,000	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
NONE				

Total number of other employees paid over $50,000 ▶

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***

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	(c) Compensation
NONE		
Total number of others receiving over $50,000 for professional services. ▶		

Part IX-A **Summary of Direct Charitable Activities**

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	Expenses
1	
2	
3	
4	

Part IX-B **Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax 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 ▶	

Part X Minimum Investment Return (All domestic foundations must complete this part Foreign 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	2,630,051
b	Average of monthly cash balances	1b	37,312
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	2,667,363
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	2,667,363
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	40,010
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	2,627,353
6	**Minimum investment return.** Enter 5% of line 5	6	131,368

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ ☐ and do not complete this part)

1	Minimum investment return from Part X, line 6			1	131,368
2a	Tax on investment income for 2018 from Part VI, line 5	2a	1,093		
b	Income tax for 2018 (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	1,093
3	Distributable amount before adjustments Subtract line 2c from line 1			3	130,275
4	Recoveries of amounts treated as qualifying distributions			4	
5	Add lines 3 and 4			5	130,275
6	Deduction from distributable amount (see instructions)			6	
7	**Distributable amount** as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1			7	130,275

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	136,026
b	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		
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	136,026
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	1,093
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	134,933

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				130,275
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.			7,742	
b Total for prior years 20___, 20___, 20___				
3 Excess distributions carryover, if any, to 2018				
a From 2013.				
b From 2014.				
c From 2015.				
d From 2016.				
e From 2017.				
f **Total** of lines 3a through e.				
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ $ 136,026				
a Applied to 2017, but not more than line 2a			7,742	
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2018 distributable amount.				128,284
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2018				
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 **Enter the net total of each column as indicated below:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount —see instructions				
e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019				1,991
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)				
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions) . . .				
9 **Excess distributions carryover to 2019.** Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2014. . . .				
b Excess from 2015. . . .				
c Excess from 2016. . . .				
d Excess from 2017. . . .				
e Excess from 2018. . . .				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. . . . . ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
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					
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 alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ ☑ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc to individuals or organizations under other conditions, complete items 2a, b, c, and d See instructions

a The name, address, and telephone number or email address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				
b *Approved for future payment*				
Total . . . . . ▶ **3b**				

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments. . . .					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities. . . .			14	70,181	
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory			18	87,437	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e). .				157,618	
13 **Total.** Add line 12, columns (b), (d), and (e).				13	157,618

(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) (See instructions)

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

			Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 (c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a	Transfers from the reporting foundation to a noncharitable exempt organization of			
	(1) Cash	1a(1)		No
	(2) Other assets	1a(2)		No
b	Other transactions			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
	(3) Rental of facilities, equipment, or other assets	1b(3)		No
	(4) Reimbursement arrangements	1b(4)		No
	(5) Loans or loan guarantees	1b(5)		No
	(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

d If the answer to any of the above is "Yes," complete the following schedule Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☑ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

******	2019-05-08	******
Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below (see instr)? ☐ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
GERALD D GRACIK JR CPA		2019-05-08		P00050650

Firm's name ▶ GRACIK & GRACIK PC	Firm's EIN ▶81-4262197
Firm's address ▶ 540 W LAKE ST UNIT 1 PO BOX 70 TAWAS CITY, MI 487640070	Phone no (989) 984-5280

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
RICHARD G DRYDEN 2560 DEASE LAKE ROAD HALE, MI 48739	PRESIDENT 10 00	0	0	0
JANET M DRYDEN 2560 DEASE LAKE ROAD HALE, MI 48739	SECRETARY 14 00	0	0	0
DANIEL A DRYDEN 6535 WALLOON HILLS DRIVE BOYNE CITY, MI 49712	VICE PRES 3 00	150	0	0
SUSAN E ROBERTS 3830 BEACH ROAD TROY, MI 48084	DIRECTOR 3 00	150	0	0
JAY D ROGERS 315 SOHO CT CONWAY, SC 29526	DIRECTOR 3 00	0	0	0
JULIE B WELKER 7407 VOERNER CENTERLINE, MI 48015	DIRECTOR 3 00	150	0	0
JILL M IHRKE 8201 34 MILE ROAD BRUCE TOWNSHIP, MI 48065	DIRECTOR 3 00	150	0	0
JESSICA L DEMARA 52294 BASE STREET NEW BALTIMORE, MI 48047	DIRECTOR 3 00	150	0	0
MICHAEL A DRYDEN 1785 NEMOKE TRAIL APT 1 HASLETT, MI 48840	DIRECTOR 3 00	150	0	0

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AFSP120 WALL ST 29 NEW YORK, NY 10005	NONE		CHARITABLE	100
AICRPO BOX 97167 WASHINGTON, DC 200907167	NONE		CHARITABLE	2,500
ALZHEIMER'S ASSN-GREATER MI PO BOX 96011 WASHINGTON, DC 200906011	NONE		CHARITABLE	1,000
Total . . . . . ▶ **3a**				129,760

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMER'S ASSN-GREATER MI PO BOX 96011 WASHINGTON, DC 200906011	NONE		CHARITABLE	500
ALZHEIMER'S ASSN-GREATER MI PO BOX 96011 WASHINGTON, DC 200906011	NONE		CHARITABLE	2,000
AMERICAN HEART ASSNPO BOX 78851 PHOENIX, AZ 850628851	NONE		CHARITABLE	100
Total . . . . . ▶ **3a**				129,760

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSNPO BOX 7000 ALBERT LEA, MN 560078000	NONE		CHARITABLE	100
AMERICAN RED CROSS OF MI 100 MACK AVE DETROIT, MI 482012416	NONE		CHARITABLE	2,000
ARBOR DAY FOUNDATION 211 N 12TH ST LINCOLN, NE 685081497	NONE		CHARITABLE	400
Total . . . . . ▶ **3a**				129,760

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARBOR DAY FOUNDATION 211 N 12TH ST LINCOLN, NE 685081497	NONE		CHARITABLE	100
AUTISM ALLIANCE OF MI 26500 AMERICAN DR SOUTHFIELD, MI 48034	NONE		CHARITABLE	500
AUTISM ALLIANCE OF MI 26500 AMERICAN DR SOUTHFIELD, MI 48034	NONE		CHARITABLE	250
Total . . . . . ▶ **3a**				129,760

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEAUMONT FOUNDATIONPO BOX 5802 TROY, MI 480075802	NONE		CHARITABLE	1,000
BIG PAWS CANINE FOUNDATION 1379 HORRY RD SUITE 215 AYNOR, SC 29511	NONE		CHARITABLE	2,000
BOYS TOWNPO BOX 5000 BOYS TOWN, NE 680109999	NONE		CHARITABLE	150
Total . . . . . ▶ **3a**				129,760

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BREAST CANCER RESEARCH FDTN 60 E 56TH ST 8TH FLOOR NEW YORK, NY 10022	NONE		CHARITABLE	1,000
BROTHER DAN'S FOOD PANTRY 415 STATE STREET PETOSKEY, MI 49770	NONE		CHARITABLE	500
CAN ANN ARBORPO BOX 130076 ANN ARBOR, MI 48113	NONE		CHARITABLE	1,000
Total . . . . . ▶ **3a**				129,760

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAPUCHIN MINISTRIES 1820 MT ELLIOTT ST DETROIT, MI 48207	NONE		CHARITABLE	500
CAPUCHIN MINISTRIES 1820 MT ELLIOTT ST DETROIT, MI 48207	NONE		CHARITABLE	1,500
CARE HOUSE-MACOMB COUNTY 131 MARKET ST MOUNT CLEMENS, MI 48043	NONE		CHARITABLE	1,000
Total . . . . . ▶ **3a**				129,760

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARE HOUSE-OAKLAND COUNTY 44765 WOODWARD AVE PONTIAC, MI 48341	NONE		CHARITABLE	1,000
CARING PREGNANCY CENTER PO BOX 513 WEST BRANCH, MI 48661	NONE		CHARITABLE	500
CHARLEVOIS HUMANE SOCIETY 614 BEARDSLEY ST BOYNE CITY, MI 49712	NONE		CHARITABLE	1,000
Total . . . . . ▶ **3a**				129,760

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDREN'S HOSP OF MI FOUNDATION 3011 W GRAND BLVD STE218 DETROIT, MI 48202	NONE		CHARITABLE	500
CHILDRENS MIRACLE NETWORK 205 W 700 S SALT LAKE CITY, UT 84101	NONE		CHARITABLE	250
CLEAN WATER FUND 23885 DENTON SUITE B CLINTON TWP, MI 48036	NONE		CHARITABLE	1,000
Total . . . . . ▶ **3a**				129,760

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COASTAL ANIMAL RESCUEPO BOX 2981 MURRELLS INLET, SC 29576	NONE		CHARITABLE	2,000
COMMONUNITY2511 SW 15TH ST DEERFIELD BEACH, FL 33442	NONE		CHARITABLE	500
COMM FOUNDATION OF NE MI PO BOX 495 ALPENA, MI 49707	NONE		CHARITABLE	750
Total . . . . . ▶ **3a**				129,760

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMPASSION INTERNATIONAL 12290 VOYAGER PKWY COLORADO SPRINGS, CO 809213668	NONE		CHARITABLE	500
COVENANT HEALTHCARE FOUNDATION 1447 N HARRISON SAGINAW, MI 486024785	NONE		CHARITABLE	3,000
COVENANT HEALTHCARE FOUNDATION 1447 N HARRISON SAGINAW, MI 486024785	NONE		CHARITABLE	2,000
Total . . . . . ▶ **3a**				129,760

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COVENANT HOUSEPO BOX 731 NEW YORK, NY 101080900	NONE		CHARITABLE	500
COVENANT HOUSEPO BOX 731 NEW YORK, NY 101080900	NONE		CHARITABLE	1,000
DETROIT RESCUE MISSION PO BOX 312087 DETROIT, MI 48201	NONE		CHARITABLE	2,500
Total . . . . . ▶ **3a**				129,760

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DETROIT ZOOLOGICAL SOCIETY 8540 W 10 MILE RD ROYAL OAK, MI 48067	NONE		CHARITABLE	1,250
DOCTORS WO BORDERSPO BOX 5030 HAGERSTOWN, MD 217415030	NONE		CHARITABLE	1,500
EASTERN MI UNIV FOUNDATION 850 W CROSS ST YPSILANTI, MI 48197	NONE		CHARITABLE	2,000
Total . . . . . ▶ **3a**				129,760

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELKS NATIONAL FOUNDATION 2750 N LAKEVIEW AVE CHICAGO, IL 616242256	NONE		CHARITABLE	500
EXPONENT PHILANTHROPY PO BOX 65607 WASHINGTON, DC 200355607	NONE		CHARITABLE	1,800
FISH HALEPO BOX 286 HALE, MI 48739	NONE		CHARITABLE	1,000
Total . . . . . ▶ **3a**				129,760

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FATE5384 E HEATHWOOD DR SE KENTWOOD, MI 49512	NONE		CHARITABLE	1,000
FEEDING AMERICAPO BOX 96749 WASHINGTON, DC 200777746	NONE		CHARITABLE	100
FEEDING AMERICAPO BOX 96749 WASHINGTON, DC 200777746	NONE		CHARITABLE	200
Total . . . . . ▶ **3a**				129,760

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FERNDALE CAT SHELTER821 LIVERNOIS FERNDALE, MI 48220	NONE		CHARITABLE	300
FIRST UNITED METHODIST CH PO BOX 46 HALE, MI 48739	NONE		CHARITABLE	3,000
FOOD BANK OF EASTERN MI 2312 LAPEER ROAD FLINT, MI 48503	NONE		CHARITABLE	2,000
Total . . . . . ▶ **3a**				129,760

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD FOR THE POOR6401 LYONS RD COCONUT CREEK, FL 33073	NONE		CHARITABLE	1,500
FORGOTTEN HARVEST 21800 GREENFIELD ROAD OAK PARK, MI 48237	NONE		CHARITABLE	750
GLOBAL HEALTH MINISTRY 3805 W CHESTER PIKE 100 NEWTOWN SQUARE, PA 19073	NONE		CHARITABLE	1,000
Total . . . . . ▶ **3a**				129,760

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE 4 KIDS INTLPO BOX 74010 PHOENIX, AZ 85087	NONE		CHARITABLE	500
HOPE SOUTH FLORIDAPO BOX 14156 FORT LAUDERDALE, FL 33302	NONE		CHARITABLE	2,000
HOSPICE OF HELPING HANDS 335 E HOUGHTON AVE WEST BRANCH, MI 48661	NONE		CHARITABLE	1,000
Total . . . . . ▶ **3a**				129,760

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOWE MILITARY ACADEMYPO BOX 240 HOWE, IN 467460240	NONE		CHARITABLE	1,000
IOSCO CO COMM FOUNDATION PO BOX 495 ALPENA, MI 49707	NONE		CHARITABLE	2,500
K-9 STRAY RESCUE2120 METAMORA RD OXFORD, MI 48371	NONE		CHARITABLE	1,500
Total . . . . . ▶ **3a**				129,760

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEADER DOGS FOR THE BLIND PO BOX 5000 ROCHESTER, MI 483073115	NONE		CHARITABLE	2,000
LOVE INC OF OSCODA COUNTY PO BOX 96 FAIRVIEW, MI 486210096	NONE		CHARITABLE	750
LUPUS FOUNDATION OF AMERICA PO BOX 96864 WASHINGTON, DC 200906864	NONE		CHARITABLE	500
Total . . . . . ▶ **3a**				129,760

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUPUS FOUNDATION OF AMERICA PO BOX 96864 WASHINGTON, DC 200906864	NONE		CHARITABLE	3,000
MACULAR DEGENERATION RESEARCH PO BOX 1952 CLARKSBURG, MD 208711952	NONE		CHARITABLE	50
MAKE-A-WISH MICHIGANPO BOX 97104 WASHINGTON, DC 200907104	NONE		CHARITABLE	125
Total . . . . . ▶ **3a**				129,760

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES DONOR SERVICE CENTER TOPEKA, KS 666088972	NONE		CHARITABLE	100
MERCY SHIPSPO BOX 1930 GARDEN VALLEY, TX 75771	NONE		CHARITABLE	200
MERCY SHIPSPO BOX 1930 GARDEN VALLEY, TX 75771	NONE		CHARITABLE	1,800
Total . . . . . ▶ **3a**				129,760

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METHODIST CHILDREN'S HOME SOCIETY 26645 W SIX MILE ROAD REDFORD, MI 48240	NONE		CHARITABLE	2,000
MI ANIMAL RESCUE LEAGUE 790 FEATHERSTONE PONTIAC, MI 48342	NONE		CHARITABLE	500
MID-MI TEEN CHALLENGE 818 S MICHIGAN AVENUE SAGINAW, MI 48602	NONE		CHARITABLE	1,000
Total . . . . . ▶ **3a**				129,760

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIS CARES FOUNDATION 12626 US HWY 12 BROOKLYN, MI 49230	NONE		CHARITABLE	1,000
MS MOLLY FOUNDATION 3948 RANCHERO DRIVE ANN ARBOR, MI 48108	NONE		CHARITABLE	1,000
MUSCULAR DYSTROPHY ASSN PO BOX 97075 WASHINGTON, DC 200907075	NONE		CHARITABLE	100
Total . . . . . ▶ **3a**				129,760

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATURE CONSERVANCY 4245 N FAIRFAX DR 100 ARLINGTON, VA 22203	NONE		CHARITABLE	500
NMCACPO BOX 887 ROSCOMMON, MI 48653	NONE		CHARITABLE	250
NMCACPO BOX 887 ROSCOMMON, MI 48653	NONE		CHARITABLE	1,500
Total . . . . . ▶ **3a**				129,760

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ON MY OWN OF MICHIGAN 1250 KIRTS BLVD 300 TROY, MI 48084	NONE		CHARITABLE	1,000
ORTHODOX DETROIT OUTREACH 22451 BENJAMIN ST ST CLAIR SHORES, MI 48081	NONE		CHARITABLE	1,000
PARALYZED VETERANS OF AMERICA PO BOX 933 WILTON, NH 030860933	NONE		CHARITABLE	35
Total . . . . . ▶ **3a**				129,760

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PENRICKTON CTR FOR BLIND 26530 EUREKA RD TAYLOR, MI 481804999	NONE		CHARITABLE	3,000
PETS FOR ELDERLY FDTN 530 E HUNT HWY S103 SAN TAN VALLEY, AZ 85143	NONE		CHARITABLE	500
PRESBYTERIAN DISASTER ASSISTANCE 100 WITHERSPOON ST LOUISVILLE, KY 402021396	NONE		CHARITABLE	3,000
Total . . . . . ▶ **3a**				129,760

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAINN1220 L ST NW WASHINGTON, DC 20005	NONE		CHARITABLE	100
ROMAN JAMES FOUNDATION PO BOX 70690 ROCHESTER HILLS, MI 48307	NONE		CHARITABLE	1,000
RONALD MCDONALD HOUSE 4707 ST ANTOINE STE200 DETROIT, MI 48201	NONE		CHARITABLE	1,250
Total . . . . . ▶ **3a**				129,760

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SALVATION ARMYPO BOX 44530 DETROIT, MI 48244	NONE		CHARITABLE	1,000
SALVATION ARMYPO BOX 44530 DETROIT, MI 48244	NONE		CHARITABLE	2,000
SALVATION ARMY-FLORIDAPO BOX 230 FORT LAUDERDALE, FL 33302	NONE		CHARITABLE	1,000
Total . . . . . ▶ **3a**				129,760

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SALVATION ARMY-SAGINAW 2030 N CAROLINA ST SAGINAW, MI 48602	NONE		CHARITABLE	1,000
SHELTER BOX7359 MERCHANT CT SARASOTA, FL 34240	NONE		CHARITABLE	1,000
SPECIAL OLYMPICSPO BOX 795 MOUNT PLEASANT, MI 488040795	NONE		CHARITABLE	1,000
Total . . . . . ▶ **3a**				129,760

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JUDE'S HOSPITALPO BOX 50 MEMPHIS, TN 381019929	NONE		CHARITABLE	3,500
ST THOMAS PRESBYTERIAN 55355 MOUND ROAD SHELBY TWP, MI 48315	NONE		CHARITABLE	1,000
THE COMMUNITY CHURCH 4433 BOUGAINVILLEA DR LAUDERDALE BY THE SEA, FL 33308	NONE		CHARITABLE	2,000
Total . . . . . ▶ **3a**				129,760

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE COMMUNITY CHURCH 4433 BOUGAINVILLEA DR LAUDERDALEBYTHESEA, FL 33308	NONE		CHARITABLE	15,000
THE NATURE CONSERVANCY 4245 N FAIRVAX DR STE 100 ARLINGTON, VA 22203	NONE		CHARITABLE	500
THE NATURE CONSERVANCY 4245 N FAIRVAX DR STE 100 ARLINGTON, VA 22203	NONE		CHARITABLE	500
Total . . . . . ▶ **3a**				129,760

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SMILE TRAINPO BOX 96231 WASHINGTON, DC 200906231	NONE		CHARITABLE	500
THE SMILE TRAINPO BOX 96231 WASHINGTON, DC 200906231	NONE		CHARITABLE	2,000
TROY FIREFIGHTERS COMMUNITY 500 W BIG BEAVER TROY, MI 48084	NONE		CHARITABLE	1,500
Total . . . . . ▶ **3a**				129,760

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TROY FIREFIGHTERS COMMUNITY FUND 500 W BIG BEAVER TROY, MI 48084	NONE		CHARITABLE	1,000
TURNING POINT INCPO BOX 123 MT CLEMENS, MI 48046	NONE		CHARITABLE	750
USOPO BOX 96860 WASHINGTON, DC 200777677	NONE		CHARITABLE	150
Total . . . . . ▶ **3a**				129,760

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VISTA MARIA20651 W WARREN AVE DEARBORN HEIGHTS, MI 481272698	NONE		CHARITABLE	2,500
WAR VETS MOTORCYCLE CLUB PO BOX 30324 MYRTLE BEACH, SC 29588	NONE		CHARITABLE	1,500
WOMENS' RESOURCE CENTER 423 PORTER ST PETOSKEY, MI 49770	NONE		CHARITABLE	500
Total . . . . . ▶ **3a**				129,760

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD WILDLIFE FUNDPO BOX 96555 WASHINGTON, DC 200777789	NONE		CHARITABLE	1,000
Total . . . . . ▶ **3a**				129,760

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TY 2018 Accounting Fees Schedule

Name: DRYDEN FAMILY FOUNDATION

EIN: 38-3527211

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ANNUAL ACCOUNTING AND TAX RETURN	3,290			3,290

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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2018 Gain/Loss from Sale of Other Assets Schedule

Name: DRYDEN FAMILY FOUNDATION

EIN: 38-3527211

Gain Loss Sale Other Assets Schedule

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
69 SH FIDELITY HIGH INCOME, SPHIX		PURCHASE	2018-11		590	612			-22	
2,075 SH BLACKROCK ENHANCED CAP, CII		PURCHASE	2018-11		31,558	20,277			11,281	
796 SH FIDELITY HIGH INCOME, SPHIX		PURCHASE	2018-11		6,777	7,026			-249	
1,500 SH GENERAL ELECTRIC CO, GE		PURCHASE	2018-08		19,150	25,442			-6,292	
2,275 SH GENERAL ELECTRIC CO, GE		PURCHASE	2018-09		28,182	32,845			-4,663	
150 SH INTL BUSINESS MACH, IBM	1997-10	PURCHASE	2018-11		17,963	28,943			-10,980	
262 SH MET WEST TOTAL RETURN, MWTIX		PURCHASE	2018-07		2,720	2,767			-47	
114 SH PGIM JENNISON MID-CAP, PJGQX		PURCHASE	2018-07		4,721	3,795			926	
9 SH TRP BLUE CHIP GROWTH, TBCIX		PURCHASE	2018-07		976	293			683	
100 SH TRP INTERNATIONAL ST, PRIUX		PURCHASE	2018-07		1,879	1,508			371	
445 SH MFS INTL NEW DISCOVERY, MIDLX	2012-05	PURCHASE	2018-07		16,331	10,899			5,432	
7,190 SH MET WEST TOTAL RET, MWTIX		PURCHASE	2018-07		74,556	75,850			-1,294	
860 SH PGIM JENNISON MID-CAP, PJGQX		PURCHASE	2018-07		35,578	28,600			6,978	
278 SH TRP BLUE CHIP GROWTH, TBCIX		PURCHASE	2018-07		31,869	9,581			22,288	
1,950 SH TRP INTERNATIONAL ST PRIUX		PURCHASE	2018-07		36,560	29,343			7,217	

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TY 2018 Investments Corporate Stock Schedule

Name: DRYDEN FAMILY FOUNDATION

EIN: 38-3527211

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
CORPORATE STOCKS HELD AT FIDELITY	660,597	1,291,624

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TY 2018 Investments - Other Schedule

Name: DRYDEN FAMILY FOUNDATION

EIN: 38-3527211

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
MUTUAL FUNDS HELD AT FIDELITY	AT COST		
REITS HELD AT FIDELITY	AT COST	46,995	57,196
MUTUAL FUNDS HELD AT EDWARD JONES	AT COST	1,138,510	1,147,697

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TY 2018 Legal Fees Schedule

Name: DRYDEN FAMILY FOUNDATION

EIN: 38-3527211

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL AND CONSULTING FEES	114			114

TY 2018 Other Expenses Schedule

Name: DRYDEN FAMILY FOUNDATION

EIN: 38-3527211

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
DUES	750			750
OFFICE EXPENSE	114			114

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TY 2018 Other Professional Fees Schedule

Name: DRYDEN FAMILY FOUNDATION

EIN: 38-3527211

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT MANAGEMENT FEES	15,782	15,782		

TY 2018 Taxes Schedule

Name: DRYDEN FAMILY FOUNDATION

EIN: 38-3527211

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
STATE OF MICHIGAN ANNUAL FEE	20			20
FOREIGN TAXES PAID	891	891		
FORM 990-PF TAXES	2,049			

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Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2018

Name of the organization
DRYDEN FAMILY FOUNDATION

Employer identification number
38-3527211

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	☑ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule 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 other 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

☐ 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 **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization	Employer identification number
DRYDEN FAMILY FOUNDATION	38-3527211

Part I **Contributors** (See instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RICHARD G DRYDEN 2560 DEASE LAKE ROAD HALE, MI 48739	$ 50,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)

Name of organization	Employer identification number
DRYDEN FAMILY FOUNDATION	38-3527211

Part II Noncash 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
		$	
(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
		$	

Name of organization
DRYDEN FAMILY FOUNDATION

Employer identification number
38-3527211

Part III *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 information once. See instructions.) ▶ $ ____________

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee