Form 990-PF Department of the Treasury EXTENDED TO NOVEMBER 15, 2019
Return of Private Foundation

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

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

For calendar year 2018 or tax year beginning and ending Name of foundation A Employer identification number 45-4057678 TERSIGNI FAMILY FOUNDATION Number and street (or P O box number if mail is not delivered to street address) B Telephone number 2799 33 MILE ROAD City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here BRUCE TOWNSHIP, ΜI 48065 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here X Cash I Fair market value of all assets at end of year J Accounting method: F If the foundation is in a 60-month termination Other (specify) under section 507(b)(1)(B), check here (from Part II, col. (c), line 16) 3,655,716. (Part I, column (d) must be on cash basis) ▶\$ Part I Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (cash basis only) (a) Revenue and (b) Net investment (c) Adjusted net The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income ıncome 1,500,000. Contributions, gifts, grants, etc., received Check I if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 78,609 78,609. STATEMENT Dividends and interest from securities 5a Gross rents h Net rental income or (loss) -17,482 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 149,405. 0. 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 592 592 0. STATEMENT Other-income TotaR & CORNALD 11 79,201. 1.561. 719. 0. 0. 0. 0. О. Compensation of officers, directors, tiffs 44 Othen employee salaries and w So Pension plans, employee bene b According N, UT 0. 4,600. 0. **\$TMT** 3 0. 26,363 0. STMT 26,363. 0. c Other professional fees 17 Interest 20. 0. 0. 0. STMT 5 18 Taxes 19 Depreciation and depletion Occupanc 20 21 Travel, conferences, and meetings Printing and publications 22 36. 36 0. 0. STMT 6 23 Other expenses 24 Total operating and administrative 0. 31,019. 26,399. expenses. Add lines 13 through 23 255,000 255,000. Contributions, gifts, grants paid 26 Total expenses and disbursements. 255,000. 0. 286,019. 26,399 Add lines 24 and 25 27 Subtract line 26 from line 12: 1,275,700 a Excess of revenue over expenses and disbursements 52,802. b Net investment income (if negative, enter -0-) 0.

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

Part II Balance Sheets Attached schedules and amounts in the description			Beginning of year	End of	End of year		
	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bearing			-		
		Savings and temporary cash investments	176,013.	977,357.	977,357.		
			170,0131	311,0070			
	3	Accounts receivable					
		Less: allowance for doubtful accounts ▶					
	4	Pledges receivable ▶					
	ļ	Less: allowance for doubtful accounts					
	5	Grants receivable					
	ء ا	Receivables due from officers, directors, trustees, and other					
	ľ	·					
	ľ	disqualified persons					
	7	Other notes and loans receivable		·····			
		Less: allowance for doubtful accounts					
w	8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges					
Š	-	Investments - U.S. and state government obligations					
•			2 120 151	2,594,507.	2,678,359.		
	lb	Investments - corporate stock STMT 7	2,120,151.	2,394,307.	2,676,339.		
	C	Investments - corporate bonds					
	11	Investments - land, buildings, and equipment basis					
		Less accumulated depreciation		-			
	12	Investments - mortgage loans					
	1						
	13	Investments - other					
	14	Land, buildings, and equipment: basis					
	ļ	Less accumulated depreciation					
	15	Other assets (describe ►)					
		Total assets (to be completed by all filers - see the					
	١.٠	Instructions. Also, see page 1, item I)	2.296.164.	3,571,864.	3,655,716.		
_	4-		2,230,2020	0,0,2,0020	1		
	17	Accounts payable and accrued expenses					
	18	Grants payable					
Ś	19	Deferred revenue					
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons					
<u> </u>	21	Mortgages and other notes payable					
Ë		Other liabilities (describe >					
	**	Other habilities (describe >			ì		
	l	7	0.	0.			
_	23	Total liabilities (add lines 17 through 22)					
		Foundations that follow SFAS 117, check here			ĺ		
		and complete lines 24 through 26, and lines 30 and 31.					
es	24	Unrestricted	1 -				
2	25	Temporarily restricted					
Net Assets or Fund Balance							
8	26	Permanently restricted					
Sur.		Foundations that do not follow SFAS 117, check here					
Ĭ		and complete lines 27 through 31	, [_			
ŏ	27	Capital stock, trust principal, or current funds	0.	0.			
e e	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	1		
\ss	29	Retained earnings, accumulated income, endowment, or other funds	2,296,164.	3,571,864.	1		
7		Total net assets or fund balances	2,296,164.	3,571,864.	i		
ž	30	Total net assets of fullu balances	2,230,1011	3,372,0010	 i		
			2 206 464	2 571 064			
	31	Total liabilities and net assets/fund balances	2,296,164.	3,571,864.	1		
Б	art	Analysis of Changes in Net Assets or Fund Ba	lances				
<u></u>	ai t	<u></u>					
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 3	30				
		at agree with end-of-year figure reported on prior year's return)		1	2,296,164.		
	•	· ·		 	1,275,700.		
		amount from Part I, line 27a		2			
		r increases not included in line 2 (itemize)	<u> </u>	3	0.		
		ines 1, 2, and 3		4	3,571,864.		
5	Decr	eases not included in line 2 (itemize)		5	0.		
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	3,571,864.		
					Form 990-PF (2018)		

8

255,000.

See the Part VI instructions.

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.

orm 990-PF (2018) TERSIGNI FAMILY FOUNDATION		45-405	
Part VI Excise Tax Based on Investment Income (Section 4		148 - see	instructions)
1a Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 a	and enter "N/A" on line 1.		
Date of ruling or determination letter: (attach copy of letter i	if necessary-see instructions)		
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	e ▶ 🔲 and enter 1%	1	1,056.
of Part I, line 27b			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter	er 4% of Part I, line 12, col. (b).		
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations onli		2	0.
3 Add lines 1 and 2	,	3	1,056.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations on	nly: others, enter -0-)	4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	1,056.
6 Credits/Payments:			1
a 2018 estimated tax payments and 2017 overpayment credited to 2018	6a · O.		1
b Exempt foreign organizations - tax withheld at source	6b 0.		1
c Tax paid with application for extension of time to file (Form 8868)			1
d Backup withholding erroneously withheld	6d 0.		0.
7 Total credits and payments. Add lines 6a through 6d	- standard	7	
8 Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is	s апаспео -	8	23.
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed		9	1,079.
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpa	· · · · · · · · · · · · · · · · · · ·	10	
11 Enter the amount of line 10 to be: Credited to 2019 estimated tax	Refunded ►	11	
Part VII-A Statements Regarding Activities			1 12. 151
1a During the tax year, did the foundation attempt to influence any national, state, or local	legislation or did it participate or intervene	ın	Yes No
any political campaign?			1a X
b Did it spend more than \$100 during the year (either directly or indirectly) for political pro-	urposes? See the instructions for the defini	tion	1b X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and cop	oies 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 X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during	g the year:		
(1) On the foundation. \blacktriangleright \$ (2) On foundation mana			
e Enter the reimbursement (if any) paid by the foundation during the year for political exp			
managers. ▶ \$0 .	,		
2 Has the foundation engaged in any activities that have not previously been reported to t	the IRS?		2 X
If "Yes," attach a detailed description of the activities.			
3 Has the foundation made any changes, not previously reported to the IRS, in its govern	ung instrument, articles of incornoration, or		
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	ing manufacti, articles of moorporation, of		3 X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the	a vear?		4a X
	, you ·	N/A	4a 21 4b
b If "Yes," has it filed a tax return on Form 990-T for this year?		M/A	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the y	real r		5 X
If "Yes," attach the statement required by General Instruction T	ad a Man		
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied	ea eimer:		
By language in the governing instrument, or			[
By state legislation that effectively amends the governing instrument so that no mand	latory directions that conflict with the state	law	
remain in the governing instrument?			6 X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," of	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 instru	uctions. >		.
MI			.
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to t	he Attorney General (or designate)		<u> </u>
of each state as required by General Instruction G2 If "No," attach explanation	•		8b X
9 Is the foundation claiming status as a private operating foundation within the meaning of	of section 4942(j)(3) or 4942(j)(5) for caler	dar	
year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes,"			9 X
10 Did any persons become substantial contributors during the tax year? ir "Yes," attach a so	_	TMT 8	10 X

	(commune)		Yes	No
		-	162	NO
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	ا بر ا		v
	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?	40		X
40	If "Yes," attach statement. See instructions	12 13	Х	
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		Λ	
	Website address ► N/A The books are in care of ► JOHN TERSIGNI Telephone no. ►			
14		065		
4-	Located at ► 2799 33 MILE ROAD, BRUCE TOWNSHIP, MI ZIP+4 ►48 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	003		$\overline{}$
10	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	ш
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank,			No
10	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			 -
	foreign country			1
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
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 X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			1
	(5) Transfer any income or assets to a disqualified person (or make any of either available		i	
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception Check "No"			ł
	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.)			į
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			
	before the first day of the tax year beginning in 2018?	1c		<u> </u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			1
•	before 2018?		i	- 1
	If "Yes," list the years ▶			- 1
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		[i
	statement - see instructions.) N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			1
	>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			- 1
	during the year?			ŀ
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		ľ	
	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.) N/A	3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u> </u>
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			 -l
	had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b	DE /	X
	FOr	m 99 0	,-rr (ZU (8)

rm	1 990-PF (2018) TERSIGNI FAMILY FOUNDATION	45-4057	678	F	Page 6	;
a	ort VII-B Statements Regarding Activities for Which Form 4720 May Be Required	(continued)				_
5a	During the year, did the foundation pay or incur any amount to:		_	Yes	No	_
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	Yes X No				İ
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly,					ı
	any voter registration drive?	Yes X No				l
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	Yes X No				1
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section					۱
	4945(d)(4)(A)? See instructions	Yes X No				i
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for					ı
	the prevention of cruelty to children or animals?	Yes X No	1			ı
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulation			ÌÌ		ĺ
Ī	section 53.4945 or in a current notice regarding disaster assistance? See instructions	N/A				•
	Organizations relying on a current notice regarding disaster assistance, check here	▶ □				Ì
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained					١
٠	expenditure responsibility for the grant? N/A	Yes No				١
	If "Yes," attach the statement required by Regulations section 53.4945-5(d).					۱
Sa	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on					ı
-	a personal benefit contract?	Yes X No				ı
h	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b		$\overline{\mathbf{x}}$,
٠	If "Yes" to 6b, file Form 8870.					İ
			, ,			4

excess parachute payment(s) during the year? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? 8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

(a) Name and address hours per week devoted to position return all and deferred allows JOHN TERSIGNI 6820 19 1/2 MILE RD STERLING HEIGHTS, MI 48314 1.00 SECRETARY/TREASURER 6820 19 1/2 MILE RD STERLING HEIGHTS, MI 48314 1.00 0. 0. 0. 0. 0. 0. 0. 0.	1 List all officers, directors, trustees, and foundation managers and	f their compensation.			
STERLING HEIGHTS, MI 48314 1.00 0. 0.	(a) Name and address	hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
STERLING HEIGHTS, MI 48314 ANDREA TARAVELLA 6820 19 1/2 MILE RD STERLING HEIGHTS, MI 48314 1.00 0.0. MARIA TARRANT DIRECTOR 6820 19 1/2 MILE RD STERLING HEIGHTS, MI 48314 1.00 0.0. 0.0. MARIA TARRANT Compensation of five highest-paid employees (other than those included on line 1). 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 devoted to position	JOHN TERSIGNI	PRESIDENT			
ANDREA TARAVELLA 6820 19 1/2 MILE RD STERLING HEIGHTS, MI 48314 1.00 MARIA TARRANT DIRECTOR 5820 19 1/2 MILE RD STERLING HEIGHTS, MI 48314 1.00 0.0.0 Compensation of five highest-paid employees (other than those included on line 1). 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 account account alloward devoted to position	6820 19 1/2 MILE RD				1
STERLING HEIGHTS, MI 48314 1.00 MARIA TARRANT DIRECTOR STERLING HEIGHTS, MI 48314 1.00 O. O. O. O. O. O. O. O. O.	STERLING HEIGHTS, MI 48314	1.00	0.	0.	0.
STERLING HEIGHTS, MI 48314 1.00 0. MARIA TARRANT 6820 19 1/2 MILE RD STERLING HEIGHTS, MI 48314 1.00 0. 0. O. O. O. O. O. O. O.	ANDREA TARAVELLA	SECRETARY/TRE	ASURER		
MARIA TARRANT 6820 19 1/2 MILE RD STERLING HEIGHTS, MI 48314 1.00 0.0. 2 Compensation of five highest-paid employees (other than those included on line 1). 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 alloward devoted to position	6820 19 1/2 MILE RD				
STERLING HEIGHTS, MI 48314 1.00 0. Compensation of five highest-paid employees (other than those included on line 1). 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 plass and deferred compensation allows account allows.	STERLING HEIGHTS, MI 48314	1.00	0.	0.	0.
STERLING HEIGHTS, MI 48314 1.00 0. 2 Compensation of five highest-paid employees (other than those included on line 1). 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 plass and deferred compensation allowal account allowal allowal allowal allowal employees.	MARIA TARRANT	DIRECTOR			
2 Compensation of five highest-paid employees (other than those included on line 1). 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 addered compensation allowards and deferred compensation allowards are deferred compensation allowards and deferred compensation allowards are deferred compensation allowards and deferred compensation allowards are deferred compensation allowards and deferred compensation allowards are deferred compensation allowards and deferred compensation allowards are deferred compensation allowards and deferred compensation allowards and deferred compensation allowards are deferred compensation allowards and deferred compensation allowards are deferred compensation allowards and deferred compensation allowards are deferred compensation allowards and deferred compensation allowards are deferred compensation allowards and deferred compensation allowards are deferred compensation allowards and deferred compensation allowards are deferred compensation allowards are deferred compensation allowards are deferred compensation allowards are deferred compensation and deferred compensation allowards are deferred compensation and deferred compensation allowards are deferred compensation and deferred compensation allowards are deferred compensation and deferred compensation allowards are deferred compensation and deferred compensation allowards are deferred compensation and deferred compensation allowards are deferred compensation and deferred compensation and deferred compensation and deferred compensation and deferred compensati	6820 19 1/2 MILE RD				
(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 addefired compensation allowa	STERLING HEIGHTS, MI 48314	1.00	0.	0.	0.
(a) Name and address of each employee paid more than \$50,000 hours per week devoted to position (c) Compensation employee benefit plans account allows	Compensation of five highest-paid employees (other than those i	ncluded on line 1). If none,	enter "NONE."	,	
NONE	(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	(e) Expense account, other allowances
	NONE				
		-			
		_			
Total number of other employees paid over \$50,000	Total number of other employees paid over \$50,000			<u> </u>	0

Form **990-PF** (2018)

All other program-related investments. See instructions.

Total. Add lines 1 through 3

Page 8

TERSIGNI FAMILY FOUNDATION

Part→X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 2,583,639. a Average monthly fair market value of securities 1a 544,852. b Average of monthly cash balances 1b 10 c Fair market value of all other assets 3,128,491 1d d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1e 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets 2 3,128,491. Subtract line 2 from line 1d. 3 46,927. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 3.081.564. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4 5 154,078. Minimum investment return Enter 5% of line 5 6 Part:XI■ Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain and do not complete this part.) foreign organizations, check here 154,078. Minimum investment return from Part X, line 6 1,056. 2a Tax on investment income for 2018 from Part VI, line 5 2b Income tax for 2018. (This does not include the tax from Part VI.) 1,056. Add lines 2a and 2b 2c C 153,022. 3 Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 022. 153. 5 Add lines 3 and 4 6 Deduction from distributable amount (see instructions) 6 153, 022. Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 7 Part:XIII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 255,000. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 2 Amounts set aside for specific charitable projects that satisfy the: 3 a Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3b 255,000. Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income, Enter 1% of Part I, line 27b 255 6 Adjusted qualifying distributions. Subtract line 5 from line 4

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

Form 990-PF (2018)

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,			2.0	
line 7				153,022.
2 Undistributed income, if any, as of the end of 2018			0	
a Enter amount for 2017 only		- · · · · · · · · · · · · · · · · ·	0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2018:		U •		
a From 2013 61, 368.				
b From 2014 1,122,491.				
c From 2015 2,729,418.				
d From 2016 725, 701.				
e From 2017 533,037.				
f Total of lines 3a through e	5,172,015.			
4 Qualifying distributions for 2018 from				·
Part XII, line 4: ►\$ 255,000.				
a Applied to 2017, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2018 distributable amount				153,022.
e Remaining amount distributed out of corpus	101,978.			
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount	0.			0.
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	5,273,993.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable		_		
amount - see instructions		0.		
e Undistributed income for 2017. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2018. Subtract				
lines 4d and 5 from line 1. This amount must				0.
be distributed in 2019 7 Amounts treated as distributions out of				0.
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 2013				
not applied on line 5 or line 7	61,368.			
9 Excess distributions carryover to 2019.				
Subtract lines 7 and 8 from line 6a	5,212,625.			_
O Analysis of line 9:				
a Excess from 2014 1,122,491.				
b Excess from 2015 2,729,418.				
c Excess from 2016 725,701.				
d Excess from 2017 533,037.				
e Excess from 2018 101,978.				

Form 990-PF (2018) TERSIGN Part XIV Private Operating F	I FAMILY FO		LA guestion (I))57678 Page 18
			I-A, question 9)	N/A	
1 a If the foundation has received a ruling of foundation, and the ruling is effective for		· · · · · · ·			
b Check box to indicate whether the found			in section	4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	I G TOURISATION COCCITOGO	Prior 3 years	1 10 12())(0) Gr	T
income from Part I or the minimum	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Total
investment return from Part X for	, ,				<u> </u>
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					1
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:	/	1			
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	1				
listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest, dividends, rents, payments on					
securities Jeans (section					
512(a)(5)), or royalties)					1
(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			<u> </u>		
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	te this part only i	f the foundation	had \$5,000 or mo	re in assets
at any time during t	he year-see instr	uctions.)			
1 Information Regarding Foundatio	n Managers:				
a List any managers of the foundation wh	o have contributed more		ributions received by the	foundation before the clos	se of any tax
year (but only if they have contributed n	nore than \$5,000). (See s	ection 507(d)(2).)			
NONE					
b List any managers of the foundation wh			or an equally large portion	on of the ownership of a pa	artnership or
other entity) of which the foundation has	s a 10% or greater interes	Si.			
NONE					·
2 Information Regarding Contributi					
Check here X if the foundation of the foundation makes gifts, grants, etc.,					ests for funds. If
a The name, address, and telephone numl	Jer or email address of th	ie person to wnom applic	ations should be address	eu.	
b The form in which applications should b	e submitted and informat	tion and materials they st	nould include:		
c Any submission deadlines:					
d Any restrictions or limitations on awards	s, such as by geographica	ai areas, charitable fields,	kinds of institutions, or o	otner factors:	

Form 990-PF (2018) TERSIGNI FAMI	LY FOUNDATION		45-405	7678 Page 11
Part XV Supplementary Information				
3 Grants and Contributions Paid During the Ye		Payment T		
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	Or Substantial Contributor	recipion		
a raid during the year				
CM MARY CAMUOLIC COURSE		DUDI TO CUADIMY	BENEFIT STUDENT	
ST. MARY CATHOLIC SCHOOL 2 UNION ST		PUBLIC CHARITY	ACTIVITIES	
MT. CLEMENS, MI 48043				25,000.
MARYGROVE		DUBLIC CUADITY	PROVIDING COMPASIONATE	
2705 MULLANPHY LANE		FUBBLE CHARITI	HEALTH CARE FOR THE	
FLORISSANT, MO 63031			POOR AND VULNERABLE	105,000.
SACRED HEART FOUNDATION		DIBLIC CHARTTY	PROVIDING COMPASIONATE	
P.O. BOX 2700		l obbie chariii	HEALTH CARE FOR THE	
PENSACOLA, FL 32513			POOR AND VULNERABLE	100,000.
ST. JOHN PROVIDENCE FOUNDATIONS		PUBLIC CHARITY	PROVIDING COMPASIONATE	
22101 MOROSS ROAD, MOB SUITE 102			HEALTH CARE FOR THE	
DETROIT, MI 48326			POOR AND VULNERABLE	25,000.
			,	
Total]	▶ 3a	255,000.
b Approved for future payment			- Ja	
- Approved for lattice paymont				
NONE				
	<u> </u>			
Total			▶ 3b	0.

Page 12

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income			ded by section 512, 513, or 514	(e)
Effet gross amounts unless otherwise mulcated.	(a)	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	sion	Amount	function income
•	- 5000		 		
a			 		
	1				
<u> </u>	 		 		
d			\vdash		
e		.==	-		
# Fees and contracts from government agencies	-	***			
g 1 ccs and contracts from government agencies					
2 Membership dues and assessments	 				
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities					78,609.
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					592.
8 Gain or (loss) from sales of assets other					
than inventory					-17,482.
9 Net income or (loss) from special events		· · ·			
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c					
d		·			
е					
12 Subtotal. Add columns (b), (d), and (e)		0.		0.	61,719.
13 Total Add line 12, columns (b), (d), and (e)	· · · · · · · · · · · · · · · · · · ·	·		13	61,719.
(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 now 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).						
4	INTEREST AND DIVIDEND INCOME PROVIDES FUNDS TO USE FOR ORGANIZATIONAL						
4	PURPOSE OF PROVIDING SUPPORT TO ORGANIZATIONS OPERATING EXCLUSIVELY						
4	FOR RELIGIOUS, CHARITABLE, SCIENTIFIC, LITERARY AND EDUCATIONAL						
4	PURPOSES.						
4 8 8 8	PROCEEDS FROM THE SALE OF SECURITIES PROVIDES FUNDS TO USE FOR						
8	ORGANIZATIONAL PURPOSE OF PROVIDING SUPPORT TO ORGANIZATIONS OPERATING						
8	EXCLUSIVELY FOR RELIGIOUS, CHARITABLE, SCIENTIFIC, LITERARY AND						
8	EDUCATIONAL PURPOSES.						
7	OTHER INVESTMENT INCOME PROVIDES FUNDS TO USE FOR ORGANIZATIONAL						
	PURPOSE OF PROVIDING SUPPORT TO ORGANIZATIONS OPERATING EXCLUSIVELY						
	FOR RELIGIOUS, CHARITABLE, SCIENTIFIC, LITERARY AND EDUCATIONAL						
7	PURPOSES.						
	•						

18) TERSIGNI FAMILY FOUNDATION 45-4057678 Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations Form 990-PF (2018) Part XVII | 1

1 Did 1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)							Yes	No
(other than section 501(c)(3) organizations) or in section 527, relating to political organizations?									
a Transfers from the reporting foundation to a noncharitable exempt organization of:									
(1) Cash									X
(2) Other assets									X
b Othe	r transactions:								
	Sales of assets to a noncharital	ble exempt organizat	ion				1b(1)		X
٠.,	Purchases of assets from a nor	, ,					1b(2)		Х
	Rental of facilities, equipment,		gameanon				1b(3)		X
٠,	Reimbursement arrangements	51 511151 G55015			,		1b(4)		X
	Loans or loan guarantees						1b(5)		X
٠,	Performance of services or me	mharahia ar fundrair	eina colicitatio	ne			1b(6)		X
\- /		•	•				1c		$\frac{x}{x}$
	ing of facilities, equipment, mai	-			waya ahayi tha fair n	arket value of the open		oto.	<u></u>
	answer to any of the above is		-	· · · · · · · · · · · · · · · · · · ·				eis,	
	ervices given by the reporting fo			ed less than fair market valu	ie in any transaction	or snaring arrangemen	t, Snow in		
	mn (d) the value of the goods, o				T 7.0				
a) Line no	(b) Amount involved	(c) Name of		e exempt organization	(a) Description	of transfers, transactions, a	ind sharing arra	ingemen	ts
			N/A						
						• •			
			·						
				***	<u> </u>				
On loth	o foundation directly or indirect	the officered with or a	coloted to one	or more tay avamet areas	rations described				
	e foundation directly or indirect	•		or more tax-exempt organi	zations described			T	No
	ction 501(c) (other than section		CUON 52/				Yes	L	טאו ך
b 11 'Ye	es," complete the following sche			(h) Tuno of organization	1	(a) December of solution	nonhin		
	(a) Name of org	anization		(b) Type of organization	'	(c) Description of relation	ризнір		
	N/A								
	·								
	. <u> </u>				ļ				
	A				<u> </u>				
	Under penalties of per declare it and belief, it is true, correct and com	nat I have examined this	return, including	accompanying schedules and st	atements, and to the bes	st of my knowledge	May the IRS d	iscuss th	nis
Sign	and belief, it is true, corect and com-	piete Deciaration of pres	parer (other than	taxpayer) is based on all illiornia	mon or which preparer ha	Is ally knowledge	Logine cange in	2,000	
Here				13-NOV-2019	PRESID	ENT <	<u>\SIC</u>	NUL	RE
	Signature of officer of trustee)		Date	Title		In No.		
	Print/Type preparer's na	rne	Preparer's si	gnature	Date	Check If PT	IN		
					1	self- employed			
Paid	JOHN J. GAI	LLO	T' NHOL	. GALLO	11/05/19	_P	00289	665	
					Firm's EIN ► 38 -				
Use O			,	··· • •				_	
		725 CTANC	RIIRV PI	LVD., SUITE 2	210				
		RMINGTON			<u></u>	Phone no. (248) 355-	-029	3 N
	FA	WHING TON 1	, פחחדיי	WT 40334		FIIOHE IIO. \ 240	Form 99 0		
							FUITH 33C	,-r-ı- (ZU (Ø)

PartiV Capital Gains and Lo	sses for Tax on Investment Income				
	d describe the kind(s) of property sold rick warehouse; or common stock, 20		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a EXXON MOBIL CO	RP		04/05/16		
b EXXON MOBIL CO	RP			12/14/16	
c PROCTER & GAMB	LE		D	01/22/16	04/06/18
d PROCTER & GAMB	LE		D	01/28/16	04/06/18
e PROCTER & GAMB			D	04/05/16	04/06/18
f PROCTER & GAMB				12/14/16	
g EXXON MOBIL CO				09/04/17	
h PROCTER & GAMB					04/06/18
PROCTER & GAMB					04/06/18
k					
m n					
0					
(e) Gross sales price	(f) Depreciation allowed	(g) Cost or other basis		Gain or (loss)	
	(or allowable)	plus expense of sale	(e) p	lus (f) minus (g)	
a 607.		662.			-55.
b 27,144.		32,920.			-5,776.
c 14,908.		14,624.			284.
d 1,507.		1,505.			2.
e 2,141.		2,245.			-104.
f 32,433.		34,991.			-2,558.
g 25,703.		27,132.			-1,429.
h 1,507.		1,675.			-168.
43,455.		51,133.			-7,678.
1					
k					
1					
m					
n					
0					
	ng gain in column (h) and owned by th	ne foundation on 12/31/69	(I) Loss	ses (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	Gains (excess o	f col. (h) gain over ot less than "-0-")	col. (k),
a				•	-55.
b					-5,776.
C					284.
d			- · · · · · · · · · · · · · · · · · · ·		2.
					-104.
e f					-2,558.
					-1,429.
<u>g</u>					-168.
h					-7,678 .
.!					-7,078.
<u>k</u>					
<u> </u>					
<u>m</u>					
n					
0			-		
2 Capital gain net income or (net ca	apital loss) { If gain, also enter If (loss), enter "-0-	in Part I, line 7 " in Part I, line 7	2		-17,482.
3 Net short-term capital gain or (los If gain, also enter in Part I, line 8,	ss) as defined in sections 1222(5) and	, I			_
If (loss) enter "-N-" in Part I line 8		J	a	N/A	

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No 1545-0047

2018

Name of the organization **Employer identification number** TERSIGNI FAMILY FOUNDATION 45-4057678 Organization type (check one) Filers of: Section: Form 990 or 990-EZ ___ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 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 X 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 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

TERSIGNI FAMILY FOUNDATION

45-4057678

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	ANTHONY TERSIGNI 1015 S. SPOEDE ROAD FRONTENAC, MO 63131	\$ <u>1,500,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Oncash Occash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Oncash Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Oncash Occash (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

TERSIGNI FAMILY FOUNDATION

45-4057678

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if a	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
		\$	

Employer identification number

	T334TT **	T017777	
TERSTONT	PAMILY	POUNDA:	r i Oiv

45-4057678

Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a	ions to organizations described in sec	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or le	SS for the year (Enter this into once) \$				
	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, a	nd ZIP + 4	Relationship of transferor to transferee				
İ							
(a) Na		<u>, </u>					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
	•						
}							
		(e) Transfer of gift					
		. 710					
H	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
] 					
(a) No.	***						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
1 4.11							
i							
		(e) Transfer of gift					
L	Transferee's name, address, ar	nd 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				
Part I	(0): 0.0000 0. 3	(0, 000 01 g	(0, 2000) poor of the great of t				
İ							
-			L				
	(e) Transfer of gift						
		1710	BAR DOMESTIC				
-	Transferee's name, address, ar	10 ZIP + 4	Relationship of transferor to transferee				
, [

*						
FORM 990-PF	DIVIDENDS	S AND INTER	EST FROM	SECUR	ITIES S	TATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REV	A) ENUE BOOKS	(B) NET INVEST- MENT INCOME	
DIVIDENDS - MORGAN STANLEY INTEREST - MORGAN	76,261.		0. 7	6,261.	76,261.	76,261.
STANLEY	2,348.		0.	2,348.	2,348.	2,348.
TO PART I, LINE 4	78,609.		0. 7	8,609.	78,609.	78,609.
FORM 990-PF		OTHER I	NCOME		S	TATEMENT 2
DESCRIPTION			(A) REVENUE PER BOOK		(B) ET INVEST- ENT INCOME	(C) ADJUSTED NET INCOME
RETURN OF PRINCIPAL PARTNERSHIP DISTRIBU	JTIONS	_		33. 559.	33. 559.	0.
TOTAL TO FORM 990-PE	F, PART I,	LINE 11		592.	592.	0.
FORM 990-PF		ACCOUNTI	NG FEES		S	TATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INV MENT IN	EST-	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES		4,600.		0.	0.	0.
TO FORM 990-PF, PG 1	L, LN 16B	4,600.		0.	0.	0.
FORM 990-PF	го	HER PROFES	SIONAL F	EES	S	TATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INV MENT IN	EST- COME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ADVISORY FEES		26,363.	26	,363.	0.	0.
TO FORM 990-PF, PG 1	., LN 16C	26,363.	26	,363.	0.	0.

FORM 990-PF	TAXES		STATEMENT 5	
, DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	
TAXES	20.	0.		0. 0.
TO FORM 990-PF, PG 1, LN 18 =	20.	0.		0.
FORM 990-PF	OTHER E	XPENSES		STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	
OTHER EXPENSES	36.	36.		0. 0.
TO FORM 990-PF, PG 1, LN 23	36.	36.		0.
FORM 990-PF DESCRIPTION	CORPORAT		OK VALUE	STATEMENT 7 FAIR MARKET VALUE
	CORPORAT	вос	OK VALUE 2,589,447. 5,000. 60.	FAIR MARKET

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT 8
NAME OF CONTRIBUTOR	ADDRESS	
ANTHONY TERSIGNI	1015 S. SPOEDE ROAD FRONTENAC, MO 63131	