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Form **990-PF**

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

OMB No 1545-0052

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

			and ending				
		pundation			A Empl	loyer identification number	····
		as E. Sequin, Jr. Family			1		
		dation			38	-2931537	
		nd street (or P O box number if mail is not delivered to street address)	R	oom/suite		phone number (see instruction	s)
		Anna Drive			98	<u>9-684-0087</u>	
		n state or province, country and ZIP or foreign postal code CITY MI 48706			C If exe	emption application is pending	check here
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G (Jneck		rn of a former public o	harity	D 1 F	oreign organizations, check he	ere 🕨 📘
		Final return Amended			2. Fo	oreign organizations meeting t	he
		Address change Name cha	•		85	5% test, check here and attach	computation >
<u>H</u> (Check	type of organization X Section 501(c)(3) exempt private	foundation	-	E If priv	rate foundation status was terr	minated under
	Section	n 4947(a)(1) nonexempt charitable trust Other taxab	le private foundation		section	on 507(b)(1)(A), check here	•
ΙF	air ma	rket value of all assets at J Accounting method		crual	F If the	foundation is in a 60-month te	ermination
e	nd of y	rear (from Part II, col. (c), Other (specify)				r section 507(b)(1)(B), check h	. Г
	ne 16)		be on cash basis)				
P	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	T '			(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	(b) Net inv		(c) Adjusted net income	for charitable purposes
	1.			ļ			(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	77,500)			
	2	Check ▶ ☐ If the foundation is not required to attach Sch B					
	3	Interest on savings and temporary cash investments	2		2		
	4	Dividends and interest from securities	11,428		11,428		
	5a	Gross rents					
ē	b	Net rental income or (loss)					
Ĭ	6a	Net gain or (loss) from sale of assets not on line 10	-26,981				
Revenue	b	Gross sales price for all assets on line 6a 788, 387					
ĕ	7	Capital gain net income (from Part IV, line 2)			0		
	8	Net short-term capital gain				0	
	9	Income modifications				1	
	10a	Gross sales less returns and allowances					
	b	Less Cost of goods sold			***********		
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					***************************************
	12	Total. Add lines 1 through 11	61,949		11,430	ō	·· <u>·</u>
υ O	13	Compensation of officers, directors, trustees, etc	0				<u></u>
penses	14	Other employee salaries and wages					· · · · · · · · · · · · · · · · · · ·
en	15	Pension plans, employee benefits					
	16a	Legal fees (attach schedule)					· · · -
Ë	Ь	Accounting fees (attach schedule)					
<u>×</u>	c		10,802	<u> </u>	10,802		10,802
īat	17	Other professional fees (attach schedule) 201 Strat 1 Interest		-	10,002	····	10,802
St	18	Taxes (attach schedule).(see.instructions)Stmt, 2	20		20		20
Ξ	19	Depreciation (attach schedule) and depletion	2.0		20		20
토	20	Occupancy		 			
ĕ	21	Travel, conferences, and meetings	<u> </u>				
Б	22	· · · · · · · · · · · · · · · · · · ·					
ā	l	Printing and publications	· · · · · · · · · · · · · · · · · · ·				
ū	23	Other expenses (att sch)					
Operating and Administrative	24	Total operating and administrative expenses.				_	
)er		Add lines 13 through 23	10,822	 	10,822	0	10,822
ŏ	25	Contributions, grfts, grants paid	64,030	***************************************			64,030
	26	Total expenses and disbursements. Add lines 24 and 25	74,852		10,822	0	74,852
	27	Subtract line 26 from line 12					
	а	Excess of revenue over expenses and disbursements	-12,903	L			
	b	Net investment income (if negative, enter -0-)			608		
	С	Adjusted net income (if negative, enter -0-)		1		0	· ———

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

6

566,431

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

Form 990-PF (2016)

82,591

74,852

6

7

7 Add lines 5 and 6

Part VI instructions

6 Enter 1% of net investment income (1% of Part I, line 27b)

8 Enter qualifying distributions from Part XII, line 4

Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(c), or 4949 – see instructions)		1990-PF (2016) Thomas E. Sequin, Jr. Family 38-2931537			Р	age 4
Date of ruling or determination letter Cattach copy of letter if necessary—see instructions) 1 12 12 12 12 12 12 12		() () () () () () () () () ()				
b Doméstic Gundations that meet the section 4940(e) acquirements in Part V, check here ➤ I and enter 1 ¼6 of Part 1, the 27c All other demostic Gundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part 1, line 12; cot (b) Tax under section 111 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) Add lines 1 and 2 Subtitus A (cincrel) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) A 3 12. Subtitus A (cincrel) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) A 5 1 at based on investment incomes. Subtract line 4 from line 3 if zero or less, enter -0- Credist/Payments A 2016 estimated tax payments and 2015 overpayment credited to 2016 Backup withholding erroneously withhold Backup withholding erroneously withhold Backup withholding erroneously withhold Backup withholding erroneously withhold Cell credists and payments Add lines 6s through 6d Backup withholding erroneously withhold Coverpayment (1 file or 1) into the 10 to be. Credited to 2017 estimated tax Check here I of Form 2220 is attached Backup withholding erroneously withhold Coverpayment (1 file or 1) into the nine 10 to be. Credited to 2017 estimated tax Check here I of Form 2220 is attached Center the amount of line 10 to be. Credited to 2017 estimated tax Check here I of Form 2220 is attached Center the amount of line 10 to be. Credited to 2017 estimated tax A 60 Refunded 11 Part With Statements Regarding Activities Center the amount of line 10 to be. Credited to 2017 estimated tax A 60 Refunded 11 Part Vith Statements Regarding Activities Center the amount of line 10 to be. Credited to 2017 estimated tax A 60 Refunded 11 Part Vith Statements Regarding Activities Center the amount of line 10 to be. Credited to 2017 estimated tax A 60 Refunded 11 Part Vith Statements Regarding Activities Center the amount of line 10 to be. Credited to 2017 estimated tax A 60 Refunded 11 Part Vith Statements Regarding Activities Cen	1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" on line 1				
here's and enter 1% of Part I, time 27b 27b 2xmpt foreign organizations enter 4% of Part I, time 12, col. (b) 2xm time 12, col. (b) 2xm time 12, col. (c) 3xm time						
c. All other domestic foundations enter 2% of line 27b, Exempt foreign organizations enter 4% of Part I, line 12, col. (i) 1 Tak under section 51 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 122 4 Subtilité A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 1 Tax based on investment incomes. Subtract line 4 from line 3 if zero or less, enter -0- 6 Toediscip/priments 2 010 settimated tax payments and 2015 overpayment credited to 2016 8 Exempt foreign organizations – tax withheld at a source 6 Exempt foreign organizations – tax withheld at source 7 Tax paid with application for extension of time to file (Form 8868) 8 Extensive foreign organizations – tax withheld at source 1 Tax paid with application for extension of time to file (Form 8868) 8 Entire any penalty for underspayment of estimated tax. Check here if Form 2220 is attached 8 Tax due. If the total of lines 5 and 8 is more than line 7, infer amount owerld 9 Tax due. If the total of lines 5 and 8 is more than line 7, anter amount owerpaid 10 Overpayment If line 7 is more than line 7, anter amount owerpaid 11 Enter the amount of line 10 lib to Credited to 2017 estimated tax. ★ 460 Refunded ★ 11 12 Part VII-A Statements Regarding Activities 13 During the tax year, did the foundation attempt to orfluence any national, state, or local legislation or did it participate or intervene in any policical campaign? 10 bil it spend more than 5100 during the year (fether directly or indirectly) for political purposes (see instructions for the definition)? 11 If the answer is 'Yea' for to a fla, statch a defauled description of the activities and copies of any materials published or distributed by the foundation in connection with the activities and copy of the changes 1 Has the foundation made any changes, not previously reported to the IRS? 1 How is the set if each activitied description of the activities or more during the year? 1 How is the set if the di	b					12
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1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or idid it participate or intervene in any political campaign? 1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? 1b If the answer is "Yes" to 1 ar 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities and copies of any materials published or distributed by the foundation in connection with the activities and copies of any materials published or distributed by the foundation in connection with the activities and copies of any materials published or distributed by the foundation in connection with the activities and copies of any materials published or distributed by the foundation in connection with the activities and copies of any materials published or distributed by the foundation meanagers ▶ \$ 1c Did the foundation flie Form 1120-POL for this year? 2 Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year 2 In the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ 2 Has the foundation managers ▶ \$ 3 Has the foundation made any changes, not previously reported to the IRS? 2 If "Yes," attach a detailed description of the activities 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 3 X 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4b If "Yes," attach the statement required by General instruments? 5 X 4c If "Yes," attach the statement required by General instruction of "Yes," attach the statement required by General instruction of "Yes," attach the statement required by Ge						
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Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its

N/A

3b

4a

X

X

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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 2016)

orm	990-PF (2016) Thomas E. Sequi	.n,	Jr. Family	<u> 38-2</u>	931537			Pag	ge 6
Pa	rt VII-B Statements Regarding A	ctivit	ies for Which Form	4720 May Be R	Required (cont	inued)			
5a	During the year did the foundation pay or incur	any ar	mount to						
	(1) Carry on propaganda, or otherwise attemp	t to infl	uence legislation (section	4945(e))?		es X No			
	(2) Influence the outcome of any specific publ	c elect	ion (see section 4955), or	to carry on,	_				
	directly or indirectly, any voter registration			·	_ \ \ \ \ \	es X No			
	(3) Provide a grant to an individual for travel, s	tudv. c	or other similar purposes?		Πı	es X No	1		
	(4) Provide a grant to an organization other th	•		described in	ٔ ب				
	section 4945(d)(4)(A)? (see instructions)		,			es X No			
	(5) Provide for any purpose other than religiou	s cha	ritable scientific literary o	r educational	₩.		Ī		
	purposes, or for the prevention of cruelty to			Codoational		es 🗓 No	I		
b	•			lar tha avaantians d		es 🔼 NO	- 1		
U	If any answer is "Yes" to 5a(1)–(5), did any of the Bagulations poetion 53 4045 or in a gurrant re-					n/a	-		
	Regulations section 53 4945 or in a current no		· -				5b		
	Organizations relying on a current notice regar	_							
С	If the answer is "Yes" to question 5a(4), does t			om the tax	N7/N				
	because it maintained expenditure responsibili	•	•		N/A 📗	′es 📙 No			
_	If "Yes," attach the statement required by Regu								
6a	Did the foundation, during the year, receive an	y funds	s, directly or indirectly, to p	ay premiums			- 1		
	on a personal benefit contract?				<u> </u>	′es 🗓 No	- 1		
b	Did the foundation, during the year, pay premit	ıms, d	rectly or indirectly, on a pe	rsonal benefit contr	ract?		6b		<u>X</u>
	If "Yes" to 6b, file Form 8870					1222	1		
	At any time during the tax year, was the found					es X No	1		
-,,	If "Yes," did the foundation receive any procee					N/A	7b	L	
Pa	rt VIII Information About Officer	s, Dir	ectors, Trustees, Fo	oundation Man	agers, Highly	Paid Employe	es,		
	and Contractors								
<u>1 L</u>	ist all officers, directors, trustees, foundation	n man	agers and their compens	sation (see instruc	tions).				
	(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		ense acco r allowanc	
Th.	omas E. Sequin, Jr.	DAY	CITY	President	-	Compensation	 		
	-		48706	0.00	,				0
	75 Anna Drive				-	•			
	nise A. Sequin		CITY	Secretary/Tr		_			^
	75 Anna Drive		48706	0.00	-0	0			0
	annon Barrigar	_	City	Director					
39	12 Sequin Dr	MI	48706	0.00		0			
2	Compensation of five highest-paid employee "NONE."	es (ot	her than those included	on line 1 – see ins	tructions). If non	e, enter	<u> </u>		
•	(a) Name and address of each employee paid mo	e than \$	50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation		ense acci r allowanc	
NC	NE					Compensation			
			· <u>·</u> ····						
					<u> </u>		ļ		
	····						<u> </u>		
					<u> </u>				
Tota	I number of other employees paid over \$50,000					<u> </u>	<u>L</u>		0

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2

3

All other program-related investments. See instructions

Total. Add lines 1 through 3

Pa	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign	n fo	undations,
	see instructions)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposès]	
а	Average monthly fair market value of securities	1a	593,645
þ	Average of monthly cash balances	1b	19,462
C	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	613,107
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	613,107
4	Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4_	9,197
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	603,910
6	Minimum investment return. Enter 5% of line 5	6	30,196
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	four	ndations
	and certain foreign organizations check here 🕨 and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	30,196
2a	Tax on investment income for 2016 from Part VI, line 5	ļ	
þ	Income tax for 2016 (This does not include the tax from Part VI)		
¢	Add lines 2a and 2b	2c	12
3	Distributable amount before adjustments Subtract line 2c from line 1	3_	30,184
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	30,184
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	30,184
Pi	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	74,852
þ	Program-related investments – total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	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	74,852
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	l o
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	74,852
-	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the found		<u> </u>
	qualifies for the section 4940(e) reduction of tax in those years		

Pa	rt XIII Undistributed Income (see instructions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2016 from Part XI,	Corpus	Years prior to 2015	2015	2016
	line 7 °				30,184
2	Undistributed income, if any, as of the end of 2016				
а	Enter amount for 2015 only				
þ	Total for prior years 20 , 20 , 20		······		
3	Excess distributions carryover, if any, to 2016			Y.4	
а	From 2011 30,293	j		•	
b	From 2012 45,527				
C	From 2013 58,866				
d	From 2014 55, 901				
e	From 2015 51,117				
f	Total of lines 3a through e	241,704			
4	Qualifying distributions for 2016 from Part XII,				
	line 4 ▶ \$ 74 , 852	[
а	Applied to 2015, but not more than line 2a				
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 2016 distributable amount				30,184
е	Remaining amount distributed out of corpus	44,668		,	
5	Excess distributions carryover applied to 2016		*****		
	(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:			`	
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	286,372			
þ	Prior years' undistributed income Subtract				
	line 4b from line 2b		· ·		
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)	ļ ļ		Ę	
	tax has been previously assessed				
đ	Subtract line 6c from line 6b Taxable				
	amount – see instructions				
е	Undistributed income for 2015 Subtract line				
	4a from line 2a Taxable amount – see				
	instructions		++++	· · · · · · · · · · · · · · · · · · ·	
f	Undistributed income for 2016 Subtract lines				
	4d and 5 from line 1 This amount must be	•		<u> </u>	
	distributed in 2017				0
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 2011 not	20.002			
_	applied on line 5 or line 7 (see instructions)	30,293		!	
9	Excess distributions carryover to 2017.	256 070		<u></u>	
40	Subtract lines 7 and 8 from line 6a	256,079			
10	Analysis of line 9			1	
a	Excess from 2012 45,527	1		1	
b	Excess from 2013 58,866	-€			
C	Excess from 2014 55, 901	4		!	
d	Excess from 2015 51,117	-1			
<u>_e</u>	Excess from 2016 44,668	<u>'E</u>	l	J	<u> </u>

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	rt XIV Private Operating For				tion 9)		
1a	If the foundation has received a ruling or	determination letter th	nat it is a private opera	ating			
	foundation, and the ruling is effective for		-		_▶		
þ	Check box to indicate whether the foundation	ation is a private opera	ating foundation desci	ribed in section	4942(j)(3) or	4942(J)(5))
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 year			(e) Total
	income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 201	3	
	investment return from Part X for						
	each year listed						
b	85% of line 2a						
С	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						
е	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						
а	"Assets" alternative test – enter						
	(1) Value of all assets						
	(2) Value of assets qualifying under						
	section 4942(j)(3)(B)(i)			1			
þ	"Endowment" alternative test enter 2/3						
	of minimum investment return shown in					į	
	Part X, line 6 for each year listed						
С	"Support" alternative test – enter						
	(1) Total support other than gross					ļ	
	investment income (interest,					į	
	dividends, rents, payments on securities loans (section					1	
	512(a)(5)), or royalties)						
	(2) Support from general public		<u> </u>				
	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			
<u></u>	(4) Gross investment income		L	<u> </u>			
Pa	rt XV Supplementary Inform		-	the foundati	on had \$5,000 c	or more in	assets at
	any time during the ye		tions.)				*
1	Information Regarding Foundation Ma	•					
а	List any managers of the foundation who				•	tion	
	before the close of any tax year (but only	-	ed more than \$5,000)	(See section 50	7(d)(2))		A77 FAA
	Thomas E. Sequin, Jr						\$77,500
b	List any managers of the foundation who		•		y large portion of the	ŧ	
	ownership of a partnership or other entity N/A) of which the foundar	tion has a 10% or grea	ater interest			
	Information Regarding Contribution, G	Sanat Ciff Lana Cal	alambia eta Dana				
2			• • •			_4	
	Check here I if the foundation only			=			
	unsolicited requests for funds. If the foun		ants, etc. (see instruc	ctions) to individua	als or organizations i	Juder	
_	other conditions, complete items 2a, b, c The name, address, and telephone numb		of the person to when	a analysations she	uld be addressed		
d	Thomas E. Sequin, Jr			n applications sno	ouid de addressed		
	3375 Anna Drive Bay						
<u> </u>				and about displayed			
Ŋ	The form in which applications should be See Statement 6	moini bus parimidue	iauon and materiais ti	iey siloula includ	5		
							
С	Any submission deadlines N/A						
		ough so buscous i	and name of the state	Calda lond d			· · · · · · · · · · · · · · · · · · ·
a	Any restrictions or limitations on awards, factors	such as by geograph	icai areas, charitable	neias, kinas of ins	stitutions, or other		
	^{factors} Religious Organizati	one Only					
DAA	grous Organizati	OHS OHLY					m 990-PF (2016)
DAM						For	m 330°F F (2016)

Part XV Supplementary Information (continued)

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

3 Grants and Contributions Paid During the	Year or Approved for F	uture Payment	,	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year St. Catherine of Siena 2956 E. N. Union Bay City MI 48706		501(c)(3) Unrestr	icted Use	10,000
Catholic Relief Services 228 West Lexington Street Baltimore MD 21201-3443		501(c)(3) Unrestr	icted Use	10,000
Salesian Missions 2 LeFevre Lane New Rochelle NY 10801		501(c)(3) Annual Fo	od Appeal	10,000
Catholic Comm. Foundation-2 P.O. Box 6883 Saginaw MI 48608-6883	Catl	501(c)(3) holic School	Education	10,000
Catholic Comm. FoundSeming P.O. Box 6883 Saginaw MI 48608-6883		501(c)(3) Seminarian	Education	15,000
Marians of the Immaculate (Eden Hill Stockbridge MA 01263	Conceptio	501(c)(3) Unrestr	icted Use	7,500
Augustine Institute 6160 South Syracuse Way Greenwood Village CO 8011		501(c)(3) Litera	ture Rack	1,530
Total			▶ 3a	64,030
b Approved for future payment N/A				
Total			▶ 3b	

Enter gross an	nounts unless otherwise indicated	Unrelated	business income	Excluded	by section 512, 513, or 514	(e)
•	`	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
-	ervice revenue		 .			(Occ manachons)
		_				
		-				
d		_		-}		
u		- 		_		
f			·			
	and contracts from government agencies	-		_		***
	ip dues and assessments					
	savings and temporary cash investments					2
	and interest from securities					11,428
	income or (loss) from real estate					11,420
	inanced property					
	bt-financed property					
	income or (loss) from personal property					
	stment income					
	ss) from sales of assets other than inventory					-26,981
•	e or (loss) from special events					
	it or (loss) from sales of inventory					
	nue a					
b						
c		_				
d		_				
	· · · · · · · · · · · · · · · · · · ·					
е						
	Add columns (b), (d), and (e)			0	0	-15,551
12 Subtotal A	Add columns (b), (d), and (e)			0	0	-15,551 -15,551
12 Subtotal A				0		
12 Subtotal A	line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations)	Accomplishme	ent of Exempt	•	13	
12 Subtotal A 13 Total. Add (See workshee	line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations)	me is reported in co	olumn (e) of Part X	Purpose	13	-15,551
12 Subtotal A 13 Total. Add (See workshee Part XVI-I Line No.	et in line 13 instructions to verify calculations) Relationship of Activities to the Explain below how each activity for which incor	me is reported in co	olumn (e) of Part X	Purpose	13	-15,551
12 Subtotal A 13 Total. Add (See workshee Part XVI-I Line No.	et in line 13 instructions to verify calculations) Relationship of Activities to the Explain below how each activity for which incor	me is reported in co	olumn (e) of Part X	Purpose	13	-15,551
12 Subtotal A 13 Total. Add (See workshee Part XVI-I Line No.	et in line 13 instructions to verify calculations) Relationship of Activities to the Explain below how each activity for which incor	me is reported in co	olumn (e) of Part X	Purpose	13	-15,551
12 Subtotal A 13 Total. Add (See workshee Part XVI-I Line No.	et in line 13 instructions to verify calculations) Relationship of Activities to the Explain below how each activity for which incor	me is reported in co	olumn (e) of Part X	Purpose	13	-15,551
12 Subtotal A 13 Total. Add (See workshee Part XVI-I Line No.	et in line 13 instructions to verify calculations) Relationship of Activities to the Explain below how each activity for which incor	me is reported in co	olumn (e) of Part X	Purpose	13	-15,551
12 Subtotal A 13 Total. Add (See workshee Part XVI-I Line No.	et in line 13 instructions to verify calculations) Relationship of Activities to the Explain below how each activity for which incor	me is reported in co	olumn (e) of Part X	Purpose	13	-15,551
12 Subtotal A 13 Total. Add (See workshee Part XVI-I Line No.	et in line 13 instructions to verify calculations) Relationship of Activities to the Explain below how each activity for which incor	me is reported in co	olumn (e) of Part X	Purpose	13	-15,551
12 Subtotal A 13 Total. Add (See workshee Part XVI-I Line No.	et in line 13 instructions to verify calculations) Relationship of Activities to the Explain below how each activity for which incor	me is reported in co	olumn (e) of Part X	Purpose	13	-15,551
12 Subtotal A 13 Total. Add (See workshee Part XVI-I Line No.	et in line 13 instructions to verify calculations) Relationship of Activities to the Explain below how each activity for which incor	me is reported in co	olumn (e) of Part X	Purpose	13	-15,551
12 Subtotal A 13 Total. Add (See workshee Part XVI-I Line No.	et in line 13 instructions to verify calculations) Relationship of Activities to the Explain below how each activity for which incor	me is reported in co	olumn (e) of Part X	Purpose	13	-15,551
12 Subtotal A 13 Total. Add (See workshee Part XVI-I Line No.	et in line 13 instructions to verify calculations) Relationship of Activities to the Explain below how each activity for which incor	me is reported in co	olumn (e) of Part X	Purpose	13	-15,551
12 Subtotal A 13 Total. Add (See workshee Part XVI-I Line No.	et in line 13 instructions to verify calculations) Relationship of Activities to the Explain below how each activity for which incor	me is reported in co	olumn (e) of Part X	Purpose	13	-15,551
12 Subtotal A 13 Total. Add (See workshee Part XVI-I Line No.	et in line 13 instructions to verify calculations) Relationship of Activities to the Explain below how each activity for which incor	me is reported in co	olumn (e) of Part X	Purpose	13	-15,551
12 Subtotal A 13 Total. Add (See workshee Part XVI-I Line No.	et in line 13 instructions to verify calculations) Relationship of Activities to the Explain below how each activity for which incor	me is reported in co	olumn (e) of Part X	Purpose	13	-15,551
12 Subtotal A 13 Total. Add (See workshee Part XVI-I Line No.	et in line 13 instructions to verify calculations) Relationship of Activities to the Explain below how each activity for which incor	me is reported in co	olumn (e) of Part X	Purpose	13	-15,551
12 Subtotal A 13 Total. Add (See workshee Part XVI-I Line No.	et in line 13 instructions to verify calculations) Relationship of Activities to the Explain below how each activity for which incor	me is reported in co	olumn (e) of Part X	Purpose	13	-15,551
12 Subtotal A 13 Total. Add (See workshee Part XVI-I Line No.	et in line 13 instructions to verify calculations) Relationship of Activities to the Explain below how each activity for which incor	me is reported in co	olumn (e) of Part X	Purpose	13	-15,551
12 Subtotal A 13 Total. Add (See workshee Part XVI-I Line No.	et in line 13 instructions to verify calculations) Relationship of Activities to the Explain below how each activity for which incor	me is reported in co	olumn (e) of Part X	Purpose	13	-15,551
12 Subtotal A 13 Total. Add (See workshee Part XVI-I Line No.	et in line 13 instructions to verify calculations) Relationship of Activities to the Explain below how each activity for which incor	me is reported in co	olumn (e) of Part X	Purpose	13	-15,551
12 Subtotal A 13 Total. Add (See workshee Part XVI-I Line No.	et in line 13 instructions to verify calculations) Relationship of Activities to the Explain below how each activity for which incor	me is reported in co	olumn (e) of Part X	Purpose	13	-15,551
12 Subtotal A 13 Total. Add (See workshee Part XVI-I Line No.	et in line 13 instructions to verify calculations) Relationship of Activities to the Explain below how each activity for which incor	me is reported in co	olumn (e) of Part X	Purpose	13	-15,551
12 Subtotal A 13 Total. Add (See workshee Part XVI-I Line No.	et in line 13 instructions to verify calculations) Relationship of Activities to the Explain below how each activity for which incor	me is reported in co	olumn (e) of Part X	Purpose	13	-15,551
12 Subtotal A 13 Total. Add (See workshee Part XVI-I Line No.	et in line 13 instructions to verify calculations) Relationship of Activities to the Explain below how each activity for which incor	me is reported in co	olumn (e) of Part X	Purpose	13	-15,551

orm 9		16) Thomas E.					<u> 38-2931</u>			Pag	e 13
Par		Information Regardate Exempt Organiza		ansfers To	and Transa	actions and	d Relationshi	ips With N	Noncharitable		
1		anization directly or ind		ge in any of the	e following with	any other org	anization describ	bed		Yes	No
	_	01(c) of the Code (other				•					
	organization			0.1 00 1(0)(0) 01	gamzanoms, o	i iii scolloii sz	r, relating to pon	iticai			
	•		ation to a ai								
	_	om the reporting found	ation to a no	onchantable ex	tempt organiza	ition of					
+	(1) Cash								1a(1)		<u> </u>
1	(2) Other a	ssets							1a(2)		<u>X</u> _
b	Other transa	actions									
,	(1) Sales o	f assets to a noncharite	able exempt	organization					1b(1)		\mathbf{X}_{-}
		ses of assets from a no	•	•	ization				1b(2)		$\overline{\mathbf{x}}$
		of facilities, equipment,			ZGUON				1b(3)		X
	. ,	, ,		3013							
		irsement arrangements	•						1b(4)		X
		or loan guarantees							[1b(5)]	-	X
1	(6) Perform	nance of services or me	embership o	r fundraising s	olicitations				1b(6)		<u>x</u> _
C	Sharing of f	facilities, equipment, m	ailing lists, c	other assets, o	r paid employe	es			_1c		X
d	If the answe	er to any of the above is	s "Yes," con	nplete the follo	wing schedule	Column (b) s	hould always sho	ow the fair m	arket		
,	value of the	goods, other assets, o	r services g	liven by the rep	orting foundat	ion If the four	dation received	less than fair	r market		
1	value in any	transaction or sharing	arrangeme	nt. show in col	umn (d) the va	lue of the aoo	ds. other assets.	. or services	received		
) Line no	(b) Amount involved		e of noncharitable					tions, and sharing arrangeme	nts	
I/A		 									
-/						-					
		 									
		ļ	ļ		_						
-			· · · · · ·								
		<u> </u>									
											
								-			
		 									
		 	<u> </u>								
		<u> </u>						~			
		<u> </u>				1					
			1								
	described ir <u>If "Yes," cor</u>	dation directly or indirect in section 501(c) of the implete the following sci ia) Name of organization	Code (other	than section 5		•		(c) Description of		es X	No —––
N	/A	· · · · · · · · · · · · · · · · · · ·	,								
	, - -			 							
				 							
				 					 _		
				 							
	1 11-21-1		at I become		ali dina a a a a a a a a a a a a a a a a a a	-na aak - di i	1 -1 -1	the he-t-/	anuladas end hali di a a d		
Sign Here	correct, a	naities of perjury, I declare the							May the IRS discuss this r	etum	No
		romas & Son				5-8-17		Presid	lent		
	Sign	nature of officer or trustee	1			Date	Tit	itle			
aid	Print/T	ype preparer's name)		Preparer's	signature		0.4.	Date	Check self-em	d ployed
	MARY	BETH KOCH, C	PA		_ / la	Ly Detl	1 Krch	CPA	5/4/17	<u> </u>	
repa	I Firm's	name ► R.F.	Murra	ay & Cor	mpany C	P#1s		PI	IN P00643	3088	3
lse C	nlv		Wilde:				<u> </u>		m's EIN ► 38-315		
			City, 1		06-2343				none no 989-68		
				307	<u> </u>	•••			Form 95		

	•	Charitable Purpose	\$ 10,802	\$ 10,802		Charitable Purpose	\$ 20
	ssional Fees	Adjusted Net	\$	0	Ses	Adjusted Net	v v
Federal Statements	Line 16c - Other Profe	Net Investment	\$ 10,802	\$ 10,802	- Form 990-PF, Part I, Line 18 - Taxes	Net	\$ 20
Federal S	Statement 1 - Form 990-PF, Part I, Line 16c - Other Professional Fees	Total	\$ 10,802	\$ 10,802	Statement 2 - Form 990-F	Tota	\$ 20
38-2931537	Stateme	Description	Brokerage Fees	Total		doitairoso	Michigan Annual Return Total

Federal Statements

38-2931537

•	Fair Market. Value	\$ 38,552 37,736		36,220 44,772 38,207	43,976 36,038 36,274 57,060	\$ 369,744
Investments	Basis of Valuation					
3b - Corporate Stock	End of Year	\$ 27,085 35,116		29,052 39,107 30,943	31,308 37,417 27,245 55,351	\$ 312,624
990-PF, Part II, Line 10b - Corporate Stock Investments	Beginning of Year	\$ 18,026 56,767 48,268	44,161 41,647 27,633		43,940	27,847 44,707 \$ 352,996
Statement 3 - Form	Description	Ave Maria Catholic Values Fund DBX ETF TR X-Trackers MSCI EAFE HDG Guggenheim S&P 500 Pure Growth Ishares Core S&P Small-Cap ETF Ishares Select Dividend ETF	Ishares Russell Midcap Growth Ishares S&P Midcap 400 Value ETF Ishares S&P Smallcap Growth ETF	s TR Mrgstr Md Cp ETF s Trust Russell Top 200 Grc nares QQQ Tr Unit Ser 1	Schwab Strategic TR US Broad Mkt ETF Sector SPDR Tr Shs Ben Int Energy Sector SPDR Tr Shs Ben Int Ulities SPDR Ser Tr Biotech ETF	Joi it Jai Dividuard Index FDS Valuerd Index FDS Valueral

Statement 4 - Form		Part II, Line	10c - Col	990-PF, Part II, Line 10c - Corporate Bond Investments	Investments		
Description	B o	Beginning of Year		End of Year	Basis of Valuation	ü̈	Fair Market Value
Ishares Tips Bond ETF	 		 	57,781		\ \ \ \	56,950
Ishares Trust 0-5 Yr Invt Grade Corp		75,928	•				
Vanquard BD Index FD Inc Intermed.		26,930					
Vanguard BD Index FD Inc Total BD		27,468					
Vanguard Inter-Term Bond Index Port				118,749			114,452
Vanguard Scottsdale FDS Vanguard		76,180					
Vanguard Short Term Invmt Grade Inv				53,559			53,583
Total	က က	206,506	တ	230,089		\$	224,985

Federal Statements

Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

Name	e of Manager	 Amount
Thomas E. Sequin, Jr.		\$ 77,500
Total		\$ 77,500

Statement 6 - Form 990-PF, Part XV, Line 2b - Application Format and Required Contents

Description

Applications should include a brief description of the Organization and the cost and purpose of the project for which funding is requested. A copy of the Organization's most recent financial statement and a copy of the Organization's Federal Tax Exempt ruling from the Internal Revenue Service should also be submitted.

Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

Description

Religious Organizations Only

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

Department of the Treasury, Internal Revenue Service

Name of the organization

Schedule of Contributors

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

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www irs.gov/form990.

OMB No 1545-0047

Employer identification number

2016

Thomas E. Sequin, Jr. Family		
		38-2931537
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	
orm 990-PF Solic)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Instructions General Rule X For an organization	c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	5,000
or more (in mone) contributor's total	or property) from any one contributor. Complete Parts I and II. See instructions for determinant contributions	ining a
Special Rules		
regulations under 13, 16a, or 16b, a	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support tes sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Pand that received from any one contributor, during the year, total contributions of the greater of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts	art II, line of (1)
contributor, during	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a the year, total contributions of more than \$1,000 exclusively for religious, charitable, scient onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, a	tific,
contributor, during contributions total during the year fo General Rule app	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a particle the year, contributions exclusively for religious, charitable, etc., purposes, but no such the defendent states of the section of the year and exclusively religious, charitable, etc., purpose Don't complete any of the parts unless to this organization because it received nonexclusively religious, charitable, etc., contributions that were received to this organization because it received nonexclusively religious, charitable, etc., contributions that were received nonexclusively religious.	eived he
	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo	

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Page 2

Name of organization

Thomas E. Sequin, Jr. Family

Employer identification number 38-2931537

Contributors (See instructions) Use duplicate copies of Part I if additional space is needed Part I (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 Thomas E. Sequin, Jr. Person 3375 Anna Drive **Payroll** 77,500 Noncash BAY CITY MI 48706 (Complete Part II for noncash contributions) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll \$ Noncash (Complete Part II for noncash contributions) (b) (a) (c) (d) Name, address, and ZIP + 4 Total contributions Type of contribution No. Person Payroll \$ Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash (Complete Part II for noncash contributions) (a) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** Person **Payroll** Noncash (Complete Part II for noncash contributions) (b) (a) (c) (d) Type of contribution No. Name, address, and ZIP + 4 Total contributions Person **Payroll** \$ Noncash (Complete Part II for noncash contributions)