| | Form 990-T | 1 6 | ехте Exempt Orga | NDED TO NOV | | | | n 1 | OMB No 1545-0687 |
|---------------------------|---|-------------------|--|---------------------------------------|---|------------------------|----------------------|------------|------------------------------|
| | Form 990-1 | " | | nd proxy tax und | | | , lax netui | ' ' | OMB NO 1343-0087 |
| | | For ca | lendar year 2016 or other tax y | | | , and ending | | 1 | 2016 |
| 2017 | | | Information about F | · · · · · · · · · · · · · · · · · · · | ctions is | | irs.gov/form990t. | - [| ZU 10 |
| | Department of the Trea Internal Revenue Servi | asury Ice | Do not enter SSN number |)[| Open to Public Inspection for 501(c)(3) Organizations Only | | | | |
| 15 | A Check box address cl | cif | Name of organization (| (Empl | oyer identification number loyees' trust, see actions) | | | | |
| NOV | | | ELEANOR & E | י מפטש זשטמי | רואווי | | | 1 | 8-6066331 |
| Z | B Exempt under s | | Number, street, and room | | | etructions | | E Unrela | ated business activity codes |
| 'n | |]220(e) Type | (See II | nstructions) | | | | | |
| ΜŽ | 408A | 530(a) | City or town, state or pro | | | | | 1 | |
| ENVELOPE POSTMARK DATE | 529(a) | | DETROIT, MI | 48226 | | | | 523 | 000 |
| 謡 | c Book value of all as at end of year 14,778,3 | F Grou | p exemption number (See | | • | 1504444 | 1 1 1 1 1 1 1 1 1 | | |
| _ _ | 14, 1/8, 3 | U.S. G Chec | k organization type ary unrelated business act | X 501(c) corporation | ON L | 501(c) trust | 401(a) trust | <u>_</u> | Other trust |
| | | | poration a subsidiary in an | | | | | Ye | |
| | | | tifying number of the pare | - · · · | :((t-2un2 | diary controlled grot | φ· | ١٠ لـــــا | S LALINO |
| | | | THOMAS MOTSO | | | Tel | lephone number | 313 |) 961-0500 |
| | | | de or Business Inc | | | (A) Income | (B) Expense | | (C) Net |
| | 1a Gross receipt | ts or sales | | | | | | | |
| | b Less returns | and allowances | | c Balance | 10 | | | | |
| | 2 Cost of good | s sold (Schedule | A, line 7) | • | 2 | | | | |
| | Gross profit. | Subtract line 2 f | rom line 1c | | 3 | | | | |
| | 4a Capital gain n | net income (attac | ch Schedule D) | | 4a | 3,78 | 3. | | 3,783. |
| | b Net gain (loss | s) (Form 4797, F | Part II, line 17) (attach Forr | n 4797) | 46 | | | | |
| | c Capital loss d | | | | 4c | | | | |
| | 5 Income (loss | | nips and S corporations (at | tach statěment) | 5 | 3,27 | 5. | | 3,275. |
| | Rent income | (Schedule C) | | | 6 | | | | |
| : | Unrelated det | | me (Schedule E) | | 7 | | | | |
| 5 | 28 Interest, annu | • | and rents from controlled (| | 8 9 | | - | | |
| į | 1: | | on 501(c)(7), (9), or (17) o ome (Schedule I) | organization (Schedule G | 10 | | | | |
| ſ | Lypionica cyc | ncome (Schedul | | | 11 | | | | |
| | _ | • | ns; attach schedule) | | 12 | - | | | |
| | • | one lines 3 throu | | | 13 | 7,05 | 8. | | 7,058. |
| 4 | Part II Dec | ductions No | ot Taken Elsewhe | re (See instructions f | or limita | ations on deductio | ns) | | |
| ~ | | ept for contrib | utions, deductions mus | t be directly connected | ed with | the unrelated busi | ness income.) | | |
| 20: | 14 Compensati | on of officers, d | rectors, and trustees (Sch | edule K) | | | | 14 | |
| 7 | 15 Salaries and | t wages | | | | DEO. | - | 15 | |
| | 16 Repairs and | maintenance | | | | RECE | 1 | 16 | |
| | 17 Bad debts | | | | | S NUV 16 | 2000 | 17 | |
| | • | ach schedule) | | | } | B NUV 16 | 2017 🥳 | 18 | |
| | 19 Taxes and I | | | | f | ටන්න දහ | ATEMENT 16 | 19 | 439. |
| | | • | e instructions for limitation | rules) | L | | AIEMENI 10 | 20 | 433. |
| | • | n (attach Form 4 | • | ra on ratura | | 21 22a | | 22b | j |
| | 22 Less depred23 Depletion | nation cialined o | n Schedule A and elsewhe | re on return | | 224 | | 23 | |
| | | ns to deferred co | ompensation plans | | | | | 24 | |
| | | enefit programs | | | | | | 25 | |
| | , - | npt expenses (S | | | | | | 26 | |
| | | lership costs (So | • | | | | | 27 | |
| | 28 Other deduc | ctions (attach sc | hedule) | | | SEE ST | ATEMENT 15 | 28 | 1,673. |
| | | ctions. Add lines | | | | | | 29 | 2,112. |
| | | | income before net operatio | - | ct fine 2 | 9 from line 13 | | 30 | 4,946. |
| | 31 Net operatin | ng loss deduction | n (limited to the amount or | ı lıne 30) | | | | 31 | |
| | | | income before specific ded | | | 30 | | 32 | 4,946. |
| | | | ly \$1,000, but see line 33 i | | | | | 33 | 1,000. |
| | | ousiness taxable | e Income. Subtract line 33 | from line 32. If line 33 is | greater | than line 32, enter th | e smaller of zero or | 1 | 2 046 |
| | line 32 | tita Con Con o | nwork Reduction Act Natio | | | | | 34 | 3,946. |

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| Form 990-T | | <u>-6066</u> | 331 | | Page 2 |
|------------|--|---------------|---------------|----------------|----------|
| Part II | | | | | |
| 35 | Organizations Taxable as Corporations. See instructions for tax computation. | | 7 | | |
| | Controlled group members (sections 1561 and 1563) check here See instructions and: | j | ļ | | |
| а | Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): | } | - 1 | | |
| | (1) \$ (2) \$ (3) \$ | ł | 1 | | |
| b | Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) | 1 | 1 | | |
| | (2) Additional 3% tax (not more than \$100,000) | ł | | | |
| C | Income tax on the amount on line 34 | ▶ 3 | 5c | 5 | 92. |
| 36 | Trusts Taxable at Trust Rates. See instructions for tax computation, Income tax on the amount on line 34 from; | Γ | | | |
| | Tax rate schedule or Schedule D (Form 1041) | ▶ } : | 36 | | |
| 37 | Proxy tax. See instructions | ▶ [3 | 37 | | |
| 38 | Alternative minimum tax | | 38 | | |
| 39 | Tax on Non-Compliant Facility Income. See instructions | | 39 | | |
| 40 | Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies | | 40 | 5 | 92. |
| Part I | | | | | |
| | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a | | | | |
| | Other credits (see instructions) 41b | | 1 | | |
| C | General business credit, Attach Form 3800 | | l l | | |
| d | Credit for prior year minimum tax (attach Form 8801 or 8827) | | İ | | |
| | Total credits. Add lines 41a through 41d | 4 | 1e | | |
| 42 | Subtract line 41e from line 40 | | 12 | 5 | 92. |
| 43 | Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach so | hedule) | 43 | | |
| 44 | Total tax, Add lines 42 and 43 | | 44 | 5 | 92. |
| 45 a | Payments: A 2015 overpayment credited to 2016 | 069. | | | |
| | 2016 estimated tax payments 45b | | İ | | |
| | Tax deposited with Form 8868 45c | | | | |
| | Foreign organizations: Tax paid or withheld at source (see instructions) 45d | | | | |
| | Backup withholding (see instructions) 45e | | - | | |
| | Credit for small employer health insurance premiums (Attach Form 8941) 45f | | | | |
| | Other credits and payments: Form 2439 | | | | |
| • | ☐ Form 4136 ☐ Other ☐ Total ▶ 45g ☐ | | 1 | | |
| 46 | Total payments. Add lines 45a through 45g | | 46 | 2,0 | 69. |
| 47 | Estimated tax penalty (see instructions). Check if Form 2220 is attached | | 47 | | |
| 48 | Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed | ▶ . | 48 | | |
| 49 | Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid | ▶ □ | 49 | 1,4 | 77. |
| 50 | Enter the amount of line 49 you want. Credited to 2017 estimated tax | ▶ [| 50 | | 0. |
| Part \ | | | | | |
| 51 | At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority | | | Yes | No |
| | over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file | | | | |
| | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country | | | j | [|
| | here > | | | _ L | X |
| 52 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign tru | ıst? | | _ [| X |
| | If YES, see instructions for other forms the organization may have to file. | | | | |
| 53 | Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$ 317. | | | | L . |
| | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best | of my knowled | ge and belie | f, it is true, | |
| Sign | correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge | May t | he IRS discus | s this return | with |
| Here | IN MORITA F. TORE VIVIOIN PRESIDENT | | eparer shown | | _ |
| | Signature of officer Date Title | ınstru | ctions)? X | Yes [| No |
| | Print/Type preparer's name Preparer's signature Date Check | if | PTIN | | |
| Paid | | nployed | | | |
| Prepa | ROSALBA TURO KOSOLO Turo 11/8/2017 | <u> </u> | | 75908 | |
| Use C | Firm's name FORD ESTATES, LLC Firm's | EIN ▶ | 26-3 | 01440 | 8 |
| USE C | 2000 BRUSH STREET, SUITE 440 | | | | |
| | Firm's address ► DETROIT, MI 48226-2251 Phone | no. (3 | <u>13) 9</u> | <u>61-05</u> | 00 |
| | | | Forr | n 990-T | (2016) |

623711 01-18-17

| Schedule A - Cost of Good | s Sold. Enter | method of inven | tory v | aluation N/A | | | - | | |
|--|-------------------|--|--|---|------------|--|-------------|--|--------|
| 1 Inventory at beginning of year | 11 | | | Inventory at end of yea | r | | 6 | T | |
| 2 Purchases | 2 | | 7 | Cost of goods sold. Su | ıbtract lı | ne 6 | | 1 | |
| 3 Cost of labor | 3 | |] | from line 5. Enter here | and in P | Part I, | 1 | į | |
| 4a Additional section 263A costs | | | 7 | line 2 | | | 7 | <u> </u> | |
| (attach schedule) | 4a | | 8 | Do the rules of section | 263A (v | with respect to | _ | Yes | No |
| b Other costs (attach schedule) | 4b | |] | property produced or a | cquired | { | [| | |
| 5 Total. Add lines 1 through 4b | 5 | | <u>L</u> | the organization? | | | | | |
| Schedule C - Rent Income (see instructions) | (From Real | Property and | d Pe | rsonal Property | Lease | ed With Real Pro | oper | ty) | |
| 1. Description of property | | | | | | | | | |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| | | ed or accrued | | | | 3(a)Deductions direct | h, conn | sected with the income | ın. |
| ' rent for personal property is more than ' of rent for p | | | ersonal | sonal property (if the percenta property exceeds 50% or if sed on profit or income) | age | | |) (attach schedule) | |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | <u></u> | | | | | | | |
| Total | 0. | Total | | | 0. | | | | |
| (c) Total income. Add totals of columns here and on page 1, Part I, line 6, column | 1 (A) | > | | | 0. | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) | > | | 0. |
| Schedule E - Unrelated Del | ot-Financed | I Income (see | ınstru | ctions) | | | | | |
| | | | ١, | 2. Gross income from | } | Deductions directly co to debt-finar | | | |
| 1. Description of debt-fi | nanced property | | | or allocable to debt- financed property | (a) | Straight line depreciation | Ť | (b) Other deduction | ns |
| <u></u> | | | | manesa property | } | (attach schedule) | 1 | (attach schedule) | |
| (1) | | | ┼ | | | | -{- | | |
| (2) | | | † | | | | \dashv | | |
| (3) | | | | | | | 7 | | |
| (4) | | | † | | | | 7 | | |
| Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or a | adjusted basis allocable to nced property n schedule) | • | Column 4 divided by column 5 | | 7. Gross income reportable (column 2 x column 6) | | 8. Allocable deduct (column 6 x total of co 3(a) and 3(b)) | |
| (1) | | | | % | | | | | |
| (2) | <u> </u> | | | % | | | | | |
| (3) | <u> </u> | | <u> </u> | % | | | | | |
| (4) | | | <u>L.</u> | % | ļ | | | | |
| | | | | | | nter here and on page 1, Part I, line 7, column (A) | | Enter here and on pag Part I, line 7, column | (B) |
| Totals | | | | ▶ | L | 0 |) - | | 0. |
| Total dividends-received deductions in | icluded in columi | 18 | | | | | <u> </u> | | 0. |
| | | | | | | | | Form 990-T | (2016) |

| Exempt Controlled Organizations 2. Employer of sentence of the controlled organizations 3. New revision forms 5. New revision forms 7. Tassie income 8. Net vertical consens label) 9. Total of specified by a property of the controlled organizations 7. Tassie income 8. Net vertical consens label) 9. Total of specified payments 10. Part of country 5 per is medicated with receive of earlier specified payments 11. Description of energy 12. Amount of receive 13. Description of energy 14. Description of energy 15. Total of specified payments 16. Description of energy 17. Description of energy 18. Add someth is set in enducted with receive of earlier specified payments 18. Add someth is set in enducted with receive of earlier specified payments and in the controlled payments are in a page 1. Part I. Interes and on page 1. Page 1. Page 2. Description of earlier specified page 2. Description of earlier specified page 2. Description of earlier specified page 2. Description of earlier specified page 2. Description of earlier specified page 2. Description of earlier specified page 2. Description of earlier specified page 2. Description of ear | Schedule F - Interest, | Annuitie | s, Roya | ties, ar | | | | | zatio | ns (see ins | structio | ns) | |
|--|-------------------------------------|--|----------------------|-----------------------------------|---------------------------------|---|--|---------------------------------------|-------------|--------------------|----------|-----------------|--|
| Control Cont | 4 | | | _ | | | ~ | | Te - | | | | |
| Application | Name of controlled organizat | tion . | identifi | cation | | | 4. Tot payr | al of specified nents made | includ | ed in the cont | rolling | б. co | nnected with income |
| Application | (1) | | | | <u> </u> | | | | | | | | |
| (4) Nonexempt Controlled Organizations 7. Takelle receive 8. Net unidated receive least (see extractions) 8. Net unidated receive least (see extractions) 9. Total of spouled payments (1) (2) (3) (4) Add columns st and 10 Either have and on page 1. Part I, line 8, column (1) (1) (2) (3) (4) Add columns st and 10 Either have and on page 1. Part I, line 8, column (1) (4) (5) (6) (7) (8) (9) Add columns st and 10 Either have and on page 1. Part I, line 8, column (1) (9) (1) (1) (1) (2) (3) (4) Add columns st and 10 Either have and on page 1. Part I, line 8, column (1) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (3) (4) (4) Column (1) Column | | | | | | | | | | | | | |
| (1) (2) (3) (4) Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (reserved plane) (7) (8) (9) (9) (9) (9) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9 | | | | | | | | | - | | | | |
| Nonexempt Controlled Organizations 7. Taxable income 8. Net unrisited income bosel loss instructional 9. Total of isosoliud payments made 10. Paint of eathern a Blatta in industrial In the controlling organizations' years receive 4. Add column 8 and 10 Eather here and on page 1, Part 1, Intel 8, column 8, In the controlling organizations' (see instructions) 1. Description of income 1. Description of income 1. Description of income 2. Amount of rictions (see instructions) 2. Amount of rictions (see instructions) 3. Description (see instructions) 1. Description of income 2. Amount of rictions (see instructions) 3. Description (see instructions) 4. Set-assiste (station schools) 5. Total description (see instructions) 7. Totals 9. And column 8 and 10 Eather here and on page 1, Part 1, the 8, column 8, In the here are do page 1, Part 1, the 8, column 8, In the here are do page 1, Part 1, the 8, column 8, In the here are do page 1, Part 1, the 8, column 8, In the here are do page 1, Part 1, the 8, column 8, In the here are do page 1, Part 1, the 8, column 8, In the here are do page 1, Part 1, the 8, column 8, In the here are do page 1, Part 1, the 8, column 8, In the here are do page 1, Part 1, the 8, column 8, In the here are do page 1, Part 1, the 8, column 8, In the here are do page 1, Part 1, the 8, column 8, In the here are do page 1, Part 1, the 8, column 8, In the second page 1, Part 1, the 8, column 8, In the here are do page 1, Part 1, the 8, column 8, In the here are do page 1, Part 1, the 8, column 8, In the here are do page 1, Part 1, the 8, column 8, In the here are do page 1, Part 1, the 8, column 8, In the here are do page 1, Part 1, the 8, column 8, In the here are do page 1, Part 1, the 8, column 8, In the here are do page 1, Part 1, the 8, column 8, In the here are do page 1, Part 1, the 8, column 8, In the here are do page 1, Part 1, Part 1, Part 2, Part 2, Part 2, Part 3, Part 3, Part 4, Part 3, Part 4, Part | | | | | | | | | | | | | |
| 7. Taxable income 8. Net unrelated income (lose) (see matrictions) 9. Cash of specifical payments in the centrology organization's cycles excelled (see matrictions) 10. Perior clearm is that is modated in the centrology organization's cycles excelled (see matrictions) Add columns 5 and 10 Earle new and on page 3, Part 1, line 8, column (A) 10. Add columns 5 and 10 Earle new and on page 3, Part 1, line 8, column (A) 11. Description of necess 12. Aeround of receive (see instructions) 13. Description of necess 14. See instructions) 15. Total deductions 16. Perior clear in the incoded in the excelled (see instructions) 17. Description of necess 18. Expenses (see instructions) 19. Cash or (see instructions) 29. Aeround of receive (see instructions) 29. Aeround of receive (see instructions) 20. Cash or (see instructions) 20. Cash or (see instructions) 20. Cash or (see instructions) 21. Description of necess (see instructions) 22. Aeround of receive (see instructions) 23. Expenses (see instructions) 24. Aeround of receive (see instructions) 25. Total deductions (see instructions) 26. Cash or (see instructions) 27. Excess carepting (see instructions) 28. Expenses (see instructions) 29. Cash or (see instructions) 20. Cash or (see instructions) 21. Name of privided in See instructions) 22. Growing and on the see instructions (see instructions) 23. Expenses (see instructions) 24. Aerounding gam (see instructions) 25. Circletons (see instructions) 26. Readership (coolumn (A) (see instructions) 27. Excess carepting (see instructions) 28. Expenses (see instructions) 29. Circletons (see instructions) 20. Circletons (see instructions) 21. Name of privat | | zations | \- <u></u> | | ' | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| (4) Add columns 5 and 10 Enter here and on page 1, Part 1, Inte 8, column (8) O. Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1, Description of income 2, Amount of income 2, Amount of income 3, Deductions (apply in part 1, part 1, line 8, column (8) (1) (2) (3) (4) Folials O. Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1, Description of general and on page 1, Part 1, line 9, column (8) Totals O. Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4, An encome focal and in part 1, line 1, column (8) Income From Periodicals Reported on a Consolidated Basis 1, Name of periodical Part II, line 26 (3) (4) Enter here and on page 1, Part 1, line 9, column (8) Part II in 9, column (8) Part II in 9, column (8) For income from and on page 1, Part 1, line 9, column (8) For income focal and page 1, Part 1, line 9, column (8) Part II in 9, column (8) For income focal and page 1, Part 1, line 9, column (8) Part II in 9, column (8) For income focal and page 1, Part 1, line 9, column (8) For income focal and page 1, Part 1, line 9, column (8) For income focal and page 1, Part 1, line 9, column (8) For income focal and page 1, Part 1, line 9, column (8) For income focal and page 1, Part 1, line 9, column (8) For income focal and page 1, Part 1, line 9, column (8) For income focal and page 1, Part 1, line 9, column (8) For income focal and page 1, Part 1, line 9, column (8) For income focal and page 1, Part 1, line 9, column (8) For income focal and page 1, Part 1, line 9, column (8) For income focal and page 1, Part 1, line 9, column (8) For income focal and page 1, Part 1, line 9, column (8) For income focal and page 1, Part 1, line 9, column (8) For income focal and page 1, Part 1, line 9, column (8) For income focal and page 1, Part 1, line 9, column (8) For income focal and page 1, Part 1, line 9, column (8) For income focal and page 1, | 7. Taxable Income | | | | 9, Total | | ments | in the controll | ing orgai | nization's | | | |
| (4) Add columns 5 and 10 Enter here and on page 1, Part 1, Inte 8, column (8) O. Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1, Description of income 2, Amount of income 2, Amount of income 3, Deductions (apply in part 1, part 1, line 8, column (8) (1) (2) (3) (4) Folials O. Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1, Description of general and on page 1, Part 1, line 9, column (8) Totals O. Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4, An encome focal and in part 1, line 1, column (8) Income From Periodicals Reported on a Consolidated Basis 1, Name of periodical Part II, line 26 (3) (4) Enter here and on page 1, Part 1, line 9, column (8) Part II in 9, column (8) Part II in 9, column (8) For income from and on page 1, Part 1, line 9, column (8) For income focal and page 1, Part 1, line 9, column (8) Part II in 9, column (8) For income focal and page 1, Part 1, line 9, column (8) Part II in 9, column (8) For income focal and page 1, Part 1, line 9, column (8) For income focal and page 1, Part 1, line 9, column (8) For income focal and page 1, Part 1, line 9, column (8) For income focal and page 1, Part 1, line 9, column (8) For income focal and page 1, Part 1, line 9, column (8) For income focal and page 1, Part 1, line 9, column (8) For income focal and page 1, Part 1, line 9, column (8) For income focal and page 1, Part 1, line 9, column (8) For income focal and page 1, Part 1, line 9, column (8) For income focal and page 1, Part 1, line 9, column (8) For income focal and page 1, Part 1, line 9, column (8) For income focal and page 1, Part 1, line 9, column (8) For income focal and page 1, Part 1, line 9, column (8) For income focal and page 1, Part 1, line 9, column (8) For income focal and page 1, Part 1, line 9, column (8) For income focal and page 1, Part 1, line 9, column (8) For income focal and page 1, | | | | | | | | | | | | | |
| (d) Add columns S and 10 Enter how and on page P. Part I. Income Prom Periodicals Reported on a Consolidated Basis 1. Name of previous Periodicals Reported on a Consolidated Basis 1. Name of previous Periodicals Reported on a Consolidated Basis 1. Name of previous Periodicals Reported on a Consolidated Basis 1. Name of previous Periodicals Reported on a Consolidated Basis 1. Name of previous Periodicals Reported On a Consolidated Basis 1. Name of previous Periodicals Reported On a Consolidated Basis 1. Name of previous Periodicals Reported On a Consolidated Basis | | | | | | | | | | | | | |
| Totals | | | | | | | | | | | | | |
| Totals Add columns 6 and 10 Enter here and on page 1, Part 1, line 8, column (8) 1, Description of income 2, Amount of income 2, Amount of income 2, Amount of income 3, Description of income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1, Description of income 2, Amount of income 2, Amount of income 2, Amount of income 3, Description of income organ 1, Part 1, line 8, column (8) (10) (2) (3) (4) Enter here and on page 1, Part 1, line 8, column (9) Part 1, line 9, column (9) Schedule 1 - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 3, Expenses with production of unrelated business income 1, Description of explosion of unrelated business income 2, Gross income of the page 1, Part 1, line 9, column (9) Part 1, line 9, column (9) 1, Description of explosion of explosion of the page 1, Part 1, line 9, column (9) Part 1, line 9 | | | | | | | | | | | | | |
| Totals Enter here and on page 1, Part 1, line 8, column (8) | _(4) | L | | | l | | | | | | | | |
| Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1, Description of income (see instructions) 2, Amount of income (size or schedule) (1) (2) (3) (4) Enter here and on page 1, Part 1, line 9, column (6) Totals Cycross understood schrift in line 10, col (A) 1, Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1, Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1, Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1, Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1, Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1, Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1, Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1, Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1, Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1, Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1, Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1, Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2, Gross exploited activity production income in | | | | | | | | Enter here and | on page | 1, Part I, | | r here : | and on page 1, Part I, |
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| (see instructions) 1. Description of income 2. Amount of income districts promised (attach schedule) (citach schedule) | | nt Inco | mo of a | Section | 501(c)(| 7) (Q) or | (17) Or | canization | | <u>_</u> | | | |
| 1, Description of income 2, Amount of income 3, Description of exception effects of the standard effects of exception connected (eitach schedule) (1) (2) (3) (4) Enter here and on page 1, Part 1, line 9, column (9), Part 1, line 9, column (9), of uncolumn 4, line 9, column (9), of the business income from explosited activity Part 1, line 9, column (9), of the business income from explosited activity and column (9), of the business income from explosited activity Part 1, line 9, column (9), of the business income from explosited activity and column (9), of the business income from explosited activity and column (9), of the business income from explosited activity and column (9), of the business income from explosited activity and column (9), of the business income from explosited activity and column (9), of the business income from explosited activity and column (9), of the business income from explosited activity and column (9), of the business income from explosited activity and column (9), of the business income from explosited activity and column (9), of the business income from explosited activity and column (9), of the business income from explosited activity and column (9), of the business income from explosited activity and column (9), of the business income from explosited activity and column (9), of the business income from explosited activity and column (9), of the business income from explosited activity and column (9), of the business income from explosited activity and column (9), of the business income from explosite activity and column (9), of the business income from explosite activity and column (9), of the business income from explosite activity and column (9), of the business income from explosite activity and column (9), of the business income from explosite activity and column (9), of the business income from exclusivity and column (9), of the business income from exclusivity and column (9), of the business income from exclusivity and column (9), of the business income from exclusivi | | | ine or a | Section | 1 50 1 (0)(| 7), (9), 01 | (17) 01 | gariizatioi | • | | | | |
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| (1) (2) (3) (4) Enter here and on page 1, Part 1, line 9, column (s) Part 1, line 9, column (s) | 1. Desc | ription of inco | me | | | 2. Amount of | income | directly conne | ected | | | . 1 | and set-asides |
| (4) Enter here and on page 1, Part 1, line 9, column (1), Part 1, line 9, column (2), Part 1, line 9, column (3), P | (4) | | | | | | | (attach sched | sule) | | | -+ | (coi 3 pius coi 4) |
| (3) (4) Enter here and on page 1. Part I, line 9, column (A) Column (B) Column (Column (B) Column (Column (B) Column (Col | | | | | | | | | | | | | |
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| Totals | | | | | | | | | | | | | |
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| 1. Description of exploited activity under the production of unrelated business income from the production of unrelated business income from the production of unrelated business income from the production of unrelated business income from the production of unrelated business income from the production of unrelated business income from the production of unrelated business income from unrelated trade or business income from column 3 if a gard, compute cols 5 through 7 (1) (2) (3) (4) Enter here and on page 1. Part I, line 10, col (A) | (see instru | uctions) | | | | | | | | , | | | |
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| 1. Name of periodical advertising advertising costs advertising co | Part I Income From | Periodic | ais Rep | ortea o | n a Con | isolidated | i basis | | | | | | |
| (2) (3) (4) Totals (carry to Part II, line (5)) 0. 0. 0. | 1. Name of periodical | | advertising | | | or (loss) (c col 3) If a g | of 2 minus pain, comput | | | | | 1 0 | costs (column 6 minus column 5, but not more |
| (2) (3) (4) Totals (carry to Part II, line (5)) 0. 0. 0. | (1) | | | | | | | 1 | | | | Т | |
| (3) (4) Totals (carry to Part II, line (5)) 0. 0. 0. | | | | | | | | | | | | 7 | |
| (4) Totals (carry to Part II, line (5)) ▶ 0. 0. 0. | | | | | | 7 | | | | | | 7 | |
| Totals (carry to Part II, line (5)) ▶ 0. 0. 0. | | | | | | 7 | | | | | | 7 | |
| | | | | | | | | 7 | | | | \top | |
| | Totals (carry to Part II, line (5)) | <u> </u> | | 0. | 0 | | | <u> </u> | | <u> </u> | | 1_ | |

| Part II Income From | Periodicals Reported on a | Separate Basis (| For each periodical listed in | Part II, fill in |
|---------------------|------------------------------|------------------|-------------------------------|------------------|
| columns 2 throug | h 7 on a line-by-line basis) | | | |

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
|-----------------------------|--|--|--|-----------------------|---------------------|--|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals from Part I | ▶ 0. | 0. | | | | 0 |
| | Enter here and on page 1, Part I, line 11, col (A) | Enter here and on page 1, Part I, line 11, col (B) | | | | Enter here and on page 1, Part II, line 27 |
| Totals, Part II (lines 1-5) | 0. | 0. | | | | 0 |

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name | 2. Title | 3. Percent of time devoted to business | Compensation attributable to unrelated business |
|---|----------|--|---|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total. Enter here and on page 1, Part II, line 14 | | • | 0. |

Form 990-T (2016)

| FORM 990-T | OTHER DEDUCTIONS | STATEMENT 15 |
|------------------------------|------------------|--------------|
| DESCRIPTION | | AMOUNT |
| ACCOUNTING FEES | | 1,673. |
| TOTAL TO FORM 990-T, PAGE 1, | LINE 28 | 1,673. |

| ORM 990-T | CONTRIBUTIONS SUMMAR | Υ | STATEMENT | 16 |
|-------------------|-------------------------------|-----------|-----------|-----|
| QUALIFIED CONTRIE | BUTIONS SUBJECT TO 100% LIMIT | | | |
| CARRYOVER OF PRIC | OR YEARS UNUSED CONTRIBUTIONS | | | |
| FOR TAX YEAR 20 |)11 | | | |
| FOR TAX YEAR 20 | 1,397,952 | | | |
| FOR TAX YEAR 20 | | | | |
| FOR TAX YEAR 20 | 014 | | | |
| FOR TAX YEAR 20 | 1,809,677 | | | |
| TOTAL CARRYOTTER | | 4 605 053 | | |
| TOTAL CARRYOVER | AR 10% CONTRIBUTIONS | 4,605,953 | | |
| TOTAL CORRENT THE | M 100 COMINIDOTIONS | | | |
| TOTAL CONTRIBUTIO | ONS AVAILABLE | 4,605,953 | | |
| TAXABLE INCOME L | MITATION AS ADJUSTED | 439 | | |
| EXCESS 10% CONTRI | BUTIONS | 4,605,514 | | |
| EXCESS 100% CONTR | | 0 | | |
| TOTAL EXCESS CONT | RIBUTIONS | 4,605,514 | | |
| ALLOWABLE CONTRIE | BUTIONS DEDUCTION | | | 439 |
| TOTAL CONTRIBUTIO | ON DEDUCTION | | | 439 |

ELEANOR & EDSEL FORD FUND

| FORM 990-T INCOME (LOSS) | FROM PARTNERS | HIPS | STATEMENT | 17 |
|-------------------------------------|---------------|------------|-------------------------|-----|
| PARTNERSHIP NAME | GROSS INCOME | DEDUCTIONS | NET INCOME OR (LOSS) | |
| BRUSH STREET H FUND, LLC | 3,275. | 0. | 3,27 | 75. |
| TOTAL TO FORM 990-T, PAGE 1, LINE 5 | 3,275. | 0. | 3,27 | 75. |

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on other side

Social security number or taxpayer identification no.

ELEANOR & EDSEL FORD FUND

(F) Long-term transactions not reported to you on Form 1099-B

38-6066331

| | i check Box D, E, or r- below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute |
|-----------|--|
| statement | will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your |
| | may even tell you which box to check |
| Part II | Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1 |
| | Note. You may aggregate all long-term transactions reported on Form(s) 1099 B showing basis was reported to the IRS and for which no adjustments or |
| | codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions) |

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box if you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

[D] Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

[E] Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

| 1 (a) Description of property (Example, 100 sh XYZ Co.) | (b) Date acquired (Mo , day, yr) | (c) Date sold or disposed of (Mo, day, yr.) | (d) Proceeds (sales price) | (e) Cost or other basis See the Note below and see Column (e) in the instructions | Adjustmer loss. If you no column (for column (for code(s)) | nt, if any, to gain or ou enter an amount (g), enter a code in). See instructions. (g) Amount of adjustment | (h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g) |
|--|----------------------------------|---|---------------------------------------|---|--|--|--|
| FROM K-1 - BRUSH | | | | | | | |
| STREET H FUND, LLC | | | <u></u> | | | <u> </u> | 3,977. |
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| 2 Totals. Add the amounts in colunegative amounts) Enter each t Schedule D, line 8b (if Box D at | otal here and inc | dude on your | | | | | |

above is checked), or **line 10** (if **Box F** above is checked)

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment

623012 12-07-16

Form **8949** (2016)