								-	
k:	C&E 960 990-T) E	-Acilipt Orgai	NDED TO NOV nization Bus nd proxy tax unde	,,,,		9 393 3 Tax Retur	21 n	0 4 6 0 2 8
		For cal	endar year 2017 or other tax ye		c. 00	, and ending			2017
Depar	rtment of the Treasury al Revenue Service			.irs.gov/Form990T for in		ons and the latest inform		<u>,</u>	Open to Public Inspection for 501(c)(3) Organizations Only
	Check box if						20.00.10.2.00.1(0)(0		over identification number
A L	address changed	1	Name of organization (L	Check box it hame cr	nangeu	and see instructions.)			oyees'-trust , see
	xempt under section	Print	ELEANOR & E	DSEL FORD F	IIND			3	8-6066331
	501(c)(3()	or	Number, street, and room			estructions		E Unrel	ated business activity codes
	408(e) 220(e)	Type						(See ii	nstructions)
F	408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code						
	529(a)		DETROIT, MI	48226	J	,		523	000
C Bo	ook value of all assets end of year		F Group exemption numb	per (See instructions.)	<u>▶</u>				
	14,561,9		G Check organization type					ı) trust	Other trust
H De	escribe the organization	n's prim	ary unrelated business acti	vity. ▶ INVESTM	ENT	IN PARTNER	SHIP INT	ERES	
	• • •		oration a subsidiary in an a		it-subs	idiary controlled group?	>	Ye	es X No
			tifying number of the paren					/ 2 4 2	V 0.64 0.500
			THOMAS MOTSC				one number	(313) 961-0500 (C) Net
ڪيت ۽	-3-CA - A1 - 1		de or Business Inc	ome	Г	(A) Income	(B) Expense	:S 	(C) NET
3	Gross receipts or sale			. Bulanca 🕒					
•	Less returns and allow		A les 7\	c Balance	1c 2		3.288E24.4863	# 8888 ###	
3 2	Cost of goods sold (S Gross profit, Subtract		•		3		S. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	894 9 200 SZ42222	2-30-30-40-30-30-30-30-30-30-30-30-30-30-30-30-30
-	Capital gain net incon				4a	16,706.	100	**************************************	16,706.
			art II, line 17) (attach Form	4797)	4b	2077000	1775		
	Capital loss deduction			, ,,,	4c				
5	•		ips and S corporations (att	ach statement)	5	7,330.	16666240	×000	7,330.
6	Rent income (Schedu			ŕ	6				
7	Unrelated debt-finance	ed incoi	ne (Schedule E)		7				
8	Interest, annuities, ro	yaltıes, a	and rents from controlled o	rganizations (Sch. F)	8				
9	Investment income of	f a section	on 501(c)(7), (9), or (17) o	rganızatıon (Schedule G)	9				
10	Exploited exempt acti	-	, ,		10		_		
11	Advertising income (Schedul	e J)		11		ļ		

Other income (See instructions; attach schedule) 12 036 24,036. 13 Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K) 14 15 Salaries and wages 15 16 Repairs and maintenance 17

16 17 Bad debts 18 Interest (attach schedule) 19 Taxes and licenses 20 Charitable contributions (See instructions for limitation rules) 21 Depreciation (attach Form 4562)

STATEMENT 19

SEE STATEMENT 18

19 2,116.

18

22b

23

24 25

26 27

28

29

30

31

32

33

34

22 Less depreciation claimed on Schedule A and elsewhere on return 23 Depletion

24 Contributions to deferred compensation plans 25 Employee benefit programs

26 Excess exempt expenses (Schedule I)

27 Excess readership costs (Schedule J)

28 Other deductions (attach schedule) 29 Total deductions. Add lines 14 through 28

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30

31 Net operating loss deduction (limited to the amount on line 30)

Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 32

33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)

Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or 34

19,045. Form **990-T** (2017)

1,875.

20,045.

20,045.

1,000.

35 Organizations Taxable as Corporations. See instructions for tax computation.

Controlled group members (sections 1561 and 1563) check here

See instructions and:

Part III Tax Computation

а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):				
	(1) \$ (2) \$ (3) \$				
b	Enter organization's share of: (1) Additional 5%.tax.(not-more-than-\$11,750) \$				
	(2) Additional 3% tax (not more than \$100,000)				
c	Income tax on the amount on line 34	•	35c	2.5	857.
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:				
30	Tax rate schedule or Schedule D (Form 1041)		36		
27	·		37		
37	Proxy tax. See instructions		38	·	
38	Alternative minimum tax				
39	Tax on Non-Compliant Facility Income. See instructions		39		857.
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40	4,0	557.
Part I					
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		-		
b	Other credits (see instructions)		·.		
C	General business credit, Attach Form 3800		ا، 'ا		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)				
е	Total credits. Add lines 41a through 41d		41e		
42	Subtract line 41e from line 40		42	2,	857.
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach	schedule)	43		
44	Total tax. Add lines 42 and 43 SEE STATEMENT 21		44	2,8	897.
45 a	Payments: A 2016 overpayment credited to 2017 45a 1	,477	• L		
b	2017 estimated tax payments 45b		7 1		
		,000			
	Foreign organizations: Tax paid or withheld at source (see instructions) 45d		1		
	Backup withholding (see instructions) 45e		- - -		
	Credit for small employer health insurance premiums (Attach Form 8941) 45f		7		
	Other credits and payments: Form 2439		7,		
y	Form 4136 Other Total > 45g		§		
AG	Total payments. Add lines 45a through 45g		46	4	477.
46	Estimated tax penalty (see instructions). Check if Form 2220 is attached		47		32.
47		_	48		<u> </u>
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed		49		548.
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid Enter the amount of line 49 you want; Credited to 2018 estimated tax 1,548. Refunde	. [-	<u> </u>	0.
50			50		:
Part \		s)			T
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority			Yes	+
	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				_
	here				X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	rust?		<u> </u>	Х
	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 ▶\$				<u> </u>
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	st of my kn	owledge and	l belief, 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 the IPS	discuss this retur	o with
Here	MANTE F. FORD XIVE IS PRESIDENT		•	shown below (see	
	Signature of officer Date Title		instructions)?	7 🗶 Yes 🗌	No
	Print/Type preparer's name Preparer's signature Date Chec	k T	if PTIN		
D	self-	 employed	1		
Paid	POCAT BA MITPO 100/16 7 11/8/2018	Jp.0,00		107590	8
Prepa	FORD ECMANDE LLC	n's EIN ▶		-30144	
Use (Only Firm's name FORD ESTATES, LIC Pill's name Pill's name	I D LIN		20144	
		ne no.	(313)	961-0	500
	Firm's address ► DETROIT, MI 48226-2251 Pho	116 110.			
				Form 990- 7	1 (2017

Schedule A - Cost of Goods	s Sold. Enter	method of inver	itory valuation N/	A	· -	
1 Inventory at beginning of year	1		6 Inventory at end of y	ear		6
2 Purchases	2		7 Cost of goods sold.	Subtract	line 6	1 - 50.00 h
3 Cost of labor	3		from line 5. Enter he	re and in l	Part I,	*
4a Additional section 263A costs			line-2			7
(attach-schedule)	4a		8 Do the rules of section	on 263A (with respect to	Yes No
b Other costs (attach schedule)	4b		property produced o	r acquired	d for resale) apply to	<u> </u>
5 Total. Add lines 1 through 4b	5		the organization?			
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Property	y Leas	ed With Real Pro	perty)
1. Description of property						
(1)						
(2)			·			
(3)				_		
(4)					· · · · · · · · · · · · · · · · · · ·	
		ed or accrued			3(a) Deductions directly	connected with the income in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	(b) From real of rent for the re	and personal property (if the perce personal property exceeds 50% or nt is based on profit or income)	ntage · if	columns 2(a) an	d 2(b) (attach schedule)
(1)						
(2)			<u></u>			
(3)					ļ	
(4)						
Total	0.	Total	F+	0.	(b) Total deductions	
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	ı (A)	>		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	D .
Schedule E - Unrelated Det	ot-Financed	Income (see	instructions)			
			2. Gross income from		Deductions directly con to debt-finance	nected with or allocable ed property
1. Description of debt-fir	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation	(b) Other deductions
	, , , ,		I I I I I I I I I I I I I I I I I I I		(attach schedule)	(attach schedule)
(4)			-	+		
(1)				+		
(3)	.			_		
(4)				+ -		
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finar	adjusted basis ilocable to nced property i schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%			
(2)			%			
(3)			%			
(4)			%			
				•	Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals)	>	0	
Total dividends-received deductions in	icluded in column	8				0.
		-				Form 990-T (2017)

(1)	-				Exempt 0	Controlled O	rganızatı	ons				
2 3 4 5 5 6 6 6 6 6	1. Name of controlled organizat	tion	identific	cation	3. Net unr (loss) (see	elated income instructions)	4. Tot payi	al of specified ments made	ide included in the controlling		rolling	6. Deductions directly connected with income in column 5
3	(1)											
3					<u> </u>							
Add columns & Net investment income (toss) 9, Total of specified payments 10, Perior column 9 that is included 11, Description of morne 10, Perior column 9 that is included 11, Description of morne 10, Perior column 9 that is included 11, Description of morne 10, Perior column 9 that is included 11, Description of morne 10, Perior column 9 that is included 11, Description of morne 11, Description of morne 12, Amount of morne 13, Description of morne 14, Description of morne 1, Description of morne 2, Amount of morne 1, Description of morne 1, Description of morne 1, Description of morne 2, Amount of morne 1, Description of morne 1, Description of morne 2, Amount of morne 1, Description of morne 1, Desc												
Transition income State No. State No.									<u> </u>			
1, Tasable income 8, Neu unrelated nonere (loss) 9, Total of specified payments 10, Perf of column 8 that is inclined graginations of the control graginations of the control of t									1			
(t) (ese instructions)		1										
(2) (3) (4) Add columns 5 and 10 Enter here and on page 1, Part 1, bine 8, outurn (A) (ase instructions) 1. Description of income 1. Description of success and success an	7. Taxable Income				9. Total		ments	in the controll	ing orga	nization's		
(2) (3) (4) Add columns 5 and 10 Enter here and on page 1, Part 1, bine 8, outurn (A) (ase instructions) 1. Description of income 1. Description of success and success an	(1)											
Add columns 5 and 10 Enter here and on page 1, Part 1, time 8, column (8)												
Add columns 5 and 10 Enter here and on page 1, Pert 1, the 6, column (8) otats Chedule 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 (attach schedule) (attach schedule) 4. Set-saddes (attach schedule) (attach schedule) 4. Set-saddes (attach schedule) (attach schedule) 5. Total defundations (attach schedule) (attach schedule) 1. Description of income 2. Amount of income 3. Deductions (attach schedule) (attach schedule) 4. Set-saddes (attach schedule) (attach schedule) 7. Total defundations (attach schedule) (attach schedule) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity (see instructions) 2. Gross unrelated business income												
Add columns 5 and 10 Enter here and on page 1, Part I, Inne 8, column (A) 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, Dedictions (distach schedule) (distach schedule											-	· · · · · · · · · · · · · · · · · · ·
Totals Control (see instructions) 1. Description of 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) 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 aurelated business and on page 1, Part 1, line 8, column 8, but 1 in the	(4)											
Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization 1. Description of income 2. Amount of income 2. Amount of income 3. Deductions directly connected (stack schedule) (stack sch								Enter here and	d on pag	e 1, Part I,	Enter he	ere and on page 1, Part I, ine 8, column (B)
(see instructions) 1. Description of income 2. Amount of income 2. Amount of income 3. Description districts chedule) (attach schedule) (col 3 plus c (c	otals									0.		0
1. Description of income 2. Amount of income detectly connected (attach schedule) (2) (3) (4) Enter here and on page 1 Part I, line 9, column p) Pa			me of a	Section	501(c)(7), (9), or	(17) Oı	ganization	1			
(2) (3) (4) Enter here and on page 1 Part I, line 9, column (A) Part II, line 9, co	1. Desc	ription of inco	ome			2. Amount of	ıncome	directly conne	ected			5. Total deductions and set-asides (col 3 plus col 4)
(2) (3) (4) Enter here and on page 1, Part 1, line 9, column A) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2. Gross unrelated trade or exploited activity and or business with production of exploited activity and or business income 1. Description of exploited activity and or business with production of trade or business income business income (see instructions) 4. Net income (loss) from unrelated trade or business income business income business income from activity that the form that production of the pro	(1)											
(3) (4) Enter here and on page 1, Part 1, line 9, column (A) Part 1, line 9, column (B) Part 1, line 9, column							-					
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity incomes from trade or business income from trade or business sincome from trade or business income from page 1, Part 1, line 10, col (X)						<u> </u>						
Enter here and on page 1, Part 1, tine 9, column (A)							-					
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity 2. Gross unrelated business income from trade or business income business income for business income for business income of unrelated business income of the unrelate							olumn (A)			I		Enter here and on page Part I, line 9, column (B
1. Description of exploited activity arrivable to surrelated business function of exploited activity activity connected with production of unrelated grant production of unrelated business (solution 2 mus column 3) if a gain, compute cots 5 through 7 (1) (2) (3) (4) Enter here and on page 1, Part 1, line 10, col (A) Schedule J - Advertising Income (see instructions) Part II Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 2. Gross advertising advertising advertising costs 3. Expenses from unrelated trade or business income business income from activity that is not unrelated business column 2 mus column 3 if a gain, compute cots 5 through 7 Enter here a on page 1, Part 1, line 2 Schedule J - Advertising Income (see instructions) Part II, line 2 4. Advertising gain or floss) (col 2 m, compute cols 3 through 7 Income from Periodical advertising costs advertising costs (col 3) if a gain purpose cols (col 2) if a gain purpose cols (col 3)	Schedule I - Exploited	-	Activity	Incom	e, Othe	r Than Ac		ing Incom	<u>******</u> е	14 14 14 14 14 14 14 14 14 14 14 14 14 1	<u> </u>	<i>α</i>
1. Description of exploited activity 2. Gross unrelated business income from trade or business income from page 1, Part 1, line 10, col (8) [Interfere and on page 1, Part 1, line	(see instru	Jetions)				1 "A No.	(!)			T		т
(2) (3) (4) Enter here and on page 1, Part 1, line 10, col (A) Schedule J - Advertising Income (see instructions) Part II, line 2 1. Name of periodical 2. Gross advertising income 2. Gross advertising costs advertising costs advertising costs or line advertising costs funcions 1. Name of periodical (1) (2) (3) (4)		unrelated incom	business ne from	directly co with pro of unre	onnected duction elated	from unrelated business (co minus colum gain, comput	trade or olumn 2 n 3) If a e cols 5	from activity is not unrela	that ited	attribut	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(2) (3) (4) Enter here and on page 1, Part 1, line 10, col (A) Schedule J - Advertising Income (see instructions) Part II, line 2 1. Name of periodical 2. Gross advertising income 2. Gross advertising costs advertising costs advertising costs or line advertising costs funcions (1) (2) (3) (4)	(1)	Ì				1			-			
(3) (4) Enter here and on page 1, Part 1, line 10, col (A) Schedule J - Advertising Income (see instructions) Part II, line 2 1. Name of periodical 2. Gross advertising income 1. Name of periodical 2. Gross advertising costs 3. Direct advertising costs 3. Direct advertising costs 4. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7 (1) (2) (3) (4)		1										
(4) Enter here and on page 1, Part 1, Inne 10, col (A) Part 11, Inne 2 Part 11, Inne 2	(3)	 			-	 						<u> </u>
Enter here and on page 1, Part 1, Inne 10, cot (A) Schedule J - Advertising Income (see instructions) Part 1 Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 2. Gross advertising costs advertising costs followed by the cost of the	(3)	ļ				-				 		
Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 3. Direct advertising costs cold 3) If a gain, compute cols 5 through 7 (1) (2) (3) (4)	(4)	page 1	I, Part I,	page 1,	Part I,							Enter here and on page 1, Part II, line 26
Part Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 3. Direct advertising costs 3. Direct advertising costs 5. Circulation income 6. Readership costs (column 5 income costs 6. Readership costs (column 5, but not than column 4 (1) (2) (3) (4) (4) (5. Readership costs (5. Circulation income (6. Readership costs (6. Re	fotals >		0.		0.		<u> </u>					<u> </u>
Part Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising 3. Direct advertising costs col 2 minus col 3) If a gain, compute costs for (loss) (col 2 minus col 3) If a gain, compute costs for column 5, but not than column 4	Schedule J - Advertisi	ng Inco	me (see i	nstruction	s)							
1. Name of periodical advertising income advertising costs of (loss) (col 2 minus col 3) if a gain, compute costs income income costs column 5, but not than column 4 (1) (2) (3) (4)						solidated	Basis	,		· · · -		<u> </u>
(3) (4)	1. Name of periodical		advertising			or (loss) (c col 3) If a g	ol 2 minus ain, compu					7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(3) (4)	(1)					\$8.816.1283.555	90199 6 007-36-	98		 		73.732.23.83.95.95.95.95
(3) (4)				-+-				%		 		
(4)								%		<u> </u>		
(4)								<u> </u>		<u> </u>		
								*				
lotals (carry to Part II line (5))	Totals (carry to Part II, line (5))	•		0.	<u> </u>							C

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. 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.	XXX XX			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)		0.9000000000000000000000000000000000000	A DECORE 2001 (22 Junto 192), \$10,000 (61,000)	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		sation attributable ited business
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Total. Enter here and on page 1, Part II, line 14		>	•	0.

Form 990-T (2017)

FORM 990-T	STATEMENT	18	
DESCRIPTION		AMOUNT	
-ACCOUNTING FEES		1,8	75.
TOTAL TO FORM 990-T, PAGE 1, LI	NE 28	1,8	75.

FORM 990-T CO	ONTRIBUTIONS SUMMARY		STATEMENT	19
QUALIFIED CONTRIBUTIONS SUBJ	JECT TO 100% LIMIT			
-CARRYOVER OF PRIOR YEARS UNI	JSED CONTRIBUTIONS			
FOR TAX YEAR 2012	1,397,513			
FOR TAX YEAR 2013	1,398,324			
FOR TAX YEAR 2014				
FOR TAX YEAR 2015	1,809,677			
FOR TAX YEAR 2016				
TOTAL CARRYOVER		4,605,514		
TOTAL CURRENT YEAR 10% CONTR	RIBUTIONS			
TOTAL CONTRIBUTIONS AVAILABI		4,605,514		
TAXABLE INCOME LIMITATION AS		2,116		
EXCESS 10% CONTRIBUTIONS	_	4,603,398		
EXCESS 100% CONTRIBUTIONS		0		
TOTAL EXCESS CONTRIBUTIONS		4,603,398		
ALLOWABLE CONTRIBUTIONS DEDU	JCTION		2,	116
TOTAL CONTRIBUTION DEDUCTION	1		2,	116

FORM 990-T INCOME	(LOSS)	FROM PARTNERS	HIPS	STATEMENT	20
PARTNERSHIP NAME		_GROSS—INCOME	DEDUCTIONS	NET INCOM	
BRUSH STREET H FUND II, LLC		7,330.	0.	7,3	30.
TOTAL TO FORM 990-T, PAGE 1, L	INE 5	7,330.	0.	7,3	30.
FORM 990-T	OTHER T	AXES	* : v =	STATEMENT	21
DESCRIPTION				AMOUNT	
TOTAL OF LINES 42 + 43 SECTION 965 TAX				2,8	57. 40.

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

ELEANOR & EDSEL FORD FUND

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Name

Employer identification number

38-6066331

Short-Term Capital Gains and Losses - Assets Held-One-Year-or-Less See instructions for how to figure the amounts (e) Cost (or other basis) (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) (h) Gain or (loss) Subtract column (e) from column (d) and ombine the result with column (g) to enter on the lines below. (d) This form may be easier to complete if you round off cents to whole dollars. (sales price) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on 3,737. Form(s) 8949 with Box C checked 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 5 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 6 Unused capital loss carryover (attach computation) 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h ୍ଲPartillର୍ଛ୍ଞ Long-Term Capital Gains and Losses - Assets Held More Than One Year See instructions for how to figure the amounts (e) Cost (or other basis) (h) Gain or (loss) Subtract column (e) from column (d) and ombine the result with column (g) to enter on the lines below. (d) (9) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) Proceeds (sales price) This form may be easier to complete if you round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8h 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on 12,599. Form(s) 8949 with Box F checked

Part III Summary of Parts I and II

11 Enter gain from Form 4797, line 7 or 9

14 Capital gain distributions

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)

12 Long-term capital gain from installment sales from Form 6252, line 26 or 37

13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h

17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)

18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. If the corporation has qualified timber gain, also complete Part IV Note: If losses exceed gains, see Capital losses in the instructions.

Schedule D (Form 1120) 2017

11

12

13

14

15

16

17

18

370.

12,969.

3,737.

12,969.

16,706.

097 1

JWA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

RantilV Alternative Tax for Corporations with Qualified Ti	imber Gain.Complete F	Part IV only if the corporation has
qualified timber gain under section 1201(b). Skip this part if you are filing	Form 1120-RIC. See instruc	tions.
19 Enter qualified timber gain (as defined in section 1201(b)(2))	19	1
20 Enter taxable income from Form 1120, page 1, line 30, or the applicable line		
of your tax return	20	
21 Enter the smallest of; (a) the amount on line 19; (b) the amount on line 20; or		
(c) the amount on Part III, line 17	21	
22 Multiply line 21 by 23.8% (0.238)		22
23 Subtract line 17 from line 20. If zero or less, enter -0-	23	
24 Enter the tax on line 23, figured using the Tax Rate Schedule (or applicable tax rate) ap	propriate for	<u> </u>
the return with which Schedule D (Form 1120) is being filed		24
25 Add lines 21 and 23	25	
26 Subtract line 25 from line 20. If zero or less, enter -0-	26	
•		
27 Multiply line 26 by 35% (0.35)		27
28 Add lines 22, 24, and 27		28
29 Enter the tax on line 20, figured using the Tax Rate Schedule (or applicable tax rate) ap	propriate for the	1 1
return with which Schedule D (Form 1120) is being filed		29
30 Enter the smaller of line 28 or line 29 Also enter this amount on Form 1120, Schedule	J, line 2, or the	1
applicable line of your tax return		30
		Schedule D (Form 1120) 2017

Form **8949**

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.
File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2017

Attachment Sequence No 12A

Name(s) shown on return

Social security number or taxpayer identification no.

ELEANOR & EDSEL FORD FUND 38-6066331 Before-you check Box A, B, or C 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 broker and may even tell you which box to check Part I Short-Term. Transactions involving capital assets you held 1 year or less are short-term. For long-term transactions, see page 2 Note: You may aggregate all short-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 1a, you aren't required to report these transactions on Form 8949 (see instructions) You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box If you have more short-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 \perp (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above) $oxed{oldsymbol{oxed}}$ (B) Short-term transactions reported on Form(s) 1099-B showing basis $oxed{ exttt{wasn't}}$ reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. If you enter an amount Proceeds Gain or (loss). Date sold or Cost or other Description of property Date acquired in column (g), enter a code in column (f). See instructions. (sales price) Subtract column (e) basis See the (Mo, day, yr) disposed of (Example 100 sh XYZ Co) from column (d) & Note below and (Mo, day, yr) (g) Amount of adjustment combine the result see Column (e) ın Code(s) with column (g) the instructions FROM K-1 - BRUSH STREET H FUND II, 3,737. Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B 3,737. above is checked), or line 3 (if Box C above is checked)

Note: If you checked Box A 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

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on page 1

Social security number or taxpayer identification no.

ELEANOR & EDSEL FORD FUND

38-6066331

Before you check Box D, E, or F below, see whether you rece	eived any Form(s) 1099-B or substitute statement(s) from your broker A substitute
statement will have the same information as Form 1099-B El	ither will show whether your basis (usually your cost) was reported to the IRS by your
broker and may even tell you which box to check	
-Part II - Long-Term. Transactions involving capital as	sets 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

X (F	F) Long-term transactions no	t reported to you	on Form 1099-E	3				
1 [(a) Description of property (ample 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and	loss. If y in column column (f). Occ manactions.	(h) Gain or (loss). Subtract column (e) from column (d) &
			(Mo , day, yr)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
	1 K-1 - BRUSH	Ť						
	EET H FUND II,							
LLC								12,599.
				_				
		ļ			ļ			
	a =							
					ļ			
		<u> </u>						
						ļ		
								
			<u> </u>	•	<u> </u>	-		
			<u> </u>		 			<u> </u>
					 	1	-	
		 			 			-
-						 		
		-						
					-			
		 			· · · · · · · · · · · · · · · · · · ·	ļ		
					-	 		
		 				-		
		 						
								
						<u> </u>		
					<u> </u>			
		<u> </u>						
					-			
		Ì						
2 Tot	tals. Add the amounts in coli	umns (d), (e), (a)	and (h) (subtract		†		1	
	gative amounts) Enter each							
	hedule D, line 8b (if Box D al							
	ove is checked), or line 10 (if	•	•					12,599.

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

Form **8949** (2017)