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

OMB No 1545-0052

Form 990 PF I or S	Return of Private Foregraph 4947(a)(1) Trust Treated a	s Private Foundation		2017	2
Department of the Treasury Internal Revenue Service	social security numbers on this irs.gov/Form990PF for instruction	form as it may be made ons and the latest infort	e public. mation.	Open to Public Inspection	94
For calendar year 2017 or tax year beginning		, and ending			6 1
Name of foundation			A Employer identification n	umber	1
HOLLINGSWORTH LOGISTICS GF	OUP FOUNDATION		46-2590217		- 4
Number and street (or P O box number if mail is not delivered to street	address)	Room/suite	3 Telephone number 313-768-127	R	6
14225 WEST WARREN AVENUE City or town, state or province, country, and ZIP or foreign	nostal code		If exemption application is pen		√%
DEARBORN, MI 48126					10
G Check all that apply: Initial return	Initial return of a forme	er public charity	D 1. Foreign organizations,	check here	0
Final return Address change	Amended return Name change	. 4	Foreign organizations meet check here and attach com	ing the 85% test, putation	·
	exempt private foundation	NU	E If private foundation statu		∞
Section 4947(a)(1) nonexempt charitable trust	Other taxable private foundation		under section 507(b)(1)(/		
, ,	iting method: 【 X 】Cash 【 Other (specify)	Accidal	F If the foundation is in a 60 under section 507(b)(1)(8		
▶\$ 27,972. (Part I, col	umn (d) must be on cash basis.)				•
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)	. 1
1 Contributions, gifts, grants, etc., received	81,163.				
2 Check if the foundation is not required to attach Sch. B.					, ,
3 cash investments 4 Dividends and interest from securities					
5a Gross rents					
h Net rental income or (loss)	ECEIVED				
6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a					<u> </u>
b assets on line 6a 7 Capital gain net income (from Part IV, line 2)	AY 1 5 2018 19	0.			
8 Net short-term capital gain	SCAL LIP				1
9 Income modifications Gross sales less returns 10a and allowances					
b Less Cost of goods sold					
c Gross profit or (loss)					1
11 Other income 12 Total Add lines 1 through 11	81,163.	0.	0.]
13 Compensation of officers, directors, trustees, etc	0.	0.	0.	0.	-
14 Other employee salaries and wages15 Pension plans, employee benefits					
					-
b Accounting fees STMT 1	500.	0.	0.	0.	
c Other professional fees					
18 Taxes					
17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings]
20 Occupancy 21 Travel, conferences, and meetings					•
21 Travel, comercities, and meetings 22 Printing and publications					-
23 Other expenses STMT 2	77.	0.	0.	0.	
24 Total operating and administrative expenses. Add lines 13 through 23	577.	0.	0.	0.	
25 Contributions, gifts, grants paid	89,100.			89,100.	•
26 Total expenses and disbursements.	90 (77	0	0	90 100	
Add lines 24 and 25 27 Subtract line 26 from line 12:	89,677.	0.	0.	89,100.	1
Excess of revenue over expenses and disbursements	-8,514.				1
b Net investment income (if negative, enter -0-)		0.			
c Adjusted net income (if negative, enter -0-)			0.		i

Parl	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of y	
Ган	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	`Cash - non-interest-bearing	36,486.	27,972.	27,972.
2	Savings and temporary cash investments			
3	Accounts receivable			
	Less; allowance for doubtful accounts			
A	Pledges receivable			
7	Less: allowance for doubtful accounts			
_				
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			
- 1	disqualified persons			
7	Other notes and loans receivable			
-	Less: allowance for doubtful accounts			
<u>ي</u> 8	Inventories for sale or use			
ssets	Prepaid expenses and deferred charges			
¥ 10	a Investments - U.S. and state government obligations			
ı	b Investments - corporate stock			
- 1	c Investments - corporate bonds			
- 1	Investments - land, buildings, and equipment basis			
' '				
	Less accumulated depreciation			
12				
13				
14				
	Less accumulated depreciation			
15				
16	Total assets (to be completed by all filers - see the		0.5.050	05 050
	instructions. Also, see page 1, item 1)	36,486.	27,972.	27,972.
17	Accounts payable and accrued expenses			
18	Grants payable			
رم 19				
اذة				
Liabiliti				
E 22				
"	Other habilities (describe			
	Total link littles (add lines 17 through 99)	0.	0.	
23			•	
	I dulidations that follow of No 117, dilean liefe		ļ	
,,	and complete lines 24 through 26, and lines 30 and 31.		j	
ğ 24	· · · · · · · · · · · · · · · · · · ·			
등 25	Temporarily restricted			
E 26	•			
Fund Balances	Foundations that do not follow SFAS 117, check here			
3	and complete lines 27 through 31.		1	
Ö 27	Capital stock, trust principal, or current funds	0.	0.	
Assets	·	0.	0.	
8 29		36,486.	27,972.	
\$ 30		36,486.	27,972.	
Z	Total not about of fails balaness	, , , , , , , , , , , , , , , , , , , ,		
3	Total liabilities and net assets/fund balances	36,486.	27,972.	
			2.75.20	
Par	t III Analysis of Changes in Net Assets or Fund Ba	alances		
4 To	tal not secure or fund halaness at haginning of year. Part II. selume (a) line	30		
	tal net assets or fund balances at beginning of year - Part II, column (a), line	JU .	1.1	26 406
-	ust agree with end-of-year figure reported on prior year's return)		11	36,486.
	ter amount from Part I, line 27a		2	-8,514.
	ner increases not included in line 2 (itemize)			0.
	d lines 1, 2, and 3		4	27,972.
	creases not included in line 2 (itemize)		5	0.
6 To	tal net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	27,972.
				Form 990-PF (2017)

Enter qualifying distributions from Part XII, line 4

See the Part VI instructions.

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.

89,100.

7

		2590217 Page 4
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - s	see instructions)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	`
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔲 and enter 1%	0.
	of Part I, line 27b	
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	0.
3	Add lines 1 and 2	0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	0.
6	Credits/Payments:	
	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 0 •	,
	Exempt foreign organizations - tax withheld at source 6b 0.	· · · · · · · · · · · · · · · · · · ·
	Tax paid with application for extension of time to file (Form 8868) Backup withholding erroneously withheld 6c 6d 0 •	,
/	Total credits and payments. Add lines 6a through 6d The crust control of comment of com	0.
δ Λ	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached Tax due, If the total of lines 5 and 8 is more than line 7, enter amount award.	0.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	
10	Enter the amount of line 10 to be: Credited to 2018 estimated tax	
	int VII-A Statements Regarding Activities	
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	Yes No
	any political campaign?	1a X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b X
_	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or	
	distributed by the foundation in connection with the activities.	
C	Did the foundation file Form 1120-POL for this year?	1c X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	
	(1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0 .	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	
	managers. ► \$ 0 .	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2 X
	If "Yes," attach a detailed description of the activities.	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3 X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a X
	If "Yes," has it filed a tax return on Form 990-T for this year?	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5 X
_	If "Yes," attach the statement required by General Instruction T.	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	
	By state legislation that effectively amonds the governing instrument on that no mandatory directions that conflict with the state legislation.	
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	6 X 7 X
•	5.5 die foaritaation have at loast φο,000 in assets at any time during the year in Tes, complete Part II, col. (c), and Part XV	7 X
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.	
	MI	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	-
_	of each state as required by General Instruction G? If "No," attach explanation	8b X
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar	00 41
	year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV	9 X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10 X
		Form 990-PF (2017)

Page 5

Ľ	Statements negariting Activities (continued)			
	•		Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	<u> </u>
	Website address ► N/A			
14	The books are in care of ▶ MARTHA CHALIFOUX Telephone no. ▶ 313-7		278	
	Located at ► 14225 W. WARREN, DEARBORN, MI ZIP+4 ►4	<u>8126</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			•
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	-
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	1		1
	foreign country			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			,
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
18	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			[
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available		•	
	for the benefit or use of a disqualified person)?			ŀ
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			İ
	If the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)	1		
ł	o If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	<u> </u>		<u> </u>
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		<u> </u>
	Organizations relying on a current notice regarding disaster assistance, check here			
(Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	<u> </u>		<u></u> -
	before the first day of the tax year beginning in 2017?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):			}
ŧ	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2017? Yes X No			
	If "Yes," list the years >,,,,,			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) N/A			
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	2b		
•				
3:	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
•	during the year? — Yes X No			
ł	of "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after			
•	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C.			
	Form 4720, to determine if the foundation had excess business holdings in 2017.) N/A	3b		
42	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	70		
	had not been removed from leopardy before the first day of the tax year beginning in 2017?	145		x

Form 990-PF (2017) HOLLINGSWORTH LOGISTICS (GROUP FOUNDAT		<u>46-259021</u>	L7	Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be R	equired (contin	ued)		
5a During the year, did the foundation pay or incur any amount to:				Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Ye	es X No		
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire	ectly,	ł		
any voter registration drive?		Ye	s X No	- }	
(3) Provide a grant to an individual for travel, study, or other similar purposes	Ye	es 🗓 No		> 1	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			į	1
4945(d)(4)(A)? See instructions		Ye	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fo	or		Ì	1 .
the prevention of cruelty to children or animals?		Ye	es X No	}	1 1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i	n Regulations			
section 53.4945 or in a current notice regarding disaster assistance? See instru	ictions		N/A E	b	4
Organizations relying on a current notice regarding disaster assistance, check h				- 1	1 [
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr				- 1	
expenditure responsibility for the grant?	N	I/A 🗀 Y	es L No	-	1 1
If "Yes," attach the statement required by Regulations section 53.4945-5(d).			j	ļ	1 .
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				\ ': \
a personal benefit contract?		Ye	es X No		 _
$oldsymbol{b}$ Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		<u> 6</u>	Sb	X
If "Yes" to 6b, file Form 8870.					1.1
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	es X No		 `
b If "Yes," did the foundation receive any proceeds or have any net income attribu	table to the transaction?	titule le	N/A 7	b	
Part VIII Information About Officers, Directors, Truster Paid Employees, and Contractors	ees, Foundation Mar	nagers, Highly			
1 List all officers, directors, trustees, and foundation managers and tr		T	I (-n) - 1		
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Ex accoun allow	rpense nt, other rances
STEPHEN BARR	PRESIDENT			 _	_
14225 W. WARREN AVE.					
DEARBORN, MI 48126	5.00	0.	0.		0.
MICHAEL MCNAMARA	V. PRESIDENT	AND TREAST	TRER		
14225 W. WARREN AVE.					
DEARBORN, MI 48126	5.00	0.	0.		0.
MARTHA CHALIFOUX	V. PRESIDENT	AND SECRE	TARY		
14225 W. WARREN AVE.					
DEARBORN, MI 48126	5.00	0.	0.		0.
		j			
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NONE."			
	(b) Title, and average hours per week		(d) Contributions to	(e) Ex	pense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	accoun	pense it, other ances
NONE	·		compensation	anow	dilocs
		1			
		<u> </u>]		
Total number of other employees paid over \$50,000					

	<u>-25902</u>	217 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."	,	
(a) Name and address of each person paid more than \$50,000 (b) Type of service		(c) Compensation
NONE		
		··· <u>-</u> -
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		0
	т	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 NONE	 	
NONE	1	
	1	0.
2	 	
	1	
	1	
3]	
	1	
	<u> </u>	
4	4	
	1	
Day IV Dia		
Part IX-B Summary of Program-Related Investments		A
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. 1 NONE	┼	Amount
INOINE	1	
	†	0.
2	 	
	†	
	1	
All other program-related investments. See instructions.		
3		
	1	
]	
	1	
	<u> </u>	
Total. Add lines 1 through 3	<u></u>	0.
	Forn	n 990-PF (2017)

Page 8

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign	n foundations, see i	nstructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	36,590.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	36,590.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	0.	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	36,590.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	549.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	36,041.
6	Minimum investment return. Enter 5% of line 5	6	1,802.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundation	ons and certain	"
	foreign organizations, check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	1,802.
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,802.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,802.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	1,802.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	89,100.
þ	Program-related investments - total from Part IX-B	16	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	89,100.
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	_5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	89,100.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	ation qualifies for the s	section

Form **990-PF** (2017)

Part XIII Undistributed Income (see instructions)

•	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI,				1 000
line 7				1,802.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only			0.	
ь Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012			,	
b From 2013 23,667.				
c From 2014 52,730.				
d From 2015 59,628.				
e From 2016 42,717.				
f Total of lines 3a through e	178,742.			
4 Qualifying distributions for 2017 from				
Part XII, line 4: ►\$ 89,100.				
a Applied to 2016, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount				1,802.
e Remaining amount distributed out of corpus	87,298.			
5 Excess distributions carryover applied to 2017	0.			0.
(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:	066 040			;
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	266,040.			
b Prior years' undistributed income. Subtract		_		
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2016. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2018				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)	0.			
8 Excess distributions carryover from 2012	0			<u> </u>
not applied on line 5 or line 7	0.		 	
9 Excess distributions carryover to 2018.	266 040			
Subtract lines 7 and 8 from line 6a	266,040.			
10 Analysis of line 9: a Excess from 2013 23,667.				
50 500				
FO 600				
c Excess from 2015 59,628. d Excess from 2016 42,717.				
e Excess from 2017 87, 298.				
723581 01-03-18				Form 990-PF (2017)

Form 990-PF (2017) HOLLINGS Part XIV Private Operating Fo		STICS GROUP		N/A	90217 Page 10
1 a If the foundation has received a ruling or	·		7,, question 5)	N/A	
foundation, and the ruling is effective for		· ·	>		
b Check box to indicate whether the founda			section	4942(j)(3) or 49)42(J)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for			1		/
each year listed					
b 85% of line 2a				1	
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities				/	
e Qualifying distributions made directly			<i></i>		
for active conduct of exempt activities.					
Subtract line 2d from line 2c		<u> </u>			
3 Complete 3a, b, or c for the alternative test relied upon:		[
a "Assets" alternative test - enter:					
(1) Value of all assets			/		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)		/	/		
b "Endowment" alternative test - enter		/			
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed		/			
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,		/			
dividends, rents, payments on		/			
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public	<u> </u>	1			
and 5 or more exempt organizations as provided in	/				
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Informat any time during the	• •		the foundation	had \$5,000 or moi	re in assets
1 Information Regarding Foundation		40110113.)			
a List any managers of the foundation who	=	than 2% of the total contr	butions received by the	e foundation before the clos	e of any tax
year (but only if they have contributed mo			•		,
NONE					
b List any managers of the foundation who	own 10% or more of the	e stock of a corporation (or an equally large port	ion of the ownership of a pa	rtnership or
other entity) of which the foundation has	a 10% or greater interes	st,			
NONE					
2 Information Regarding Contributio					
Check here X If the foundation on	ly makes contributions t	to preselected charitable o	organizations and does	not accept unsolicited requi	ests for funds. If
the foundation makes gifts, grants, etc., to					
a The name, address, and telephone number				ssed:	
STACEY BLAIR, 313-453			LGLLC.COM		
14225 WEST WARREN AVE		_ ·			
b The form in which applications should be SEE ATTACHMENTS	submitted and informat	ion and materials they sh	ould include:		
c Any submission deadlines: SEE ATTACHMENTS	<u> </u>				
d Any restrictions or limitations on awards,	such as by geographica	ll areas, charitable fields, l	kinds of institutions, or	other factors:	
SEE ATTACHMENTS					

Total

Enter gross amounts unless otherwise indicated.	Unrelated b	usiness income	Excluded	y section 512, 513, or 514	(e)
Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a	0000		1	· · ·	
b	-				
c	1				
d	1				
e	1 1				
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			1 1		
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:		4 1	^		4 1
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					<u></u>
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a	_				
b					
C	1 1				
d			ļļ.		
e		<u>-</u>	 		
12 Subtotal. Add columns (b), (d), and (e)		0.	,	0.	0.
13 Total Add line 12, columns (b), (d), and (e)				13	0.
(See worksheet in line 13 instructions to verify calculations.	.)				
Part XVI-B Relationship of Activities	to the Accom	plishment of Ex	empt Pu	ırposes	
			^	d	
Explain below how each activity for which in the foundation's exempt purposes (other the			A contribute	a importantly to the accom	iplishment of
the foundation's exempt purposes (other th	an by providing fund	, tot babli parpooloj.			
					
					·
			•		
			···		

46-2590217 HOLLINGSWORTH LOGISTICS GROUP FOUNDATION Form 990-PF (2017) Page 13 Information Regarding Transfers to and Transactions and Relationships With Noncharitable Part XVII Exempt Organizations Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: X 1a(1) (1) Cash 1a(2) (2) Other assets **b** Other transactions: 1b(1) (1) Sales of assets to a noncharitable exempt organization 1b(2) (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets 1b(3) 1b(4) (4) Reimbursement arrangements 1b(5) (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (c) Name of noncharitable exempt organization (b) Amount involved (d) Description of transfers, transactions, and sharing arrangements (a) Line no N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No in section 501(c) (other than section 501(c)(3)) or in section 527? Yes b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge emplete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Sign eturn with the prepare Mu Thu

Here	Much I The	m	PRESIDENT		
	Signature of officer or trustee	Date	Title		
	Print/Type preparer's name	Preparer's signature	Date	Check If P	TIN
		1010		self- employed	
Paid	JAMES O'RILLEY, CPA	In P. Al	5.1.18	}	P00360667
Prepare Use Onl	Jillionand - Domitali Initiali	W		Firm's EIN ► 38	-2492570
OSE OIII	Firm's address ► 305 WEST BI	C DESTED DOSD			
	4	084		Phone no. 248	-244-3000
					- 200 DE

Here

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2017

Name of the organization

HOLLINGSWORTH LOGISTICS GROUP FOUNDATION

Employer identification number

46-2590217

Organiza	Organization type (check one)				
Filers of:		Section:			
Form 990	or 990-EZ	501(c)() (enter number) organization			
		4947(a)(1) nonexempt charitable trust not treated as a private foundation			
		527 political organization			
Form 990	-PF	X 501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions			
General	Rule				
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor Complete Parts I and II. See instructions for determining a contributor's total contributions			
Special F	Rules				
	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.			
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.			
	year, contributions is checked, enter h purpose Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box were the total contributions that were received during the year for an exclusively religious, charitable, etc., inplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year.			
but it mu	st answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)			

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Employer identification number

HOLLINGSWORTH LOGISTICS GROUP FOUNDATION

46-2590217

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HOLLINGSWORTH LOGISTICS GROUP, LLC 14225 W. WARREN AVE. DEARBORN, MI 48126	- \$\$0,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\ \\$	Person Payroll Occash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ \$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_	Person Payroll Oncash Occash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

HOLLINGSWORTH LOGISTICS GROUP FOUNDATION

46-2590217

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if	additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - \$	

Employer identification number

LLING	SWORTH LOGISTICS GROUP Exclusively religious, charitable, etc., contri	ibutions to organizations described in	n section 501(c)(7), (8), or	46-2590217 (10) that total more than \$1,000 for
	the year from any one contributor. Complete completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	olumns (a) through (e) and the follow , charitable, etc , contributions of \$1,000 or li	VIDO IIDE ENTIV. For organization	ns
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
_ -				
-		(e) Transfer of gift		
	Transferee's name, address, an			insferor to transferee
-				
No. om ort I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
_ -				
-		(e) Transfer of gift	<u> </u>	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee
-				
No. om art i	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
- -		(e) Transfer of gift	1	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gift	t	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	nnsferor to transferee
-				

HOLLINGSWORTH LOGISTICS GROUP FOUNDATION 46-2590217

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Ye	ear (Continuation)			
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		
CHILDHAVEN ADMINISTRATION 316 BROADWAY SEATTLE, WA 98122	NONE	PC	ASSISTING PEOPLE IN	500.
CHILDREN'S CENTER OF ANTELOPE VALLEY 45111 FERN AVENUE LANCASTER, CA 93534	NONE	PC	GENERAL SUPPORT	500.
COMMUNITY KITCHEN, INC. 640 SOUTH OHIO AVENUE COLUMBUS, OH 43205	NONE	PC	ASSISTING PEOPLE IN	500.
DOLLARS FOR SCHOLARS 100 RENAISSANCE CENTER, P.O. BOX 43105 DETROIT, MI 48243	NONE	PC	SCHOLARSHIPS	10,000.
DUPAGE HABITAT FOR HUMANITY 1600 E. ROOSEVELT ROAD WHEATON, IL 60187	NONE	PC	GENERAL SUPPORT	500.
FAMILY VIOLENCE PREVENTION SERVICES 2617 N. MAIN AVENUE SAN ANTONIO, TX 78212	NONE	₽C	GENERAL SUPPORT	500.
FR. VINCENT WELCH MEMORIAL FUND 14225 W. WARREN AVE. DEARBORN, MI 48126	NONE	₽C	GENERAL SUPPORT	46,500.
HENRY FORD COMMUNITY COLLEGE 5101 EVERGREEN ROAD DEARBORN, MI 48128	NONE	PC	SCHOLARSHIPS	1,500.
HOLY NAME CHURCH 630 HARMON STREET BIRMINGHAM, MI 48009	NONE	₽C	GENERAL SUPPORT	1,000.
LOS ANGELES REGIONAL FOOD BANK 1734 EAST 41ST STREET LOS ANGELES, CA 90058	NONE	PC	ASSISTING PEOPLE IN	500.
Total from continuation sheets				83,100.

HOLLINGSWORTH LOGISTICS GROUP FOUNDATION 46-2590217 Part-XV- Supplementary Information

Part-XV Supplementary Information				
3 Grants and Contributions Paid During the Y	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Continuution	, undant
LOYOLA HIGH SCHOOL 15325 PINEHURST STREET DETROIT, MI 48238	NONE	PC	GENERAL SUPPORT	3,000.
MARMION ACADEMY 1000 BUTTERFIELD ROAD AURORA, IL 60502-9742	NONE	PC	GENERAL SUPPORT	3,000.
OAKS OF RIGHTEOUSNESS 1018 EAST 2ND MONROE, MI 48161	NONE	PC	ASSISTING PEOPLE IN	500.
PROVIDENCE MINISTRIES FOR THE NEEDY 40 BRIGHTSIDE DRIVE HOLYOKE, MA 01040	NONE	₽C	ASSISTING PEOPLE IN	500.
ROMULUS POLICE OFFICERS ASSOCIATION 11165 OLIVE STREET ROMULUS, MI 48174	NONE	PC	GENERAL SUPPORT	100.
TEXAS PYTHIAN HOME, INC. 1825 EAST BANKHEAD DRIVE WEATHERFORD, TX 76086	NONE	PC	general support	500.
THE CHILDREN'S CENTER 790 WEST ALEXANDRINE ST. DETROIT, MI 48201	NONE	PC	GENERAL SUPPORT	2,500.
UNIVERSITY OF MICHIGAN-ANN ARBOR 515 W. JEFFERSON ST. ANN ARBOR 48109	NONE	PC	SCHOLARSHIPS	1,500.
UNIVERSITY OF MICHIGAN-DEARBORN 4901 EVERGREEN ROAD DEARBORN 48128	NONE	PC	SCHOLARSHIPS	3,000.
SAN ANTONIO COLLEGE 1819 N. MAIN AVENUE SAN ANTONIO, TX 78212 Total from continuation sheets	NONE	рc	SCHOLARSHIPS	1,500.

HOLLINGSWORTH LOGISTICS GROUP FOUNDATION 46-2590217

Part XV Supplementary Informatio				
3 Grants and Contributions Paid During the		_		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		·
WAYNE STATE UNIVERSITY	NONE	₽C	SCHOLARSHIPS	
42 W. WARREN AVE.				
DETROIT 48202				1,500
SHRINE CATHOLIC HIGH SCHOOL	NONE	PC	SCHOLARSHIPS	
3500 13 MILE ROAD	NONE		BenouAraniira	
ROYAL OAK, MI 48073				1,500
WAYNE COUNTY COMMUNITY COLLEGE	NONE	PC	SCHOLARSHIPS	
801 W. FORT STREET				1 500
DETROIT, MI 48226		 	 	1,500
VETERANS RESOURCE CENTER	NONE	PC	ASSISTING PEOPLE IN	
14225 W. WARREN AVE.		Ì	NEED	
DEARBORN, MI 48126		 		2,000
NORTHWESTERN MICHIGAN COLLEGE	NONE	PC	SCHOLARSHIPS	
1701 E. FRONT STREET		1		
TRAVERSE CITY , MI 49686		_		-1,500
			 	
		1		
		-		
		}		
		1		
		 		
				<u> </u>
		ĺ		
Total from continuation sheets				

FORM 990-PF	ACCOUNTI	NG FEES	S:	ratement 1
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
ACCOUNTING FEES	500.	0.	0.	0.
	500.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 16B				
FORM 990-PF, PG 1, LN 16B		XPENSES		ГАТЕМЕНТ 2
-		XPENSES	(C) ADJUSTED	PATEMENT 2
FORM 990-PF	OTHER E (A) EXPENSES	(B) NET INVEST- MENT INCOME	(C) ADJUSTED	TATEMENT 2 (D) CHARITABLE