# Form 990-PF

SCANNED JUL 09 2018

**Return of Private Foundation** 

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990PF for instructions and the latest information.

Depar	tment al Rev	of the Treasury	·							it may be ma the latest info			Open to Public Inspi	ection
		dar year 2017 c	r tax year beg		JUL		2017		, and e		DEC 3	1, 201		
Nan	ne of	foundation									A Employe	r identificatio	on number	
											1			
		ERY FAM				INC						<u>556527</u>	4	
		nd street (or PO b			d to street	address)				Room/suite	<b>B</b> Telephor			
		33 WOOD				<del></del> -				200	248	<u>-854-8</u>	840	
		own, state or pro			foreign p <b>4830</b>		de				C If exemption	n application is	pending, check here	•
		all that apply:		tial return	<del>4000</del>	<u> </u>	Initial retur	n of a fo	rmer public o	harity	D 1 Foreio	n organizatio	ns, check here	
•		un mar appry.		al return			Amended		Title public t	, name	J 1. 1 01 01 9	n organizatio	,	
			=	dress change	9		Name char			•	2. Foreign check h	organizations r ere and attach	meeting the 85% test, computation	$\overline{\Box}$
H C	heck	type of organiza	ation: X	Section 50	1(c)(3) ex	empt pr	vate founda	ation		<del>-</del> ΘΨ	1		tatus was terminated	
	] Se	ction 4947(a)(1	nonexempt c	haritable trus	st 🗀	Other ta	xable privat	e founda	tion				1)(A), check here	$\cdot$
I Fa	ır ma	rket value of all	assets at end	of year   <b>J</b>	Accounti	ng meth	od: X	Cash	Accr	ual I	F If the fou	ndation is in	a 60-month termination	ı
		art II, col. (c), lı	ne 16)			her (spe					under se	ction 507(b)(	1)(B), check here	ـــا
	\$	Analysis of D		275. (Pa									(4)	
[Pa	<u>irt i</u>	Analysis of Re (The total of amo necessarily equa	evenue anu co unts in columns il the amounts in	<b>(penses</b> (b), (c), and (d) column (a))	may not		) Revenue a enses per b			ivestment ome		justed net come	(d) Disbursement for charitable purpo (cash basis only)	ses
	1	Contributions,					760,2	234.			N	/A		
	2		f the foundation is no	•	h Sch B									
	3	Interest on saving cash investments	s and temporary					L28.		128.			STATEMENT	_1_
	4	Dividends and	nterest from s	securities			10,2	241.	1	0,241.			STATEMENT	2_
	5a	Gross rents											<u> </u>	
	b	Net rental income	or (loss)			L								
ē	6a Net gain or (loss) from sale of assets not on line 10					3	244.	7				<del>                                     </del>		
Revenue	_ b	Gross sales price assets on line 6a			97. <sub>[</sub>	<del>EC</del>	EIVE		<del></del>	2 044	<del> </del>		<del> </del>	
Æ	7	Capital gain net in		IV, line 2)						3,944.	<del> </del>			
	8	Net short-term Income modific			1 89 B	YAN	0 8 20	8	<del>/                                    </del>	-	<del> </del>		<del></del>	
	10a	Gross sales less i			œ   '	100	<u> </u>	- 10			<del></del>		<del> </del>	
		Less Cost of goo	ds sold			00	CALL	IT				<del>.</del>		
		Gross profit or				UU	F10, 6	3 1				-		
	11	Other income						337.		337.			STATEMENT	3
	12	Total. Add line	s 1 through 1	1			774,8	384.	1	4,650.				
	13	Compensation of	•				-	0.		0.				0.
	14	Other employe		-							<u> </u>	<del></del>		
ø	1	Pension plans,	employee ben					260		2 0 6 0	<del> </del>		<del>-</del>	
nse		Legal fees	_	STMI	. 4		_4,8	360.		2,860.	<del> </del>			0.
e X	ı	Accounting fee Other profession				<u> </u>				<del></del>	<del> </del>		<del> </del>	
Administrative Expenses	ſ	Interest	niai iccs				<del>-</del>				<del>                                     </del>		<del> </del>	
ati	18	Taxes		STMT	٠ 5			223.	<del></del>	0.	<del> </del>		<u> </u>	0.
istr	19	Depreciation as	nd depletion	2	. •				<del>_</del>					
Ë	20	Occupancy												
Ā	21	Travel, confere	nces, and mee	etings										
and and	22	Printing and pi	iblications											
Operating and	23	Other expenses	3	STMT	' 6		1,9	916.		1,916.				0.
rati	24	Total operatin	-							_				
Dee		expenses. Add		-		<u> </u>		999.		4,776.	<u> </u>	-	<del></del>	0.
J	1	Contributions,					40,0	000.			<u> </u>		40,0	00.
	26	Total expense		ements.			A A .	,,,		A 555			100	0.0
	07	Add lines 24 ai				<u> </u>	44,9	999.		4,776.	<u> </u>		40,0	00.
	27						729,8	285						
	Ι.	Net investmen	•			<del></del>	147,0	.03.		9,874.	+	<del></del>	<del> </del>	
	1	Adjusted net it			,	<del></del>				J, 0 / 4 ·		/ <b>A</b>	<del> </del>	

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions.

For	m 99	0-PF (2017) DEMERY FAMILY FOUNDATION		46-	5565274 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	<del></del>	of year
_			(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		<del> </del>	
	2	Savings and temporary cash investments	<del></del>	16,626.	16,626.
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable			
		Less: allowance for doubtful accounts			ļ
	1 -	Grants receivable	- <del></del>	<u> </u>	
	6	Receivables due from officers, directors, trustees, and other			
	1	disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts		<u> </u>	
ş	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
⋖	10a	Investments - U.S. and state government obligations		<u> </u>	
	b	Investments - corporate stock			
	C	Investments - corporate bonds		<u> </u>	<u> </u>
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 9	0	. 729,576.	705,649.
	14	Land, buildings, and equipment: basis	<del></del>		
		Less accumulated depreciation			
	15	Other assets (describe ► )	<del></del>		
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	0	746,202.	722,275.
	17	Accounts payable and accrued expenses			
	18	Grants payable			1
g	19	Deferred revenue			1
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			1
ā	21	Mortgages and other notes payable			1
Ξ.	1	Other liabilities (describe )	<del>-</del>		1
		,			1
	23	Total liabilities (add lines 17 through 22)	0	. 0.	,
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26, and lines 30 and 31.			
Ses	24	Unrestricted			
a	25	Temporarily restricted	<del></del>		1
Bal	26	Permanently restricted	<del></del>		-
힏		Foundations that do not follow SFAS 117, check here			-
Net Assets or Fund Balances		and complete lines 27 through 31.			
ŏ	27	Capital stock, trust principal, or current funds	0	. 0.	
ě	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0		Ī
Ass	29	Retained earnings, accumulated income, endowment, or other funds	0	<del></del>	
ē	30	Total net assets or fund balances	0		
Z	"	Total net addets of fund balances		7 20 7 20 20 8	-
	31	Total liabilities and net assets/fund balances	0	746,202.	
				720,2020	<u> </u>
<u> </u>	art	Analysis of Changes in Net Assets or Fund Ba	aiances		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line 3	30		T
	(mu	st agree with end-of-year figure reported on prior year's return)		1	0.
2	•	r amount from Part I, line 27a		2	729,885.
3		ir increases not included in line 2 (itemize)	SEE S	TATEMENT 7 3	16,556.
		lines 1, 2, and 3		4	746,441.
5		eases not included in line 2 (itemize)	SEE S	TATEMENT 8 5	239.
6		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co		6	746,202.
_					Form <b>990-PF</b> (2017)

		sses for Tax on In			_			40	3-336:	34/4	raye 3
(a) List and describe t	he kınd(s)	of property sold (for exam or common stock, 200 shs.	nple, real esta		(b) How acquired P - Purchase D - Donation		quired (	(c) Date acquired (mo., day, yr.)		(d) Date so (mo., day,	
	<del></del>		<u> </u>	<del></del>	1	DOILE	ittori				
b SEE ATTACHED	STAT	EMENTS									
C											
<u>d</u>					<u> </u>						
<u>e</u>		<del></del>			<u>↓</u>						
(e) Gross sales price	(f) D	epreciation allowed (or allowable)		st or other basis expense of sale					ın or (loss) (f) mınus (ı		
a						_					
<u>b</u>				<del></del>						<del></del>	
d d											
e 647,397.				643,62	23.					3.0	944.
Complete only for assets showing	g gain in d	column (h) and owned by t	he foundation					Gains (Co	ol. (h) gain i		7 2 3 0
		i) Adjusted basis		cess of col. (I)		col. (k), but not less than -0-) or Losses (from col. (h))					
(i) FMV as of 12/31/69		as of 12/31/69		col. (j), if any				Losses (	rom col. (r	1)) 	
a							<del></del>				
<u>b</u>			_ <del>_</del>	<del></del>							
<u>c</u>									<u> </u>		
_ <del>d</del>											944.
_e	<del></del>				$\overline{}$					3,3	744.
2 Capital gain net income or (net cap	ortal loss)	If gain, also enter lf (loss), enter -0-	ın Part I, line ın Part I. line	7 : 7	<b> </b>	2				3,9	944.
3 Net short-term capital gain or (los	s) as defir	•			_						
If gain, also enter in Part I, line 8,			u (0).		)		l				
If (loss), enter -0- in Part I, line 8					لل	3			<u> N/A</u>		
<del></del>		ection 4940(e) for				-	nent inco	me			
(For optional use by domestic private	foundation	ons subject to the section 4	1940(a) tax oi	n net investment ir	ncome	e.)				N/A	
If section 4940(d)(2) applies, leave th	is part bla	ınk.									
			aa4 a4 aa							☐ Yes ☐	¬ No
Was the foundation liable for the sect If "Yes," the foundation doesn't qualify				•	nour					res	NO
1 Enter the appropriate amount in e		<del></del>	<del></del>		entries		<del></del>				
(a)		(b)			(c)			(d) Distribution ratio			
Base periód years Calendar year (or tax year beginnir	ıg ın)	Adjusted qualifying dist	ributions	Net value of no			use assets	Distribûtión ratio (col. (b) divided by col. (c))			
2016								<u> </u>			
2015											
2014		·									
2013								<u> </u>			
2012								<del>                                     </del>			
2 Total of line 1, column (d)								2			
3 Average distribution ratio for the 5	-		on line 2 by 5	.0, or by the numb	per of t	years					
the foundation has been in exister	ice it iess	tnan 5 years						3			
4 Enter the net value of noncharitab	le-use ass	ets for 2017 from Part X T	ine 5					4			
5 Multiply line 4 by line 3								5			
6 Enter 1% of net investment incom	in (1% nf	Part Lline 27h)						6			
CHECK TO STRICT HIVESUREDICHUOUII	10 01 70 01	i airi, iiio <i>210)</i>									
7 Add lines 5 and 6								7			
8 Enter qualifying distributions from	Part XII	line 4						8			
If line 8 is equal to or greater than	•		1b, and com	plete that part usir	ng a 1'	% tax	rate.				
See the Part VI instructions.				<del>-</del>						orm <b>QQ</b> 0_ <b>D</b> [	E (0047

Part VII   Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)	Form	1990-PF (2017) DEMERY FAMILY FOUNDATION, INC 46-556	55274		Page 4
Date of ruling or determinable letter:	Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - sec	e instru	ıctio	ns)
b Domestic foundations that meet this section 4947(a) requirements in Part V, check here	1a				
of Part I, line 27b  A dol their domestic foundations enter 2% of line 27b, Exampt foreign organizations, enter 4% of Part I, line 12, col. (6).  Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)  Subtract A (compared tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)  Tax based on investment income. Subtract time 4 from line 3. If zar or a liss, enter -0-)  Tax based on investment income. Subtract time 4 from line 3. If zar or a liss, enter -0-)  Tax based on investment income. Subtract time 4 from line 3. If zar or a liss, enter -0-)  Tax based on investment income. Subtract time 4 from line 3. If zar or a liss, enter -0-)  Tax based on investment income. Subtract time 4 from line 3. If zar or a liss, enter -0-)  Tax based on investment income. Subtract time 4 from line 3. If zar or a liss, enter -0-)  Tax based on investment income. Subtract time 4 from line 3. If zar or a liss, enter -0-)  Tax based on investment income. Subtract time 4 from line 3. If zar or a liss, enter -0-)  Tax based in the tax based on subtract a line 5 from 200 line 3 from 5 from 200 line 3 from 5 from 200 line 3 from 200 li				_	
A florter domestic foundations enter 2% of lare 27th. Exampl foreign organizations, enter 4% of Part I, line 12, cot. (6).  2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)  3 197.  4 Subsitité A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)  5 Tax based on investment income. Subtract line 4 florm line 3. If zero or less, enter -0-)  6 Circidate/pyments:  8 197.  6 Circidate/pyments:  8 197.  8 2 0.  8 1 0.  8 2 0.  8 1 0.  8 2 0.  8 1 0.  9 1 1 2 0.  1 2 0.  1 2 0.  1 3 1 1 9 7.  4 2 0.  9 1 1 2 0.  1 2 1 2 0.  1 3 1 1 9 7.  4 2 0.  1 3 1 1 9 7.  4 3 1 1 9 7.  4 3 1 1 9 7.  4 3 1 1 9 7.  4 3 1 1 9 7.  4 3 1 1 9 7.  4 3 1 1 9 7.  5 1 1 9 7.  6 Circidate/pyments:  8 1 0.  8 1 0.  8 1 0.  8 1 0.  8 1 0.  8 1 0.  9 1 0.  1 7 0.  1 0.  1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	þ	\', \'		1	<u>97.</u>
2 Tax under section \$11 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)  Add lines 1 and 2  Subtritle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)  Tax based on tinvestment income. Subtract line 4 from line 3.1 zero or less, enter -0-  Tax based on tinvestment income. Subtract line 4 from line 3.1 zero or less, enter -0-  Evernot foreign organizations -1 saw withheld a source 8		·			
3 d. 197. 4 Stokhtle A (moran) tax (śómesto section 4947(s)(1) trusts and taxable foundations only; others, enter -0-) 5 Tax based on investment incendic section 4947(s)(1) trusts and taxable foundations only; others, enter -0-) 5 Tax based on investment incendic section 4947(s)(1) trusts and taxable foundations only; others, enter -0-) 5 Tax based on investment incendic section 4947(s)(1) trusts and taxable foundations only; others, enter -0-) 5 Tax based on investment incendic section 4947(s)(1) trusts and taxable foundation section 4942(s)(3) or 4942(s)(5) for calendar years)  8 D C S Tax based on investment incendic section 694 in Form 990-PF to the Altoriney General for designate)  9 D State legislation that effectively amends the governing instrument or the foundation reports or fast the foundation reports or explain the foundation reports or explain the foundation for Part VIII-A S and believe the section 694 in Form 990-PF to the Altoriney General (or designate)  9 D S S S S S S S S S S S S S S S S S S					•
Subtible A (normer) Eax (domestic section 497(a)(1) truits and taxable foundations only; others, enter -0-)  5 Tax based on investment income. Subtract tine 4 from ine 3. If zero or less, enter -0-  6 Credits-Pyments:  2 017 estimated tax payments and 2016 overpayment credited to 2017  5 Evernot foreign organizations - tax withheld at source  6 a 0 0.  6 b 0 0.  7 To do I credits and payments. Add times 6 at brough 6d  8 d 0.  7 To do I credits and payments. Add times 6 at brough 6d  8 d 0.  9 Tax due. If this total of lines 5 and 8 is more than line 7, enter amount owed  9 Tax due. If this total of lines 5 and 8 is more than line 7, enter amount owed  10 Overpayment. If line 7 is more than the total of lines 5 and 8, but the 4 mount overpaid  11 Denter the amount of line 10 to be facilities to 1 lines 1 lines 7 is more than the total of lines 5 and 8, but the 4 mount overpaid  11 Denter the amount of line 10 to be facilities to 1 lines 5 and 8 is more than line 7, enter amount owed  12 Denter the amount of line 10 to be facilities to 1 lines 5 and 8 is more than line 7, enter amount owed  13 Denter the support of lines 10 to the Credited to 2019 set significant lines 1 lines 7 is more than the total of lines 5 and 8, but the the amount overpaid  13 Denter the support of lines 10 to the Credited to 2019 set significant lines 1 lines 7 is more than 10 do uring the year (either directly or indirectly) for political purposes? See the instructions for the definition any political campaign?  14 Lines answer is "Set" to 1 or 1h, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.  15 Details the foundation in a connection with the activities.  16 Lines the amount (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. Since 1 lines 1 lines 2 lines 1 lines 2 lines 1 lines 2 lin		The state of the s			
Tax based on investment iscome. Subtract line 4 from line 3. If zero or less, enter -0-	3	<del> </del>			
6 CreditoPeyments: a 2017 estimated tax payments and 2016 overpayment credited to 2017 b Evempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to his (Form 8668) d C C Comments of Section 1 to 1	4				
a 2017 or setmated tax payments and 2016 overpayment credited to 2017 b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to this (Form 8968) d Backup withholding erroneously withheld f Total credits and payments. Add innes 6 aftrough 6d c Total credits and payments. Add innes 6 aftrough 6d c Total credits and payments. Add innes 6 aftrough 6d c Total credits and payments. Add innes 6 aftrough 6d c Total credits and payments. Add innes 6 aftrough 6d c Total credits. Hill not 7 a more than the 7, enter amount owed c Total credits. Hill not 7 a more than the 101 ob the 5 and 8, enter the amount owed c Total credits. Hill not 7 a more than the 101 ob the 5 and 8, enter the amount ower paid c Total credits. Hill not 7 a more than the 101 ob the 5 and 8, enter the amount ower paid c Total credits. Backeting the 11 payment of 11 payments. Backeting the 11 payment of 12 payment of 11 payment of 12 payment o	5	<del></del>		<del>_</del> _	97.
b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8668) d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6 at through 6d 7 Total credits and payments. Add lines 6 at through 6d 7 Total credits and payments. Add lines 6 at through 6d 7 Total credits and payments. Add lines 6 at through 6d 8 0 0. 9 Tax dive. If the total of lines 5 and 8 is more than line 7, enter amount owerd 8 0 0. 9 Tax dive. If the total of lines 5 and 8 is more than line 7, enter amount owerpaid 11. Enter the amount of line 10 to be: Gredited to 2018 estimated tax 12. Finite the amount of line 10 to be: Gredited to 2018 estimated tax 13. During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?  b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition if the activities and copies of any materials published or distributed by the foundation in the cartification with the activities.  c Did the foundation hier Form 112-POLI for this year?  d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year?  d Enter the emmount (if any) of tax on political expenditures (section 4955) imposed during the year?  1 The term of the statement of the activities.  2 Lists the foundation on the form 112-POLI for this year?  4 But the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ 5		- I I			
c Tax paid with application for extension of time to file (Form 8668)  d Backup withholding pernoneusly withheld  7 Total credits and payments. Add lines 5a through 6d  8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached  9 Tax due. If the folat of lines 5 and 8 is more than line 7, enter amount owed  9 Tay 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  11 Enter the amount of line 10 to be: Gredited to 2019 estimated tax.  PERTIVILA 1 Statements Regarding Activities  1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any optional campaign?  1 but it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition if the answer is Yes' to 1a or 1b, attach a detailed description of the activities.  1 but the foundation in connection with the activities.  2 but the foundation in connection with the activities.  3 but the foundation. ▶ S O. (2) On foundation managers. ▶ \$ O. (3) On foundation managers. ▶ \$ O. (4) On foundation managers. ▶ \$ O. (5) On foundation managers. ▶ \$ O. (6) On foundation managers. ▶ \$ O. (7) On foundation managers. ▶ \$ O. (8) On founda		· · · · · · · · · · · · · · · · · · ·			
d Backup withholding erroneously withheld 7 Total credits and payments. Add lines Set intrough 6d 8		——————————————————————————————————————			
7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount owerpaid 10 Total Enter the amount of line 10 to be: Credited to 2018 estimated tax ► Refunded ► 10 11 Enter the amount of line 10 to be: Credited to 2018 estimated tax ► Refunded ► 11  Part VII-A Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any pointical campaign? 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any pointical campaign? 1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition it. X 1b X 1b X 1b In spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition it. X 1c Total in 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. 1c Did the foundation. ► \$ 0. (2) On foundation managers. ► \$ 0. 2 Enter the manunut (if any) of tax on political expenditures (section 4955) imposed during the year? 2 In "Yes," attach the foundation. ► \$ 0. (2) On foundation managers. ► \$ 0. 2 Enter the manunut (if any) of tax on political expenditures (section 4955) imposed during the year? 3 In "Yes," attach the foundation made any changes, not previously period to the IRS; in its governing instrument, or bylaws, or other similar instruments? In "Yes," attach a conformed copy of the changes 3 In "Yes," tatch the statement (equired by General Instruction 7. 4 In "Yes," attach the statement required by Gen		· · · · · · · · · · · · · · · · · · ·			
8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached ☐ 9 ☐ 197.  9 1 197.  10 Overpayment if line 7s is more than the total of lines 5 and 8 is more than the total o		-			٥
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<ul> <li>By language in the governing instrument, or</li> <li>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?</li> <li>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</li> <li>8a Enter the states to which the foundation reports or with which it is registered. See instructions. ►</li> <li>MI</li> <li>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</li> <li>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 year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV</li> <li>9 X</li> <li>10 Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses</li> <li>10 X</li> </ul>	_			J	Ţ
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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  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 year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV  10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses  10 X	0.	Enter the states to subject the foundation counts or with subject it is registered. Can instruction	1		1
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  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 year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV  10 Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses  10 X	σa		-	1	
of each state as required by General Instruction G? If "No," attach explanation  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 year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV  10 Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses  10 X			-	1	
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10 Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses 10 X	J		۱ ۵	1	×
	10			<del>                                     </del>	X '
		g		0-PF	(2017)

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Pa	rt VII-A Statements Regarding Activities (continued)			
	•	T	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		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?		1	
	If "Yes," attach statement. See instructions	12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ▶ DAWDA MANN MULCAHY & SADLER  Telephone no. ▶ 248-64			
	Located at ► 39533 WOODWARD AVENUE SUITE 200, BLOOMFIELD HILLS ZIP+4 ►48	3304		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	3.7	. , , , •	· []
40	and enter the amount of tax-exempt interest received or accrued during the year	N	/A Yes	No
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,	40	162	X
	securities, or other financial account in a foreign country?	16	<b>.</b>	
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country	1		
Ρε	art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required	ــــــــــــــــــــــــــــــــــــــ		L
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			!
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	1		
	a disqualified person?	}	1	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1	1	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1	1	
	(5) Transfer any income or assets to a disqualified person (or make any of either available	1		
	for the benefit or use of a disqualified person)?	1		
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	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.)			
	If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions  N/A	4.		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions  N/A  Organizations relying on a current notice regarding disaster assistance, check here	1b_		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		1	ı
Ī	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)):		ł	
8	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	1	1	
	before 2017?	1	1	1
	If "Yes," list the years $\blacktriangleright$ ,,,,,,,_	1	}	1
t	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect	}	}	
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	1	}	Ì
_	statement - see instructions.)  N/A	2b	<b>-</b>	<del> </del>
C	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.	-	ļ	ł
2.	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		ļ	ł
U	during the year?	1	}	ł
ŀ	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			1
	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,	}	1	Ì
	Form 4720, to determine if the foundation had excess business holdings in 2017.)  N/A	36		
48	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
Ł	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b	<u> </u>	X
	Fo	rm <b>99</b>	0-PF	(2017)

Part VIII Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued)	46-5 tion Managers, Highly	565274 Page 7
3 Five highest-paid independent contractors for professional services. If none, enter		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	<del> </del>	
	<del>-</del>	
	1	
Total number of others receiving over \$50,000 for professional services  Part IX-A Summary of Direct Charitable Activities		• 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statist number of organizations and other beneficiaries served, conferences convened, research papers prod	ical information such as the uced, etc.	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2.	Amount
1 <u>N/A</u>		
2		
All other program-related investments. See instructions.  3		
Total. Add lines 1 through 3		0.

P	Art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	573,379.
b	Average of monthly cash balances	1b	573,379. 163,162.
C	Fair market value of all other assets	1c	
đ	Total (add lines 1a, b, and c)	10	736,541.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.	' <u> </u>	
2	Acquisition indebtedness applicable to line 1 assets	2	<u> </u>
3	Subtract line 2 from line 1d	3	736,541.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	11,048.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	725,493.
6_	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	18,088.
Р	<b>Distributable Amount</b> (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	18,088.
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	197.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	17,891.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	17,891.
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	<u> 17,891.</u>
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	40,000.
b	Program-related investments - total from Part IX-B	1b	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	40,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		<del> </del>
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	40,000.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	ualifies fo	r the section

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	( <b>d)</b> 2017
1 Distributable amount for 2017 from Part XI,	00,500	round prior to 2010	2010	17,891.
2 Undistributed income, if any, as of the end of 2017				17,031.
a Enter amount for 2016 only			0.	
b Total for prior years:				
3 Excess distributions carryover, if any, to 2017:		0.		
a From 2012	1			
<b>b</b> From 2013				
c From 2014				
d From 2015				
e From 2016				
f Total of lines 3a through e	0.1	'		
4 Qualifying distributions for 2017 from	<u>_</u>	<del></del>	<del></del>	
Part XII, line 4: ► \$ 40,000.		•		
a Applied to 2016, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		<u>_</u>	<del> </del>	
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount	<del>-</del>			17,891.
e Remaining amount distributed out of corpus	22,109.		<del> </del>	
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a) )  6 Enter the net total of each column as				
indicated below:	22 100			
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	22,109.	<del></del>		<del> </del>
b Prior years' undistributed income. Subtract	į.	0		
line 4b from line 2b		0.	<del></del>	<del></del>
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		<del></del> -		
amount - see instructions		0.		
e Undistributed income for 2016. Subtract line		·———	<del> </del>	
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	<del></del>	<del></del>	<del></del>	
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	<del>0.</del>	<del></del>	<u> </u>	<del> </del>
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2018.	<del>-</del>		<del> </del>	<del> </del>
Subtract lines 7 and 8 from line 6a	22,109.		)	
10 Analysis of line 9:			<del></del>	<del> </del>
a Excess from 2013				
b Excess from 2014				
c Excess from 2015				
d Excess from 2016				
e Excess from 2017 22, 109.				
6 LAGGS 110111 2017			<del></del>	5 000 DE (0047)

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Form 990-PF (2017) <b>DEMERY</b>	FAMILY FOUN	DATION, INC			565274 Page 10
Part XIV   Private Operating F	oundations (see ins	structions and Part VII	-A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter that	it is a private operating			
foundation, and the ruling is effective fo	r 2017, enter the date of t	he ruling	<b>▶</b> <u> </u>		
<b>b</b> Check box to indicate whether the found	lation is a private operation	g foundation described i	n section	4942(j)(3) or4	1942(1)(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>(b)</b> 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for					
each year listed					
<b>b</b> 85% of line 2a					/
c Qualifying distributions from Part XII,	ļ			<i>'</i>	<del></del>
line 4 for each year listed					
•	<u> </u>		· · · · · · · · · · · · · · · · · · ·	<del>/</del>	+
d Amounts included in line 2c not			!		
used directly for active conduct of	1		1		
exempt activities			<u> </u>		<del>                                     </del>
<ul> <li>Qualifying distributions made directly</li> </ul>		ŀ			
for active conduct of exempt activities.			1		
Subtract line 2d from line 2c			Ì.		
3 Complete 3a, b, or c for the			/		
alternative test relied upon:			1		
<ul><li>a "Assets" alternative test - enter:</li><li>(1) Value of all assets</li></ul>			/		
, ,	<u> </u>	<del> </del> -	<del> /</del>	<del>- </del>	<del> </del>
(2) Value of assets qualifying			1		
under section 4942(j)(3)(B)(i)	ļ		<del> -/</del>		<del> </del>
b "Endowment" alternative test - enter 2/3 of minimum investment return			/		
shown in Part X, line 6 for each year			/		
listed		/	<u> </u>		
c "Support" alternative test - enter:			ļ		
(1) Total support other than gross			ļ		
investment income (interest,					
dividends, rents, payments on	1		1	ļ	
securities loans (section 512(a)(5)), or royalties)	1				
		<del>/</del>	<del> </del>	<del></del>	<del> </del>
(2) Support from general public and 5 or more exempt	{		ţ		
organizations as provided in	ļ		ţ		
section 4942(j)(3)(B)(iii)		<u></u>	<del></del>		<del></del>
(3) Largest amount of support from			<del> </del>		
an exempt organization			<u> </u>		<u> </u>
(4) Gross investment income	<u></u>				
Part XV Supplementary Info			if the foundation	on had \$5,000 or n	nore in assets
at any time during t	the year-see instr	ructions.)			
1 Information Regarding Foundation	on Managers:		<del> </del>		
a List any managers of the foundation wh	-	than 2% of the total cont	ribilitions received by t	he foundation before the c	ose of any tax
year (but only if they have contributed i					ood of any tax
NONE					
	o own 100/ or more of th	a stack of a perpendicular	/or on onvolle lorge on	tion of the surpership of a	
b List any managers of the foundation who other entity) of which the foundation has	s a 10% or greater interes	e Stock of a corporation i	(or an equally large po	filloff of the ownership of a	partnership or
• •	o a 1070 or grouter interest	J			
NONE					<del></del>
2 Information Regarding Contribut					
Check here 🕨 🗶 if the foundation of	only makes contributions t	to preselected charitable	organizations and doe	s not accept unsolicited rei	quests for funds. If
the foundation makes gifts, grants, etc.	, to individuals or organiza	ations under other condit	ions, complete items 2	la, b, c, and d.	
a The name, address, and telephone num	ber or email address of th	e person to whom applic	ations should be addi	essed:	
b The form in which applications should i	ne submitted and informat	tion and materials they st			
b The form in which approaches should be	oc submittee and informa	non and materials they si	iodia include.		
e Any submission deadlines:			<del></del>	<del></del>	<del></del>
c Any submission deadlines:					
A Amunoatuut aana a taasta					
d Any restrictions or limitations on award	s, such as by geographica	ai areas, charitable fields,	kinds of institutions,	or other factors;	

3 Grants and Contributions Paid During the Yo		Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	Toopon	<del> </del>	
LEADERSHIP 100 DLYMPIC TOWER, 546 FIFTH AVE STE 403 NEW YORK, NY 10022		PUBLIC CHARITY	GENERAL OPERATING SUPPORT	5,000.
GREEK ORTHODOX ARCHODIOCESE OF AMERICA 2560 CROOKS ROAD TROY MI 48084		PUBLIC CHARITY	GENERAL OPERATING SUPPORT	2,000
•				•
JAM HELPING AFRICA HELP ITSELF 726 7TH STREET SE		PUBLIC CHARITY	GENERAL OPERATING SUPPORT	10.000
WASHINGTON, DC 20003				10,000
A21 CAMPAIGN/END SLAVERY NOW 1904 HARBOR BLVD #831 COSTA MESA, CA 92627		PUBLIC CHARITY	GENERAL OPERATING SUPPORT	2,000
LIFELINE INT'L LLOYD MISSION C/O REACH OUR WORLD POB 22767		PUBLIC CHARITY	GENERAL OPERATING SUPPORT	1 000
HILTON HEAD, SC 29925  Total SEE CON	TINUATION SHE	रूप (S)	<b>▶</b> 3a	1 000 40 000
b Approved for future payment	12 1310321 2 021 5.111			<u>\$0</u> _000
NONE				
~				
Totai			<b>&gt;</b> 3b	0

nter gross amounts unless otherwise indicated.	Unrelated	business income		y section 512, 513, or 514	(e)	
•	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income	
Program service revenue:  a THE BLACKSTONE GROUP	Code		01	7.		
	-	<del></del>	01  -			
b	-		├──┼─			
C						
d		<del></del>				
e	-	<del></del>	├─-├			
	-		├──┼─			
g Fees and contracts from government agencies	<del> </del>		├┼			
Membership dues and assessments	<del> </del>	<del></del>	├──┼─			
Interest on savings and temporary cash			1 4	100		
investments			14	128. 10,241.		
Dividends and interest from securities	ļ		14	10,241.		
Net rental income or (loss) from real estate:		<del></del>				
a Debt-financed property	<u> </u>		1			
<b>b</b> Not debt-financed property	<u> </u>		<del>                                     </del>			
Net rental income or (loss) from personal			}			
property						
Other investment income			14	330.		
Gain or (loss) from sales of assets other	ļ		1			
than inventory			18	3,944.		
Net income or (loss) from special events						
Gross profit or (loss) from sales of inventory						
Other revenue:			} {			
a	_ [					
b	1 1					
C	1 1				- · · · ·	
d						
e						
Subtotal. Add columns (b), (d), and (e)	_ [	0.		14,650.		
Total. Add line 12, columns (b), (d), and (e)				13		
ee worksheet in line 13 instructions to verify calculations.)	)					
		mplishment of Ex	cempt P	urposes		
art XVI-B Relationship of Activities			-	•		
			contributed	Limportantly to the accomp	olishment of	
·	come is reported in	column (e) of Part XVI-A		I importantly to the accomp	olishment of	
ine No. Explain below how each activity for which in	come is reported in	column (e) of Part XVI-A		I importantly to the accomp	Dishment of	
ine No. Explain below how each activity for which in	come is reported in	column (e) of Part XVI-A		I importantly to the accomp	olishment of	
ne No. Explain below how each activity for which in	come is reported in	column (e) of Part XVI-A		I importantly to the accomp	olishment of	
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ine No. Explain below how each activity for which in	come is reported in	column (e) of Part XVI-A		I importantly to the accomp	plishment of	
ine No. Explain below how each activity for which in	come is reported in	column (e) of Part XVI-A		I importantly to the accomp	Dishment of	
ine No. Explain below how each activity for which in	come is reported in	column (e) of Part XVI-A		I importantly to the accomp	plishment of	
ine No. Explain below how each activity for which in	come is reported in	column (e) of Part XVI-A		I importantly to the accomp	plishment of	
ine No. Explain below how each activity for which in	come is reported in	column (e) of Part XVI-A		I importantly to the accomp	plishment of	

723621 01-03-18

Par	XVII	Information Re		sfers to a	nd Transa	ections ar	nd Relations	hips With Non	charitable	,	
1 [	ud the or	Exempt Organ ganization directly or indirectly		of the followin	n with any oth	er organizatio	n described in sec	tion 501(c)		Yes	No
		n section 501(c)(3) organ			-	-	iii uescribeu iii sec	1011 30 1(0)		100	1.00
		from the reporting founda				<b>g</b> amaanono.				1	ł
(	1) Cash								1a(1)		X
(	2) Other	assets							1a(2)		X
		sactions:									}
	-	of assets to a noncharital							1b(1)		<u>X</u>
•	•	nases of assets from a no	•	organization					1b(2)	<del> </del> -	X
•	•	al of facilities, equipment,							1b(3)	-	X
•	•	bursement arrangements s or loan guarantees							1b(4)	-	X
•	•	rmance of services or me	mhershin or fundrai	sına ealıcıtatıa	ine				1b(5) 1b(6)	-	X
	•	f facilities, equipment, ma							10(0)	<del> </del>	X
		wer to any of the above is				(b) should alw	vavs show the fair	market value of the go		sets.	
		s given by the reporting fo				-				•	
		I) the value of the goods,									
(a) Lin	on e	(b) Amount involved	(c) Name of		exempt organ	nization	(d) Description	on of transfers, transaction	ns, and sharing ar	Tangeme	ents
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22	s the four	ndation directly or indirect	tly affiliated with or i	related to one	or more tay-e	vemnt organia	zations described				
		501(c) (other than sectio			or more tax-e	Actilpt organiz	Zations described		Yes	X	☐ No
		omplete the following sch									
		(a) Name of org			(b) Type of (	organization		(c) Description of rel	ationship		
		N/A									
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	Under	penalties of perium transfers	that I have examined the	s return uncludin	ng accompanying	schedules and	statements and to th	e hest of my knowledge			
Sig		elief, it is true contact and to	-				·	er has any knowledge	May the IRS return with the	ne prepa	rer
Her					<u> </u>	14/11	PRESI	DENT	shown below		No No
	Sigi	nature of officer or trustee	_ <del></del> _		Date	<del></del>	Title	DHII			
		Print/Type preparer's na	ame	Preparer's s	ignature		Date	Check If	PTIN		
_	_	[		11/2/	L	i	C/10 1.11	self- employed			
Pai		JEFFREY D	MOSS		W		5/4/18		P00371	<u>.650</u>	i
	parer	Firm's name DAW	DA, MANN,	MULCA	HY & S	ADLER	brc	Firm's EIN ► 38	3-32353	21	
USE	Only	Final Park	<del></del>	<del></del>				<del></del>			
		Firm's address ► 39			VE. SU		0			. <b></b> .	
		<u>! BL</u>	OOMFIELD	HILLS,	<u>MI 48</u>	304		Phone no. 248	<u>3-642-3</u>	7 <u>00</u>	

# 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 **Employer identification number** DEMERY FAMILY FOUNDATION, INC 46-5565274 Organization type (check one). Filers of: Section: Form 990 or 990-EZ \_\_\_\_ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990 PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II See instructions for determining a contributor's total contributions **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 if this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),

but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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

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

Employer identification number

## DEMERY FAMILY FOUNDATION, INC

	Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.
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Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THOMAS D DEMERY CRUT  C/O 39533 WOODWARD AVE STE 200  BLOOMFIELD HILLS, MI 48304	\$5,392.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THOMAS D DEMERY CRUT  C/O 39533 WOODWARD AVE STE 200  BLOOMFIELD HILLS, MI 48304	\$ 103,761.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	THOMAS D DEMERY CRUT  C/O 39533 WOODWARD AVE STE 200  BLOOMFIELD HILLS, MI 48304	\$15,862.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	THOMAS D DEMERY CRUT  C/O 39533 WOODWARD AVE STE 200  BLOOMFIELD HILLS, MI 48304	\$9,729.	Person Payroli Noncash X (Complete Part II for noncash contributions.)
(a) <b>N</b> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	THOMAS D DEMERY CRUT  C/O 39533 WOODWARD AVE STE 200  BLOOMFIELD HILLS, MI 48304	\$\$.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
723452 11-6	THOMAS D DEMERY CRUT  C/O 39533 WOODWARD AVE STE 200  BLOOMFIELD HILLS, MI 48304	\$\$.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Employer identification number

## DEMERY FAMILY FOUNDATION, INC

Part I	Contributors	(see instructions)	Use duplicate copies of Part I if additional space is needed.
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(a)	(b)	(c)	(d)
No	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	THOMAS D DEMERY CRUT  C/O 39533 WOODWARD AVE STE 200  BLOOMFIELD HILLS, MI 48304	\$ <b>4</b> ,810.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	THOMAS D DEMERY CRUT  C/O 39533 WOODWARD AVE STE 200  BLOOMFIELD HILLS, MI 48304	\$\$.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	THOMAS D DEMERY CRUT  C/O 39533 WOODWARD AVE STE 200  BLOOMFIELD HILLS, MI 48304	\$11,128.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	THOMAS D DEMERY CRUT  C/O 39533 WOODWARD AVE STE 200  BLOOMFIELD HILLS, MI 48304	\$15,916.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	THOMAS D DEMERY CRUT  C/O 39533 WOODWARD AVE STE 200  BLOOMFIELD HILLS, MI 48304	\$10,920.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
723452 11-0	THOMAS D DEMERY CRUT  C/O 39533 WOODWARD AVE STE 200  BLOOMFIELD HILLS, MI 48304	\$\$.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Employer identification number

# DEMERY FAMILY FOUNDATION, INC

<u>DEMER</u>	Y FAMILY FOUNDATION, INC	46	<u>-5565274</u>
Part I	Contributors (see instructions) Use duplicate copies of Part I if addit	ional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	THOMAS D DEMERY CRUT  C/O 39533 WOODWARD AVE STE 200  BLOOMFIELD HILLS, MI 48304	\$13,910.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	THOMAS D DEMERY CRUT  C/O 39533 WOODWARD AVE STE 200  BLOOMFIELD HILLS, MI 48304	\$5,793. 	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	THOMAS D DEMERY CRUT  C/O 39533 WOODWARD AVE STE 200  BLOOMFIELD HILLS, MI 48304	\$2,685.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	THOMAS D DEMERY CRUT  C/O 39533 WOODWARD AVE STE 200  BLOOMFIELD HILLS, MI 48304	\$14,875.	Person Payroli Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	THOMAS D DEMERY CRUT  C/O 39533 WOODWARD AVE STE 200  BLOOMFIELD HILLS, MI 48304		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	THOMAS D DEMERY CRUT  C/O 39533 WOODWARD AVE STE 200  BLOOMFIELD HILLS, MI 48304	\$1,555.	Person Payroll Noncash X (Complete Part II for noncash contributions)
723452 11-0	)1-17	Schedule B (Form	990, 990-EZ, or 990-PF) (2017

Employer identification number

## DEMERY FAMILY FOUNDATION, INC

Part I	Contributors	(see instructions)	Use duplicate co	pies of Part I if add	litional space is needed.
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	Contributors (see instructions) Use duplicate copies of Part III at	- The cook	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	THOMAS D DEMERY CRUT  C/O 39533 WOODWARD AVE STE 200  BLOOMFIELD HILLS, MI 48304	\$15,606.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	THOMAS D DEMERY CRUT  C/O 39533 WOODWARD AVE STE 200  BLOOMFIELD HILLS, MI 48304	\$5,806.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	THOMAS D DEMERY CRUT  C/O 39533 WOODWARD AVE STE 200  BLOOMFIELD HILLS, MI 48304	\$ 20,801.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	THOMAS D DEMERY CRUT  C/O 39533 WOODWARD AVE STE 200  BLOOMFIELD HILLS, MI 48304	\$ 66,773.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	THOMAS D DEMERY CRUT  C/O 39533 WOODWARD AVE STE 200  BLOOMFIELD HILLS, MI 48304	\$ <b>24,052.</b>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	THOMAS D DEMERY CRUT  C/O 39533 WOODWARD AVE STE 200  BLOOMFIELD HILLS, MI 48304	\$63,307.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
		<del></del>	990, 990-EZ, or 990-PF) (201)

Employer identification number

### DEMERY FAMILY FOUNDATION, INC

<u>EMER</u>	Y FAMILY FOUNDATION, INC	46	<u>-5565274</u>
Part I	Contributors (see instructions). Use duplicate copies of Part I if an	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	THOMAS D DEMERY CRUT  C/O 39533 WOODWARD AVE STE 200  BLOOMFIELD HILLS, MI 48304	\$10,449.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	THOMAS D DEMERY CRUT  C/O 39533 WOODWARD AVE STE 200  BLOOMFIELD HILLS, MI 48304	\$ <b>4</b> ,033.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	THOMAS D DEMERY CRUT  C/O 39533 WOODWARD AVE STE 200  BLOOMFIELD HILLS, MI 48304	\$\$66,534.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_28	THOMAS D DEMERY CRUT  C/O 39533 WOODWARD AVE STE 200  BLOOMFIELD HILLS, MI 48304	\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	THOMAS D DEMERY CRUT  C/O 39533 WOODWARD AVE STE 200  BLOOMFIELD HILLS, MI 48304	\$3,926.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	THOMAS D DEMERY CRUT  C/O 39533 WOODWARD AVE STE 200  BLOOMFIELD HILLS, MI 48304	\$\$.	Person Payroll Noncash X (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (201

Employer identification number

#### DEMERY FAMILY FOUNDATION, INC

Part I Co	ntributors (see instruction	ns). Use duplicate copies of Part I if additional space is needed
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Parti	Contributors (see instructions). Use duplicate copies of Part I if ac	dollional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	THOMAS D DEMERY CRUT  C/O 39533 WOODWARD AVE STE 200  BLOOMFIELD HILLS, MI 48304	ss	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	THOMAS D DEMERY CRUT  C/O 39533 WOODWARD AVE STE 200  BLOOMFIELD HILLS, MI 48304	\$ 5,528.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	THOMAS D DEMERY CRUT  C/O 39533 WOODWARD AVE STE 200  BLOOMFIELD HILLS, MI 48304	\$8,861.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	THOMAS D DEMERY CRUT  C/O 39533 WOODWARD AVE STE 200  BLOOMFIELD HILLS, MI 48304	\$\$.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>35</u>	THOMAS D DEMERY CRUT  C/O 39533 WOODWARD AVE STE 200  BLOOMFIELD HILLS, MI 48304	\$\$.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>36</u>	THOMAS D DEMERY CRUT  C/O 39533 WOODWARD AVE STE 200  BLOOMFIELD HILLS, MI 48304	\$ <b>4,844.</b>	Person Payroll Noncash X (Complete Part II for noncash contributions) 990. 990-EZ, or 990-PF) (2017)

Employer identification number

DEMERY	FAMILY	FOUNDATION,	INC

Part l	Contributors (see instructions) Use duplicate copies of Part I if additional additional contributors.	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>37</u>	THOMAS D DEMERY CRUT  C/O 39533 WOODWARD AVE STE 200  BLOOMFIELD HILLS, MI 48304	\$18,671.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38	THOMAS D DEMERY CRUT  C/O 39533 WOODWARD AVE STE 200  BLOOMFIELD HILLS, MI 48304	s19,830.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39	THOMAS D DEMERY CRUT		Person Pavroll

Employer identification number

<u>DEMER</u>	Y FAMILY FOUNDATION, INC	46	-5565274					
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
43	THOMAS D DEMERY CRUT  C/O 39533 WOODWARD AVE STE 200  BLOOMFIELD HILLS, MI 48304	\$3,009.	Person Payroll Noncash X (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
44	THOMAS D DEMERY CRUT  C/O 39533 WOODWARD AVE STE 200	\$ 3,793.	Person Payroll Noncash X					

Pag	ge <b>3</b>	

Schedule E	(Form	990,	990-EZ,	or 990-PF	(2017)	
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44	68 SHS WELLS FARGO BK		
		\$\$.	07/03/17
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
45	995 SHS WESTPAC BANKING LTD		07/03/17

Schedule	e B (Form 990, 990-EZ, or	990-PF) (2017)	Page 3	
Name of C	organization •		Employer identification number	
	RY FAMILY FOU		46-5565274	
Parj li	Noncash Prope	ty (see instrictions). Use diinlicate cooles of Part IL.	f additional enace is needed	
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4.				

Employer identification number

## DEMERY FAMILY FOUNDATION, INC

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)		
25	251 SHS ISHARES MSCI EMERGING MARKETS			
		\$10,449.	07/03/17	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
26	34 SHS ISHARES RUSSELL 1000 GROWTH			
		\$4,033.	07/03/17	
(a) No.	(h)	(c)	(d)	

c 491 SHS REAL ESTATE SELECT SCTR 03/24/1708/17/17 d 2398.199 SHS EATON VANCE INCOME FD 10/13/1508/17/17 P e 487.25 SHS AMERICAN FD CAP INCM BLDR 09/15/1008/17/17 Р 12/28/1508/17/17 01/21/1408/17/17 t\_5\_SHS\_BIOGEN\_INC g 2969 SHS FIFTH STREET FINANCE P h 1577 SHS GLADSTONE CAP CORP VARIOUS 08/17/17 P 1 SHS GLADSTONE CAP CORP P 10/11/1008/17/17 1018 SHS HERCULES CAPITAL INC VARIOUS 08/17/17 03/05/1508/17/17 k 60 SHS MERCK & CO P 1 63 SHS PROCTOR & GAMBLE 08/24/1508/17/17

Lutar trom Confirmation ebook

name of otaxu	Form 990, 990-EZ, or 990-PF) (2017)		Employer identifi	cation number
· ·			Z.iipioyor identili	
DEMERY	FAMILY FOUNDATION,	INC	46-556	5274
Part <sup>·</sup> III	Exclusively religious, charitable, etc., of the year from any one contributor. Complete	contributions to organizations described in sect ete columns (a) through (e) and the following lin igious, charitable, etc., contributions of \$1,000 or less for	ion 501(c)(7), (8), or (10) that total moi	e than \$1,000 for
	Use duplicate copies of Part III if additional completing Part III if additional copies of Part III	igious, charitable, etc., contributions of \$1,000 or less for tional space is needed	the year (Enter this lillo once)	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how g	ift is held
-				
-		(e) Transfer of gift		
	Transferee's name, address	s, and ZIP + 4	Relationship of transferor to transf	eree
			-	
1 990-P	F OTHER DECREASES	S IN NET ASSETS OR FUN	D BALANCES STAT	EMENT 8
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DIFFERNCE

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CONTINUATION FOR 990-PF, PART IV 46-5565274 PAGE 2 OF 4 DEMERY FAMILY FOUNDATION, INC

CONTINUATION FOR 990-PF, PART IV DEMERY FAMILY FOUNDATION, INC. 46-5565274 PAGE Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired (c) Date acquired (d) Date sold (mo.. day, vr.) (a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock 200 shs. MLC Co.

CONTINUATION FOR 990-PF, PART IV DEMERY FAMILY FOUNDATION, INC 46-5565274 PAGE Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (mo., day, yr.) (a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co. (d) Date sold (mo., day, yr.) 1a 131 SHS VALERO ENERGTY CORP 07/05/1608/17/17 P 03/04/1408/17/17 VARIOUS 08/17/17 b 68 SHS WELLS FARGO BK P c 580 SHS WESTPAC BANKING 'a jer bi bel 5°

<u></u>	DEMERY_F	AMILY FOUNDATION	N, INC	46-55	65274
Part XV	Supplementary Information			-	
3 Grants a	and Contributions Paid During the Ye	ear (Continuation)			
	Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name	e and address (home or business)	any foundation manager	status of	contribution	Amount

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
41	131 SHS VALERO ENERGY CORP		
		\$8,911.	07/03/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

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FORM 990-PF INTERES	ST ON SAVINGS	AND TEMPOR	ARY (	CASH I	NVESTMENTS	STATE	EMENT	1
SOURCE  CHARLES SCHWAB THE BLACKSTONE GROUP  TOTAL TO PART I, LINE 3		REVENUE NET INV		(B) NET INVESTMENT INCOME 79.		(C) ADJUSTED NET INCOM		
				128.				
FORM 990-PF	DIVIDENDS A	AND INTEREST	FROM	4 SECU	RITIES	STATE	EMENT	2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	REV	(A) /ENUE BOOKS	(B) NET INVES MENT INCO		(C) ADJUST ET INC	
CHARLES SCHWAB THE BLACKSTONE GROUP	12,342.	2,113.	1	 L0,229 12		29.		<u> </u>
TO PART I, LINE 4	12,354.		1					
FORM 990-PF		OTHER INCO	ME	<del></del>	<del></del>	STATE	EMENT	3
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•		FEES	S:	PATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITAB PURPOSE	
DAWDA MANN MULCAHY & SADLER	2,860.	2,860.			0.
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FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS STATEMENT 10 TRUSTEES AND FOUNDATION MANAGERS **ውሆ**ስ፣ ለህወው 

GENERAL EXPLANATION

STATEMENT

FORM/LINE IDENTIFIER

PART III, LINE 5 PAGE 2 OF 990-PF

**EXPLANATION:** 

FMV OF STOCKS CONTRIBUTED

\$760,234

BOOK VALUE OF ASSETS CONRIBUTED \$776.389