

For calendar year 2017, or tax year beginning 07-01-2017, and ending 06-30-2018

Name of foundation THOMAS AND CAROL CRACCHIOLO FOUNDATION		A Employer identification number 38-2543263	
Number and street (or P O box number if mail is not delivered to street address) 100 MAPLE PARK BLVD NO 130		Room/suite	B Telephone number (see instructions) (586) 445-8111
City or town, state or province, country, and ZIP or foreign postal code ST CLAIR SHORES, MI 480812253		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 16,424,452		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) (Part I, column (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) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	924,943			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	22	22		
	4 Dividends and interest from securities . . .	288,126	288,126		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	489,321			
	b Gross sales price for all assets on line 6a 2,322,981				
	7 Capital gain net income (from Part IV, line 2) . . .		489,321		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	1,702,412	777,469		
	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	32,948	847		32,101
	c Other professional fees (attach schedule)	25,313	25,313		0
	17 Interest				
	18 Taxes (attach schedule) (see instructions) . . .	14,794	1,222		20
	19 Depreciation (attach schedule) and depletion . . .	442	133		
	20 Occupancy	8,734	0		8,734
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	856	690		166
	24 Total operating and administrative expenses. Add lines 13 through 23	83,087	28,205		41,021
	25 Contributions, gifts, grants paid	640,392			640,392
	26 Total expenses and disbursements. Add lines 24 and 25	723,479	28,205		681,413
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	978,933			
	b Net investment income (if negative, enter -0-)		749,264		
	c Adjusted net income(if negative, enter -0-)				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value			
Assets	1	Cash—non-interest-bearing	7,866	27,501	27,501		
	2	Savings and temporary cash investments	1,167,106	769,606	769,606		
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____					
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)					
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____					
	8	Inventories for sale or use					
	9	Prepaid expenses and deferred charges					
	10a	Investments—U S and state government obligations (attach schedule)					
	b	Investments—corporate stock (attach schedule)	6,444,797	7,289,792	9,085,305		
	c	Investments—corporate bonds (attach schedule)					
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
	12	Investments—mortgage loans					
	13	Investments—other (attach schedule)	3,232,073	3,747,660	6,539,995		
	14	Land, buildings, and equipment basis ▶ _____ 6,606 Less accumulated depreciation (attach schedule) ▶ 4,561	2,487	2,045	2,045		
15	Other assets (describe ▶ _____)	7,890	0	0			
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	10,862,219	11,836,604	16,424,452			
Liabilities	17	Accounts payable and accrued expenses					
	18	Grants payable					
	19	Deferred revenue					
	20	Loans from officers, directors, trustees, and other disqualified persons					
	21	Mortgages and other notes payable (attach schedule)					
	22	Other liabilities (describe ▶ _____)					
	23	Total liabilities (add lines 17 through 22)	0	0			
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.						
	24	Unrestricted					
	25	Temporarily restricted					
	26	Permanently restricted					
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.						
	27	Capital stock, trust principal, or current funds	0	0			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0			
	29	Retained earnings, accumulated income, endowment, or other funds	10,862,219	11,836,604			
	30	Total net assets or fund balances (see instructions)	10,862,219	11,836,604			
31	Total liabilities and net assets/fund balances (see instructions) .	10,862,219	11,836,604				

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	10,862,219
2	Enter amount from Part I, line 27a	2	978,933
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	11,841,152
5	Decreases not included in line 2 (itemize) ▶ _____	5	4,548
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	11,836,604

Part IV Capital Gains and Losses for Tax on Investment Income

(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)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a PUBLICLY TRADED SECURITIES			
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 2,322,981		1,833,660	489,321
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			489,321
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	<div style="display: flex; align-items: center;"> <div style="font-size: 3em; margin-right: 5px;">{</div> <div> If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 </div> <div style="font-size: 3em; margin-left: 5px;">}</div> </div>	2	489,321
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	<div style="display: flex; align-items: center;"> <div style="font-size: 3em; margin-right: 5px;">{</div> <div></div> <div style="font-size: 3em; margin-left: 5px;">}</div> </div>	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes
 ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries


(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	615,551	13,718,792	0 044869
2015	610,452	12,310,324	0 049589
2014	553,069	12,758,749	0 043348
2013	455,760	11,631,423	0 039184
2012	400,754	10,011,661	0 040029
2 Total of line 1, column (d)			2 0 217019
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 0 043404
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5			4 15,522,998
5 Multiply line 4 by line 3			5 673,760
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 7,493
7 Add lines 5 and 6			7 681,253
8 Enter qualifying distributions from Part XII, line 4			8 681,413

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> 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 <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	7,493
c	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-)	2	0
3	Add lines 1 and 2.	3	7,493
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	7,493
6	Credits/Payments		
a	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	14,450
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	14,450
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	0
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	6,957
11	Enter the amount of line 10 to be Credited to 2018 estimated tax <input type="checkbox"/> 6,957 Refunded <input type="checkbox"/>	11	0

Part VII-A Statements Regarding Activities

	Yes	No
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 political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>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</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ 0 (2) On foundation managers <input type="checkbox"/> \$ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2	No
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? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • 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?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> 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? <i>If "No," attach explanation</i> .	8b	Yes
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 taxable year beginning in 2017 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> 	10	Yes

Part VII-A Statements Regarding Activities (continued)

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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>N/A</u>	13	Yes	
14	The books are in care of ► <u>THOMAS A CRACCHIOLO</u> Telephone no ► <u>(586) 445-8111</u>			

Located at ► 100 MAPLE PARK BLVD STE 130 ST CLAIR SHORES MI ZIP+4 ► 480812253

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here	<input type="checkbox"/>		
	and enter the amount of tax-exempt interest received or accrued during the year	► 15		
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country ►			

Part 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.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(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). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any 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)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here.			
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 before the first day of the tax year beginning in 2017?	1c		No
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))			
a	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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	If "Yes," list the years ► 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not 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 statement—see instructions)	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	If "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).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	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		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a During the year did the foundation pay or incur any amount to (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/>	5b		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If "Yes" to 6b, file Form 8870</i>	6b		No
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7b		

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1

List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				

2

Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				

Total number of other employees paid over \$50,000.

0

3

Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services.

0

Part IX-A

Summary of Direct Charitable Activities

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	
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	0
2	
All other program-related investments. See instructions.	
3	

Total. Add lines 1 through 3

0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

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	14,841,671
b	Average of monthly cash balances.	1b	917,718
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	15,759,389
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	15,759,389
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	236,391
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	15,522,998
6	Minimum investment return. Enter 5% of line 5.	6	776,150

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	776,150
2a	Tax on investment income for 2017 from Part VI, line 5.	2a	7,493
b	Income tax for 2017 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	7,493
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	768,657
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	768,657
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	768,657

Part 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	681,413
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	681,413
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	5	7,493
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	673,920

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

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, line 7				768,657
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.			659,767	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2017				
a From 2012.				
b From 2013.				
c From 2014.				
d From 2015.				
e From 2016.				
f Total of lines 3a through e.	0			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ <u>681,413</u>				
a Applied to 2016, but not more than line 2a			659,767	
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.				21,646
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0			
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 instructions			0	
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				747,011
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 not applied on line 5 or line 7 (see instructions). . . .	0			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	0			
10 Analysis of line 9				
a Excess from 2013.				
b Excess from 2014.				
c Excess from 2015.				
d Excess from 2016.				
e Excess from 2017.				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
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 for active conduct of exempt activities. Subtract line 2d from line 2c					
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 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 Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))
See Additional Data Table

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or email address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	640,392
b <i>Approved for future payment</i>				
Total			3b	0

Enter gross amounts unless otherwise indicated

Part XVI-B Relationship of Activities to the Accomplishment of Exempt PurposesForm **990-PF** (2017)

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash.	1a(1)		No
(2) Other assets.	1a(2)		No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization.	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.	1b(2)		No
(3) Rental of facilities, equipment, or other assets.	1b(3)		No
(4) Reimbursement arrangements.	1b(4)		No
(5) Loans or loan guarantees.	1b(5)		No
(6) Performance of services or membership or fundraising solicitations.	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	1c		No
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.			

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	***** Signature of officer or trustee	2018-10-31 Date	***** Title

May the IRS discuss this return with the preparer shown below (see instr)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--

Paid Preparer Use Only	Print/Type preparer's name MICHAEL J PREDHOMME	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00011558	
	Firm's name ► PREDHOMME & CO					Firm's EIN ► 38-2622899
	Firm's address ► 260 E BROWN STREET SUITE 320 BIRMINGHAM, MI 480096210					Phone no (248) 540-1040

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
THOMAS A CRACCHIOLO 100 MAPLE PARK BLVD STE 130 ST CLAIR SHORES, MI 48081	PRESIDENT/DIRECTOR 15 00	0	0	0
CAROL A CRACCHIOLO 100 MAPLE PARK BLVD STE 130 ST CLAIR SHORES, MI 48081				
ANN CRACCHIOLO CARAWAY 100 MAPLE PARK BLVD STE 130 ST CLAIR SHORES, MI 48081	VICE PRESIDENT/DIRECTOR 2 00	0	0	0
LISA CRACCHIOLO PERACCHIO 100 MAPLE PARK BLVD STE 130 ST CLAIR SHORES, MI 48081				
BERNADETTE M CRACCHIOLO 100 MAPLE PARK BLVD STE 130 ST CLAIR SHORES, MI 48081	TREASURER/DIRECTOR 15 00	0	0	0
CAROL CRACCHIOLO LAUB 100 MAPLE PARK BLVD STE 130 ST CLAIR SHORES, MI 48081				

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

THOMAS A CRACCHIOLO
CAROL A CRACCHIOLO

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
ALZHEIMER'S ASSOCIATION 2520 TELEGRAPH RD SUITE 100 SOUTHFIELD, MI 48033	NONE	PUBLIC	OPERATING FUND	200
ANGELS' PLACE25240 LAHSER ROAD SOUTHFIELD, MI 48033	NONE	PUBLIC	OPERATING FUND	10,000
AUSTIN CATHOLIC HIGH SCHOOL 25925 23 MILE ROAD CHESTERFIELD, MI 48051	NONE	PUBLIC	CAPITAL CAMPAIGN	10,000
Total ▶ 3a				640,392

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
AVE MARIA UNIVERSITY 5050 AVE MARIA BLVD AVE MARIA, FL 341429505	NONE	PUBLIC	OPERATING FUND	1,500
BEAUMONT FOUNDATION OF GROSSE POINTE PO BOX 5802 TROY, MI 48007	NONE	PUBLIC	OPERATING FUND	1,000
CAFE OF LIFE INCPO BOX 367794 BONITA SPRINGS, FL 34136	NONE	PUBLIC	OPERATING FUND	5,000
Total ▶ 3a				640,392

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
CAPUCHIN MISSION ASSOCIATION 1820 MT ELLIOTT AVENUE DETROIT, MI 48207	NONE	PUBLIC	OPERATING FUND	200
CAPUCHIN PROVINCE OF ST JOSEPH 1820 MT ELLIOTT AVENUE DETROIT, MI 482073496	NONE	PUBLIC	OPERATING FUND	26,000
CAPUCHIN SOUP KITCHEN CHILDREN & YOUTH PROGRAM 1820 MT ELLIOTT AVENUE DETROIT, MI 48207	NONE	PUBLIC	OPERATING FUND	10,000
Total ► 3a				640,392

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
CAPUCHIN SOUP KITCHEN 1820 MT ELLIOTT AVENUE DETROIT, MI 482073496	NONE	PUBLIC	OPERATING FUND	19,500
CASS COMMUNITY SOCIAL SERV - EMPTY BOWLS 11745 ROSA PARKS BLVD DETROIT, MI 482061779	NONE	PUBLIC	OPERATING FUND	1,000
CATHOLIC TV PO BOX 9196-34 CHESTNUT ST WATERTOWN, MA 02471	NONE	PUBLIC	OPERATING FUND	500
Total ▶ 3a				640,392

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
CHARITY NAVIGATOR 139 HARRISTOWN ROAD SUITE 201 GLEN ROCK, NJ 07452	NONE	PUBLIC	OPERATING FUND	250
COMMUNITY FOUNDATION FOR SE MI SOLANUS LEGACY 333 W FORT ST SUITE 2010 DETROIT, MI 482263134	NONE	PUBLIC	OPERATING FUNDOPERATING FUND	5,000
CORNERSTONE EDUCATION GROUP 306 E FOURTH ST ROYAL OAK, MI 48067	NONE	PUBLIC	OPERATING FUND	2,000
Total ► 3a				640,392

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a Paid during the year				
COVENANT HOUSE MICHIGAN 2959 MARTIN LUTHER KING JR BLVD DETROIT, MI 48208	NONE	PUBLIC	OPERATING FUND	5,000
DETROIT AUDUBON SOCIETY 24433 W NINE MILE ROAD SOUTHFIELD, MI 480333935	NONE	PUBLIC	OPERATING FUND	500
DETROIT INSTITUTE OF ARTS 5200 WOODWARD AVENUE DETROIT, MI 48202	NONE	PUBLIC	OPERATING FUND	5,000
Total ▶ 3a				640,392

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
DOCTORS WITHOUT BORDERS USA 333 SEVENTH AVENUE 2ND FLOOR NEW YORK, NY 10001	NONE	PUBLIC	OPERATING FUND	5,000
DOMINICAN LITERACY CENTER 5555 CONNER AVENUE SUITE 3258 DETROIT, MI 48213	NONE	PUBLIC	OPERATING FUND	10,000
EAST AFRICAN CHILDREN'S FUND 100 MAPLE PARK BLVD SUITE 130 ST CLAIR SHORES, MI 48081	NONE	PUBLIC	OPERATING FUND	65,000
Total ▶ 3a				640,392

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
EPIPHANY EDUCATION CENTER 5555 CONNER AVENUE SUITE 3258 DETROIT, MI 48213	NONE	PUBLIC	OPERATING FUND	1,000
EUCCHARISTIC MISSION BAND - ST BONAVENTURE 1820 MT ELLIOTT AVENUE DETROIT, MI 48207	NONE	PUBLIC	OPERATING FUND	300
FATHER SOLANUS GUILD 1820 MT ELLIOTT AVENUE DETROIT, MI 48207	NONE	PUBLIC	OPERATING FUND	100
Total ▶ 3a				640,392

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
FOOD BANK OF EASTERN MICHIGAN 2312 LAPEER ROAD FLINT, MI 48503	NONE	PUBLIC	OPERATING FUND	10,000
FORGOTTEN HARVEST 21800 GREENFIELD ROAD OAK PARK, MI 48237	NONE	PUBLIC	OPERATING FUND	110,000
GLEANERS COMMUNITY FOOD BANK 2131 BEAUFIT DETROIT, MI 48207	NONE	PUBLIC	OPERATING FUND	15,000
Total ▶ 3a				640,392

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
GROSSE POINTE LIBRARY FOUNDATION 10 KERCHEVAL AVENUE GROSSE POINTE FARMS, MI 48236	NONE	PUBLIC	OPERATING FUND	1,000
HART HAITI AFRICAN RELIEF TEAM 28 MCKINLEY PLACE GROSSE POINTE FARMS, MI 48236	NONE	PUBLIC	OPERATING FUND	15,000
HEALING THE CHILDREN MICHIGAN 2140 44TH STREET SE SUITE 105 GRAND RAPIDS, MI 495085086	NONE	PUBLIC	OPERATING FUND	10,000
Total ▶ 3a				640,392

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
HEIFER INTERNATIONALPO BOX 1692 MERRIFIELD, VA 221161692	NONE	PUBLIC	OPERATING FUND	1,000
IHM SERVANTS IMMACULATE HEART MARY 610 WEST ELM AVENUE MONROE, MI 481627909	NONE	PUBLIC	OPERATING FUND	5,000
ITALIAN AMERICAN CULTURAL SOCIETY 43843 ROMEO PLANK ROAD CLINTON TOWNSHIP, MI 48038	NONE	PUBLIC	OPERATING FUND	3,000
Total ▶ 3a				640,392

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
LEGATUS49495 GRATIOT AVENUE CHESTERFIELD, MI 48051	NONE	PUBLIC	OPERATING FUND	1,342
LOYOLA HIGH SCHOOL 15325 PINEHURST DETROIT, MI 48238	NONE	PUBLIC	OPERATING FUND	10,000
LYF INC (LEARNING YOUR FUNCTION INC) 26652 CASTLEVIEW WAY WESLEY CHAPEL, FL 33544	NONE	PUBLIC	OPERATING FUND	20,000
Total ▶ 3a				640,392

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
MANNA COMMUNITY MEALS 1950 TRUMBULL DETROIT, MI 48216	NONE	PUBLIC	OPERATING FUND	15,000
MARY'S MANTLEPO BOX 115 BLOOMFIELD HILLS, MI 48303	NONE	PUBLIC	OPERATING FUND	10,000
MEN OF THE SACRED HEARTS 35735 MOUND ROAD STERLING HEIGHTS, MI 483104728	NONE	PUBLIC	OPERATING FUND	500
Total ▶ 3a				640,392

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
MERCY EDUCATION PROJECT 1450 HOWARD ST DETROIT, MI 48216	NONE	PUBLIC	OPERATING FUND	5,000
MICHIGAN PARKINSON FOUNDATION 30400 TELEGRAPH ROAD SUITE 150 BINGHAM FARMS, MI 48025	NONE	PUBLIC	OPERATING FUND	5,000
MOST HOLY TRINITY CHURCH 1050 PORTER STREET DETROIT, MI 482262405	NONE	PUBLIC	OPERATING FUND	500
Total ▶ 3a				640,392

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
MOST HOLY TRINITY SCHOOL 1229 LABROSSE DETROIT, MI 48226	NONE	PUBLIC	OPERATING FUND	5,000
OLD NEWSBOYS GOODFELLOW FUND OF DETROIT PO BOX 838 WARREN, MI 480900838	NONE	PUBLIC	OPERATING FUND	500
POPE FRANCIS CENTER 438 SAINT ANTOINE STREET DETROIT, MI 48226	NONE	PUBLIC	OPERATING FUND	10,000
Total 3a				640,392

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
PREGNANCY AID17325 MACK AVENUE DETROIT, MI 48236	NONE	PUBLIC	OPERATING FUND	1,000
ROSARY RETREATS FOUNDATION 32965 HUNTER AVENUE WESTLAND, MI 48185	NONE	PUBLIC	OPERATING FUND	2,000
ROSE HILL FOUNDATION 5130 ROSE HILL BOULEVARD HOLLY, MI 484429507	NONE	PUBLIC	OPERATING FUND	5,000
Total ▶ 3a				640,392

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a Paid during the year				
SACRED HEART MAJOR SEMINARY 2701 CHICAGO BLVD DETROIT, MI 482061779	NONE	PUBLIC	OPERATING FUND	10,000
SERVICES FOR OLDER CITIZENS 158 RIDGE ROAD GROSSE POINTE FARMS, MI 48236	NONE	PUBLIC	OPERATING FUND	1,000
SEVEN PONDS NATURE CONSERVANCY 3854 CRAWFORD ROAD DRYDEN, MI 48428	NONE	PUBLIC	OPERATING FUND	1,000
Total ▶ 3a				640,392

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
SISTERS OF CHRISTIAN LOVE PO BOX 32694 DETROIT, MI 48232	NONE	PUBLIC	OPERATING FUND	1,000
SISTERS HOME VISITORS OF MARY 121 EAST BOSTON BLVD DETROIT, MI 48202	NONE	PUBLIC	OPERATING FUND	2,000
SIX RIVERS RLCPO BOX 80902 ROCHESTER, MI 483080902	NONE	PUBLIC	OPERATING FUND	500
Total ▶ 3a				640,392


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
SOCIETY OF ST VINCENT DE PAUL DETROIT 3000 GRATIOT DETROIT, MI 48207	NONE	PUBLIC	OPERATING FUND	125,000
SPECIAL KIDS21131 MACK AVENUE GROSSE POINTE WOODS, MI 48230	NONE	PUBLIC	OPERATING FUND	2,000
ST BENEDICT MONASTERY 2711 E DRAHNER OXFORD, MI 48371	NONE	PUBLIC	OPERATING FUND	3,000
Total ▶ 3a				640,392

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
ST JOHN HOSPITAL - FONTBONNE AUXILIARY 22101 MOROSS ROAD MOB SUITE 102 DETROIT, MI 48236	NONE	PUBLIC	OPERATING FUND	1,000
ST MARGARET OF SCOTLANDMCWARM 21201 THIRTEEN MILE ROAD ST CLAIR SHORES, MI 48082	NONE	PUBLIC	OPERATING FUND	5,000
ST PATRICK SENIOR CENTER 58 PARSONS STREET DETROIT, MI 482012002	NONE	PUBLIC	OPERATING FUND	5,000
Total ► 3a				640,392

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
ST PAUL ON THE LAKE - CSA 157 LAKE SHORE RD GROSSE POINTE FARMS, MI 48236	NONE	PUBLIC	OPERATING FUND	5,000
ST PAUL ON THE LAKE 157 LAKE SHORE RD GROSSE POINTE FARMS, MI 48236	NONE	PUBLIC	OPERATING FUND	15,000
ST PHILOMENA PARISH 4281 MARSEILLES DETROIT, MI 48224	NONE	PUBLIC	OPERATING FUND	500
Total ▶ 3a				640,392

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
ST VINCENT DE PAUL SOCIETY 15020 HAMPTON GROSSE POINTE PARK, MI 48230	NONE	PUBLIC	OPERATING FUND	5,000
TARAHUMARA CHILDREN'S HOSPITAL 32538 SABRINA COURT WARREN, MI 48093	NONE	PUBLIC	OPERATING FUND	5,000
THE GLORIA & THOMAS KITCHEN MEMORIAL FNDN 264 GROSSE POINTE BLVD GROSSE POINTE FARMS, MI 48236	NONE	PUBLIC	OPERATING FUND	2,000
Total ► 3a				640,392

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
THE HOLLEY INSTITUTE 22151 MOROSS ROAD DETROIT, MI 482362172	NONE	PUBLIC	OPERATING FUND	1,000
THE INTERNATIONAL THOMAS MERTON SOCIETY 2001 NEWBURG ROAD LOUISVILLE, KY 40205	NONE	PUBLIC	OPERATING FUND	250
UNIVERSITY LIGGETT SCHOOL 1045 COOK ROAD GROSSE POINTE WOODS, MI 48236	NONE	PUBLIC	OPERATING FUND	5,000
Total ► 3a				640,392

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
VILLAGE OF GROSSE POINTE SHORES 795 LAKE SHORE RD GROSSE POINTE SHORES, MI 48236	NONE	PUBLIC	OPERATING FUND	250
Total 				640,392
3a				

TY 2017 Accounting Fees Schedule**Name:** THOMAS AND CAROL CRACCHIOLO FOUNDATION**EIN:** 38-2543263**Accounting Fees Schedule**

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAX PREPARATION	5,645	847		4,798
BOOKKEEPING, ACCOUNTING, & ADMINISTRATIVE	27,303	0		27,303

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2017 Depreciation Schedule

Name: THOMAS AND CAROL CRACCHIOLO FOUNDATION

EIN: 38-2543263

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
COMPUTER	2012-06-11	637	318	200DB	5 0000000000000	0	0		
FURNITURE & FIXTURES	2016-06-01	5,410	434	SL	7 0000000000000	386	0		
COMPUTER EQUIPMENT	2016-06-01	559	63	SL	5 0000000000000	56	0		

TY 2017 Investments Corporate Stock Schedule

Name: THOMAS AND CAROL CRACCHIOLO FOUNDATION

EIN: 38-2543263

Name of Stock	End of Year Book Value	End of Year Fair Market Value
CORPORATE STOCKS	7,289,792	9,085,305

TY 2017 Investments - Other Schedule**Name:** THOMAS AND CAROL CRACCHIOLO FOUNDATION**EIN:** 38-2543263**Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
EXCHANGE TRADED FUNDS	AT COST	738,894	1,594,770
MUTUAL FUNDS	AT COST	3,008,766	4,945,225

**TY 2017 Land, Etc.
Schedule****Name:** THOMAS AND CAROL CRACCHIOLO FOUNDATION**EIN:** 38-2543263

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
COMPUTER	637	637	0	
FURNITURE & FIXTURES	5,410	3,525	1,885	
COMPUTER EQUIPMENT	559	399	160	

TY 2017 Other Assets Schedule

Name: THOMAS AND CAROL CRACCHIOLO FOUNDATION

EIN: 38-2543263

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
UNSETTLED STOCK SALE	7,890	0	0

TY 2017 Other Decreases Schedule

Name: THOMAS AND CAROL CRACCHIOLO FOUNDATION
EIN: 38-2543263

Description	Amount
BASIS ADJUSTMENTS	4,548

TY 2017 Other Expenses Schedule**Name:** THOMAS AND CAROL CRACCHIOLO FOUNDATION**EIN:** 38-2543263**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
POSTAGE AND BANK FEES	99	0		99
OFFICE EXPENSE	67	0		67
INVESTMENT /ADR FEES	690	690		0

TY 2017 Other Professional Fees Schedule**Name:** THOMAS AND CAROL CRACCHIOLO FOUNDATION**EIN:** 38-2543263

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT FEES	25,313	25,313		0

**TY 2017 Substantial Contributors
Schedule****Name:** THOMAS AND CAROL CRACCHIOLO FOUNDATION**EIN:** 38-2543263**Name****Address**

THOMAS A CRACCHIOLO

100 MAPLE PARK BLVD STE 130
ST CLAIR SHORES, MI 48081

TY 2017 Taxes Schedule**Name:** THOMAS AND CAROL CRACCHIOLO FOUNDATION**EIN:** 38-2543263

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL TAX PAYMENTS	13,552	0		0
MICHIGAN ANNUAL REPORT FEE	20	0		20
FOREIGN TAX PAID	1,222	1,222		0

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93491310002028	
Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990			OMB No 1545-0047	
				2017	
Name of the organization THOMAS AND CAROL CRACCHIOLO FOUNDATION				Employer identification number 38-2543263	

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 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 other 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 33¹ 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization THOMAS AND CAROL CRACCHIOLO FOUNDATION	Employer identification number 38-2543263
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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
1	THOMAS A CRACCHIOLO 100 MAPLE PARK BLVD STE 130 ST CLAIR SHORES, MI480812253	\$ 924,943	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization THOMAS AND CAROL CRACCHIOLO FOUNDATION	Employer identification number 38-2543263
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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
1	2,171 838 SHS ISHARES CORE S&P MID CAP ETF	\$ 396,599	2017-11-02
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	9,131 415 SHS GABELLI SMALL CAP GROWTH AAA	\$ 528,344	2018-06-28
(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
		\$	

Name of organization THOMAS AND CAROL CRACCHIOLO FOUNDATION	Employer identification number 38-2543263
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Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____ Use duplicate copies of Part III if additional space is needed
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
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