Form 990-PF

EXTENDED TO NOVEMBER 15 2019 **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.

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Department of the Treasury Internal Sevenue Service For calendar year 2018 or tax year beginning and ending Name of foundation A Employer identification number 20-5576623 TWO SEVEN OH INC Number and street (or P O box number if mail is not delivered to street address) Room/suite Telephone number P.O. BOX 280 313-965-8300 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here NEW HUDSON, MI 48165 D 1. Foreign organizations, check here G Check all that apply: Initial return Initial return of a former public charity Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change 04 X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here J Accounting method: X Cash I Fair market value of all assets at end of year Accrual If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here 14, 436, 519. (Part I, column (d) must be on cash basis.) ▶\$ Part I Analysis of Revenue and Expenses (d) Disbursements (c) Adjusted net (a) Revenue and (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) charitable purposes (cash basis only) expenses per books income income N/A Contributions, gifts, grants, etc., received Check X If the foundation is not required to attach Sch B Interest on savings and temporary cash investments 10 10. STATEMENT 447,798 Dividends and interest from securities 447,798 STATEMENT 5a Gross rents h Net rental income or (loss) 137,660 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 7,147,055. 137,660 7 Capital gain net income (from Part IV, line 2) RECEIVED 8 Net short-term capital gain <u>8</u> Income modifications 10a Gross sales less returns and allowances Ó b Less Cost of goods sold c Gross profit or (loss) OGDEN. 11 Other income 585,468 Total. Add lines 1 through 11 585,468 9,000. 12,000 3,000. Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 5,726 2,863. 2,863. STMT 3 16a Legal fees **b** Accounting fees 48,128 13,168. 34,960. c Other professional fees STMT 17 Interest 10,960 851. 0. STMT 5 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings Printing and publications 22 0. 1,828 995 23 Other expenses 24 Total operating and administrative 78,642 20,877 46,823. expenses. Add lines 13 through 23 721,163 721,163. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 767,986. Add lines 24 and 25 799,805 20,877 27 Subtract line 26 from line 12: -214,337a Excess of revenue over expenses and disbursements 564,591 b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-)



Decreases not included in line 2 (itemize)

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

SEE STATEMENT 7

10.421.

14,927,421.

5,646.

707,623.

767,986.

6

7

8

Add lines 5 and 6

See the Part VI instructions.

6 Enter 1% of net investment income (1% of Part I, line 27b)

8 Enter qualifying distributions from Part XII, line 4

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.

	it VII-A Statements negarding Activities (continuea)			
			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		<u>X</u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
40	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	L
14	Website address ► N/A  The books are in care of ► J THOMAS MACFARLANE, ESQ  Telephone no. ► 248 – 64	2 0	602	
14	Located at $\triangleright$ 151 S OLD WOODWARD AVE STE 200, BIRMINGHAM, MI ZIP+4 $\triangleright$ 48			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	000		
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			1
	foreign country >			;
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
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)			,
	a disqualified person?			,
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes X No		١.	٠,
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  [X] Yes  No  (5) Transfer any prome or assets to a disqualified person for make any of either available.			
	(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)?  Yes X 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			1
	termination of government service, if terminating within 90 days.)			
ь	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			٠
_	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	- 1	x
	Organizations relying on a current notice regarding disaster assistance, check here			1
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 2018?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			1
	defined in section 4942(j)(3) or 4942(j)(5)):			' ا
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2018? Yes X No			1
	If "Yes," list the years \			
0	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 <b>all</b> years listed, answer "No" and attach			1
	statement - see instructions.)  N/A	2b	-	
	of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	20_		
·	•			١.
3a	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			:
	during the year?			1
t	o If "Yes," did it have excess business holdings in 2018 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,			- 1
	Form 4720, to determine if the foundation had excess business holdings in 2018.) N/A	3b	<b> </b>	<u> </u>
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	ļ	X
t	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			<u></u>
	had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		<u> </u>
	Fo	rm <b>99</b> (	U-PF	(2018)

2 Compensation of five highest-paid employees (other than those in	<u>cluded on line 1). If none</u>	, enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
<del></del>				
		ļ	<u> </u>	
	_			
	-			
Total number of other employees hald over \$50,000		1		

Form 990-PF (2018) TWO SEVEN OH INC		576623 Page 7
Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	lation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, ent	ter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	<del></del>	
<del></del>	<del> </del>	
<del></del>		
		•
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 starnumber of organizations and other beneficiaries served, conferences convened, research papers pr	tistical information such as the roduced, etc.	Expenses
1 N/A		
2		
3		
4		
D. AW D.		
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year of the summary of Program-Related investments.	on lines 1 and 2	Amount
37/3	on times 1 and 2.	Amount
1N/A		
2		
		<del></del>
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	<b>•</b>	0.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndation	s, see instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
-	Average monthly fair market value of securities	1a	14,282,637.
ь	Average of monthly cash balances	1b	537,115.
C	Fair market value of all other assets	1c	
ď	Total (add lines 1a, b, and c)	1d	14,819,752.
-	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	14,819,752.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	222,296.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	14,597,456.
6	Minimum investment return. Enter 5% of line 5	6	729,873.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations, check here ▶ ☐ and do not complete this part.)	d certai	
1	Minimum investment return from Part X, line 6	1	729,873.
2a	Tax on investment income for 2018 from Part VI, line 5		
b	Income tax for 2018. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	5,646.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	724,227.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	724,227.
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	724,227.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	-	565 006
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	767,986.
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:	-	
	Suitability test (prior IRS approval required)	3a	·
	Cash distribution test (attach the required schedule)	3b	767.006
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	767,986.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	F C4C
_	income. Enter 1% of Part I, line 27b	5	5,646.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	762,340.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies	for the section

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI,		· · ·		
line 7				724,227.
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only			0.	
b Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to 2018:				
a From 2013 126,006.				
b From 2014 238,620.				
c From 2015				
<b>d</b> From 2016				
e From 2017				
f Total of lines 3a through e	364,626.			
4 Qualifying distributions for 2018 from				
Part XII, line 4: ► \$ 767,986.				
a Applied to 2017, 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				
(Election required - see instructions)	0.			
d Applied to 2018 distributable amount				724,227.
e Remaining amount distributed out of corpus	43,759.			
5 Excess distributions carryover applied to 2018 (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	408,385.			
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 2017. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2018. Subtract				
lines 4d and 5 from line 1. This amount must				_
be distributed in 2019			-	0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	•			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2013	106 006			
not applied on line 5 or line 7	126,006.	<del>-</del> .		
9 Excess distributions carryover to 2019.	202 252			
Subtract lines 7 and 8 from line 6a	282,379.	· · · · · · · · · · · · · · · · · · ·	<u> </u>	*
10 Analysis of line 9:				
a Excess from 2014 238,620.				
b Excess from 2015				
c Excess from 2016				
d Excess from 2017 e Excess from 2018 43,759.				· · · ,
e Excess from 2018 43,759.		l		<u>-</u>

	EN OH INC				76623 Page 10
Part XIV Private Operating F				N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective for		-	▶ └_		
<b>b</b> Check box to indicate whether the found		g foundation described		4942(j)(3) or49	942(1)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	100045	/
income from Part I or the minimum	(a) 2018	<b>(b)</b> 2017	(c) 2016	(d) 2015	(e) Total
investment return from Part X for					
each year listed					
<b>b</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:					
<ul><li>a "Assets" alternative test - enter:</li><li>(1) Value of all assets</li></ul>					
` '		/			
(2) Value of assets qualifying		r			
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			1	j	
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			1		
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundat	ion had \$5,000 or m	ore in assets
at any time during t	he year-see instr	ructions.)			
1 Information Regarding Foundation	n Managers:	-			
a List any managers of the foundation wh	<del>-</del>	than 2% of the total co	ntributions received by	y the foundation before the clo	se of any tax
year (but only if they have contributed n	nore than \$5,000). (See s	ection 507(d)(2).)			
LYNN MORAN					
b List any managers of the foundation wh	o own 10% or more of th	e stock of a corporation	n (or an equally large p	portion of the ownership of a p	artnership or
other entity) of which the foundation ha			, , , , , , , , , , , , , , , , , , , ,		
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan,	Scholarship, etc., F	Programs:	<del></del>	
Check here ► X If the foundation of				oes not accept unsolicited req	uests for funds. If
the foundation makes gifts, grants, etc.,					
a The name, address, and telephone num	her or email address of th	ne nerson to whom ann	lications should be ad	dressed:	
a monamo, address, and telephone man	507 51 57 Mail 455 555 57 M	. о рогоот, то титот шрр			
b The form in which applications should t	e submitted and informa	tion and materials they	should include:		
		·	<u> </u>		
c Any submission deadlines;					
d Any restrictions or limitations on award	s. such as by geographic	al areas, charitable field	s. kinds of institutions	s, or other factors:	<u> </u>
,	_,				
					Form 000-DE (2010)

Form 990-PF (2018) TWO SEVEN OH INC 20-5576623 Page 11 Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Purpose of grant or contribution Foundation Amount status of any foundation manager or substantial contributor Name and address (home or business) recipient a Paid during the year AL-VAN HUMANE SOCIETY NONE ELECTRICAL UPGRADES PO BOX 421 SOUTH HAVEN, MI 49090 15,000. ALL SPECIES KINSHIP NONE SPAY/NEUTER PROGRAM PO BOX 4055 4.650. BATTLE CREEK, MI 49016 ANGELS AMOUNG US NONE MEDICAL EXPENSES 6258 CURTIS RD BRIDGEPORT MI 48722 1,000. NONE ANIMAL SHELTER OF CRAWFORD COUNTY SPAY/NEUTER PROGRAM PO BOX 384 2,500. GRAYLING MI 49738 TNR PROGRAM BARRY COUNTY ANIMAL SHELTER NONE 540 N INDUSTRIAL PARK DR 10 000 HASTINGS MI 49058 SEE CONTINUATION SHEET(S) **▶** 3a 721 163. Total **b** Approved for future payment NONE

Total

## Part XVI-A **Analysis of Income-Producing Activities**

inter gross amounts unless otherwise indicated.	Unrelate	d business income		ed by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a	-				
b	-		-		
C					
d	-				
e					
1	-				
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments		-	14	10.	
4 Dividends and interest from securities		· <del>- · ·</del>	14	447,798.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property			16		
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			14	137,660.	
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a	_		_	·	
b	_	<u> </u>			
c	_				
d	_				
e	_				
2 Subtotal. Add columns (b), (d), and (e)		0		585,468.	0.
3 Total. Add line 12, columns (b), (d), and (e)				13	585,468.
See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Acco	omplishment of I	Exempt	Purposes	
Line No. Explain below how each activity for which income the foundation's exempt purposes (other that			-A contribu	ited importantly to the accom	plishment of
•					
				<del>-</del> ·	
		·			
		···-		<u> </u>	
					_
		_			·

Phone no. 313-965-8300

Form 990-PF (2018)

Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) No (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: X (1) Cash 1a(1) (2) Other assets 1a(2) X **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization X 1b(1) X (2) Purchases of assets from a noncharitable exempt organization 1b(2) X (3) Rental of facilities, equipment, or other assets 1b(3) X (4) Reimbursement arrangements 1b(4) (5) Loans or loan guarantees Х 1b(5) X (6) Performance of services or membership or fundraising solicitations 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 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. (b) Amount involved (c) Name of noncharitable exempt organization (a) Line no (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described Yes X No in section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (c) Description of relationship (a) Name of organization (b) Type of organization N/A perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge correct, and complete. Declaration of preparer (other than taxpaver) is based on all information of which preparer has any knowledge Sign return with the preparer shown below? See instr Here PRESIDENT X Yes Signature of officer or trustee Title Date Check if Print/Type preparer's name Date self- employed J. THOMAS Paid P00451701 MACFARLANE Preparer Firm's EIN ► 38-0425840 Firm's name ► CLARK HILL **Use Only** Firm's address ► 500 WOODWARD AVE., SUITE 3500

DETROIT, MI 48226

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) or substantial contributor recipient BRANCH AREA RESCUE COALITION NONE TNR PROGRAM 30 W. CHICAGO STREET COLDWATER MI 49036 4,966. BROWNSTOWN TOWNSHIP ANIMAL CONTROL NONE SPAY/NEUTER PROGRAM 23700 LILLIAN RD AND MEDICAL EXPENSES BROWNSTOWN TWP MI 48183 10,000. CALHOUN COUNTY ANIMAL CENTER NONE SPAY/NEUTER PROGRAM 165 SOUTH UNION ST BATTLE CREEK, MI 49014 10,000. CASCADE'S HUMANE SOCIETY NONE AUTOCLAVE MACHINE 1515 CARMEN DR JACKSON MI 49202 5,396, CHEBOYGAN COUNTY HUMANE SOCIETY NONE BUILDING 1536 HACKLEBURG RD RENOVATIONS/FENCE CHEBOYGAN MI 49721 20,000, CHERRYLAND HUMANE SOCIETY SPAY/NEUTER PROGRAM NONE 1750 AHLBERG RD 10,000, TRAVERSE CITY MI 49684 CLARE COUNTY ANIMAL SHELTER NONE SPAY/NEUTER PROGRAM 4040 HAZEL RD, PO BOX 438 HARRISON, MI 48625 4.080. NONE COMMUNITY CATS THR MEDICAL EXPENSES PO BOX 384 1,000. LUDINGTON MI 49431 COMPANION CATS NONE TNR PROGRAM PO BOX 2568 10,000. BATTLE CREEK MI 49016 CAT CONDOS, KENNEL COPPER COUNTRY HUMANE SOCIETY NONE PO BOX 453 RENOVATIONS HOUGHTON MI 49931 8,727. 688 013. Total from continuation sheets

Don't VV Cure la manda de la farma de la	EN OH INC	_	20-557	0623
Part XV Supplementary Information			<del></del>	
3 Grants and Contributions Paid During the Y	If recipient is an individual,			
. Recipient  Name and address (home or business)	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
· · · · · · · · · · · · · · · · · · ·	or substantial contributor	recipient		
DELTA ANIMAL SHELTER	NONE		MEDICAL ROOM EQUIPMENT	
6975 CO. 426 M.5 RD				
ESCANABA, MI 49829				20,000
EATON COUNTY HUMANE SOCIETY	NONE		TNR PROGRAM	
PO BOX 233				
OLIVET, MI 49076				10,000
ELK COUNTRY ANIMAL SHELTER	NONE		BUILDING RENOVATIONS	
PO BOX 434				
ATLANTA, MI 49709				15,000
FLAT ROCK ANIMAL SHELTER	NONE		FLOOR RENOVATION	
25500 GIBRALTAR RD				
FLAT ROCK, MI 48134				10,000
FRIENDS OF MICHIGAN ANIMALS RESCUE	NONE		KENNEL RENOVATIONS	
51299 ARKONA RD				10,000
BELLEVILLE, MI 48111				10,000
ODVIDER COMMY MINT COMMO	NONE		SPAY/NEUTER PROGRAM	
GENESEE COUNTY ANIMAL CONTROL 4351 W PASADENA AVE	NONE		SPAT/NEOTER PROGRAM	
FLINT TOWNSHIP, MI 48504				10,000
GLADWIN COUNTY ANIMAL CONTROL	NONE		SPAY/NEUTER PROGRAM	
401 WEST CEDAR AVE				
GLADWIN, MI 48624				10,00
CORDANDO UTILIDADE MINANO COCTONI	, , , , , , , , , , , , , , , , , , ,		UPGRADED VENTILATION	
GREATER HILLSDALE HUMANE SOCIETY 3881 TRIPP ROAD	NONE		SYSTEM	`
OSSEO MI 49266				5,00
GROSSE POINTE ANIMAL ADOPTION SOCIETY	NONE		SPAY/NEUTER PROGRAM	•
296 CHALFONTE AVE				40.00
GROSSE POINTE FARMS, MI 48236				10,000
HAPPY HEARTS FELINE RESCUE	NONE		SPAY/NEUTER PROGRAM	
10905 PLEASANT LAKE ROAD				
MANCHESTER MI 48158				975
Total from continuation sheets				

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) or substantial contributor recipient HELP ORPHANED PETS EVERYWHERE NONE SPAY/NEUTER PROGRAM PO BOX 261 IRONWOOD, MI 49938 5,496, HUMANE SOCIETY OF BAY COUNTY NONE NEW BUILDING 1607 MARQUETTE AVE RENOVATION 5,000. BAY CITY, MI 48706 HUMANE SOCIETY OF GENESEE COUNTY NONE KENNEL RENOVATIONS G 3325 S DORT HIGHWAY 10 000. BURTON MI 48519 HUMANE SOCIETY OF SOUTH CENTRAL NONE EQUIPMENT/INSTALLATION MICHIGAN FOR ENERGY EFFICIENCY 2500 WATKINS ROAD PROGRAM BATTLE CREEK, MI 49015 29.488. HUMANE SOCIETY OF SOUTHWESTERN SPAY/NEUTER PROGRAM NONE MICHIGAN 5400 NILES RD ST JOSEPH MI 49085 7,200. HUMANE SOCIETY OF ST CLAIR COUNTY NONE SPAY/NEUTER PROGRAM 6177 FRED MOORE HWY 3,820. ST CLAIR, MI 48079 KALAMAZOO HUMANE SOCIETY NONE MEDICAL ROOM EQUIPMENT 4239 SOUTH WESTNEDGE AVE KALAMAZOO, MI 49008 10,000. NONE LENAWEE HUMANE SOCIETY TUB ROOM RENOVATION 705 W BEECHER ST AND CAT ROOM EQUIPMENT 13 020. ADRIAN MI 49221 LITTLE TRAVERSE BAY HUMANE SOCIETY NONE SPAY IT FORWARD PROGRAM 1300 W CONWAY RD 4,950, HARBOR SPRINGS, MI 49740 KENNELS, PLAY YARD MACOMB COUNTY ANIMAL CONTROL NONE ENHANCEMENTS 21417 DUNHAM ROAD CLINTON TWP MI 48036 15 000. Total from continuation sheets

3 Grants and Contributions Paid During the Ye				<del> </del>
. Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
MANISTEE COUNTY HUMANE SOCIETY	NONE		KENNEL RENOVATIONS	
736 PAWS TRAIL MANISTEE MI 49660				20,000
MENOMINEE ANIMAL SHELTER	NONE .		SPAY/NEUTER PROGRAM	
РО ВОХ 673				
MENOMINEE, MI 49858				5,000
MICHIGAN ANIMAL ADOPTION SOCIETY	NONE		SPAY/NEUTER PROGRAM	
938 PONTSMOUTH DR FROY, MI 48099				1,745
IRO1, MI 40099				1,745
MONROE COUNTY ANIMAL CONTROL 911 S RAISINVILLE RD	NONE		SPAY/NEUTER PROGRAM	
MONROE, MI 48161				5,595
NORTHWOODS ANIMAL COALITION	NONE		SPAY/NEUTER PROGRAM	
PO BOX 1002				
KALKASKA, MI 49646				5,000
NORTHWOODS ANIMAL SHELTER	NONE		WASHER/DRYER	
930 SELDON RD IRON RIVER, MI 49935				15,000
•				•
OCEANA COUNTY ANIMAL CONTROL	NONE		SPAY/NEUTER PROGRAM	
2185 W BASELINE RD				
SHELBY MI 49455				10,000
PAWS OF MICHIGAN	NONE		TNR PROGRAM	
PO BOX 2184 RIVERVIEW MI 48193				2,500
NI 10275				
DEFINITION DESCRIPTION VIOLENCE	NONE		MEDICAL EVERNORS	
REFURBISHED PETS OF SOUTHERN MICHIGAN PO BOX 83	NONE		MEDICAL EXPENSES	
COLDWATER, MI 49036				5_000
SAFE HAVEN HUMANE SOCIETY	NONE		SPAY/NEUTER PROGRAM	
PO BOX 55				
IONIA, MI 48846  Total from continuation sheets				2,200

Part XV Supplementary Information

3 Grants and Contributions Paid During the		<u></u>		
. Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
SANILAC COUNTY HUMANE SOCIETY	NONE		SECURITY SYSTEM	
PO BOX 27			UPGRADES	7,000
CARSONVILLE, MI 48419				7,000
SHELTER TO HOME	NONE		MEDICAL EXPENSES	
266 OAK ST				
WYANDOTTE, MI 48192				10,000
			,	
SPAY NEUTER ASSISTANCE PROGRAM	NONE		SPAY/NEUTER PROGRAM	
PO BOX 352 NILES, MI 49120				5,000
ST JOSEPH ANIMAL CONTROL	NONE		SPAY/NEUTER PROGRAM	
PO BOX 252				
CENTERVILLE, MI 49032		• • •		9,216
<b>,</b>				
ANIMAL RESCUE COALITION	NONE		SPAY/NEUTER PROGRAM	
18400 220TH AVE				2 244
BIG RAPIDS MI 49307				2,344
ANIMAL C DECEMEDITENTS FUND	NONE		THE BROCK W EMERGENCY	
ANIMALS BEST FRIEND FUND PO BOX 443	NONE		TNR PROGRAM, EMERGENCY VET EXPENSES	
OSHTEMO, MI 49077				5,000
ARENAC COUNTY ANIMAL CONTROL	NONE		SPAY/NEUTER PROGRAM,	
3750 FOCO ROAD STANDISH MI 48658	, ,		MEDICAL EXPENSES	10,000
STANDISH, MI 40030				10,000
BENZIE COUNTY ANIMAL CONTROL	NONE		SPAY/NEUTER PROGRAM	
543 S MICHIGAN AVE	HONE		SFAT/MEGTER FROGRAM	
BEULAH, MI 49617		<u> </u>		10,000
CHARLEVOIX COUNTY HUMANE SOCIETY	NONE		TNR PROGRAM,	
614 BEARSLEY ST			SPAY/NEUTER PROGRAM	2 240
BOYNE CITY, MI 49712				2,340
DOUNTE TUDE OF DESIGNATION OF THE PROPERTY OF	NONE		ENCIL THY DEMOUVE ONE	
DOWNRIVER CENTRAL ANIMAL CONTROL 3200 BIDDLE AVENUE	NONE		FACILITY RENOVATIONS	
WYANDOTTE MI 48192				27,811
Total from continuation sheets				

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount any foundation manager or substantial contributor status of contribution Name and address (home or business) recipient EATON COUNTY ANIMAL CONTROL NONE SPAY/NEUTER PROGRAM 756 COURTHOUSE RD CHARLOTTE, MI 48813 3,011. NONE FRIENDS FOR THE DEARBORN ANIMAL FOSTER KITTEN KITS SHELTER 2661 GREENFIELD RD DEARBORN, MI 48120 8,000. HELP FROM MY FRIENDS NONE SPAY/NEUTER PRORGRAM 3820 RITT RD MEDICAL EXPENSES BELLAIRE, MI 49615 10,000. EMERGENCY MEDICAL HUMANE ANIMAL TREATMENT SOCIETY NONE 1105 S ISABELLA RD EXPENSES MOUNT PLEASANT MI 48858 10,000. HUMANE SOCIETY OF ALGER COUNTY NONE SPAY/NEUTER PROGRAM 510 MUNISING AVE 3,762, MUNISING MI 49862 INGHAM COUNTY ANIMAL CONTROL NONE MEDICAL EXPENSES 600 CURTIS STREET MASON MI 48854 4,919, EMERGENCY MEDICAL FUND LOCAL ANIMAL SHELTER SUPPORT NONE PO BOX 160 PENTWATER MI 49449 10,000. LUCKY DAY ANIMAL RESCUE NONE SENIOR MEDICAL EXPENSES PO BOX 13 GRAND BLANC, MI 48480 2,105. MACKINAC COUNTY ANIMAL SHELTER NONE FOOD/LITTER 980 CHEESEMAN RD 5,000, ST IGNACE MI 49781 MICHIGAN ANIMAL RESCUE LEAGUE NONE SPAY/NEUTER PROGRAM 790 FEATHERSTONE PONTIAC MI 48342 10,000. Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to any foundation manager Foundation Purpose of grant or Amount status of contribution Name and address (home or business) or substantial contributor recipient MICHIGAN HUMANE SOCIETY NONE KENNEL RENOVATIONS 30300 TELEGRAPH RD STE 220 BINGHAM FARMS MI 48025 24,454, MISSAUKEE HUMANE SOCIETY NONE CAT OUARANTINE PROJECT PO BOX D RENOVATIONS/EQUIPMENT 30,000. LAKE CITY MI 49651 NEW BEGININGS ANIMAL RESCUE NONE SPAY/NEUTER PROGRAM. MEDICAL EXPENSES 2502 ROCHESTER RD ROYAL OAK, MI 48073 5 000 OGEMAW COUNTY HUMANE SOCIETY NONE SPAY/NEUTER PROGRAM 1367 S M-33 8,093. WEST BRANCH MI 48661 ONTONAGON COUNTY ANIMAL PROTECTION NONE SPAY/NEUTER PROGRAM PO BOX 315 3,755. ONTONAGON, MI 49953 ROSCOMMON COUNTY ANIMAL SHELTER NONE SPAY/NEUTER PROGRAM, MEDICAL EXPENSES 1110 SHORT DR 9.860. PRUDENVILLE MI 48651 FLOOR RENOVATION SANILAC COUNTY ANIMAL CONTROL NONE 35 CAMPBELL RD 8,295, SANDUSKY MI 48471 SOS ANIMAL RESCUE NONE TNR PROGRAM PO BOX 1135 2,500. MIDLAND MI 48641 SPAY NEUTER ANIMAL PROJECT NONE SPRAY/NEUTER PROGRAM PO BOX 802 2,500. MOUNT PLEASANT MI 48804 VOLUNTEERS FOR MUSKEGON COUNTY ANIMAL NONE MEDICAL EXPENSES CONTROL 3840 EASTBROOK DR 5,000, MUSKEGON, MI 49444 Total from continuation sheets

3 Grants and Contributions Paid During the		<del></del>	<del> </del>	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Marile and address (notife of business)	or substantial contributor	recipient		
WEXFORD COUNTY ANIMAL SHELTER	NONE		SPAY/NEUTER PROGRAM	
820 CARMEL ST			,	
CADILLAC, MI 49601				1,000
CANNONSVILLE CRITTERS PO BOX 94	NONE		SPAY/NEUTER PROGRAM	
STANTON, MI 48888		_		1,000
WISHBONE PET RESCUE ALLIANCE PO BOX 124 DOUGLAS, MI 49406	NONE		FOOD FOR PET PANTRY PROGRAM	10,000
·				•
TEACHERS PET 38267 FERNHILL COURT CLINTON TWP MI 48038	NONE		PROGRAM EXPENSES	5,000
MID-MICHIGAN HUMANE SOCIETY PO BOX 577 STANTON, MI 48888	NONE		SPAY/NEUTER PROGRAM	4,460
				•
ANIMAL AID OF BRANCH COUNTY 217 N FISKE ROAD COLDWATER, MI 49036	NONE		SPAY/NEUTER PROGRAM	1,000
·				•
HUMANE SOCIETY OF MIDLAND COUNTY	NONE		KENNEL RENOVATIONS	
4371 E ASHMAN ST MIDLAND, MI 48642				48,430
LAST DAY DOG RESCUE PO BOX 51935 LIVONIA, MI 48151	NONE		MICROCHIPS	1,000
		-		
Total from continuation sheets				

FORM 990-PF INTERES	T ON SAVIN	GS AND TEME	PORARY	CASH I	NVESTMENTS	STATEMENT 1
SOURCE		(A) REVEN PER BO	WE		(B) NVESTMENT NCOME	(C) ADJUSTED NET INCOME
NORTHERN TRUST			10.		10.	
TOTAL TO PART I, LIN	IE 3		10.		10.	,
FORM 990-PF	DIVIDENDS	AND INTER	EST FR	OM SECU	RITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS		(A) EVENUE R BOOKS	(B) NET INVES MENT INCC	
FIDELITY DIVIDENDS FIDELITY INTEREST FIDELITY TAX	95,127. 89,082.		). ).	95,127 89,082		
EXEMPT INTEREST MORGAN STANLEY	14,858.	(	) <b>.</b>	14,858	. 14,85	88.
DIVIDENDS MORGAN STANLEY	1,566.	(	).	1,566	. 1,56	66.
INTEREST MORGAN STANLEY TAX	234,115.	(	<b>.</b>	234,115	. 234,11	.5.
EXEMPT INTEREST	13,050.	(	o.	13,050	. 13,05	50.
TO PART I, LINE 4	447,798.	(	). = ==	447,798	447,79	08.
FORM 990-PF		LEGAL	FEES		<u></u>	STATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	NET I	B) NVEST- INCOME	(C) ADJUSTEI NET INCOM	
CLARK HILL PLC		5,726.	<del> </del>	2,863.		2,863.
TO FM 990-PF, PG 1,	LN 16A	5,726.		2,863.		2,863.

FORM 990-PF C	OTHER PROFES	SIONAL FEES	S.	TATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAB PURPOSE	
KM SQUARED LLC FIDELITY FEES	46,613. 1,515.			34,96	0.
TO FORM 990-PF, PG 1, LN 16C	48,128.	13,168.		34,96	0.
FORM 990-PF	TAX	ES	S	PATEMENT .	<u> </u>
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAB PURPOSE	
2018 PAYROLL TAXES 2018 QUARTERLY ESTIMATES FOREIGN TAX PAID	1,896. 8,213.	0.			0.
(FIDELITY)	851.	851.			0.
TO FORM 990-PF, PG 1, LN 18	10,960.	851.			0.
FORM 990-PF	OTHER E	XPENSES	S'	PATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAB PURPOSE	
STATE OF MICHIGAN FEE	20.	0.			0.
BOOKS, SUBSCRIPTIONS, REFERENCE	995.	995.			0.
POSTAGE AND MAILING EXPENSES	157.				0.
WEBSITE HOSTING	158.				0.
OFFICE SUPPLIES	498.	0.			0.
TO FORM 990-PF, PG 1, LN 23	1,828.	995.			0.

FORM 990-PF OTHER DECREASES IN NET ASSETS OR	FUND BALANCES	STATEMENT 7
DESCRIPTION		AMOUNT
ADJUSTMENT FOR TAX VS BOOK DIFFERENCES (WASH SAL ADJUSTMENT)		7,373.
ADJUSTMENT FOR TAX VS BOOK DIFFERENCES (BOND PRE AMORTIZATION)	3,048.	
TOTAL TO FORM 990-PF, PART III, LINE 5		10,421.
FORM 990-PF U.S. AND STATE/CITY GOVERNMEN	T OBLIGATIONS	STATEMENT 8
U.S. OTHER GOV'T GOV'T	=	FAIR MARKET VALUE
MORGAN STANLEY GOVERNMENT BONDS X	4,487,352.	4,470,852.
TOTAL U.S. GOVERNMENT OBLIGATIONS		
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS	4,487,352.	4,470,852.
TOTAL TO FORM 990-PF, PART II, LINE 10A	4,487,352.	4,470,852.
FORM 990-PF CORPORATE STOCK		STATEMENT 9
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
MORGAN STANLEY COMMON STOCKS FIDELITY STOCKS MORGAN STANLEY PREFERRED STOCKS	54,989. 2,816,455. 500,000.	73,096. 2,934,501. 0.
TOTAL TO FORM 990-PF, PART II, LINE 10B	3,371,444.	3,007,597.

FORM 990-PF	CORPORATE BONDS	STATEMENT 10		
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE	
MORGAN STANLEY CORPORATE BONDS FIDELITY BONDS		100,000. 1,041,926.	103,030.	
TOTAL TO FORM 990-PF, PART II, L	PART II, LINE 10C		1,116,996.	
FORM 990-PF O	THER INVESTMENTS		STATEMENT 11	
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE	
FIDELITY OTHER HOLDINGS	COST	4,679,822.	4,603,425.	
TOTAL TO FORM 990-PF, PART II, L	INE 13	4,679,822.	4,603,425.	
FORM 990-PF	OTHER ASSETS		STATEMENT 12	
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE	
MORGAN STANLEY CERTIFICATES OF DEPOSIT	1,248,000.	480,000.	470,253	
TO FORM 990-PF, PART II, LINE 15	1,248,000.	480,000.	470,253.	

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS			STATEMENT 1	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
LYNN MORAN PO BOX 280 NEW HUDSON, MI 48165	PRESIDENT 10.00	0.	0.	0.
LYNN MORAN PO BOX 280 NEW HUDSON, MI 48165	SECRETARY 3.00	0.	0.	0.
LYNN MORAN PO BOX 280 NEW HUDSON, MI 48165	TREASURER 2.00	0.	0.	0.
KATHERINE LYNN MORAN PO BOX 280 NEW HUDSON, MI 48165	TRUSTEE 2.00	0.	0.	0.
AMANDA ANN MORAN PO BOX 280 NEW HUDSON, MI 48165	TRUSTEE 2.00	0.	0.	0.
MADISON DIANNE MORAN PO BOX 280 NEW HUDSON, MI 48165	TRUSTEE 2.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART VIII	0.	0.	0.