1-orm 990-PF

Return of Private Foundation

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

OMB No 1545-0052

Dep [.] Inter	vtment on nal Reve	of the Treasury		enter social security numb				DIII C.	to Public Inspection	
For	caler	ndår vear 20	18 or tax year be		, 2018, and ending , 20					
Nam	e of fou	indation					A Employer identification number			
1		100	al Fdren	e Colo Foun	dation		1			
Nun	ber and	street (or P O	pox number if mail is n	ot delivered to street address)	s) Room/suite B Telephone number (see instructions)				tions)	
	110	Harn	any las	no de Tames Co	Partition of American Description of the private marriage instructions)			•		
Endine and Edrene Cole Found Number and street (or PO box number if mail is not delivered to street address) 110 Hermony Lane to James Ce. City or town, state or province, country, and ZIP or foreign postal code				1113/2, 3, Hyd	nT_		262370			
		21212	04 43	615			C If exemp	tion application is pend	ding, check here ▶ ∐	
_					(- (-)			•		
G	CHECK	call that app			n of a former public	cnarity	D 1. Foreig	n organizations, check	here ►	
			Final retu				2. Foreig	n organizations meetin	g the 85% test,	
_	Chaal			change Name cha				here and attach comp foundation status was		
				ection 501(c)(3) exempt p				07(b)(1)(A), check here		
屵	Section	on 4947(a)(1)	nonexempt chari	table trust Other tax	kable private found	lation			_	
				J Accounting method				ndation is in a 60-mon		
			Part II, col. (c),				under se	ction 507(b)(1)(B), chec	ck here ▶ ∐	
		6) ▶ \$		(Part I, column (d) must be	on cash basis)					
	art I	•		xpenses (The total of	(a) Revenue and	(b) Net	investment	(c) Adjusted net	(d) Disbursements for charitable	
\			n columns (b), (c), and (d) n column (a) (see inst	may not necessarily equal	expenses per books		ncome	income	purposes	
_				· · · · · · · · · · · · · · · · · · ·	45 سر	-			(cash basis only)	
	1			received (attach schedule)	700 00					
	2			not required to attach Sch. B			1 -00			
	3			orary cash investments	10.00		1000	108		
	4		and interest from	securities	6,900,00	4	,900°	6,900		
	5a	Gross rents			. 0		0	0		
_	b		ncome or (loss)						1	
Reyenue	6a			f assets not on line 10	0					
e e	b		orice for all assets or					•	1	
9 <u>-</u>	7			n Part IV, line 2)	<u> </u>		0		:	
Œ	8							0		
S	9		difications	1				0	- (
0	10a		ess returns and allo							
≽	b		of goods sold .				• •		1,	
MAY	С			schedule)	O		• •	0		
$\overline{}$	11			ıle)	0			0		
G∄Nse	12			<u> 1 </u>	7,61000	60	110	7,610,00		
Ś	13			rectors, trustees, etc.						
Ŝ	14		oyee salaries and							
ě	15		ıns, employee bei			-				
X	16a	-	131 / 11 137	Linanagement	2,5000			2,500,00		
Operating and Administrative Expension	b	1.7	fees (attach sch		1,735,00			1,735,00	,	
Itiv	C		ssional fees (attac	. 1921						
tra	17	Interest		019 - [오]						
nis	18		h schedule) (see					_		
Ē	19	Depreciation	n (attach schedul	e) and depletion						
Ad	20	10.163	UGUEN.							
و	21		erences, and me	etings				_		
au	22	_	l publications				•			
٦	23		nses (attach sche							
ığ.	24			ninistrative expenses.	4,2352			4, 2350		
er			3 through 23					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
၉	25		ns, gifts, grants p		3,375,0				3, 375.00	
	26			ents. Add lines 24 and 25	1.7, 6:10,001		l	4235	7.610,000	
	27		e 26 from line 12:		,			•	,	
i	а			nses and disbursements_		, =u	Han	~ IMIRE ~ 9 *	,	
-	— ь			egative, enter -0-)		10	910		, 1	
	С	Adjusted n	et income (if neg	ative, enter -0-)				U235	1	

For Paperwork Reduction Act Notice, see instructions.

Cat No 11289X

Form **990-PF** (2018)

Pa	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year		End o	of year
		should be for end-of-year amounts only. (See instructions)	(a) Book Value	(b) Book Valu	ıe	(c) Fair Market Value
	1	Cash—non-interest-bearing				
	2	Savings and temporary cash investments	5.064.12	5.064.7	72	5,064.72
	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 ▶	138,000.00	138,000	, 00	138,000,00
ts	8	Inventories for sale or use		•		
Assets	9	Prepaid expenses and deferred charges				
Ä	10a	Investments – U.S. and state government obligations (attach schedule)				
	b	Investments—corporate stock (attach schedule)				
	С	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)				
	14	Land, buildings, and equipment: basis ▶	<u> </u>			
		Less: accumulated depreciation (attach schedule) ▶				
	15	Other assets (describe ▶)				
	16	Total assets (to be completed by all filers-see the	72			72
		instructions Also, see page 1, item l)	143,064.	143064.	72	143,064,72
	17	Accounts payable and accrued expenses				1
Ś	18	Grants payable				Į
Ęį	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
<u>.e</u>	21	Mortgages and other notes payable (attach schedule)				
_	22	Other liabilities (describe ▶)				
	23	Total liabilities (add lines 17 through 22)				
Ś		Foundations that follow SFAS 117, check here ▶ □				
ances		and complete lines 24 through 26, and lines 30 and 31.				
<u>a</u>	24	Unrestricted				
Ba	25	Temporarily restricted				
or Fund Ba	26	Permanently restricted				
בַּ		Foundations that do not follow SFAS 117, check here ► 🗵				
ž		and complete lines 27 through 31.				
Ś	27	Capital stock, trust principal, or current funds	,			<u> </u>
šet	28	Paid-in or capital surplus, or land, bldg., and equipment fund		2//2	72-	
Ass	29	Retained earnings, accumulated income, endowment, or other funds	143.568.10	143,044		3
Net Assets	30 31	Total net assets or fund balances (see instructions) Total liabilities and net assets/fund balances (see	143, 568,10	143,064	- 72_	<u> </u>
Ž	31	, made, , adva a a a \		٠		
Рa	rt III	Analysis of Changes in Net Assets or Fund Balances				<u> </u>
		Il net assets or fund balances at beginning of year—Part II, colu	mn (a) line 30 /mus	st agree with		
•		of-year figure reported on prior year's return)			1	INA KLAVIA
2		er amount from Part I, line 27a			2	143,568.10
3					3	0
Ž		er increases not included in line 2 (itemize) ►			4	0
5	D	wasaa wat wali dad ya Las O ()			5	503,38
6	Tota	reases not included in line 2 (itemize) ► Il net assets or fund balances at end of year (line 4 minus line 5)—	Part II. column (b) II	ne 30	6	143,064,7
		thing of the same salarious at one of your fine 4 minds line of	. a.c.n, oolunni (b), n	110 00		1 - 7-, 0 4 4,7

T print oc	70 T 1, (2010)					
Part	Capital Gains and	Losses for Tax on Investm	ent Income	I # \$ 11 I		
		d(s) of property sold (for example, real es e; or common stock, 200 shs. MLC Co.)	tate,	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a_						
b		Har:				
C		NIT O		<u> </u>		
<u>d</u>						
				L		
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	107	other basis nse of sale		in or (loss) (f) minus (g))
<u>a</u>						
b		1/2011				
<u> </u>		None				
<u>d</u>						
е_	Complete only for assets show	wing gain in column (h) and owned b	y the foundation	on 12/31/89		
	(i) FMV as of 12/31/69	(j) Adjusted basis	(k) Exces	s of col. (i)	col. (k), but no	vl. (h) gain minus vt less than -0-) or from col. (h))
	4	as of 12/31/89	over col	. (), if any		
<u>_</u>		2/200				
C		None				
d						
0						
2	Capital gain net income or	mercaunanossi (also enter in Pa enter -0- in Pa	- 5	2	
3		or (loss) as defined in sections	1222(5) and (6)	:		
		l, line 8, column (c). See instruc				
Part	Variation Lade	er Section 4940(e) for Redu	ood Toy on N		Jacome	
	tional was builded and a settle and	ate foundations subject to the s		ter investment		
Was t		this part blank. section 4942 tax on the distribut ualify under section 4940(e). Do			ease period?	. 🗆 Yes 🗹 No
1		unt in each column for each yea			king any entries	
	(a) Base period years modar year (or tax year beginning in)	(b) Adjusted qualifying distributions	·	(c) f noncharitable-use as	Dis	(d) tribution ratio
Cale	2017			· · · · · · · · · · · · · · · · · · ·	(COI. (D)	divided by col. (c))
	2016		- 			
	2015	-				
	2014					
	2013					· · · · · · · · · · · · · · · · · · ·
_	Total of line 1 column (d)		-			0
2	Total of line 1, column (d)	· · · · · · · · · · · · · · · · · · ·			. 2	
3		undation has been in existence i				
4	Enter the net value of nonc	charitable-use assets for 2018 fro	om Part X, line	5	. 4	
5	Multiply line 4 by line 3 .				. 5	<u>.</u>
6	Enter 1% of net investmen	t income (1% of Part I, line 27b)			. 6	<u>.</u>
7	Add lines 5 and 6				. 7	<i>5</i>
8	-	ns from Part XII, line 4			. 8	0 .
	If line 8 is equal to or great Part VI instructions.	ter than line 7, check the box in	Part VI, line 1b	, and complete t	hat part using a 1	1% tax rate. See the

Part '	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 494	8-:	see ii	nstruc	tion	is)
1ą	Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" on line 1.	5	-6.2	1,00	¥.	万里
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)	4	11.5	E. A		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1_	<u></u>			
	here ▶ ☐ and enter 1% of Part I, line 27b			2.3		
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).	5.	11, 13, 149 		P.	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2				
3	Add lines 1 and 2	3				
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4				
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	`5 \				
6	Credits/Payments:		2007	3.13		2. 4
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 6a				2	
b	Exempt foreign organizations—tax withheld at source 6b	4	1.0	1	委	
C	Tax paid with application for extension of time to file (Form 8868) . 6c	4	4.7	本 想		
_d	Backup withholding erroneously withheld				-32	
7	Total credits and payments. Add lines 6a through 6d	<u> 7</u>	<u> </u>		_	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > Enter the amount of line 10 to be: Credited to 2019 estimated tax > Refunded >	10 11	 			
	VII-A Statements Regarding Activities				ŀ	—
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation	or di	id it	acai Y	68	No
	participate or intervene in any political campaign?	O		1a		<u> </u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes?	See	the			5
_	instructions for the definition	•		1b	Į,	K
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any n	natei	rials i	37. C	T	
	published or distributed by the foundation in connection with the activities.					2
C	Did the foundation file Form 1120-POL for this year?		.	1c		Z^{-}
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			数 en di do A	~	3.
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$					2.1
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax im	pose	ed be			春天
_	on foundation managers. ► \$					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	•	.	2	W.764 3-864 A	\mathcal{L}
_	If "Yes," attach a detailed description of the activities.			利		4.3
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument,	, artic	cles	R. B.	I.	4
4a	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the char Did the foundation have unrelated business gross income of \$1,000 or more during the year?	nges	•	3		♦
b	If "Yes," has it filed a tax return on Form 990-T for this year?	•	• }	4a	-+	<u>X</u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	•	•	5	\dashv	\mathbf{x}^{-}
-	If "Yes," attach the statement required by General Instruction T.	•	· }	100	1	क्रेंट
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					3
	By language in the governing instrument, or			3.34	E	
	By state legislation that effectively amends the governing instrument so that no mandatory directively.	ons 1	that			3
	conflict with the state law remain in the governing instrument?		. [6 X		1,39
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and	d Par	tΧV [7 K	•	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶		P			
						3
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney	Gen	eral	4	E.	أعنينا
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	•	.	8b		Х.,
9	Is the foundation claiming status as a private operating foundation within the meaning of section 494			3.1	1	-
	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV.	If "Ye	; s,"			X
10	complete Part XIV	ima - **	<u> </u>	9	_	<u>^</u>
10	names and addresses	ıng ti	ieir	10	X	
		•	For	т 990 -	·PF	(2018)

Part	Statements Regarding Activities (continued)			
•	•	**	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			X
44	person had advisory privileges? If "Yes," attach statement. See instructions	12		
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶	13		
14	The books are in care of ► Eddi'Y M. Cole Telephone no. ► UH	747	27	~
17		203		04
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here			▶ [
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, 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		1. 16	V . 3
Dort	the foreign country ► VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<u>, y</u>	- A-	361 -1
Ган	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	7.3	Ves	No
1a	During the year, did the foundation (either directly or indirectly):		100	735.5
16	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		K.	7
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	ئے نو		3
	disqualified person?		4	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? \square Yes \square No	3. A)		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes 🗷 No	4		
	(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)?	100		3.
	(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	ز کُر ا		
	termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in		tal_{i}	2,5
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions .	1b	1,42,7	1
	Organizations relying on a current notice regarding disaster assistance, check here ▶ □	1		24
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	7		
_	were not corrected before the first day of the tax year beginning in 2018?	1c	8 - 10	X.
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			3
a	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and			7.5
	6e, Part XIII) for tax year(s) beginning before 2018?	37.4		M.
h	If "Yes," list the years ▶ 20 , 20 , 20 , 20			
-	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	1 38		
	all years listed, answer "No" and attach statement—see instructions.)	2b		X
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	1		
_	► 20 , 20 , 20 , 20	122	႕	
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	数	A.	4.1
•	at any time during the year?			ris.
b	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	A.	1	
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the		1	
	foundation had excess business holdings in 2018.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	- سندار	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	نننا	32	<u>اتّ</u> ر
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b	1.	レベ

VIET Statements Regarding Activities	s tor which form	1 4/20 May be F	sequirea (co:	ntinuea)		
During the year, did the foundation pay or incur	any amount to:			•	3	Yes No
				ns 💢 No		44 2 A
• • •	•	ion 4955); or to c	arry on,			
directly or indirectly, any voter registration di	rive?		· · · 🗀 Ye	rs 🔀 No		
	-	• •		ıs 💢 No		
· · · · · · · · · · · · · · · · · · ·		_	ribed in			3
*****			_	es 💢 No		
				_		96 PM
			٠. ب		1	
					 -	
_				` ▶⊏	30	MAN ENDER
	_	•	the tax		35	atc
• • • • • • • • • • • • • • • • • • • •		•		s 🗆 No		
-	-	945-5(d).				
, , ,		• •	emiums		50	
on a personal benefit contract?			🗌 Y e	s 💢 No		
Did the foundation, during the year, pay premiur	ms, directly or indire	ctly, on a persona	l benefit contra	act? .	6b	
If "Yes" to 6b, file Form 8870.						
				_		
				tion? .	7b	*(a /3 ha/f1
	nors, musices, i		ayere, mgm	y raid L	проус	,
List all officers, directors, trustees, and found	lation managers a	nd their compane	stion See ins	tructions		
List an Officers, and Colors, a detects, and round	Jauvii Manayers e	in nieli colliberia	440III 900 III		7.	
	(b) Title, and average	(c) Compensation	(d) Contribut	tions to	(e) Expen	ise account,
(a) Name and address	. 			tions to efft plans	(e) Expen	ise account, Ilowances
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contribut employee bendand deferred con	tions to efit plans npensation	(e) Expen	llowances
(a) Name and address I die M. Colo 118 Strain cona Dr. Detroit MI 482	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contribut employee ben	tions to efit plans npensation	(e) Expen	
(a) Name and address I die M. Colo 17 Strath cond Dr. Datroik MI 483 Win L. Cole 460	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contribut employee bendand deferred con	tions to effit plans inpensation	(e) Expendent other all	llowances
(a) Name and address I die M. Colo 118 Strain cona Dr. Detroit MI 482	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contribut employee bendand deferred con	tions to effit plans inpensation	(e) Expendent other all	llowances
(a) Name and address I die M., Colo 170 Strath cona Dr. Detroik MI 482 Win L. Cole 170 Strath cona Dr. Detroik M	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contribut employee bendand deferred con	tions to effit plans inpensation	(e) Expendent other all	llowances in e
(a) Name and address I die M. Colo 17 Strath cond Dr. Datroik MI 483 Win L. Cole 460	(b) Title, and average hours per week devoted to position	(c) Compensation (if not peld, enter -0-) None None	(d) Contribut employee bendand deferred con	tions to effit plans npensation	(e) Expendent other all	illowances
(a) Name and address I die M. Colo 178 Strain cona Dr. Detro. P.M. 482 Win L. Cole 170 Strain cona Dr. Detro. P.M. ecia Cole Smith	(b) Title, and average hours per week devoted to position President	(c) Compensation (if not paid, enter -0-)	(d) Contribut employee ben and deferred cor	tions to effit plans npensation	(e) Expendence other all	illowances
(a) Name and address I dig M, Colo 178 Strain cona Dr. Detroit MI 482 Win L. Colo 170 Strain cona Dr. Detroit MI 200 Che Smith 702 Chefeau P Fogers By 72738 Compensation of five highest-paid employee	(b) Title, and average hours per week devoted to position President Secretary h	(c) Compensation (if not peld, enter -0-) None None	(d) Contribut employee ben and deferred con Nova	tions to selfit plans npensation	(e) Expendent other all	ine
(a) Name and address I dig M, Colo 178 Strain cona Dr. Detroit MI 482 Win L. Cole 170 Strain cona Dr. Detroit M 170 Strain cona Dr. Detroit M 102 Chofeau P Fogers De 72138	(b) Title, and average hours per week devoted to position President Secretary h	(c) Compensation (if not peld, enter -0-) None None	(d) Contributemployee beneated deferred contributed and deferred contri	tions to effit plans npensation	(e) Expendent other all	ine
(a) Name and address Advis M., Colo 178 Strain cona Dr. Detroit MI 482 Win L. Colo 178 Strain cona Dr. Detroit MI 170 Strain cona Dr., Detroit MI 170 Strain cona Dr., Detroit MI 170 Che Smith 170 Chefau Dr. 170 Chefau Dr. 170 Compensation of five highest-paid employed "NONE."	(b) Title, and average hours per week devoted to position President Secretary h	(c) Compensation (if not paid, enter -0-) None None None se included on li	(d) Contributemployee beneated deferred contributemployee beneated deferred contributemployee beneated and deferred contribute	tions to effit plans npensation	(e) Expendent of the rail	ine
(a) Name and address I dig M, Colo 178 Strain cona Dr. Detroit MI 482 Win L. Colo 170 Strain cona Dr. Detroit MI 200 Che Smith 702 Chefeau P Fogers By 72738 Compensation of five highest-paid employee	(b) Title, and average hours per week devoted to position President Secretary I. h. V. Fres: dent Traus: dent (b) Title, and	(c) Compensation (if not paid, enter -0-) None None None Starte (c) Compensation (if not paid, enter -0-)	(d) Contributemployee beneated deferred contributemployee beneated deferred contributemployee beneated and deferred contribute	tions to effit plans npensation	(e) Expendent of the rail (iii) Expendent (iiii) Expendent (iii) Expendent (iii) Expendent (iii) Expendent (ii	ine ine ine ine, enter
(a) Name and address Advis M., Colo 178 Strain cona Dr. Detroit MI 482 Win L. Colo 178 Strain cona Dr. Detroit MI 170 Strain cona Dr., Detroit MI 170 Strain cona Dr., Detroit MI 170 Che Smith 170 Chefau Dr. 170 Chefau Dr. 170 Compensation of five highest-paid employed "NONE."	(b) Title, and average hours per week devoted to position President Secretary h	(c) Compensation (if not paid, enter -0-) None None None Starte (c) Compensation (if not paid, enter -0-)	(d) Contributemployee beneated deferred contributemployee beneated deferred contributemployee beneated and deferred contribute	tions to effit plans npensation	(e) Expendent of the rail (iii) Expendent (iiii) Expendent (iii) Expendent (iii) Expendent (iii) Expendent (ii	ine anter
(a) Name and address Advis M., Colo 178 Strain cona Dr. Detroit MI 482 Win L. Colo 178 Strain cona Dr. Detroit MI 170 Strain cona Dr., Detroit MI 170 Strain cona Dr., Detroit MI 170 Che Smith 170 Chefau Dr. 170 Chefau Dr. 170 Compensation of five highest-paid employed "NONE."	(b) Title, and average hours per week devoted to position President Secretary h	(c) Compensation (if not paid, enter -0-) None None None Starte (c) Compensation (if not paid, enter -0-)	(d) Contributemployee beneated deferred contributemployee beneated deferred contributemployee beneated and deferred contribute	tions to effit plans npensation	(e) Expendent of the rail (iii) Expendent (iiii) Expendent (iii) Expendent (iii) Expendent (iii) Expendent (ii	ine anter
(a) Name and address Advis M., Colo 178 Strain cona Dr. Detroit MI 482 Win L. Colo 178 Strain cona Dr. Detroit MI 170 Strain cona Dr., Detroit MI 170 Strain cona Dr., Detroit MI 170 Che Smith 170 Chefau Dr. 170 Chefau Dr. 170 Compensation of five highest-paid employed "NONE."	(b) Title, and average hours per week devoted to position President Secretary h	(c) Compensation (if not paid, enter -0-) None None None Starte (c) Compensation (if not paid, enter -0-)	(d) Contributemployee beneated deferred contributemployee beneated deferred contributemployee beneated and deferred contribute	tions to effit plans npensation	(e) Expendent of the rail (iii) Expendent (iiii) Expendent (iii) Expendent (iii) Expendent (iii) Expendent (ii	ine anter
(a) Name and address Advis M., Colo 178 Strain cona Dr. Detroit MI 482 Win L. Colo 178 Strain cona Dr. Detroit MI 170 Strain cona Dr., Detroit MI 170 Strain cona Dr., Detroit MI 170 Che Smith 170 Chefau Dr. 170 Chefau Dr. 170 Compensation of five highest-paid employed "NONE."	(b) Title, and average hours per week devoted to position President Secretary h	(c) Compensation (if not paid, enter -0-) None None None Starte (c) Compensation (if not paid, enter -0-)	(d) Contributemployee beneated deferred contributemployee beneated deferred contributemployee beneated and deferred contribute	tions to effit plans npensation	(e) Expendent of the rail (iii) Expendent (iiii) Expendent (iii) Expendent (iii) Expendent (iii) Expendent (ii	ine anter
(a) Name and address Advis M., Colo 178 Strain cona Dr. Detroit MI 482 Win L. Colo 178 Strain cona Dr. Detroit MI 170 Strain cona Dr., Detroit MI 170 Strain cona Dr., Detroit MI 170 Che Smith 170 Chefau Dr. 170 Chefau Dr. 170 Compensation of five highest-paid employed "NONE."	(b) Title, and average hours per week devoted to position President Secretary h	(c) Compensation (if not paid, enter -0-) None None None Starte (c) Compensation (if not paid, enter -0-)	(d) Contributemployee beneated deferred contributemployee beneated deferred contributemployee beneated and deferred contribute	tions to effit plans npensation	(e) Expendent of the rail (iii) Expendent (iiii) Expendent (iii) Expendent (iii) Expendent (iii) Expendent (ii	ine anter
(a) Name and address Advis M., Colo 178 Strain cona Dr. Detroit MI 482 Win L. Colo 178 Strain cona Dr. Detroit MI 170 Strain cona Dr., Detroit MI 170 Strain cona Dr., Detroit MI 170 Che Smith 170 Chefau Dr. 170 Chefau Dr. 170 Compensation of five highest-paid employed "NONE."	(b) Title, and average hours per week devoted to position President Secretary h	(c) Compensation (if not paid, enter -0-) None None None Starte (c) Compensation (if not paid, enter -0-)	(d) Contributemployee beneated deferred contributemployee beneated deferred contributemployee beneated and deferred contribute	tions to effit plans npensation	(e) Expendent of the rail (c) Expendent (c)	ine anter
(a) Name and address Advis M., Colo 178 Strain cona Dr. Detroit MI 482 Win L. Colo 178 Strain cona Dr. Detroit MI 170 Strain cona Dr., Detroit MI 170 Strain cona Dr., Detroit MI 170 Che Smith 170 Chefau Dr. 170 Chefau Dr. 170 Compensation of five highest-paid employed "NONE."	(b) Title, and average hours per week devoted to position President Secretary h	(c) Compensation (if not paid, enter -0-) None None None Starte (c) Compensation (if not paid, enter -0-)	(d) Contributemployee beneated deferred contributemployee beneated deferred contributemployee beneated and deferred contribute	tions to effit plans npensation	(e) Expendent of the rail (c) Expendent (c)	ine anter
(a) Name and address Advis M., Colo 178 Strain cona Dr. Detroit MI 482 Win L. Colo 178 Strain cona Dr. Detroit MI 170 Strain cona Dr., Detroit MI 170 Strain cona Dr., Detroit MI 170 Che Smith 170 Chefau Dr. 170 Chefau Dr. 170 Compensation of five highest-paid employed "NONE."	(b) Title, and average hours per week devoted to position President Secretary h	(c) Compensation (if not paid, enter -0-) None None None Starte (c) Compensation (if not paid, enter -0-)	(d) Contributemployee beneated deferred contributemployee beneated deferred contributemployee beneated and deferred contribute	tions to effit plans npensation	(e) Expendent of the rail (c) Expendent (c)	ine anter
(a) Name and address Advis M., Colo 178 Strain cona Dr. Detroit MI 482 Win L. Colo 178 Strain cona Dr. Detroit MI 170 Strain cona Dr., Detroit MI 170 Strain cona Dr., Detroit MI 170 Che Smith 170 Chefau Dr. 170 Chefau Dr. 170 Compensation of five highest-paid employed "NONE."	(b) Title, and average hours per week devoted to position President Secretary h	(c) Compensation (if not paid, enter -0-) None None None Starte (c) Compensation (if not paid, enter -0-)	(d) Contributemployee beneated deferred contributemployee beneated deferred contributemployee beneated and deferred contribute	tions to effit plans npensation	(e) Expendent of the rail (c) Expendent (c)	ine anter
(a) Name and address Advis M., Colo 178 Strain cona Dr. Detroit MI 482 Win L. Colo 178 Strain cona Dr. Detroit MI 170 Strain cona Dr., Detroit MI 170 Strain cona Dr., Detroit MI 170 Che Smith 170 Chefau Dr. 170 Chefau Dr. 170 Compensation of five highest-paid employed "NONE."	(b) Title, and average hours per week devoted to position President Secretary h	(c) Compensation (if not paid, enter -0-) None None None Starte (c) Compensation (if not paid, enter -0-)	(d) Contributemployee beneated deferred contributemployee beneated deferred contributemployee beneated and deferred contribute	structions to set plans npensation	(e) Expendent of the rail (c) Expendent (c)	ine enter
	Ouring the year, did the foundation pay or incur (1) Carry on propaganda, or otherwise attempt (2) Influence the outcome of any specific public directly or indirectly, any voter registration directly for any purpose of the prevention of the prevention of cruelty to the purposes, or for the prevention of cruelty to the any answer is "Yes" to 5a(1)–(5), did any of the purposes, or for the prevention of cruelty to the any answer is "Yes" to 5a(1)–(5), did any of the negulations section 53.4945 or in a current notice regard of the answer is "Yes" to question 5a(4), does not because it maintained expenditure responsibility of "Yes," attach the statement required by Regul Did the foundation, during the year, receive any on a personal benefit contract? Did the foundation, during the year, pay premiur if "Yes" to 6b, file Form 8870. At any time during the tax year, was the foundation if "Yes," did the foundation receive any proceed is the foundation subject to the section 4960 taremuneration or excess parachute payment(s) during the tax year.	During the year, did the foundation pay or incur any amount to: (1) Carry on propaganda, or otherwise attempt to influence legislatic. (2) Influence the outcome of any specific public election (see sect directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar. (4) Provide a grant to an organization other than a charitable, etc., section 4945(d)(4)(A)? See instructions (5) Provide for any purpose other than religious, charitable, scientify purposes, or for the prevention of cruelty to children or animals? If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail in Regulations section 53.4945 or in a current notice regarding disast Organizations relying on a current notice regarding disaster assistar. If the answer is "Yes" to question 5a(4), does the foundation claim because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.49 Did the foundation, during the year, receive any funds, directly or in on a personal benefit contract? Did the foundation, during the year, pay premiums, directly or indirectly "Yes" to 6b, file Form 8870. At any time during the tax year, was the foundation a party to a prohibite If "Yes," did the foundation receive any proceeds or have any net in 1s the foundation subject to the section 4960 tax on payment(s) of remuneration or excess parachute payment(s) during the year? VIII Information About Officers, Directors, Trustees, Fand Contractors	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.)) Influence the outcome of any specific public election (see section 4955); or to condirectly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization descondescent section 4945(d)(4)(A)? See instructions (5) Provide for any purpose other than religious, charitable, scientific, literary, or eduction purposes, or for the prevention of cruelty to children or animals? If any answer is "Yes" to 5a(1)—(5), did any of the transactions fail to qualify under the in Regulations section 53.4945 or in a current notice regarding disaster assistance? Some organizations relying on a current notice regarding disaster assistance, check here if the answer is "Yes" to question 5a(4), does the foundation claim exemption from because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945—5(d). Did the foundation, during the year, receive any funds, directly or indirectly, to pay pron a personal benefit contract? Did the foundation, during the year, pay premiums, directly or indirectly, on a personal frees" to 6b, file Form 8870. At any time during the tax year, was the foundation a party to a prohibited tax shelter transar if "Yes," did the foundation receive any proceeds or have any net income attributable is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000 remuneration or excess parachute payment(s) during the year? VIII Information About Officers, Directors, Trustees, Foundation Manand Contractors	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))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)	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))?	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))?

3 Five highest-paid independent contractors for professional services. See instructions. If none, ento	er "NONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
Wone	
atal number of others recovered over \$50,000 for preferenced contract	
otal number of others receiving over \$50,000 for professional services	•
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the norganizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 University of Toledo	150°C
Frograms, schobeships, educat	Fibr
,	_
2 Jouga 100 College Program, scholerchips, educa	tim 2508
3 Detroit Unity Temple Programs, ministries	1,3000
1 Ol 5 Olders at the second of the second	1,000
4 Ohio State Ber Foundation, programs, education	.1000
······································	
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 Contributions to additional programs operat	
by Cheritable organizations	
see astached sheet Exhibit A:	1,425
2	
for cancer research, college education, Civil rig	ghts
for Cancer research, college education, Civil ris natural disaster relief, cherity Mospitals, youth prog	rane
All other program-related investments. See instructions	
3	
otal. Add lines 1 through 3	> '

Part	Minimum Investment Return (All domestic foundations must complete this part. Forei see instructions.)	gn fo	undations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes.		
а	Average monthly fair market value of securities	1a	138,000
b	Average of monthly cash balances	1b	5064,72
C	Fair market value of all other assets (see instructions)	1c	, ,
d	Total (add lines 1a, b, and c)	1d_	143,064.72
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	ınstructions)	4	5,064,72
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	138. 000.00
6	Minimum investment return. Enter 5% of line 5	6	6,900.00
art	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for and certain foreign organizations, check here ► □ and do not complete this part.)	ound	ations
1	Minimum investment return from Part X, line 6	1	6,900,00
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.) 2b		
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		. 00
	line 1	7	6, 900.
art	XII Qualifying Distributions (see Instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	-	22
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	7,610.00
b	Program-related investments—total from Part IX-B	1b	
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:		
а	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	7,610,00
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		,, <u>-, -, -</u>
	Enter 1% of Part I, line 27b. See instructions	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	7,610,00
-	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	-	
	qualities for the section 4940(e) reduction of tax in those years.		- 000 PE

Part	VIII Undistributed Income (see instruction	ns)			
	,	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1	Distributable amount for 2018 from Part XI,		11012		6 900°°
2	Undistributed income, if any, as of the end of 2018:				4 /00.
a	Enter amount for 2017 only	\			
b	Total for prior years: 20 , 20 , 20				<u></u>
3	Excess distributions carryover, if any, to 2018.				
а	From 2013				
b	From 2014				
С	From 2015			•	
d	From 2016		\		
е	From 2017		\		
f	Total of lines 3a through e		\		
4	Qualifying distributions for 2018 from Part XII, line 4 [.] ▶ \$				
а	Applied to 2017, but not more than line 2a				
b	Applied to undistributed income of prior years (Election required—see instructions),			•	
С	Treated as distributions out of corpus (Election required – see instructions)				
d	Applied to 2018 distributable amount				,
е	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b	Prior years' undistributed income. Subtract line 4b from line 2b	· " •			
С	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				
d	Subtract line 6c from line 6b. Taxable amount—see instructions			•	
е	Undistributed income for 2017 Subtract line 4a from line 2a. Taxable amount—see instructions				
f	Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019			•	:
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)			•	
8	Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions).		* * * * * * * * * * * * * * * * * * * *		
9	Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9.				
а	Excess from 2014				
b	Excess from 2015 .			Ì	
С	Excess from 2016 .				
d	Excess from 2017				
_	Evenes from 2018			i	I

Part	XIV Private Operating Founda	itions (see instru	ctions and Part	VII-A, question 9)	
1a	If the foundation has received a ruling	g or determination	letter that it is a	private operating		
	foundation, and the ruling is effective fo			.		
b	Check box to indicate whether the fou	ndation is a private	operating foundate	tion described in se	ection	3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years	-	
	income from Part I or the minimum investment return from Part X for	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Total
	each year listed		·			_
b	85% of line 2a					
С	Qualifying distributions from Part XII,		<u> </u>			
	line 4 for each year listed .					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	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					
а	"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 .					
С	"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	• • • • • • • • • • • • • • • • • • • •			he foundation h	ad \$5,000 or m	ore in assets at
	any time during the year-		ns.)			
1	Information Regarding Foundation					
а	List any managers of the foundation					by the foundation
	before the close of any tax year (but o	only if they have co	ontributed more th	ian \$5,000). (See S	ection 507(0)(2).)	
	EddiP M. Columbiation List any managers of the foundation			-lf	- (
b	ownership of a partnership or other e					rge portion of the
	None	may) or willon the	Todridation rias a	1070 of greater inte	51630	
2	Information Regarding Contribution	Grant Gift Loa	n Scholarshin e	te Programs:		
_	Check here ► 💢 if the foundation		• •		organizations and	does not accept
	unsolicited requests for funds. If the f					
	complete items 2a, b, c, and d. See in		J, J,,		. g	,
а	The name, address, and telephone nu	umber or email add	dress of the perso	n to whom applica	tions should be ac	ddressed
b	The form in which applications should	be submitted and	d information and	materials they sho	uld include.	_
			_	-		
С	Any submission deadlines:					
d	Any restrictions or limitations on av	vards, such as by	y geographical ai	reas, charitable fie	elds, kinds of ins	titutions, or other
	factors.					

Part					
3	Grants and Contributions Paid During	the Year or Approv	ed for Fu	ture Payment	
	, 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	Contribution	
а	Paid during the year Contributions to ero Listed & attache	n Exhibit	157		3, 375
	attache	ed to Pert	IX - E	3	
		•			
•					
				, ,	
	3	1			
	Total	· · · · · ·		▶ 3a	3,375,00
b	Approved for future payment				2/2/0
			`		
	Total	· · · · · · · ·		> 3b	

Pa	πx	Analysis of Income-Producing Ac	ctivities				
∃nţe	r gro	ss amounts unless otherwise indicated	Unrelated bu	isiness income	Excluded by sect	ion 512, 513, or 514	(e)
	_	•	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1	Pro	gram service revenue					(CCC IIIOti GCtions)
	а	None		None		none	
	b						
	С						
	ď						
	e						
	f						
		ees and contracts from government agencies	-				
•		<u> </u>					
2		nbership dues and assessments					
3		est on savings and temporary cash investments					
4		dends and interest from securities					
5	Net	rental income or (loss) from real estate:					
	a l	Debt-financed property					
	b 1	Not debt-financed property					
6		rental income or (loss) from personal property					
7		er investment income					
8		or (loss) from sales of assets other than inventory			-		
_		income or (loss) from special events					
9		the state of the s					_
10		ss profit or (loss) from sales of inventory					
11	Oth	er revenue a					
	b _						
	С						
	ď						
	e ·						
12	Sub	total Add columns (b), (d), and (e)		2000		none	
13	Tota						l
		sheet in line 13 instructions to verify calculation				13	
					4 D		
	e No.	•					
	e No. ▼	Explain below how each activity for which accomplishment of the foundation's exempt pur			(e) of Part XVI ds for such purp	-A contributed in oses) (See instruc	nportantly to the ctions)
		Income is raised +	brough)			
		contribution's Ediridends on a	24 fam	ily me	mbers		
		dividends on a	Asets				
		interest on 7	tempara	ru funde	in ber	ak .	•
			*				
		lical F make Car	who and	to texton	and	m - ant	<u> </u>
		Colleges for educa church religious Relief organization	VI CONV	1 2007211/3	arca	72001	· ~ ~
		0 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	·			was boy	OB G
		Colleges for enuca	CTION ON	ra sonoi	21911178	1 6	
		Church religious	progra	my doza	minis	tries	
		Refirst organization	hs, Ro	d Cross	J-Salv	atom Br	wh
							/
		youth organizat	cone, li	Ke Bov	c Town	MACA	
		7	 -		7	7	
	-	Civil Rights on	gan (Zar	tion			•
			/ / / /				
		Historia al an	\ . 		ς		 _
		Historical m	us eum.	<u> </u>			
				<u></u>	,	, <u> </u>	-, -
		organizations	That	tight a	against	nate Co	rimes_
		•		<u>-</u>	•		
				<u></u>			
					·- · •	-	
	-						

Form **990-PF** (2018)

Part XVII

		O garnzau	Olio							
1	ın s	he organization of ection 501(c) (or nizations?	directly or indirectly other than section	engage in any of the fin 501(c)(3) organization	following with a ons) or in sec	ny other orgar tion 527, rel	nization described ating to political		Yes	No
а	-		porting foundation	to a noncharitable exe	mpt organizatio	n of:				
		Cash						1a(1)		X
	(2) C	Other assets .						1a(2)		X
b	Othe	r transactions								,
	(1) S	(1) Sales of assets to a noncharitable exempt organization						1b(1)		义
	(2) Purchases of assets from a noncharitable exempt organization							1b(2)		X
	(3) Rental of facilities, equipment, or other assets						1b(3)	_	X	
								1b(4)	_	X
			rantees					1b(5)		Ź
	(6) F	erformance of se	ervices or members	ship or fundraising soli				1b(6)		X X
С				lists, other assets, or p				1c		X
				es," complete the follo				w the	fair m	narket
				vices given by the repo						
	value	e in any transaction	on or sharing arran	gement, show in colun	nn (d) the value	of the goods,	other assets, or s	ervices	recei	ved.
(a) Line	no	(b) Amount involved	(c) Name of non	charitable exempt organization	on (d) Des	cription of transfe	rs, transactions, and sh	arıng arr	angem	ents
_										
	_									
								<u> </u>		
					-					
										
	desc	ribed in section 5		affiliated with, or relat ection 501(c)(3)) or in s					es 🔀	 ∛No
	_	(a) Name of organ	nization	(b) Type of org	anization	T	(c) Description of relati	onship		
								•••		
										
	Unde	er penalties of perjury, I	declare that I have exami	ned this return, including accon	npanying schedules a	nd statements, and	to the best of my knowledge	edge and	belief, it	is true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of					May the I				
lere	_	<i>wano</i>	w yw	100 24/1	a Arosi	dent		preparer : uctions		
_	Sign	nature of officer or trus		Date	Title					
aid		Print/Type preparer	's name	Preparer's signature		Date	Check I If	PTIN		
rep	arer		<u> </u>				self-employed	_		
Jse (Firm's name ▶					Fırm's ElN ▶			
	- 3	Firm's address ▶	Firm's address ▶				Phone no			