








For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018

Name of foundation JAMES C ACHESON FOUNDATION		A Employer identification number 38-3463509	
Number and street (or P O box number if mail is not delivered to street address) 405 WATER ST SUITE 200		Room/suite	B Telephone number (see instructions) (810) 966-0900
City or town, state or province, country, and ZIP or foreign postal code PORT HURON, MI 48060		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) <b>\$ 16,316,409</b>		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"/> Other (specify) <b>MODIFIED CASH</b> (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)	1,167,575			
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	3 Interest on savings and temporary cash investments	1,437	1,437		
	4 Dividends and interest from securities . . .	241,148	241,148		
	5a Gross rents . . . . .				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10 	665,217			
	b Gross sales price for all assets on line 6a <u>3,376,192</u>				
	7 Capital gain net income (from Part IV, line 2) . . .		665,755		
	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) . . . . . 	65,588		65,588	
	12 <b>Total.</b> Add lines 1 through 11 . . . . .	2,140,965	908,340	65,588	
	13 Compensation of officers, directors, trustees, etc	108,000			108,000
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .	8,494			8,494
	16a Legal fees (attach schedule) . . . . .				
	b Accounting fees (attach schedule) . . . . . 	20,393			20,393
	c Other professional fees (attach schedule) . . . . . 	85,556	85,556		
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . . 	42,361	6,538	1,002	20,921
	19 Depreciation (attach schedule) and depletion . . . 	31,063		31,063	
	20 Occupancy . . . . .	25,838		25,838	
	21 Travel, conferences, and meetings . . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . . 	160,110		153,278	6,832
	24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	481,815	92,094	211,181	164,640
	25 Contributions, gifts, grants paid . . . . .	658,677			658,677
	26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	1,140,492	92,094	211,181	823,317
	27 Subtract line 26 from line 12				
	a <b>Excess of revenue over expenses and disbursements</b>	1,000,473			
	b <b>Net investment income</b> (if negative, enter -0-)		816,246		
c <b>Adjusted net income</b> (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 (a) Book Value	End of year (b) Book Value (c) Fair Market Value		
Assets	1	Cash—non-interest-bearing . . . . .			
	2	Savings and temporary cash investments . . . . .	368,746	292,908	292,908
	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) ▶ _____ 599,413 Less allowance for doubtful accounts ▶ _____	762,563	599,413	599,413
	8	Inventories for sale or use . . . . .			
	9	Prepaid expenses and deferred charges . . . . .			
	10a	Investments—U S and state government obligations (attach schedule)	1,281,267	1,641,744	1,603,663
	b	Investments—corporate stock (attach schedule) . . . . .	5,788,183	5,848,966	6,687,177
	c	Investments—corporate bonds (attach schedule) . . . . .	1,226,901	903,581	883,248
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans . . . . .			
	13	Investments—other (attach schedule) . . . . .	6,250,000	6,250,000	6,250,000
	14	Land, buildings, and equipment basis ▶ _____ 1,172,658 Less accumulated depreciation (attach schedule) ▶ _____ 30,969		1,141,689	
15	Other assets (describe ▶ _____)				
16	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	15,677,660	16,678,301	16,316,409	
Liabilities	17	Accounts payable and accrued expenses . . . . .	10,454	10,622	
	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	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	10,454	10,622	
Net Assets or Fund Balances	<b>Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/></b> <b>and complete lines 24 through 26 and lines 30 and 31.</b>				
	24	Unrestricted . . . . .			
	25	Temporarily restricted . . . . .			
	26	Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/></b> <b>and complete lines 27 through 31.</b>				
	27	Capital stock, trust principal, or current funds . . . . .	15,667,206		
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds		16,667,679	
	30	<b>Total net assets or fund balances</b> (see instructions) . . . . .	15,667,206	16,667,679	
31	<b>Total liabilities and net assets/fund balances</b> (see instructions) .	15,677,660	16,678,301		

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	15,667,206
2	Enter amount from Part I, line 27a . . . . .	2	1,000,473
3	Other increases not included in line 2 (itemize) ▶ _____	3	
4	Add lines 1, 2, and 3 . . . . .	4	16,667,679
5	Decreases not included in line 2 (itemize) ▶ _____	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	16,667,679

**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 )
<b>1a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

(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)
<b>a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

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	
<b>a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)      { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	<b>2</b>	665,755
<b>3</b> 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      {	<b>3</b>	-16,800

**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))
2017	644,034	10,970,840	0 058704
2016	877,519	10,516,511	0 083442
2015	683,144	11,697,911	0 058399
2014	713,110	11,763,242	0 060622
2013	632,461	11,223,906	0 056349

<b>2</b> Total of line 1, column (d) . . . . .	<b>2</b>	0 317516
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years . . . . .	<b>3</b>	0 063503
<b>4</b> Enter the net value of noncharitable-use assets for 2018 from Part X, line 5 . . . . .	<b>4</b>	12,055,192
<b>5</b> Multiply line 4 by line 3 . . . . .	<b>5</b>	765,541
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b) . . . . .	<b>6</b>	8,162
<b>7</b> Add lines 5 and 6 . . . . .	<b>7</b>	773,703
<b>8</b> Enter qualifying distributions from Part XII, line 4 , . . . . .	<b>8</b>	823,317

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)**

<b>1a</b>	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>b</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 . . . . .	<b>1</b>	8,162
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	8,162
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	8,162
<b>6</b>	Credits/Payments		
<b>a</b>	2018 estimated tax payments and 2017 overpayment credited to 2018	<b>6a</b>	19,264
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	19,264
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>	
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . . <b>▶</b>	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . . <b>▶</b>	<b>10</b>	11,102
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2019 estimated tax</b> <b>▶</b> 11,102 <b>Refunded</b> <b>▶</b>	<b>11</b>	

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .	<b>1a</b>	No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). . . . . If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities	<b>1b</b>	No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>	No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <b>▶</b> \$ _____ (2) On foundation managers <b>▶</b> \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <b>▶</b> \$ _____		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . If "Yes," attach a detailed description of the activities	<b>2</b>	No
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes . . . . .	<b>3</b>	No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . If "Yes," attach the statement required by General Instruction T	<b>5</b>	No
<b>6</b> 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? . . . . .	<b>6</b>	Yes
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV . . . . .	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) <b>▶</b> MI _____		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation .	<b>8b</b>	Yes
<b>9</b> 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 2018 or the taxable year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV . . . . .	<b>9</b>	No
<b>10</b> Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses . . . . .	<b>10</b>	No

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	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. . . . .	<b>11</b>		<b>No</b>
<b>12</b>	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. . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>WWW.GUIDESTAR.COM</b>	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of <b>AUSTIN NIESTER SCHWEIHOFFER FIN</b> Telephone no <b>(810) 985-9000</b>			

Located at **600 FORT ST STE 200 PORT HURON MI** ZIP+4 **48060**

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . . <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>15</b>		
<b>16</b>	At any time during calendar year 2018, 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? . . . . . See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country <b>▶</b>	<b>16</b>	<b>Yes</b> <b>No</b>

**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.**

<b>1a</b>	During the year did the foundation (either directly or indirectly)		<b>Yes</b>	<b>No</b>
	(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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input 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? ( <b>Exception.</b> 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>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. . . . . <input type="checkbox"/>	<b>1b</b>		<b>No</b>
<b>c</b>	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? . . . . . <input type="checkbox"/>	<b>1c</b>		
<b>2</b>	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))			
<b>a</b>	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? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <b>▶ 20____, 20____, 20____, 20____</b>			
<b>b</b>	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 statement—see instructions). . . . . <input type="checkbox"/>	<b>2b</b>		
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here <b>▶ 20____, 20____, 20____, 20____</b>			
<b>3a</b>	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>b</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 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 2018). . . . . <input type="checkbox"/>	<b>3b</b>		
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>		<b>No</b>
<b>b</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 2018?	<b>4b</b>		<b>No</b>

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

		Yes	No
<b>5a</b> 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>b</b> If any answer is "Yes" to 5a(1)–(5), did <b>any</b> 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.		<b>5b</b>	
Organizations relying on a current notice regarding disaster assistance check here. <span style="float: right;">▶ <input type="checkbox"/></span>			
<b>c</b> 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		
If "Yes," attach the statement required by Regulations section 53.4945–5(d)			
<b>6a</b> 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>b</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	<b>6b</b>	No
If "Yes" to 6b, file Form 8870			
<b>7a</b> 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>b</b> If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>7b</b>	
<b>8</b> Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**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	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
JAMES C ACHESON 405 WATER ST STE 200 PORT HURON, MI 48060	PRESIDENT 0 00	0	0	0
DONNA M NIESTER 405 WATER ST STE 200 PORT HURON, MI 48060	SEC/TREASURE 10 00	108,000	0	0

**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	(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				

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

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

**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		
<b>Total</b> number of others receiving over \$50,000 for professional services. . . . . ▶		

**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
<b>1</b> YMCA - PROVIDE FUNDING TO BE USED TOWARD DEBT SERVICE	130,000
<b>2</b> COMMUNITY FOUNDATION OF ST. CLAIR COUNTY - PROVIDE FUNDING TO ASSIST WITH OPERATIONAL COSTS	104,825
<b>3</b> MCLAREN HOSPITAL - PROVIDE FUNDING FOR NEW HEART INSTITUTE	73,940
<b>4</b> STUDIO 1219 - PROVIDE FUNDING TO ASSIST WITH OPERATIONAL COSTS	70,250

**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
<b>1</b> N/A	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3 . . . . . ▶	

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	10,398,347
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	99,324
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	1,741,103
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	12,238,774
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	12,238,774
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	183,582
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	12,055,192
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	602,760

**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.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	602,760
<b>2a</b>	Tax on investment income for 2018 from Part VI, line 5.	<b>2a</b>	8,162
<b>b</b>	Income tax for 2018 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	8,162
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	594,598
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	
<b>5</b>	Add lines 3 and 4.	<b>5</b>	594,598
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	594,598

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	823,317
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	823,317
<b>5</b>	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.	<b>5</b>	8,162
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	815,155

**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 2017	(c) 2017	(d) 2018
<b>1</b> Distributable amount for 2018 from Part XI, line 7				594,598
<b>2</b> Undistributed income, if any, as of the end of 2018				
<b>a</b> Enter amount for 2017 only. . . . .				
<b>b</b> Total for prior years 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2018				
<b>a</b> From 2013. . . . .	79,768			
<b>b</b> From 2014. . . . .	147,226			
<b>c</b> From 2015. . . . .	103,116			
<b>d</b> From 2016. . . . .	361,123			
<b>e</b> From 2017. . . . .	104,816			
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	796,049			
<b>4</b> Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ 823,317				
<b>a</b> Applied to 2017, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .				
<b>d</b> Applied to 2018 distributable amount. . . . .				594,598
<b>e</b> Remaining amount distributed out of corpus	228,719			
<b>5</b> Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a) )				
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,024,768			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .				
<b>c</b> 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. . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .				
<b>e</b> Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019 . . . . .				0
<b>7</b> 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). . . . .				
<b>8</b> Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions). . . . .	79,768			
<b>9</b> <b>Excess distributions carryover to 2019.</b> Subtract lines 7 and 8 from line 6a . . . . .	945,000			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2014. . . . .	147,226			
<b>b</b> Excess from 2015. . . . .	103,116			
<b>c</b> Excess from 2016. . . . .	361,123			
<b>d</b> Excess from 2017. . . . .	104,816			
<b>e</b> Excess from 2018. . . . .	228,719			

**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 2018, 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) 2018	(b) 2017	(c) 2016	(d) 2015	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .					
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information (Complete this part only if the foundation 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) )

**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. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

**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)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b>			<b>▶ 3a</b>	
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b>			<b>▶ 3b</b>	

Enter gross amounts unless otherwise indicated

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form **990-PF** (2018)

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

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

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.

<b>Sign Here</b>	*****	2019-10-30	*****	May the IRS discuss this return with the preparer shown below? (see instr )? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer or trustee	Date	Title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	LINDA L FINNEGAN		2019-10-30		P00121470
	Firm's name ▶ AUSTIN NIESTER SCHWEIHOFFER & FINNEGAN Firm's address ▶ 600 FORT ST STE 200 PORT HURON, MI 480603930				

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d			
List and describe the kind(s) of property sold (e g , real estate, (a) 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 RJ 261 CORPORATE BONDS STCG	P		
1 RJ 261 CORPORATE BONDS LTCG	P		
RJ 261 RETURN OF PRINCIPAL	P		
RJ 166 CORPORATE BONDS STCG	P		
RJ 166 CORPORATE BONDS LTCG	P		
RJ 320 CORPORATE BONDS STCG	P		
RJ 320 CORPORATE BONDS LTCG	P		
RJ 256 CORPORATE BONDS STCG	P		
RJ 256 CORPORATE BONDS LTCG	P		
RJ 795 CORPORATE BONDS STCG	P		

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(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)
71,741		73,729	-1,988
507,534		522,214	-14,680
106,499		106,499	
38,043		36,247	1,796
397,491		215,833	181,658
80,842		74,164	6,678
525,994		319,416	206,578
226,463		238,247	-11,784
686,872		451,446	235,426
104,462		115,964	-11,502

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

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	
			-1,988
			-14,680
			1,796
			181,658
			6,678
			206,578
			-11,784
			235,426
			-11,502

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

List and describe the kind(s) of property sold (e g , real estate, (a) 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 )
RJ 795 CORPORATE BONDS LTCG	P		

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

(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)
629,571		556,678	72,893

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

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	
			72,893

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)				
<b>a</b> <i>Paid during the year</i>				
CLEVELAND ELEMENTARY 2801 VANNESS ST PORT HURON, MI 48060		509 (A)	GENERAL SUPPORT	6,425
CLUVER GIRLS EVENTS 1300 ACADEMY RD CULVER, IN 46511		509 (A)	GENERAL SUPPORT	1,000
COAST GUARD FOUNDATION 394 TAUGWONK ROAD STONINGTON, CT 06378		509 (A)	GENERAL SUPPORT	1,000
<b>Total . . . . . ▶ 3a</b>				658,677



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)				
<b>a</b> <i>Paid during the year</i>				
CFSCC500 WATER STREET PORT HURON, MI 48060		509 (A)	GENERAL SUPPORT	78,225
FAY SCHOOL48 MAIN STREET SOUTHBOROUGH, MA 01772		509 (A)	GENERAL SUPPORT	1,000
OPERATION TRANSFORMATION 1904 POPLAR ST PORT HURON, MI 48060		509 (A)	GENERAL SUPPORT	2,000
<b>Total . . . . . ▶ 3a</b>				658,677

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)				
<b>a</b> Paid during the year				
PORT HURON MUSEUM 1115 SIXTH STREET PORT HURON, MI 48060		509 (A)	GENERAL SUPPORT	50,000
PORT HURON RECREATION 2829 ARMOUR PORT HURON, MI 48060		509 (A)	COMMUNITY PROGRAM	9,244
SONS2015 NERN ST 89 PORT HURON, MI 48060		509 (A)	GENERAL SUPPORT	24,000
<b>Total . . . . .</b> ▶ <b>3a</b>				658,677

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)				
<b>a</b> <i>Paid during the year</i>				
ST BERNARD SCHOOL4 EAST 98TH ST NEW YORK, NY 10029		509 (A)	GENERAL SUPPORT	1,000
STUDIO 12191219 MILITARY STREET PORT HURON, MI 48060		509 (A)	GENERAL SUPPORT	70,250
WOODROW WILSON ELEMENTARY 834 CHESTNUT ST PORT HURON, MI 48060		509 (A)	GENERAL SUPPORT	38,750
<b>Total . . . . . ▶ 3a</b>				658,677

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)				
<b>a</b> Paid during the year				
ELECTROCHEMICAL SOCIETY 65 SOUTH MAIN STREET BUILDING D PENNINGTON, NJ 085342839		509(A)	GENERAL SUPPORT	1,000
MID-CITY NUTRITION805 CHESTNUT ST PORT HURON, MI 48060		509(A)	GENERAL SUPPORT	500
UNITED WAY OF ST CLAIR 1723 MILITARY STREET PORT HURON, MI 48060		501(C)(3)	GENERAL SUPPORT	18,000
<b>Total . . . . . ▶ 3a</b>				658,677

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)				
<b>a</b> <i>Paid during the year</i>				
PORT HURON HOSPITAL 1201 STONE STREET PORT HURON, MI 48060		509 (A)	GENERAL SUPPORT	73,940
PORT HURON AREA SCHOOL DISTRICT PO BOX 5013 PORT HURON, MI 48060		509 (A)	GENERAL SUPPORT	5,000
DEMENTIA ALZHEIMER'S RESOURCE COM 600 GRAND RIVER AVE PORT HURON, MI 48060		501(C)3	GENERAL SUPPORT	5,000
<b>Total . . . . . ▶ 3a</b>				658,677

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)				
<b>a</b> <i>Paid during the year</i>				
CITIZENS FOR A VIBRANT COMMUNITY 1419 15TH STREET PORT HURON, MI 48060		501(C)3	GENERAL SUPPORT	1,000
COMMUNITY FOUNDATION OF ST CLAIR C 500 WATER STREET PORT HURON, MI 48060		501(C)3	GENERAL SUPPORT	26,600
NAVY LEAGUE233 WADHAMS RD ST CLAIR, MI 48079		501(C)3	GENERAL SUPPORT	103
<b>Total . . . . . ▶ 3a</b>				658,677

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)				
<b>a</b> <i>Paid during the year</i>				
CITY OF PORT HURON 100 MCMORRAN BLVD PORT HURON, MI 48060		GOVERNMENT	COMMUNITY SUPPORT	2,000
YMCA1525 3RD STREET PORT HURON, MI 48060		501(C)3	GENERAL SUPPORT	130,000
BLUE WATER YOUNG PROFESSIONALS 316 MCMORRAN BLVD PORT HURON, MI 48060		501(C)4	GENERAL SUPPORT	22,250
<b>Total . . . . . ▶ 3a</b>				658,677

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)				
<b>a</b> <i>Paid during the year</i>				
HUNTER HOSPITALITY HOUSE 1010 LINCOLN AVE PORT HURON, MI 48060		501(C)3	GENERAL SUPPORT	9,190
PHASD ROBOTICS TEAMPO BOX 5013 PORT HURON, MI 48060		509 (A)	GENERAL SUPPORT	2,500
FORT GRATIOT LIGHTHOUSE 1115 6TH STREET PORT HURON, MI 48060		501(C)3	GENERAL SUPPORT	1,500
<b>Total . . . . . ▶ 3a</b>				658,677



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)				
<b>a</b> <i>Paid during the year</i>				
GROSSE POINT ACADEMY 171 LAKE SHORE ROAD GROSSE POINTE FARMS, MI 48236		501(C)3	GENERAL SUPPORT	2,000
VISION OF HOPE1902 13TH STREET PORT HURON, MI 48060		501(C)3	GENERAL SUPPORT	1,000
BLUE WATER COMMUNITY ACTION 302 MICHIGAN PORT HURON, MI 48060		501(C)3	GENERAL SUPPORT	66,700
<b>Total . . . . . ▶ 3a</b>				658,677

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)				
<b>a</b> <i>Paid during the year</i>				
BLUE WATER CHAMBER OF COMMERCE 512 MCMORRAN BLVD PORT HURON, MI 48060		501 (C) (3)	GENERAL SUPPORT	7,500
<b>Total . . . . . ▶ 3a</b>				658,677

**TY 2018 Accounting Fees Schedule****Name:** JAMES C ACHESON FOUNDATION**EIN:** 38-3463509

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
LEGAL & PROFESSIONAL	20,393			20,393

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

# TY 2018 Depreciation Schedule

**Name:** JAMES C ACHESON FOUNDATION

**EIN:** 38-3463509

## Depreciation Schedule

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
VANTAGE POINT TENT	2018-01-01			S/L	5 0000				
JOHNSON OUTDOORS 4 TENTS	2018-01-01			S/L	5 0000				
3 TENTS FOR VANTAGE POINT	2018-01-01			S/L	5 0000				
3 TENTS FOR VANTAGE POINT FMV	2018-01-01			S/L	5 0000				
20X20 TENT - VANTAGE POINT	2018-01-01			S/L	5 0000				
20X20 TENT - VANTAGE POINT FMV	2018-01-01			S/L	5 0000				
20X20 TENT - VANTAGE POINT	2018-01-01			S/L	5 0000				
20X20 TENT - VANTAGE POINT FMV	2018-01-01			S/L	5 0000				
20 TENT SIDES	2018-01-01			S/L	5 0000				
20 TENT SIDES FMV	2018-01-01			S/L	5 0000				
VANTAGE POINT TENT	2018-01-01			S/L	5 0000				
VANTAGE POINT TENT FMV	2018-01-01			S/L	5 0000				
2 - FARMER'S MARKET TENTS	2018-01-01			S/L	5 0000				
3 - FARMER'S MARKET TENTS	2018-01-01			S/L	5 0000				
RANGE FLAT GRILL	2018-01-01	58		S/L	5 0000	12		12	
JOHNSON OUTDOORS-TENT	2018-01-01	669		S/L	7 0000	96		96	
JOHNSON OUTDOORS-MKT TENT	2018-01-01	1,957		S/L	7 0000	280		280	
SUNBRELLA'S 6	2018-06-11	1,049		S/L	5 0000	122		122	
OUTSIDE FURNITURE	2018-01-01			S/L	5 0000				
FRAMED PRINT	2018-01-01			S/L	5 0000				

Depreciation Schedule

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
GLMC ARTWORK - SHIPWRECK DISPLAY	2018-01-01			S/L	5 0000				
PC FOR FREIGHTER TRACKING	2018-01-01			S/L	5 0000				
GLMC ARTWORK - RAILROAD HISTORY DISPLAY	2018-01-01			S/L	5 0000				
FRAMING - TRAIN FERRY PANEL	2018-01-01			S/L	5 0000				
DISPLAY	2018-01-01			S/L	5 0000				
GLMC COMPUTERS, HARDWARE	2018-01-01			S/L	5 0000				
OFFICE EQUIPMENT FMV	2018-01-01			S/L	5 0000				
DELL XPSZ COMPUTER	2018-01-01			S/L	5 0000				
REPLICA OF LAKE STURGEON	2018-01-01			S/L	7 0000				
UNDERWATER CAMERA	2018-01-01			S/L	5 0000				
FREIGHT ON DIRECTOR SCREEN	2018-01-01			S/L	5 0000				
FREIGHT ON DIRECTOR SCREEN FMV	2018-01-01			S/L	5 0000				
1984 ICE JAM FRAMED & INSTALLED	2018-01-01			S/L	5 0000				
1984 ICE JAM FRAMED & INSTALLED FMV	2018-01-01			S/L	5 0000				
DELL XPSZ COMPUTER	2018-01-01			S/L	5 0000				
DELL XPSZ COMPUTER FMV	2018-01-01			S/L	5 0000				
2 - DELL OPTIPLEX 790 COMPUTER	2018-01-01			S/L	5 0000				
UNDERWATER CAMERA UNDER BRAMBLE	2018-01-01			S/L	5 0000				
REFRIGERATOR/FREEZER	2018-01-01			S/L	5 0000				
GLMC TABLES REFINISHED	2018-01-01			S/L	5 0000				

Depreciation Schedule

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
GLMC SURVEILLANCE CAMERA	2018-01-01			S/L	5 0000				
DECORATIVE COATINGS ON 8 PEDESTALS	2018-01-01			S/L	5 0000				
APPLIANCES FMV	2018-01-01			S/L	5 0000				
TABLES & CHAIRS FMV	2018-01-01			S/L	7 0000				
COAT RACKS FMV	2018-01-01			S/L	5 0000				
EQUIPMENT FMV	2018-01-01			S/L	5 0000				
ICE MACHINE FMV	2018-01-01			S/L	5 0000				
COMPUTER FMV	2018-01-01			S/L	5 0000				
FURNITURE & FIXTURES FMV	2018-01-01			S/L	5 0000				
FREIGHT ON DIRECTOR SCREEN	2018-01-01			S/L	5 0000				
1984 ICE JAM FRAMED & INSTALLED	2018-01-01			S/L	5 0000				
BUILDING	2018-01-01	806,785		S/L	39 0000	20,687		20,687	
REPLICA OF LAKE STURGEON	2018-01-01	89		S/L	5 0000	18		18	
IMPROVEMENTS	2018-01-01	8,435		S/L	39 0000	216		216	
IMPROVEMENTS	2018-01-01	3,463		S/L	39 0000	89		89	
IMPROVEMENTS	2018-01-01	2,798		S/L	39 0000	72		72	
BUILDING	2018-01-01	145,454		S/L	39 0000	3,730		3,730	
IMPROVEMENTS	2018-01-01	1,504		S/L	39 0000	39		39	
IMPROVEMENTS	2018-01-01	617		S/L	39 0000	16		16	
IMPROVEMENTS	2018-01-01	494		S/L	39 0000	13		13	

Depreciation Schedule

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
TABLES & CHAIRS	2018-01-01	39		S/L	7 0000	6		6	
TABLES & CHAIRS FMV	2018-01-01	1,970		S/L	7 0000	281		281	
OUTSIDE FURNITURE	2018-01-01	3		S/L	7 0000				
OUTSIDE FURNITURE FMV	2018-01-01	195		S/L	7 0000	28		28	
FRAMED PRINT	2018-01-01	1		S/L	7 0000	1		1	
FRAMED PRINT FMV	2018-01-01	58		S/L	7 0000	8		8	
ARTWROK FOR GLMC	2018-01-01	1		S/L	7 0000	1		1	
ARTWROK FOR GLMC FMV	2018-01-01	63		S/L	7 0000	9		9	
GLMC ARTWORK	2018-01-01	1		S/L	7 0000				
GLMC ARTWORK FMV	2018-01-01	66		S/L	7 0000	9		9	
GLMC ARTWORK - SHIPWRECK DISPLAY	2018-01-01	2		S/L	7 0000				
GLMC ARTWORK - SHIPWRECK DISPLAY FMV	2018-01-01	87		S/L	7 0000	12		12	
PC FOR FREIGHTER TRACKING	2018-01-01			S/L	5 0000				
PC FOR FREIGHTER TRACKING FMV	2018-01-01			S/L	5 0000				
GLMC ARTWORK - RAILROAD HISTORY DISPLAY	2018-01-01	2		S/L	7 0000				
GLMC ARTWORK - RAILROAD HISTORY DISPLAY FMV	2018-01-01	89		S/L	7 0000	13		13	
FRAMING - TRAIN FERRY PANEL	2018-01-01	1		S/L	7 0000	1		1	
FRAMING - TRAIN FERRY PANEL FMV	2018-01-01	21		S/L	7 0000	3		3	
DISPLAY	2018-01-01	16		S/L	7 0000	2		2	
DISPLAY FMV	2018-01-01	427		S/L	7 0000	61		61	

**Depreciation Schedule**

<b>Description of Property</b>	<b>Date Acquired</b>	<b>Cost or Other Basis</b>	<b>Prior Years' Depreciation</b>	<b>Computation Method</b>	<b>Rate / Life (# of years)</b>	<b>Current Year's Depreciation Expense</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Cost of Goods Sold Not Included</b>
REPLICA OF LAKE STURGEON	2018-01-01	12		S/L	7 0000	2		2	
REPLICA OF LAKE STURGEON FMV	2018-01-01	57		S/L	7 0000	8		8	
BUILDING FMV 209	2018-01-01	105,187		S/L	39 0000	2,697		2,697	
IMPROVEMENTS FMV 223	2018-01-01	1,088		S/L	39 0000	28		28	
IMPROVEMENTS FMV 230	2018-01-01	446		S/L	39 0000	11		11	
IMPROVEMENTS FMV 240	2018-01-01	357		S/L	39 0000	9		9	
IMPROVEMENTS	2018-01-01	7,064		S/L	39 0000	181		181	
IMPROVEMENTS	2018-01-01	70,815		S/L	39 0000	1,816		1,816	
LED TV	2018-01-01	72		S/L	5 0000	14		14	
DELI EQUIPMENT	2018-11-12	4,815		S/L	5 0000	161		161	
IMPROVEMENTS	2018-01-01	6,205		S/L	39 0000	159		159	
DELL OPTIPLEX 7040 COMPUTER	2018-01-01	758		S/L	5 0000	152		152	



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

TY 2018 Gain/Loss from Sale of Other Assets Schedule

Name: JAMES C ACHESON FOUNDATION

EIN: 38-3463509

Gain Loss Sale Other Assets Schedule

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
RANGE FLAT GRILL	2018-01	PURCHASE	2018-12			58			-46	12
APPLIANCES FMV	2018-01	PURCHASE	2018-12							
FREIGHT ON DIRECTOR SCREEN	2018-01	PURCHASE	2018-12							
GLMC ARTWORK - RAILROAD HISTORY DISPLAY	2018-01	PURCHASE	2018-12							
FRAMING - TRAIN FERRY PANEL	2018-01	PURCHASE	2018-12							
DISPLAY	2018-01	PURCHASE	2018-12							
UNDERWATER CAMERA	2018-01	PURCHASE	2018-12							
FREIGHT ON DIRECTOR SCREEN	2018-01	PURCHASE	2018-12							
FREIGHT ON DIRECTOR SCREEN FMV	2018-01	PURCHASE	2018-12							
ARTWROK FOR GLMC	2018-01	PURCHASE	2018-12			1				1
ARTWROK FOR GLMC FMV	2018-01	PURCHASE	2018-12			63			-54	9
GLMC ARTWORK	2018-01	PURCHASE	2018-12			1			-1	
GLMC ARTWORK FMV	2018-01	PURCHASE	2018-12			66			-57	9
DISPLAY	2018-01	PURCHASE	2018-12			16			-14	2
DISPLAY FMV	2018-01	PURCHASE	2018-12			427			-366	61
UNDERWATER CAMERA UNDER BRAMBLE	2018-01	PURCHASE	2018-12							
GLMC SURVEILLANCE CAMERA	2018-01	PURCHASE	2018-12							
3 TENTS FOR VANTAGE POINT	2018-01	PURCHASE	2018-12							
3 TENTS FOR VANTAGE POINT FMV	2018-01	PURCHASE	2018-12							
20X20 TENT - VANTAGE POINT	2018-01	PURCHASE	2018-12							
20X20 TENT - VANTAGE POINT FMV	2018-01	PURCHASE	2018-12							
20X20 TENT - VANTAGE POINT	2018-01	PURCHASE	2018-12							
20X20 TENT - VANTAGE POINT FMV	2018-01	PURCHASE	2018-12							
20 TENT SIDES	2018-01	PURCHASE	2018-12							
20 TENT SIDES FMV	2018-01	PURCHASE	2018-12							
VANTAGE POINT TENT	2018-01	PURCHASE	2018-12							
VANTAGE POINT TENT FMV	2018-01	PURCHASE	2018-12							

**TY 2018 Investments Corporate Bonds Schedule****Name:** JAMES C ACHESON FOUNDATION**EIN:** 38-3463509**Investments Corporate Bonds Schedule**

<b>Name of Bond</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
RAYMOND JAMES	903,581	883,248

**TY 2018 Investments Corporate Stock Schedule****Name:** JAMES C ACHESON FOUNDATION**EIN:** 38-3463509**Investments Corporation Stock Schedule**

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
RAYMOND JAMES	5,848,966	6,687,177

**TY 2018 Investments Government Obligations Schedule****Name:** JAMES C ACHESON FOUNDATION**EIN:** 38-3463509**US Government Securities - End  
of Year Book Value:**

1,641,744

**US Government Securities - End  
of Year Fair Market Value:**

1,603,663

**State & Local Government  
Securities - End of Year Book  
Value:****State & Local Government  
Securities - End of Year Fair  
Market Value:**

# **TY 2018 Investments - Other Schedule**

**Name:** JAMES C ACHESON FOUNDATION

**EIN:** 38-3463509

## **Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
DEVELOPMENT INVESTMENT	AT COST	6,250,000	6,250,000

**TY 2018 Other Expenses Schedule****Name:** JAMES C ACHESON FOUNDATION**EIN:** 38-3463509**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FARMERS MARKET				
FARMERS MARKET	36,699		36,699	
GREAT LAKES MARITIME CENTER				
MEALS & ENTERTAINMENT	8,847		8,847	
OFFICE EXPENSE - GLMC	15,620		15,620	
MAINTENANCE & REPAIRS	21,837		21,837	
JANITORIAL - CLEANING EXPENSE	23,875		23,875	
LEASED EMPLOYEE EXPENSE	46,400		46,400	
EXPENSES				
SERVICE CHARGES	3			3

## Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
DUES AND SUBSCRIPTIONS	3,680			3,680
MEALS AND ENTERTAINMENT	1,401			1,401
OFFICE EXPENSE	1,748			1,748

## TY 2018 Other Income Schedule

**Name:** JAMES C ACHESON FOUNDATION

**EIN:** 38-3463509

### Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
FARMERS MARKET	55,217		55,217
GREAT LAKES MARITIME CENTER	10,371		10,371



**TY 2018 Other Notes/Loans Receivable Short Schedule****Name:** JAMES C ACHESON FOUNDATION**EIN:** 38-3463509

<b>Name of 501(c)(3) Organization</b>	<b>Balance Due</b>
YMCA	444,750
EOC - OAK CREST HOMES	154,663
YMCA	

**TY 2018 Other Professional Fees Schedule****Name:** JAMES C ACHESON FOUNDATION**EIN:** 38-3463509

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
INVESTMENT EXPENSE	85,556	85,556		

**TY 2018 Taxes Schedule****Name:** JAMES C ACHESON FOUNDATION**EIN:** 38-3463509

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES	6,538	6,538		
FEDERAL INCOME TAX	13,900			
PROPERTY TAX	20,921			20,921
GREAT LAKES MARITIME CENTER	1,002		1,002	

<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	<b>Schedule of Contributors</b>  ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information	OMB No 1545-0047  <b>2018</b>
	<b>Name of the organization</b> JAMES C ACHESON FOUNDATION	<b>Employer identification number</b> 38-3463509

Organization type (check one)

<b>Filers of:</b>	<b>Section:</b>
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)( ) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> 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 33<sup>1</sup> 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).

<b>Name of organization</b> JAMES C ACHESON FOUNDATION	<b>Employer identification number</b> 38-3463509
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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	ACHESON VENTURES LLC 405 WATER STREET STE 200 PORT HURON, MI 48060	\$ 1,167,425	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 )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )

<b>Name of organization</b> JAMES C ACHESON FOUNDATION	<b>Employer identification number</b> 38-3463509
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<b>Part II</b> <b>Noncash Property</b>			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	GREAT LAKES MARITIME CENTER	\$ 1,167,425	2018-01-01
(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
		\$	

<b>Name of organization</b> JAMES C ACHESON FOUNDATION	<b>Employer identification number</b> 38-3463509
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<b>Part III</b>	<b>Exclusively</b> 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 <b>exclusively</b> religious, charitable, etc., contributions of <b>\$1,000 or less</b> 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
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	