Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Ā	For the	2018 ca	lendar year, or tax year	beginning		, and e	nding			
В	Check if a	applicable	C Name of organization	Robert H. Tann	ahill Foundation			D Employer	dentification i	number
ຼ⊡	Address	hange	Doing business as							
2∐ 2 7	Name ch	ange		O. box if mail is not o	lelivered to street address)	Room/suite		38-6054453		
בי הי		_	333 W Fort Street			2010		E Telephone	number	
بارج	Initial retu	ım	City or town		State	ZIP code	.	(313) 961-66	375	
	Final return	/terminated	Detroit		MI	48226-3134 Foreign postal				
3 🗆	Amended		Foreign country name	Foreign p	province/state/county	roreign postal	code	G Gross recei	nta C	8,432,246
_	Amended	return	<u> </u>			 		G G1033 16001	<u> </u>	
\$_ 	Application	n pending	F Name and address of pri	•			H(a) is th	is a group return fo	r subordinates?	Yes X No
			Joseph L. Hudson, Jr	Same as C abo	ove		H(b) Are	ail subordinates	included?	Yes No
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Tax-exem	pt status.	X 501(c)(3) 501(d	:) () ◀	(insert no.) 4947(a)(1) or 52/7	3 m	No," attach a list	. (see instructio	ins)
≸ 丁	Website	: ► N/A					H(c) Gro	oup exemption n	ımber 🕨	
		ganization:		rust Associat	on Other >	1 1 1 1 1 1	r of forms			agal dominio 8.41
⊃ <u>``</u>		<u> </u>		Associat	Coner P	Liea	1 OI IOIME	tion: 1961	IN SOME OF I	egal domicile MI
	Part I		mmary	 						
•	1		escribe the organization				de grar	nts to suppor	the operat	ions of
2		eight na	med chantable instituti	ons whose prog	rams impact the local	community.				
Activities & Governance	1									
š	2		nis box ▶ if the o				of more	e than 25% o	_	ets.
9	3		of voting members of					·	3	6
Ş	4		of independent voting					·	4	<u>6</u>
Ħ	5		mber of individuals em		•	line 2a)		1	5	0
ŧ	6		mber of volunteers (est					· · ·	6	6
Þ	1		related business reven					· · ·	7a	0
	<u> </u>	Net unre	elated business taxable	income from F	RECEI	VFD -		<u>: :</u>	7b	0
			#	S 4111 - 17 41-5		7%	——	Prior Year		Current Year
9	8		tions and grants (Part			· · · · · S	 		0	0
ē	9	Program	service revenue (Part	VIII, line 2g) .	MOV 0 6	2019 0	 	0.000	0	0
Revenue	10	Investme	ent income (Part VIII, c	olumn (A), lines	3, (Cand /d)		 	6,998,		4,642,892
	111	Other re	venue (Part VIII, colum	in (A), lines 5, b	0, 8C, 9C, 10C, 3AG-1-1	T doll	-		084	641
	12	Cranta	enue—add lines 8 throug	id (Post IX solv	T Pall VIII, COLUMN (ATT.)	ING 1827.1.		7,000, 3,020,		4,643,533 3,047,640
	14		and similar amounts pa paid to or for members					3,020,	0	3,047,040
	1		other compensation, en			as 5_10\				
Expenses	16a		onal fundraising fees (•		ss 5–10 <i>j</i> .		· 		
en Sen	. b		idraising expenses (Pa			o				
Ä	17		penses (Part IX, colum					388,	ons	315,285
	18		penses. Add lines 13-1		•	,		3,409,		3,362,925
	19		e less expenses. Subtr			23)		3,590,		1,280,608
5	<u> </u>	, 10 101101	Jiese experiede. Cabil	<u></u>		•	Beginn	ing of Current Y		End of Year
8	20	Total ass	sets (Part X, line 16)				<u> </u>	58,133,		53,018,144
Assets	21		pilities (Part X, line 26)					6,486,		7,036,044
ž	22		ets or fund balances. S		rom line 20			51,647,		45,982,100
Р	art II		nature Block	1						
Und	der penalti	es of perjury	, I declare that I have examin							
and	l bellef, it is	true, corre	ct, and complete Decigration	of preparer (other th	an officer) is based on all in	formation of which	preparer	has any knowle		
Si	gn	F	XXII Ne	Morri				101	8/2019	}
	ere	-	Signature of officer					Date	-	•
110	51 C	_ 	David M. Hempstead	·		Secre	etary			
		<u></u>	Type or print name and title							
		Print	Type preparer's name		Properties tignature		Date		[PTIN
	iid	Alici	a Janisch		(DICCO Cone	ser -	10	<i>///</i> 14 i	eck if f-employed	P00741382
	eparer	ç.								
Us	se Only		's name ► Deloitte Tax		V	10010 1005		Firm's EIN ► 8		
_		- (0)	's address ► 200 Renais				<u>_</u>	Phone no	<u>(313) 396-3</u>	
Ma	y the IR	S discus	s this return with the pr	eparer shown a	bove? (see instruction	ns)			. [X Yes No
Fo	r Paper	vork Red	uction Act Notice, see t	he separate ins	tructions.					Form 990 (2018)
HTA	-									= 2 - (14)

Form 9	90 (2018)	Robert H. Tannahill F	oundation				38-6054453	Page 2
Pai	t III	Statement of Progra					<u> </u>	
	<u> </u>	Check if Schedule O		nse or note to	any line in this Pa	art III		<u> </u>
1		escribe the organization's r						•
	The Rob	ert H Tannahill Foundation	n (RHTF) supports	the Community	Foundation for South	neast		
		(CFSEM) by supporting or residents of southeast Mi	alana and					
	ine or the	residents of southeast wit	chigan.					
2	Did the c	rganization undertake any	significant program	n services durin	g the year which wer	e not listed on		
_		Form 990 or 990-EZ?			- •		Yes	X No
		describe these new service						
3	Did the c	rganization cease conduc	ting, or make signifi	cant changes in	how it conducts, an	y program		
		?. <i></i>					Yes	X No
		describe these changes or						
4		the organization's program						
		s. Section 501(c)(3) and 50				t of grants and all	locations to others,	1
	tne total	expenses, and revenue, if	any, for each progr	am service repo	эпеа.			
4a	(Code:) (Expense	s.\$ 3.065.29	31 including an	ants of \$ 3.04	7.640) (Reveni	ue \$	<u> </u>
		nts were made to tax-exer						/
4b	(Code:) (Expense	s\$	including gra	ants of \$) (Revenu	ıe \$)
						•		
					·			
4c	(Code:) (Expense	s\$	including gra	ants of \$) (Revenu	ıe \$)
				·				
				·				
				<u>-</u>				
		gram services. (Describe		s œ	\ /Baya	. œ	,	
	(Expense	gram service expenses	including grants o ▶	3,065,291) (Revenue	: Ф		
70	JULIA PIU	Training of Alon Cybellaca	·					

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	۱.		
_	complete Schedule A	1	X	1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3	Ì	
	candidates for public office? If "Yes," complete Schedule C, Part I	⊢³−		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١.		
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_ ا		
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۱ ـ		,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_	<u> </u>	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		Х
•	complete Schedule D, Part III	8_		 ^-
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		_v
40	Did the organization, directly or through a related organization, hold assets in temporarily restricted	- -	_	X
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	200		
•••	VII, VIII, IX, or X as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		المستشعث	-
•	Schedule D, Part VI	11a		x
h	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			 ^
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	j
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			\vdash
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	1.0		<u> </u>
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other]		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services] :		
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
þ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		N/A
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
2-Ta	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		~
	Did the organization milest any process of tax-exempt bonds beyond a temporary period exception.	275		
С		24c		
	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
		24U		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25-		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
Þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	l		
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			.,
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	ļ		
	current or former officers, directors, trustees, key employees, highest compensated employees, or			i
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	ĺ		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes, " complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	-		
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		N/A
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
-	organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
		<u> </u>		- ^` -
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		ا بر ا	
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	L
Par			1	_
	Check if Schedule O contains a response or note to any line in this Part V			Щ.
		-	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		要差	
	gaming (gambling) winnings to prize winners?	1c	Х	L
		Form	990	(2018)

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	, , , , , , , , , , , , , , , , , , ,	Pinter	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	ious is	N/A
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		23	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u> </u>	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	ļ	N/A
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,		İ	١
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
Ь	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		N/A
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	-	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C.L		
7	gifts were not tax deductible?	6b		N/A
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		X
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		N/
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	/-		197
C	required to file Form 8282?	7c	!	х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	_	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		N/A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		N/A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	Edge April	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	CORNEL.	lor -
	Note. See the instructions for additional information the organization must report on Schedule O			
ь	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			7
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 -	X
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		N/A
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year	15	(Particles	X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes." complete Form 4720. Schedule O.			

Part VI

Sect	ion A. Governing Body and Management				
4.	The standard of the formation of the same of the same of the formation of	ا ما	200212	Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year	1a (
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
_	committee, explain in Schedule O	45			
ь	Enter the number of voting members included in line 1a, above, who are independent	1b (
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation	snip with			
	any other officer, director, trustee, or key employee?		2	Х	-
3	Did the organization delegate control over management duties customarily performed by or under				
	supervision of officers, directors, or trustees, or key employees to a management company or oth		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 v		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's	assets?	5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or		l_		
	one or more members of the governing body?		7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) member	s,	l		١.,
_	stockholders, or persons other than the governing body?		7b	latent erece	X
8	Did the organization contemporaneously document the meetings held or written actions undertake	en during			
_	the year by the following:				
a	The governing body?		8a	Х	NI/A
р	Each committee with authority to act on behalf of the governing body?		8b		N/A
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be		9		х
C4	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.			1	
Sect	ion B. Policies (This Section B requests information about policies not required by the	internal Revenue	Code) Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	103	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chanters	100		 ^
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p	•	10b		N/A
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body bet		11a	Х	107
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	oro ming the form: .			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If		1		
_	describe in Schedule O how this was done		12c	х	
13	Did the organization have a written whistleblower policy?		13		X
14			14	Х	
15	Did the process for determining compensation of the following persons include a review and appropriate the process for determining compensation of the following persons include a review and appropriate the process for determining compensation of the following persons include a review and approximately the process for determining compensation of the following persons include a review and approximately the process for determining compensation of the following persons include a review and approximately the process for determining compensation of the following persons include a review and approximately the process for determining compensation of the following persons include a review and approximately the process for determining compensation of the following persons include a review and approximately the process for the pr				70
	Independent persons, comparability data, and contemporaneous substantiation of the deliberation	•			
а	The organization's CEO, Executive Director, or top management official		15a		N/A
b	Other officers or key employees of the organization		15b		N/A
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		9		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arran	gement			
	with a taxable entity during the year?	-	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to eval	uate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	eguard			
	the organization's exempt status with respect to such arrangements?		16b		N/A
Sect	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► MI				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990), and 990-T (Section	501(c)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap	oply			
	Own website Another's website X Upon request Other (e	xplain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,	conflict of interest po	icy, ar	ıd	
	financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's		•		
	Karen L Leppanen	(313) 961-6675	<u> </u>		
	333 W. Fort St., Suite 2010, Detroit, MI 48226-3134				

Form 990 (2018)	Robert H Tannahill Foundation									38-60544	53	Page 7
Part VII	Compensation of Officers, Dire	ctors, Truste	es, K	(ey	Em	plq	oyee	s, ł	lighest Comp	ensated		
9,	Employees, and Independent C	Contractors										
	Check if Schedule O contains a r	esponse or no	te to	any	y lir	ıe ii	n this	Pa	art VII			
Section A.	Officers, Directors, Trustees, Key E	mployees, and	High	est	Con	npe	nsate	ed E	mployees			
1a Complete t	his table for all persons required to be	listed. Report co	mper	sati	on f	or t	he ca	lend	dar year ending v	with or within the		
organization's	tax year											
	of the organization's current officers, di						iuais	or a	rganızations), re	gardless of amo	unt	
•	on. Enter -0- in columns (D), (E), and (
	of the organization's current key emplo											
	organization's five current highest con										yee)	
	reportable compensation (Box 5 of For	m vv-2 and/or Be	ox / c)T FC	orm	109	19-MI	SC)	or more than \$1	00,000 from the		
-	nd any related organizations		_ 4 1-:	.	٠							
	of the organization's former officers, ke eportable compensation from the organ		_					ea e	employees who r	eceived more th	an	
	of the organization's former directors	•			-			uh.	ar a formar dirac	tor or tructoo of	the	
	more than \$10,000 of reportable compa										uie	
-	the following order individual trustees		-						-			
•	employees; and former such persons.	or unectors, me	Juluu	, ici	uuu	,,,,,	3, 0111	CCI	s, key employee.	s, riigirest		
	s box if neither the organization nor an	v related organiz	ration	cor	nne	nea	ted a	nv c	urrent officer dir	ector or trustee		
A Office this	S DOX II HEIGHER THE OTGENIZATION THOU BIT	related organiz	Lation	-				, y	directi officer, dir	Color, or trustee.		
			}			C) Ition						
	(A)	(B)			neck	more	than o		(D)	(E)	(F	
	Name and Title	Average hours per					is both or/trust		Reportable compensation	Reportable compensation	Estin amou	
		week (list any	-						from	from related	ott	er
		hours for related	Individual trustee or director	를	Officer	Key employee	Highest oc employee	Former	the organization	organizations (W-2/1099-MISC)	compe	
		organizations	를 들	텵	•	큻	8 8	-	(W-2/1099-MISC)		organi	
		below dotted	lsn	Ē		¥ e	Į į				and re	
		·	8	Institutional trustee			Highest compensated employee					
				Ľ			ē					
(1) Joseph	L Hudson Jr.	0.50										
President		0 50	X		Х	_		<u> </u>				
(2) Gilbert I	Hudson	0.50	1									
Treasurer		ļ	X	_	Х	_	ļ	_				
	1. Hempstead	0.50										
Secretary		0.50	+	├	Х	ļ	 	├-				
(4) Lynn Fo	ord Alandt	0.50	4	1								
Trustee			X		\vdash		├	-				
	Hudson Parke	0.50										
Trustee	Ford Dubl	0.50	X	-	⊢	├	├─	-				
(6) Lindsey	Ford Buni	0.50										
Trustee (7) Harvey	D Welless II	0 50	X		\vdash	 	├─	┝				
		10 50	1	l	х	1	1					
Assistant Secr (8)	Giai y		 	 	^-	├─	\vdash	 				··-
751			1]	}]				
(9)			 	 	-	-	-	_				
			1									
			-	, 	-							

(11)

(12)

(13)

	990 (2018) Robert H. Tannahill Foundation										8-6054		Page	<u>, 8</u>
Pa	(A) Name and title	(B) Average hours per	(do r box,	not cl unle: er an	Pos neck ss pe d a d	C) titlon more erson lirect	then is both	one 1 an	(D) Reportable compensation	(E) Reportab compensa	table Estima naation amoun		mated ount of	ited it of
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from relat organizatk (W-2/1099-A	ons	compe fror orgar and	ther ensation in the fization related izations	
(15)										_				
(16)							-							
(17)														
(18)		******			一						\neg			_
(19)				-										
(20)														
(21)														
(22)														
(23)													٠	
(24)		<u> </u>												
(25)														
1b c	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c).							> > >	0		0			0
2	Total number of individuals (including but not line reportable compensation from the organization	mited to those lis		bov			rece	vec	more than \$100	,000 of				
3	Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Sched	ector, or trustee,			loye	e, c	r higi	hes	t compensated		Harry St.	3 Y	es N	X
4	For any individual listed on line 1a, is the sum of the organization and related organizations greated individual.									h	100 Tel. (201	4		X
5	Did any person listed on line 1a receive or accifor services rendered to the organization? If "Y									vidual	Edition.	5		X
Sec	tion B. Independent Contractors	es, complete st	ii ieue	110 0	101	300	ii pei	301	<u>,</u>	- · · · ·		<u> </u>		<u>~</u>
1	Complete this table for your five highest compe compensation from the organization. Report co year											9X		
	(A) Name and business add	ress							(B) Description of sen	vices	C	(C) ompensa	ition	
NON	E							_	-					C
								\vdash						0
_														0
2	Total number of independent contractors (inclu		ed to	tho	se l	iste	d abo	ve)	who received	in the second				C
	more than \$100,000 of compensation from the	organization	▶				0		_					

Form **990** (2018)

Part VIII Statement of Revenue

	•	Check if Schedule O contains	a response or r	note to any line i	n this Part VIII.	•		[_]
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
2 B	1a	Federated campaigns	. <u>1a</u>					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	<u>1b</u>					
	С	Fundraising events	. <u>1c</u>					
	d	Related organizations	1d					
is, (е	Government grants (contributions	s) <u>1e</u>	İ		i die		
tor	f	All other contributions, gifts, gran	its, and					
현		similar amounts not included abo	ve 1f	<u> </u>				
Contributions, and Other Sim	g	Noncash contributions included in li	ines 1a-1f: \$					
OB	h	Total. Add lines 1a-1f .						
				Business Code				
e Direction	2a							,
Program Service Revenue	ь							
	c				T			
2	٦						· · · · · · · · · · · · · · · · · · ·	,
Š	۵	,	~					
E I		All other program service revenu	o		 			
5	g	, -	<u> </u>		 			
	3	Investment income (including div	idends interest	and	 			
		other similar amounts)			1,814,474			1,814,474
	4.	Income from investment of tax-ex	remnt bond proc	reeds >				32
	5	Royalties	comprisonal proc	Þ				_
	•	Troyancs	(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses	<u> </u>					
		Rental income or (loss)						
	C d	Net rental income or (loss)	L	<u> </u>				
	_		(i) Secuntles	(ii) Other				
	7a							
		assets other than inventory .	6,617,131	 				
	b	Less: cost or other basis	0.700.740					
		and sales expenses	3,788,713					
	C	Gain or (loss)	2,828,418		2 202 440			
	d	Net gain or (loss)			2,828,418	44-3-44		2,828,418
	_							
enne	8a	Gross income from fundraising		1				
		events (not including \$						
8		of contributions reported on line						
<u> </u>	_		a	<u> </u>				
Other Rev	b		b	L				
		Net income or (loss) from fundrai	•	<u> </u>				
	9a	Gross income from gaming activi	ties	•				
		See Part IV, line 19 .	а					
	þ.	Less direct expenses	. b					
1	C	Net income or (loss) from gaming	g activities					
	10a	Gross sales of inventory, less						
- 1		returns and allowances .	а					
	b	Less: cost of goods sold .	b					
	С	Net income or (loss) from sales of	of inventory	<u> </u>				
. [Miscellaneous Revenue		Business Code				
	11a	Class action proceeds		900099	641			641
. [b							<u> </u>
	C							
	d	All other revenue						
1	е	Total. Add lines 11a-,11d.			- 641			
L	12	Total revenue, See instructions			4 643 533	,	I	4 643 533

Part IX Statement of Functional Expenses
--

Section	on 501(c)(3) and 501(c)(4) organizations must complete all	columns All other or	rganızatıons must c	omplete column (A)	,
	Check if Schedule O contains a response or note	to any line in this Pa	art IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	domestic governments See Part IV, line 21	3,047,640	3,047,640		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and]			
	persons described in section 4958(c)(3)(B) .				
7	Other salaries and wages		<u></u>		
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes		 		
11	Fees for services (non-employees):				•
a	Management	29,179	17 651	11 500	
b	Legal		17,651	11,528 13,413	
ت ام	Accounting	13,413		13,413	
d e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	260,364		260,364	
g	Other (If line 11g amount exceeds 10% of line 25, column	200,004		200,004	
9	(A) amount, list line 11g expenses on Schedule O.)	8,357		8,357	-
12	Advertising and promotion	9,007		0,007	
13	Office expenses	322		322	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	3,650		3,650	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
a		<u></u>			
b					
9					
d	All other expenses				
e 25	Total functional expenses. Add lines 1 through 24e	3,362,925	3,065,291	297,634	
26	Joint costs. Complete this line only if the	0,502,825	0,000,281	201,004	
-4	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

	n 990 (2					38-6054453 Page 11
P	art X	Balance Sheet				
		Check if Schedule O contains a response of	or note to any line in this Part X	<u> </u>		<u> </u>
-				· (A)	}	(B)
	,			Beginning of year	<u> </u>	End of year
	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments .		3,758,612	2	5,549,305
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and	former officers, directors,			
	ì	trustees, key employees, and highest compens	sated employees.			
	ļ	Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified pen	sons (as defined under section			
	l	4958(f)(1)), persons described in section 4958(c)(3)(B),	and contributing employers and			
		sponsonng organizations of section 501(c)(9) voluntary	employees' beneficiary			
ş		organizations (see instructions). Complete Part II of Sch	nedule L		6	
Assets	7	Notes and toans receivable, net			7	
⋖	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or	1 1			
		other basis. Complete Part VI of Schedule D	10a			
	b	Less accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities		12,177,873	11	6,508,486
•	12	Investments-other securities. See Part IV, line	e 11	42,194,229	12	40,953,293
	13	Investments—program-related. See Part IV, lin		13		
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		3,060	15	7,060
	16	Total assets. Add lines 1 through 15 (must equ	ual line 34)	58,133,774	16	53,018,144
	17	Accounts payable and accrued expenses		10,465	_	7,632
	18	Grants payable	6,475,554	_18	7,028,412	
	19	Deferred revenue			19	<u> </u>
	20	Tax-exempt bond liabilities		<u> </u>	20	
	21	Escrow or custodial account liability Complete	Part IV of Schedule D .		21	
88	22	Loans and other payables to current and forme	er officers, directors,			
≣		trustees, key employees, highest compensated				
Llabilities	ĺ	disqualified persons. Complete Part II of Sched			22	
_	23	Secured mortgages and notes payable to unre			23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax, p				
	l	parties, and other liabilities not included on line				
	1	of Schedule D			25	<u> </u>
	26_	Total liabilities. Add lines 17 through 25		6,486,019	26	7,036,044
		Organizations that follow SFAS 117 (ASC 95	i8), check here ► 🗶 and			
ê		complete lines 27 through 29, and lines 33 a	and 34.			
an	27	Unrestricted net assets		41,567,755	27	35,902,100
B	28	Temporarily restricted net assets		10,080,000	28	10,080,000
ਕੂ	29	Permanently restricted net assets			29	
ຼັລັ		Organizations that do not follow SFAS 117 (ASC958)), check here			
75		complete lines 30 through 34.	M ALLEAN HOLD - MINE			
23	30	Capital stock or trust principal, or current funds	•		30	
Se	31	Paid-in or capital surplus, or land, building, or e			31	
Ą	32	Retained earnings, endowment, accumulated i	· ·	 	32	
Net Assets or Fund Balances	33			51,647,755		45,982,100
_	34	Total liabilities and net assets/fund balances		58,133,774		53,018,144
		. July light to the light description of the light control of the light	*			

Form 9	990 (2018) Robert H. Tannahill Foundation	38	<u>-6054453</u>	Page	<u>e 12</u>
Part	XI Reconciliation of Net Assets		,		
	Check if Schedule O contains a response or note to any line in this Part XI			. ′ [X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,643	,533
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	3,362,	,925
3	Revenue less expenses. Subtract line 2 from line 1	3		,280,	,608
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	51	1,647	755
5	Net unrealized gains (losses) on investments	5	-6	5,933	706
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior penod adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-12	,557
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	45	5,982	,100
Part				_	
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u> .	. <u> </u>	X
				Yes	No
1	Accounting method used to prepare the Form 990:		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
_	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	3055530	X
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u> .	. Зь		N/A
			Form	990 (2018)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

		i. Tannahili Foun	dation					38-60	54453
Pa				ity Status (All or	ganizations must co	mplete th	nis part.)		0 + 100
					or lines 1 through 12,				
1		A church, conve	ntion of church	es, or association o	f churches described in	n section	170(b)(1)	(A)(i).	12
2	\Box	A school descrit	ped in section '	170(b)(1)(A)(li). (Att	ach Schedule E (Form	990 or 99	90-EZ))		l O
3	\sqcap				ation described in sec			i).	-
4		•	irch organizatio	n operated in conjui	nction with a hospital d	•		•	ter the
5		-	operated for th	e benefit of a colleg	e or university owned	or operate	d by a go	vernmental unit desc	ribed in
6				•	ital unit described in se	ection 170)(b)(1)(A)(v).	
7	H		-	-	al part of its support fro			· ·	ral public
•	_	described in sec	ction 170(b)(1)	(A)(vi). (Complete F	Part II)		ilinerical c	on the gener	rai puolic
8	Ц	•			A)(vi). (Complete Part	•			
9	Ш				section 170(b)(1)(A)(ix ure (see instructions)				
10		receipts from ac support from gre	ctivities related to oss investment	to its exempt function income and unrelated	an 33 1/3% of its supp ins—subject to certain ed business taxable in See section 509(a)(2).	exception come (les	s, and (2) s section	no more than 33 1/3 511 tax) from busines	% of its
11		An organization	organized and	operated exclusivel	y to test for public safe	ety See se	ection 509	9(a)(4).	
12	X	An organization	organized and	operated exclusive	y for the benefit of, to	perform th	e function	s of, or to carry out t	he purposes
					escribed in section 50 9 bes the type of suppor				
а	[ervised, or controlled b				
				s) the power to regu nplete Part IV, Sect	ılarly appoınt or elect a tions A and B.	majority o	or the direc	ctors of trustees of tr	ie supporting
b	, [•	r controlled in connecti	on with its	supporte	d organization(s), by	having
	•	control or ma	nagement of th	e supporting organi	ization vested in the sa				
_	ſ		· •	omplete Part IV, S			م مادنی سید		and a discussion
С	ì	i type ili tunc	tionally integral	ated. A supporting () (see instructions)	organization operated i You must complete F	n connect Part IV. Se	ion with, a etions A.	ind functionally integ D. and E.	rated with,
d					ting organization opera				anızation(s)
	•	that is not fur	nctionally integr	ated. The organizat	non generally must sati	isfy a distr	ibution red	quirement and an att	
	ī				lete Part IV, Sections				- 114
е	l				itten determination from			i type i, type ii, type	3 111
f		Enter the number	• •	•	,				
g				n about the support	ed organization(s).			-	
	(1)	Name of supported or	rganization	(II) EIN	(III) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organizatlon or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					ii	Yes	No		
(A) c	,UM.	nunity Foundation	for Southeast						
	lichig	•	ioi Southeast	38-2530980	8	X		3,073,382	
(B)									
/C'						 -			
(C)									
(D)									
(E)		<u>.</u>							
(-)									
Tota	ī							3,073,382	

Sche	dule A (Form 990 or 990-EZ) 2018 Robert H.	Tannahill Founda	tion			38-60544	53 Page 2
	rt II Support Schedule for Orga			tions 170(b)(1)	(A)(iv) and 170		75 Page 2
	(Complete only if you checke						nder -
	Part III. If the organization fa						
Sec	tion A. Public Support					/	
Cale	ndar year (or fiscal year beginning in) 🔷 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017-y	(e) 2018	(f) Total
1	Gifts, grants, contributions, and		į .			1	
	membership fees received (Do not						
_	include any "unusual grants.")	<u> </u>	:				
2	Tax revenues levied for the				/		
	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities			/	 		
•	furnished by a governmental unit to the		1		[[İ	
	organization without charge	1					
4	Total. Add lines 1 through 3	1					
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4			1			
8	Gross Income from Interest, dividends,	Ø					
	payments received on securities loans,					ļ	
	rents, royalties, and income from				1	-	,
	similar sources			\			
9	Net income from unrelated business activities, whether or not the business is				i i	ľ	
	regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets	,					
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10 / .						
12	Gross receipts from related activities, etc (se					12	
13	First five years. If the Form 990 is for the o				as a section 501(c)((3)	. —
0	organization, check this box and stop here						···· P
<u> </u>	Public support percentage for 2018 (Ilne 6, c			6 \		14	
15	Public support percentage for 2017 (line 6, c			1))		15	
	33 1/3% support test—2018. If the organiz				1/3% or more, che		· · · · · · · · · · · · · · · · · · ·
	and stop here. The organization qualifies as						▶□
b	33 1/3% support test-2017. If the organiz		_	or 16a, and line 15	is 33 1/3% or more	, check this	٠ ــــــــــــــــــــــــــــــــــــ
	box and stop here. The organization qualified	es as a publicly su	pported organization	on			▶□
17a	10%-facts-and-circumstances test-2018	3. If the organizatio	n did not check a t	oox on line 13, 16a	, or 16b, and line 14	4	•
	10% or more, and if the organization meets t						
	Part VI how the organization meets the "fact organization	s-and-circumstanc	es" test. The organ	iization qualifies as	a publicly supporte	30	
h	10%-facts-and-circumstances test—2017	If the organization	n did not check a b	ox on line 13, 16a	16b or 17a and li	ine	
_	15 is 10% or more, and if the organization m						
	Explain in Part VI how the organization meet					.ly	 1
	supported organization						▶ 📋
18	Private foundation. If the organization did i	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		

2CHB	2019 Y (LOLLE 220 OL 220-155) 50 10 L/ODGL [L	rannaniii rounga					
Pai	t III Support Schedule for Orga	anizations Des	cribed in Sec	tion 509(a)(2)			
	(Complete only if you check				zation failed to	qualify under F	art II
	lf the organization fails to qu						
Sec	tion A. Public Support	1			<u>. t</u>	1	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e)/2018	(f) Total
1	Gifts, grants, contributions, and membership fees	1	1-7-575	1-1	\\		
•	received. (Do not include any "unusual grants")] \		ı			
2	Gross receipts from admissions, merchandise					/	
	sold or services performed, or facilities	\				<i>\</i>	
	furnished in any activity that is related to the	\ \ \		•			
	organization's tax-exempt purpose				/-	 	
3	Gross receipts from activities that are not an	l \					
_	unrelated trade or business under section 513 .				/		
4	Tax revenues levied for the	7					
	organization's benefit and either paid to		\				
	or expended on its behalf		\		/	 	
5	The value of services or facilities			Í			
	furnished by a governmental unit to the	ĺ					
	organization without charge					 	
6	Total. Add lines 1 through 5					ļ	
7a	Amounts included on lines 1, 2, and 3		\				
	received from disqualified persons						
b	Amounts included on lines 2 and 3		\				
	received from other than disqualified		\ \				
	persons that exceed the greater of \$5,000	ļ	\ \ \	1			
	or 1% of the amount on line 13 for the year			\ <u> </u>		<u></u>	
C	Add lines 7a and 7b			1 4			
8	Public support (Subtract line 7c from						
	line 6.)					4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
			THE RESERVE OF THE PERSON NAMED IN				
Sec	tion B. Total Support						
_		(a) 2014	/ (b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
_	tion B. Total Support	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Cale 9	tion B. Total Support ndar year (or fiscal year beginning in)	(a) 2014	(₆) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Cale 9	tion B. Total Support ndar year (or fiscal year beginning in) Amounts from line 6	(a) 2014	(lš) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Cale 9	tion B. Total Support Indar year (or fiscal year beginning in) Amounts from line 6. Gross income from Interest, dividends,	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Cale 9 10a	tion B. Total Support Indar year (or fiscal year beginning in) Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents,	(a) 2014	(6) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Cale 9 10a	tion B. Total Support ndar year (or fiscal year beginning in) Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	(a) 2014	(6) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Cale 9 10a	tion B. Total Support Indar year (or fiscal year beginning in) Amounts from line 6. Gross income from Interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable Income (less	(a) 2014	(6) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Cale 9 10a b	tion B. Total Support Indar year (or fiscal year beginning in) Amounts from line 6. Gross income from Interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable Income (less section 511 taxes) from businesses	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Cale 9 10a b	tion B. Total Support Indar year (or fiscal year beginning in) Amounts from line 6. Gross income from Interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Cale 9 10a b	tion B. Total Support Indar year (or fiscal year beginning in) Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Cale 9 10a b	tion B. Total Support Indar year (or fiscal year beginning in) Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Cale 9 10a b	tion B. Total Support Indar year (or fiscal year beginning in) Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Cale 9 10a b	Arnounts from line 6. Gross income from Interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on. Other income. Do not include gain or	(a) 2014	(b) 2015	(e) 2016	(d) 2017	(e) 2018	(f) Total
Cale 9 10a b	Arnounts from line 6. Gross income from Interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on. Other income. Do not include gain or loss from the sale of capital assets	(a) 2014	(B) 2015	(e) 2016	(d) 2017	(e) 2018	(f) Total
Caler 9 10a b c 11	Arnounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	(a) 2014	(B) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Caler 9 10a b c 11	tion B. Total Support Indar year (or fiscal year beginning in) Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11)	(a) 2014	(B) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Cale: 9 10a b c 11	Armounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						(f) Total
Cale: 9 10a b c 11	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the o	rganization's first, s	second, third, fourt	n, or fifth tax year a	s a section 501(c)	(3)	(f) Total
Cale 9 10a b c 11	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is for the o organization, check this box and stop here	rganization's first, s	second, third, fourth	n, or fifth tax year a	s a section 501(c)	(3)	(f) Total
Cale 9 110a b c 111 12 13 14 Sec	Amounts from line 6. Gross income from Interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable Income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is for the o organization, check this box and stop here tion C. Computation of Public Su	rganization's first, s	second, third, fourth	n, or fifth tax year a	as a section 501(c)	(3)	(f) Total
Cale 9 110a b c 111 12 13 14 Sec 15	Amounts from line 6. Gross income from Interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable Income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is for the o organization, check this box and stop here tion C. Computation of Public Su	rganization's first, s	second, third, fourth	n, or fifth tax year a	as a section 501(c)	(3)	(f) Total
Cale 9 10a b c 11 12 13 14 Sec	Amounts from line 6. Gross income from Interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on. Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is for the o organization, check this box and stop here tion C. Computation of Public Su. Public support percentage for 2018 (line 8, c.	rganization's first, some port Percents column (f), divided in the port of the	second, third, fourth	n, or fifth tax year a	as a section 501(c)	(3)	(f) Total
Caler 9 110a b c 111 12 13 14 Sec 15 16 Sec 16 16 Sec 16 16 Sec 17 18 18 18 18 18 18 18 18 18 18 18 18 18	Arnounts from line 6. Gross income from Interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is for the o organization, check this box and stop here tion C. Computation of Public Support percentage for 2018 (line 8, c Public support percentage from 2017 Schedtion D. Computation of Investmen	rganization's first, s pport Percents column (f), divided I	second, third, fourth age by line 13, column 15	n, or fifth tax year a	as a section 501(c)	(3) 15 16	(f) Total
Caler 9 110a b c 111 12 13 14 Sec 117	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is for the o organization, check this box and stop here tion C. Computation of Public Supublic support percentage for 2018 (line 8, cupulic support percentage from 2017 Schedtion D. Computation of Investment Investment income percentage for 2018 (line 8, cupulic support percentage for 2018 (line 8).	pport Percents column (f), divided I lule A, Part III, line nt Income Perce e 10c, column (f), d	second, third, fourth age by line 13, column 15 centage livided by line 13, column 13, column 14, column 15	n, or fifth tax year a	is a section 501(c)	(3)	(f) Total
Caler 9 110a b c 111 12 13 14 Sec 117 118	Armounts from line 6. Gross income from Interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is for the o organization, check this box and stop here tion C. Computation of Public Support percentage for 2018 (line 8, c Public support percentage from 2017 Sched tion D. Computation of Investment income percentage from 2017 Sched linestment income percentage from 2017 Sched linestment income percentage from 2017 Sched	pport Percents column (f), divided I lule A, Part III, line at Income Perce 10c, column (f), d chedule A, Part III,	second, third, fourth age by line 13, column 15 centage livided by line 13, column 17	n, or fifth tax year a	is a section 501(c)	15 16 17 18	(f) Total
Caler 9 110a b c 111 12 13 14 Sec 117 118	Armounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is for the o organization, check this box and stop here tion C. Computation of Public Supublic support percentage for 2018 (line 8, cubilic support percentage from 2017 Sched tion D. Computation of Investment Income percentage from 2017 S. 33 1/3% support tests—2018. If the organical contents in the sale of capital signs and stop here investment income percentage from 2017 S.	pport Percental lule A, Part III, line on the Income Percental lule A, Part III, line on the Income A, Part III, lization did not check	second, third, fourth age by line 13, column 15 centage livided by line 13, column 17 k the box on line 1	n, or fifth tax year a	as a section 501(c)	15 16 17 18 and line 17 is	(f) Total
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Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

ter ====	Yes	No
1_	X	
	5.5	
2		Х
	9,3023	
<u> 3a</u>		X
		المجيبين
3b	L	N/A
3c		
	de se	N/A
4a		Х
		(EE-4.2)
4b		N/A
Tanking a	200	
4c		N/A
52		X
5a	Table Care	
5b		N/A
5c	 	11/4
	Information (ship)	N/A
6	L	<u> </u>
		24.2
7	L	X
0	I STATE	
8	garden.	
9a	A CONTRACTOR OF THE PARTY OF TH	<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>
Jd person		
9b		x
9c	L :	X
10a	ŀ	X
		N/A
<u> 10b</u>		INA

Part	Supporting Organizations (continued)	——————
		Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	
	below, the governing body of a supported organization?	11a X
b	A family member of a person described in (a) above?	11b X
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c X
	ion B. Type I Supporting Organizations	
		Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	
	controlled the organization's activities. If the organization had more than one supported organization,	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1 X
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	
	supervised, or controlled the supporting organization.	2 X
Sect	ion C. Type II Supporting Organizations	
		Yes No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	
	the supported organization(s).	1
Sect	ion D. All Type III Supporting Organizations	
		Yes No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1
•		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	
_	the organization maintained a close and continuous working relationship with the supported organization(s)	2
3	By reason of the relationship described in (2), did the organization's supported organizations have a	
	significant voice in the organization's investment policies and in directing the use of the organization's	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	
	supported organizations played in this regard.	3
Sect	ion E. Type III Functionally Integrated Supporting Organizations	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structions).
а	The organization satisfied the Activities Test. Complete line 2 below.	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (s	see instructions).
2	Activities Test. Answer (a) and (b) below.	Yes No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	
	how the organization was responsive to those supported organizations, and how the organization determined	
	that these activities constituted substantially all of its activities.	2a
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	
	reasons for the organization's position that its supported organization(s) would have engaged in these	
_	activities but for the organization's involvement.	2b
3	Parent of Supported Organizations Answer (a) and (b) below.	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	
	trustees of each of the supported organizations? Provide details in Part VI.	3a
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trus	t on Nov 20, 1970 (explain	ın Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	uzatio	ons must complete Sections	A through E.
Continue A. Adiumted Nationama		(A) Pnor Year	(B) Current Year
Section A - Adjusted Net Income		(A) Filor real	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Pnor Year	(B) Current Year
			(optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)	建業		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		· · · · · · · · · · · · · · · · · · ·
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	1		
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		·
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	+-		
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional		egrated Type III supporting	organization (see
Instructions)	.,	sgrated Type in Supporting	organization (see
iriati detiona/			

			44 4 4	
Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	/
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex-			
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported	i	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	ses of supported organization	ations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.		 	
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which to	the organization is respoi	nsive	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	·		0 000
s	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required—explain in Part VI). See			
	instructions			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
I	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7. \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
_	greater than zero, explain in Part VI See instructions.			
6	Remaining underdistributions for 2018 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
•				

Schedule A (F	orm 990 or 990-EZ) 2018	Robert H Tannahill Foundation	38-	6054453	Page 8
Part VI		rmation. Provide the explanations required by Par			
		Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9			•
		rt IV, Section C, line 1; Part IV, Section D, lines 2 a ine 1; Part V, Section B, line 1e, Part V, Section D,			
		so complete this part for any additional information		HOH E,	
		to complete the part of any good or at morning	, coo management		
Part I Line	12 Amount of support	provided for administration and shared cost reimb	ursement		
(25 742) T	The Tennshill Coundati	an also accords the years of the Community Found	dation for		
(25,/42)	ne lannanili Foundati	on also supports the work of the Community Found	uation for		
Southeast	Michigan in its grants	to eight named nonprofit organizations in southeas	st		
Michigan (3,047,640).				
Part IV Se	ction A Line 6 The Rob	ert H. Tannahill Foundation (RHTF) supports the C	Community	•	
Foundatio	n for Southeast Michig	an (CFSEM) by supporting chantable organization	s whose		
work impre	wes the quality of life (of the residents of southeast Michigan Grants from	RHTF		
MOLIV IIII DEC	ves the quality of the	The residents of southeast Michigan Orania from	INTIF		
are review	ed and monitored by C	FSEM staff.			
					. .
	·				
		·	,		
:					
	,,				
	·····	,			
				• • • • • • • • • • • • • • • • • • • •	
					· -

SCHEDULE D (Form 990)

;

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Robe	rt H. Tannahill Foundation		1	38-6054453
Par		Advised Funds or Other	Similar Fun	
	Complete if the organization answere			
		(a) Donor advised fund		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year) .		-	
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and don	or advisors in writing that the	assets held in	donor advised
•	funds are the organization's property, subject t			
6	Did the organization inform all grantees, donor			
•	only for charitable purposes and not for the be			
	conferring impermissible private benefit?			
Pari	Conservation Easements.			
, ar	Complete if the organization answere	ad "Ves" on Form 990 Pa	rt IV line 7	
1	Purpose(s) of conservation easements held by			
•	Preservation of land for public use (e.g., re			n of a historically important land area
		ecreation or education)		
	Protection of natural habitat	<u> </u>	Preservation	n of a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization	on held a qualified conservation	on contribution	
	easement on the last day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			
þ	Total acreage restricted by conservation easer			
C	Number of conservation easements on a certif			2c
d	Number of conservation easements included in			2d
3	historic structure listed in the National Register Number of conservation easements modified,			
•	the tax year	uansierred, released, extingu	iistica, or term	mated by the organization during
4	Number of states where property subject to co	nservation easement is locate	ed >	
5	Does the organization have a written policy reg			handling of
•	violations, and enforcement of the conservation			
6	Staff and volunteer hours devoted to monitoring, in			
	•		J	
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and	enforcing conse	ervation easements during the year
	▶ \$			• •
8	Does each conservation easement reported or	n line 2(d) above satisfy the re	equirements of	f section 170(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization repo	orts conservation easements	in its revenue	and expense statement, and
	balance sheet, and include, if applicable, the te		nization's finar	ncial statements that describes the
	organization's accounting for conservation eas			
Part	III Organizations Maintaining Collect			Other Similar Assets.
	Complete if the organization answere			
1a	If the organization elected, as permitted under			
	works of art, historical treasures, or other simil	· ·		
_	public service, provide, in Part XIII, the text of t			
D	If the organization elected, as permitted under			
	works of art, historical treasures, or other similar public samues, provide the following amounts of	·	omon, educatio	on, or research in lurinerance of
	public service, provide the following amounts r (i) Revenue included on Form 990, Part VIII, li			▶ ¢
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of ar			
-	following amounts required to be reported under			= '
а	Revenue included on Form 990, Part VIII, line		_	
	Assets included in Form 990 Part X			> \$

Sched	Robert H. Tannahill F	oundation					38-6054	<u>453 </u>		Page 2
Par	t III Organizations Maintaining Co	ollections of Art	, Histor	ical Tre	asures, or	Other	Similar Assets	(conti	nued)	
3	Using the organization's acquisition, acc	ession, and other r	ecords, c	heck any	of the follow	ng that	are a significant	use of it	S	,
	collection items (check all that apply):									
а	Public exhibition		a \square	Loan or	exchange pro	ograms				
b	Scholarly research		e 🗍	Other	- '	-				
С	Preservation for future generations									
4	Provide a description of the organization XIII.	n's collections and e	explain ho	ow they fu	urther the orga	anizatio	n's exempt purpo	se in Pa	art	
5	During the year, did the organization soli							_	_	•
	assets to be sold to raise funds rather th	an to be maintaine	d as part	of the or	ganization's c	ollection	n?	<u></u>	es	No
Par	Complete if the organization an 990, Part X, line 21.		Form 9	90, Part	IV, line 9, o	r repor	ted an amount	on Foi	m	
1a	Is the organization an agent, trustee, cus	stodian or other into	ermedian	v for conti	ributions or of	her ass	ets not			
	included on Form 990, Part X?			,				☐ Ye	es 🗍	No
b	If "Yes," explain the arrangement in Part	XIII and complete	the follow	ving table	:					
							P	mount		
C	Beginning balance					1c				
d	• <i>,</i>					1d				
e	Distributions during the year .					1 <u>e</u>				
f	Ending balance					1f				
2a	Did the organization include an amount of	on Form 990, Part	X, line 21	, for escr	ow or custodi	al acco	unt liability?	Y	es	No
b	If "Yes," explain the arrangement in Part	XIII. Check here if	the expla	anation ha	as been provi	ded on	Part XIII]
Part	V Endowment Funds.						***************************************	-		
-	Complete if the organization an	swered "Yes" on	Form 9	90. Part	IV. line 10.					
		(a) Current year	(b) Pro		(c) Two years	back	(d) Three years back	(e) Fo	ur year	s back
1a	Beginning of year balance	51,647,755		,181,253		7,210	50,945,127			32,547
ь	Contributions	<u> </u>		1		1 1 1		1	<u> </u>	
c	Net investment earnings, gains,							 		
•	and losses	-2,563,094	7	,876,151	3.97	3,559	-1,405,570		2.18	35,145
d	Grants or scholarships	3,047,640		,020,744		3,527	2,900,116	_		0,072
е	Other expenditures for facilities	9,5 ,6	<u>-</u>	1		-,		1		
_	and programs				ļ					
T	Administrative expenses	54,921		388,905		5,989	212,23			22,493
g	End of year balance	45,982,100		,647,755		1,253	46,427,210	21	50,94	15 <u>, 127</u>
2	Provide the estimated percentage of the			ine 1g, co	olumn (a)) hel	d as:				
a	Board designated or quasi-endowment		78%							
þ	Permanent endowment	%								
С	Temporarily restricted endowment	22%	.,							
٥-	The percentages on lines 2a, 2b, and 2c	•		- 46-4		1_!	6 41			
3a	Are there endowment funds not in the po	ossession of the or	ganizatio	n that are	e neio ano aoi	ninister	ed for the		V	l Air
	organization by:							2-/1	Yes	No
	(i) unrelated organizations	•		• •		•		3a(i)		X
.	(ii) related organizations				 dulo P2			3a(ii) 3b	X	
b 1	Describe in Part XIII the intended uses of		•					100		Щ
Pari	VI Land, Buildings, and Equipm		a endown	nonciulu	<u>. </u>					
Fair	Complete if the organization an		Form 9	90 Part	IV line 11a	See F	Form 990 Part	X line	10	
	Description of property	(a) Cost or oth			or other basis		Accumulated		ook valu	
	oescription of property	(a) Cost of oth			other)		epreciation	(u) D	oon valu	
1a	Land			-						
b	Buildings									
c	Leasehold improvements									
d	Equipment	·			·					_
e	Other									
	I. Add lines 1a through 1e. (Column (d) mu	ust equal Form 990	Part X	columa (i	R) Ine 10c l		•			

Schedule D (Form 990) 2018

Part VII Investments—Other Securities.			
Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1) Financial derivatives	0		
(2) Closely-held equity interests	0		_
(3) Other Collective Funds	15,067,069	FMV	
(A) Limited Partnerships	12,296,870		
(B) Opportunistic Funds	7,682,244		
(C) Asset Allocation Strategies and Hedge Funds	5,907,110	FMV	
(D)			
(E) (F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12) ▶	40,953,293		
Part VIII Investments—Program Related.			
Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
_(1)			
(2)		-	
(3)			
(4)			-
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶	0		顯
Part IX Other Assets.			
Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11d. See Form 990, Part X, line 15.	
(a) De	scrption	(b) Book value	
(1)			
_(2)			
(3)			
(4)			
_(5)	•		
(6)			
(7)			
(8)			
__/			
(9)			
	e 15.)		0
(9) Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 15.)		0
Total. (Column (b) must equal Form 990, Part X, col (B) lin Part X Other Liabilities. Complete if the organization answere	 -	Part IV, line 11e or 11f. See Form 990, Part X,	0
(9) Total. (Column (b) must equal Form 990, Part X, col (B) lin Part X Other Liabilities. Complete if the organization answere line 25.	d "Yes" on Form 990,		0
(9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answere line 25. 1. (a) Description of liability	d "Yes" on Form 990,		0
(9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answere line 25. 1. (a) Description of liability (1) Federal income taxes	d "Yes" on Form 990,		0
(9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answere line 25. 1. (a) Description of liability (1) Federal income taxes (2)	d "Yes" on Form 990,		0
(9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answere line 25. 1. (a) Description of liability (1) Federal income taxes (2) (3)	d "Yes" on Form 990,		0
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answere line 25. 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)	d "Yes" on Form 990,		0
(9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answere line 25. 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	d "Yes" on Form 990,		0
(9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answere line 25. 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	d "Yes" on Form 990,		
(9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answere line 25. 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	d "Yes" on Form 990,		
(9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answere line 25. 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	d "Yes" on Form 990,		
(9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answere line 25. 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	d "Yes" on Form 990,		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FiN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

X

Pari	Reconciliation of Revenue per Audited Financial Statements			leturn.	•
	Complete if the organization answered "Yes" on Form 990, Part	ıv, iine	: 12 a .		0.500.004
1	Total revenue, gains, and other support per audited financial statements	•		1	-2,563,094
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	l a- 1	1 0000 70		
a	Net unrealized gains (losses) on investments .	2a	-6,933,70	0	
b	Donated services and use of facilities	2b 2c			,
C	Recoveries of prior year grants	2d			
ď	Other (Describe in Part XIII.)	_ zu	<u> </u>	2e	-6,933,706
е 3	Subtract line 2e from line 1			3	4,370,612
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i	l		4,070,012
a	Investment expenses not included on Form 990, Part VIII, line 7b.	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	272,921
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).			5	4,643,533
Part	XII Reconciliation of Expenses per Audited Financial Statement			r Return.	
	Complete if the organization answered "Yes" on Form 990, Part				
1	Total expenses and losses per audited financial statements .			1	3,102,561
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIII)	2d	-260,36	4	
е	Add lines 2a through 2d			2e	-260,364
3	Subtract line 2e from line 1			3	3,362,925
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	ļ	_	
þ	Other (Describe in Part XIII)	4b	<u> </u>		
_	Add lines 4a and 4b			4c	2 222 225
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<u></u>	<u> </u>	1 3	3,362,925
	XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	ort IV/ I	ince the and the B	art V line 4	Port V line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro				, rait A, line
		WIGE al	iy addidorlar irilori	nation.	
Pan V	Line 4 The Tannahill Foundation's funds support eight charitable organizations				
nama	d by the engine dense. The historic sift value is reported as with dense.				
name	d by the onginal donor. The historic gift value is reported as with donor			•	
restric	tions as it is to remain intact until at least September 25, 2019. It is the policy				
	morto do itilo lo ionidan interest andi di iodot coptombol 20, 2010 itilo dio pono,				
of the	Tannahili Foundation, until such future time as the board shall expressly determine	ine			
othen	vise, that distributions to the foundation's beneficiaries, as from time to time				
autho	rized by the board, shall be made in such amounts as are consistent with mainta	ining,			
in per	petuity, the foundation's assets as an endowment fund for the foundation's eight				
	At the same (at the same as he saffine is a				
name	d beneficiaries (or their successor beneficiaries).				
Part V	Line 2 The Foundation has evaluated FASB ASC 740, Income Taxes, and has	conclud	ed		
	Line 2 The Foundation has evaluated FASS ASC 740, income taxes, and has t		eu		
ıt has	no uncertain tax positions				
	no uncertain tax positions	·			
Part X	(II Line 2d Other includes Investment manager fees (-241,792) and investment				
consu	Itant fees (-18,572) that were netted from interest on the audited financials.				

Schedule D (Fo	rm 990) 2018	Robert H Tannah	ill Foundation			38-6054453	Page 5
Part XIII	Suppleme	Robert H Tannah ental Informatio	n (continued)			
			100	<u> </u>			
						·	
						·	
		·					
		•					
		·					

							•
					·		

SCHEDULE (Form 990)

Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

2018 OMB No 1545-0047

Open to Public

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

Inspection Employer Identification number

38-6054453

Robert H Tannahill Foundation Name of the organization Internal Revenue Service

Department of the Treasury

General Information on Grants and Assistance

Part I

X Yes No Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? .

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant
or government		(if applicable)	grant	cash assistance	other)	noncash assistance	Or assistance
(1) Christ Church Grosse Pointe	2101010	(2)(3)	000 008	Č			General Operations
	04-2104010	0010100	200,000				General operations
(2) College for Creative Studies	38-1550064	501(c)(3)	150.000	0			
(3) Detroit Artists Market							General operations
4719 Woodward Detroit, MI 48201	38-1539993	501(c)(3)	75,000	0			
(4) Detroit Institute of Arts					-		Acquisition of works of
5200 Woodward Detroit, MI 48202	38-1359510	501(c)(3)	1,487,146	0			art
(5) Detroit Symphony Orchestra							General operations
3711 Woodward Detroit, Mi 48201	38-1385132	501(c)(3)	375,000	0			
(6) Episcopal Diocese of Michigan							General operations
4800 Woodward Detroit, MI 48201	38-1358005	501(c)(3)	300,000	0			
(7) Grosse Pointe War Memorial							General operations
32 Lakeshore Dr, Grosse Pte Farms, MI 48236	38-1393849	501(c)(3)	75,000	0			
(8) Wayne State University							Support Merrill-Palmer- Skilman Institute
71 East Ferry Detroit, MI 48202	38-6028429	501(c)(3)	225,000	0			
(6)							
(10)				-			
(11)							
111111111111111111111111111111111111111							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	า 501(c)(3) and g	jovernment organiz	ations listed in the line	1 table			x 0
3 Enter total number of other organizations listed in the line 1	organizations list	ed in the line 1 table.				•	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2018)

Page 2

Robert H. Tannahill Foundation

Schedule I (Form 990) (2018)

(f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) which support is provided, has not changed. For the distribution of grant funds for the acquisition of works of art, prior to such Part I Line 2 On an annual basis, each beneficiary organization is required to provide a statement confirming that its purpose for distribution, the grantee must provide written documentation detailing the proposed acquisition as well as approval by the (d) Amount of noncash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance organization's director. Part IV Part III

Schedule I (Form 990) (2018)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Robert H Tannahill Foundation

Inspection Employer identification number 38-6054453

Form 990, Part VI, Section A, Line 2. Family Relationship. Joseph L. Hudson, Jr., Gilbert
Hudson and Jennifer Hudson Parke.
Form 990, Part VI, Section A, Line 7a: The Board of Trustees of the Community Foundation for
Southeast Michigan annually appoints all Trustees of the Robert H. Tannahill Foundation.
Form 990, Part VI, Section B, Line 11b. The draft IRS Form 990 was distributed electronically
to all trustees for review and comment prior to filing. The draft Form 990 was reviewed by
management and professional tax advisors prior to the trustees' review Any necessary changes
were updated on the form. Once all necessary changes were made it was signed by the secretary,
dated and submitted by the filing deadline. A copy of the final approved Form 990 was provided
to all of the trustees before the return was filed.
Form 990, Part VI, Section B, Line 12c: Each trustee signed a statement that affirms that such
person: 1) has received a copy of the Conflict of Interest Policy, 2) has read and understands
the policy, 3) has agreed to comply with the policy, and 4) understands that the Robert H.
Tannahill Foundation is a charitable organization and that in order to maintain its federal
tax-exemption it must engage primarily in activities which accomplish one or more of its
tax-exempt purposes.
Form 990, Part VI, Section C, Line 19 ⁻ The organization makes its financial statements
available for the public upon request and also the combined statements appear on the web site
and in the annual yearbook of the CFSEM.
Form 990, Part XII, Line 2a-2c: An audit was conducted on the December 31, 2018 combined
financial statements of the Community Foundation for Southeast Michigan and its supporting
organizations, including the Robert H. Tannahill Foundation. The financial statements were
prepared and the audit was conducted, in accordance with U.S. GAAP An unmodified opinion was
issued by the auditor Oversight was provided by CFSEM audit committee.
Form 990, Part XI, Line 9 Other changes in net assets of fund balances includes unrelated
business income tax expense (\$12,555) and rounding issue (\$2)

*Schedule O.(Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer Identification number
Robert H. Tannahill Foundation	38-6054453

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990.

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Open to Public 2018

OMB No 1545-0047

ıtion.

▼ Go to Department of the Treasury Internal Revenue Service Name of the organization

Robert H. Tannahill Foundation

Part I

Employer identification number 38-6054453

Part	Identification of Disregarded Entities. Comple	mplete if the organization answered "Yes" on Form 990, Part IV, line 33.	answered "Yes" (on Form 990, P	art IV, line 33.				
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity		(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	Direct o	(f) Direct controlling entity	
(1)									1
(2)							-		
(3)		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7							
(4)									
(5)									
(9)						:			:
Part II	Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations du	anizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had us during the tax year.	e organization a	nswered "Yes"	on Form 990, P	art IV, line 34	because	it had	
	(a) Name, address, and EiN of related organization	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling (3))		(g) Section 512(b)(13) controlled entity?	13)
							_	Yes No	اہ ا
(1) Commu 333 West Fo	(1) Community Foundation For Southeast Michigan 38-2530980 333 West Fort Street, Suite 2010 Detroit, MI 48226	Chantable	, IM	501(c)(3)	8	N/A		×	
(2)			. 1						
(3)									
(4)									
(5)						1			
(9)								•	
(2)									,

Schedule R (Form 990) 2018

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2

Schedule R (Form 990) 2018

Part III

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

Code V—UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 partner? (Form 1065)								Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	(g) (h) (i) (i) Share of Percentage Section 512(b)(13) end-of-year assels ownership entity?	Yes	ļ						
(9) (h) Share of end-of- Dispropulorate year assets of S of S (F								ization answered "Ye									
(f) (c) Share of total Share of income year e								able as a Corporation or Trust. Complete if the organization ans organizations treated as a corporation or trust during the tax year.	(e) Type of entity (Coop, Scopp, or frust)								
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)								ition or Trust. Co	(d) omicile Direct controlling ign country) entity								
(d) al Direct controlling label entity or gn								able as a Corpora organizations treat	(c) Legal domicile (state or foreign country)								
activity Legal domicile (state or foreign country)								ganizations Taxa s or more related	(b) Primary activity								
(b) EiN of Primary activity on								Identification of Related Organizations Tax IV, line 34 because it had one or more related	(a) Name, address, and EIN of related organization								
(a) Name, address, and EIN of related organization	(1)	(2)	(5)	(4)	(5)	(9)	<u> </u>	Part IV Identific	Name, address, an		(1)	(2)	(6)	(4)	(5)	(9)	(7)

Part V

38-6054453 Robert H. Tannahill Foundation Schedule R (Form 990) 2018

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Page-3

Note:	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	zinepro peteler ero	ations listed in Parts II		Yes	S S S S S S S S S S S S S S S S S S S
a	Becaut of (1) interest (ii) amunities (iii) rovalties or (iv) rent from a controlled entity				A Designation of the second	×
	Gift. grant, or capital contribution to related organization(s).		· · ·		1 2	×
	Giff, grant, or capital contribution from related organization(s)				5	×
	Loans or loan quarantees to or for related organization(s)				77	×
	Loans of loan guarantees to of 10 related of gainzation(s).				2 ,	; ;
o	Loans or loan guarantees by related organization(s)				1e	×
-	Dividends from related organization(s)				16	×
8	•	•	•		100	×
n <u>-</u>	Purchase of assets from related organization(s).				=	×
	Exchange of assets with related organization(s)				Ę	×
	l pase of facilities, enuinment, or other assets to related organization(s)	•			-	×
-	בלמסט כן ומכוווונס, כקטוף וכווי, כן כנווכן מסטכנס וכן כנמנכנ כושמווהמונים)		·			
¥	Lease of facilities, equipment, or other assets from related organization(s)				7	×
	Performance of services or membership or fundraising solicitations for related organization(s).				=	×
Ε	Performance of services or membership or fundraising solicitations by related organization(s).				1m X	
_	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).				1n	×
	Shanno of hard employees with related ornanization(s)				10	×
	Officially of paid elliproyees with related organization(s)					
٩	Reimbursement paid to related organization(s) for expenses.				1 _A	
	Reimbursement paid by related organization(s) for expenses				19	×
~	Other transfer of cash or property to related organization(s).				11	×
S	Other transfer of cash or property from related organization(s).				18	×
7	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ete this line, includii	ng covered relationshi	ps and transaction	thresholds	
	(a)	a	(3)	9	(g)	
	Name of related organization	Transaction type (a—s)	Amount involved	Method of determining amount involved	ng amount inv	olved
(1) Cor	(1) Community Foundation for Southeast Michigan	٤	10,770	actual expenses	Ses	
(2) Con	(2) Community Foundation for Southeast Michigan	d	14,972	actual expenses	Ses	
(3)						
(4)						
(5)						
(9)						ć
			:	Schedule	Schedule R (Form 990) 2018	90) 2018

38-6054453

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Part VI

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

(k) Percentage ownership Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets ş General or managing partner? Yes Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) Disproportionate allocations? ٩ Yes (g)
Share of
end-of-year
assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. (f) Share of total income (e)
Are all partners section 501(c)(3) organizations? Yes No Predominant Arr income (related, unrelated, excluded from tax under sections 512-514) Ē (c)
Legal domicile
(state or foreign
country) Primary activity (6) Name, address, and EIN of entity 10 (1) 5 3 ପ୍ର € 8 (12) 9 9 8

Schedule R (Form 990) 2018

(15)

(16)

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Schedule R (Fo		38-6054453.	Page 5
Part VII	Supplemental Information.		,
	Provide additional information for responses to questions on Schedule R. See i	nstructions.	
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