







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

Name of foundation MARIE CROWLEY FOUNDATION		A Employer identification number 88-0362044	
Number and street (or P O box number if mail is not delivered to street address) PO BOX 48		Room/suite	B Telephone number (see instructions) (616) 642-6841
City or town, state or province, country, and ZIP or foreign postal code SARANAC, MI 488810048		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 3,679,193	J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)				
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	11,793	11,793	11,793	
	4 Dividends and interest from securities	97,380	97,380	97,380	
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10 	38,594			
	b Gross sales price for all assets on line 6a <u>1,608,502</u>				
	7 Capital gain net income (from Part IV, line 2)				
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances _____				
	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule) 	10,640	9,425	10,640	
	12 Total. Add lines 1 through 11	158,407	118,598	119,813	
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	45,000	22,500		22,500
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule) 	1,600	800		800
	c Other professional fees (attach schedule) 	23,069	23,069		
	17 Interest				
	18 Taxes (attach schedule) (see instructions) 	151	151		
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule) 	372	186		186
	24 Total operating and administrative expenses. Add lines 13 through 23	70,192	46,706		23,486
	25 Contributions, gifts, grants paid	278,050			278,050
	26 Total expenses and disbursements. Add lines 24 and 25	348,242	46,706		301,536
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-189,835			
	b Net investment income (if negative, enter -0-)		71,892		
c Adjusted net income (if negative, enter -0-)				119,813	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			
		Beginning of year (a) Book Value	End of year (b) Book Value (c) Fair Market Value		
Assets	1	Cash—non-interest-bearing	78,477	291,486	291,986
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	2,948,353	2,647,087	3,169,248
	c	Investments—corporate bonds (attach schedule)	176,229	81,250	82,549
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	127,461	119,088	135,017
	14	Land, buildings, and equipment basis ▶ _____ 2,282 Less accumulated depreciation (attach schedule) ▶ 2,282			
15	Other assets (describe ▶ _____)		393	393	
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	3,330,520	3,139,304	3,679,193	
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities (add lines 17 through 22)		0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds	4,150,269	4,150,269	
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
29	Retained earnings, accumulated income, endowment, or other funds	-819,749	-1,010,965		
30	Total net assets or fund balances (see instructions)	3,330,520	3,139,304		
31	Total liabilities and net assets/fund balances (see instructions) .	3,330,520	3,139,304		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	3,330,520
2	Enter amount from Part I, line 27a	2	-189,835
3	Other increases not included in line 2 (itemize) ▶ _____	3	
4	Add lines 1, 2, and 3	4	3,140,685
5	Decreases not included in line 2 (itemize) ▶ _____	5	1,381
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	3,139,304

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

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

2 Capital gain net income or (net capital loss) <div style="float: right; font-size: small;"> { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 } </div>	2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017	351,175	4,151,671	0 084586
2016	238,997	4,069,131	0 058734
2015	255,102	4,312,396	0 059156
2014	235,376	4,474,116	0 052608
2013	281,653	4,425,741	0 063640
2 Total of line 1, column (d)			2 0 318724
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years			3 0 063745
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5			4 3,965,379
5 Multiply line 4 by line 3			5 252,773
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 719
7 Add lines 5 and 6			7 253,492
8 Enter qualifying distributions from Part XII, line 4			8 301,536

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	719
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	
3	Add lines 1 and 2.	3	719
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	719
6	Credits/Payments		
a	2018 estimated tax payments and 2017 overpayment credited to 2018	6a	
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	
8	Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	30
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9	749
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10	
11	Enter the amount of line 10 to be Credited to 2019 estimated tax ▶ Refunded ▶	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ _____ (2) On foundation managers ▶ \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2	No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ _____		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the taxable year beginning in 2018? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10	No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions.	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ N/A	13	Yes	
14	The books are in care of ▶ WILDA TERRILE Telephone no ▶ (616) 642-6841			

Located at ▶ PO BOX 48 SARANAC MI ZIP+4 ▶ 48881

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

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
1b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions.	1b		

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

5a During the year did the foundation pay or incur any amount to			Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
(2) Influence the outcome of any specific public election (see section 4955). or to carry				

c Any submission deadlines
NONE

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors
UNLESS INITIATED BY THE TRUSTEE, NEVADA IS THE ONLY GEOGRAPHIC AREA SERVED

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

Paid Preparer Use Only	Print/Type preparer's name CHARLES A MORRISON CPA	Preparer's Signature	Date 2019-11-14	Check if self- employed <input checked="" type="checkbox"/>	PTIN P00557729
	Firm's name ► CHARLES MORRISON CPA				Firm's EIN ►
	Firm's address ► PO BOX 3457 RENO, NV 89505				Phone no (775) 324-6800

Form **990-PF** (2018)

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

- 1** Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes

Assets not used for charitable purposes

2,810,334

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				197,550
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2018				
a From 2013.				
b From 2014.				
c From 2015.				
d From 2016.				

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
SARANAC SCHOOLS 88 PLEASANT STREET SARANAC, MI 48881	NONE	PUBLIC	GEN CHARITABLE	11,500
TAHOE-PYRAMID BIKEWAY 4790 CAUGHLIN PARKWAY 13 RENO, NV 89519	NONE	PUBLIC	GEN CHARITABLE	5,000
WINGS OF HOPE HOME530 LINN ST ALLEGAN, MI 49010	NONE	PUBLIC	GEN CHARITABLE	500
Total			3a	278,050

1	2018	2019	2020	2021
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Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to the foundation	Foundation status of	Purpose of grant or contribution	Amount

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments.					
3 Interest on savings and temporary cash investments			14	11,793	
4 Dividends and interest from securities.			14	97,380	
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.			14	9,425	
8 Gain or (loss) from sales of assets other than inventory					38,594
9 Net income or (loss) from special events					

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
1ST TEE1575 DELUCCHI LN RENO, NV 89502	NONE	PUBLIC	GEN CHARITABLE	10,000
ADAM SCOTT MEMORIAL RODEO 1343 E 40TH ST WHITE CLOUD, MI 49349	NONE	PUBLIC	GEN CHARITABLE	1,000
ALPHA FAMILY CENTERPO BOX 595 NEWAYGO, MI 49337	NONE	PUBLIC	GEN CHARITABLE	1,000
Total ▶ 3a				278,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ASSISTANCE LEAGUEPO BOX 7376 RENO, NV 89510	NONE	PUBLIC	GEN CHARITABLE	4,000
ATLAS DIY462 36TH ST BROOKLYN, NY 11232	NONE	PUBLIC	GEN CHARITABLE	10,000
BOYS & GIRLS CLUB WINNEMUCCA	NONE	PUBLIC	GEN CHARITABLE	10,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
C-SNIP1675 VIEWPOND DR SE GAND RAPIDS, MI 49508	NONE	PUBLIC	GEN CHARITABLE	5,000
CHEF CENTER FOR THERAPEUTIC RIDING 8450 NORTH 43RD ST AUGUSTA, MI 49012	NONE	PUBLIC	GEN CHARITABLE	150
COMMUNITY CHEST INC991 S C ST VIRGINIA CITY, NV 89440	NONE	PUBLIC	GEN CHARITABLE	10,000
Total ► 3a				278,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DISABLED VETERANS 1201 TERMINAL WAY RENO, NV 89502	NONE	PUBLIC	GEN CHARITABLE	5,000
FOOD BANK OF NORTHERN NEVADA 550 ITALY DR MCCARRAN, NV 89434	NONE	PUBLIC	GEN CHARITABLE	12,000
FOUR HEALTHPO BOX 178 SARANAC, MI 48881	NONE	PUBLIC	GEN CHARITABLE	12,000
Total ▶ 3a				278,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
IDAHO YOUTH RANCH 5465 W IRVING ST BOSIE, ID 83706	NONE	PUBLIC	GEN CHARITABLE	10,000
LIONIA COUNTY 4-H50 E SPRAGUE RD BOSIE, ID 83706	NONE	PUBLIC	GEN CHARITABLE	5,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
KNPB CHANNEL 51670 N VIRGINIA ST RENO, NV 89503	NONE	PUBLIC	GEN CHARITABLE	10,000
MAMMOVAN3325 RESEARCH WAY CARSON CITY, NV 89706	NONE	PUBLIC	GEN CHARITABLE	5,000
NEVADA MUSEUM OF ART 100 W LIBARTY ST RENO, NV 89501	NONE	PUBLIC	GEN CHARITABLE	10,000
Total ▶ 3a				278,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
RENO ROTARYPO BOX 1750 RENO, NV 89505	NONE	PUBLIC	GEN CHARITABLE	7,000
RONALD MCDONALD HOUSE CHARITIES N N 323 MAINE ST RENO, NV 89502	NONE	PUBLIC	GEN CHARITABLE	15,000
SARANAC LIBRARY61 BRIDGE ST SARANIC, MI 48881	NONE	PUBLIC	GEN CHARITABLE	2,500
Total ▶ 3a				278,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WINGS OF HOPE HOSPICE 530 LINN STREET ALLEGAN, MI 49010	NONE	PUBLIC	GEN CHARITABLE	500
SPECIAL OLYMPICS 1133 19TH STREET NW WASHINGTON, DC 20036	NONE	PUBLIC	GEN CHARITABLE	5,000
MID-TOWN ROTARYPO BOX 12924 RENO, NV 89510	NONE	PUBLIC	GEN CHARITABLE	2,500
Total ▶ 3a				278,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
RIVER CITY BASS CLUB 1366 SUNNYSIDE ST NE GRAND RAPIDS, MI 49525	NONE	PUBLIC	GEN CHARITABLE	2,500
KNIGHTS OF COLUMBUS 1138 WRIGHT ST RENO, NV 89509	NONE	PUBLIC	GEN CHARITABLE	1,000
LIONS CLUB 5455 MEADOWOOD MALL CIR S RENO, NV 89502	NONE	PUBLIC	GEN CHARITABLE	1,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MICHELE'S RESCUE301 ALTEN NE GRANDS RAPIDS, MI 49503	NONE	PUBLIC	GEN CHARITABLE	500
RENOWN HEALTH FOUNDATION 1155 MILL STREET RENO, NV 89502	NONE	PUBLIC	GEN CHARITABLE	22,000
RENO BIKE PROJECT216 E GROVE ST RENO, NV 89502	NONE	PUBLIC	GEN CHARITABLE	5,000
Total ▶ 3a				278,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PINE REST300 68TH STREET SE GRAND RAPIDS, MI 49501	NONE	PUBLIC	GEN CHARITABLE	5,000
BOSTON SARANAC HISTORICAL SOCIETY 138 H BRIDGE ST SARANAC, MI 48881	NONE	PUBLIC	GEN CHARITABLE	1,000
CAMP LOTS OF FUND 3660 BAKER LN STE 103 RENO, NV 89509	NONE	PUBLIC	GEN CHARITABLE	5,000
Total ▶ 3a				278,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual	Foundation	Purpose of grant or	Amount
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Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. ▶

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

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
b 85% of line 2a .					

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BE BRAVE DOUNDTIONPO BOX 35294 CLEVELAND, OH 44135	NONE	PUBLIC	GEN CHARITABLE	500
CAMP CASEY FOR KIDSPPO BOX 150893 GRAND RAPIDS, MI 49515	NONE	PUBLIC	GEN CHARITABLE	1,000
MICHIGAN HIGH SCHOOL RODEO 9951 MILLIMAN RD MILLINGTON, MI 48746	NONE	PUBLIC	GEN CHARITABLE	1,000
Total ▶ 3a				278,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				

TY 2018 Accounting Fees Schedule**Name:** MARIE CROWLEY FOUNDATION**EIN:** 88-0362044

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING	1,600	800		800

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

TY 2018 Depreciation Schedule

Name: MARIE CROWLEY FOUNDATION

EIN: 88-0362044

Depreciation Schedule

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2018 Gain/Loss from Sale of Other Assets Schedule

Name: MARIE CROWLEY FOUNDATION

EIN: 88-0362044

Gain Loss Sale Other Assets Schedule

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
SEE ATTACHED		PURCHASE			604,469	631,344			-26,875	
SEE ATTACHED		PURCHASE			616,951	577,181			39,770	
SEE ATTACHED		PURCHASE			387,082	361,383			25,699	

TY 2018 Investments Corporate Bonds Schedule**Name:** MARIE CROWLEY FOUNDATION**EIN:** 88-0362044**Investments Corporate Bonds Schedule**

Name of Bond	End of Year Book Value	End of Year Fair Market Value
CDS		
CORPORATE BONDS	81,250	82,549

TY 2018 Investments Corporate Stock Schedule

Name: MARIE CROWLEY FOUNDATION

EIN: 88-0362044

Investments Corporation Stock Schedule

Name of Stock	End of Year Book	End of Year Fair
<p>1. Any subsequent deadlines</p>		

TY 2018 Investments - Other Schedule

Name: MARIE CROWLEY FOUNDATION

EIN: 88-0362044

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
MUNICIPAL BONDS	AT COST	119,088	135,017

**TY 2018 Land, Etc.
Schedule****Name:** MARIE CROWLEY FOUNDATION**EIN:** 88-0362044

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
EQUIPMENT	2,282	2,282		

TY 2018 Other Assets Schedule

Name: MARIE CROWLEY FOUNDATION

EIN: 88-0362044

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
PREPAID INCOME TAXES		393	393

TY 2018 Other Decreases Schedule

Name: MARIE CROWLEY FOUNDATION

EIN: 88-0362044

Description	Amount
INCOME TAX EXPENSE	1,381

TY 2018 Other Income Schedule**Name:** MARIE CROWLEY FOUNDATION**EIN:** 88-0362044**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
OTHER DIVIDEND INCOME	9,425	9,425	9,425
OTHER INCOME	1,148		1,148
OTHER INCOME - PIA	67		67

TY 2018 Other Professional Fees Schedule**Name:** MARIE CROWLEY FOUNDATION**EIN:** 88-0362044

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT FEES	23,069	23,069		

TY 2018 Taxes Schedule**Name:** MARIE CROWLEY FOUNDATION**EIN:** 88-0362044**Category****Amount****Net Investment****Adjusted Net****Disbursements**