990-PF

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990PFfor instructions and the latest information.

OMB No 1545-0052
2018
Open to Public Inspection

OMB No 1545-0052

		ent of the Treasury Revenue Service	▶ Do not	enter soc	ial secu	rity numbers on m990PFtor instr	this form as uctions and the	it may be ma	de pu mati	iblic AID		lic Inspection
_			or tax year begin			11/	/	, and ending		110		/31, 20 19
_		foundation	or tax year begin	iiiiig .			01 ,2010	, and ending		Employer ident		
			ים פומאחנה חר	T 3 77 (T) T	ואכום י				'		-699694	
			HARITABLE PR			ddross\	•	Room/suite		Z U Telephone num		
Νι	ımber	and street (or PO Do)	c number if mail is not o	ienverea (c	Street a	auress)		Room/suite	٦	retephone num	nei laes mam	actions)
	1											
		<u>. BOX_75000</u>										<u> </u>
Cri	ty or to	own, state or province,	country, and ZIP or for	eign posta	l code							1
	•							•	C	If exemption appli pending, check he	cation is	▶∐∜
	DET!	ROIT, MI 48	275- <u>7874</u>									
G	Che	ck all that apply	Initial retui	'n	1	Initial return	of a former p	oublic charit	/ D	1 Foreign organiz	ations, check h	ere ▶
			Final return	n		Amended re	turn			2 Foreign organiz		
			Address ch	nange		Name chang	e ·		-	85% test, check computation		
н	Che	ck type of organia	zation. X Secti		c)(3) e				7	computation		,
Ϊ	_		nonexempt charitable		$\overline{}$	ther taxable pr		₁₁₀₀ ()24	E	If private foundation		- 1 I
1						method X C		rual	\dashv	under section 507		
ı							asii Acc	ruai	F	If the foundation is		
		of year (from Pa		1—		pecify)	ah hasis i		-	under section 507	10)(1)(B), CNECK	nere . P
	_		421,048.	1	Joiumn	(d) must be on ca	isii Dasis.)				/d\ Dia	bursements
L	art		venue and Expension columns (b), (c), a			Revenue and	(b) Net inv	estment	(c)	Adjusted net		charitable
		may not necessar	ily equal the amount		e>	openses per books	incon		,-,	income	р	urposes
_		colúmn (a) (see ir				20013	<u> </u>				(cash	basis only)
/	1		nts, etc , received (attach sc								•	ı
X	2		ie foundation is not requich Sch. B									1
•	3		nd temporary cash inve			80		80.			<u> </u>	STMT 1
	4	Dividends and inte	rest from securities			31,882	. 3	31,882.				STMT 2
	5a										,	1
			(loss)									
•	1		m sale of assets not on			123,829						
Ĕ	b	Gross sales price for	all 870	9,322.		123 / 023						<u>_</u>
Revenue	١.	assets on mic od			l		1.3	23,829.				<u>-</u>
æ	7	. •	come (from Part IV, I		<u> </u>			.5,025.		-	+	i
	8	•	otal gain				-					<u>'</u>
	9, 10a	Income modification Gross sales less retur	ons									
		and allowances				 					+	<u>'</u>
	Ь	Less Cost of goods s	old .		 		 					
	С	•	s) (attach schedule)		ļ							<u> </u>
	11		ach schedule)								_	
_	12	Total. Add lines 1	through 11 · · · ·			155,791		55,791.			 	
	13	Compensation of offi	cers, directors, trustees	, etc		59,895		53,906.				<u>5,990</u> .
and Administrative Expenses	14		alaries and wages .					NONE		NON		
Š	15	Pension plans, em	ployee benefits					NONE		NON	E	
ĕ	16a		schedule)							DE	AEN I	
ũ	b	•	attach schedule)							1 775	CEIV	
<u>×</u>	c		l fees (attach schedu						ſ			(6)
at	17	*								S API	1 0 0	I A
sti	18		dule) (see instruction			2,350		877.		MAL WALL	? 1 3 2 (020 10:
Ξ	19	' ' '	ch schedule) and de							1 🗀		
Ē	13	· · · · · · · · · · · · · · · · · · ·			<u> </u>		 	_		OG	DEN	IT
ĕ	20						 	NONE		NON		
Pu	21		s, and meetings			<u> </u>	 	NONE		NON		
ē	22		cations			2	 	2.		NON	4	
ī	23	•	ttach schedule) ST)		<u> </u>		 	۷.		 -	+	
at	24 /	• -	nd administrative ex			.a:-	.					- 000
ē	23 24 / 25	Add lines 13 throu	ıgh 23			62,247		54,785.		NON	비	<u>5,990</u> .
ō	25	Contributions, gift	s, grants paid			156,733						<u>156,733</u> .
_	26	Total expenses and dis	bursements Add lines 2	4 and 25		218 <u>,</u> 980		54,785.		NON	E	<u> 162,723</u> .
	27	Subtract line 26 fr	om line 12									
	a	Excess of revenue of	ver expenses and disbu	rsements	L	-63,189						
	ь	Net investment in	icome (if negative, e	nter -0-)			10	01,006.				
	С	Adjusted net inco	me (if negative, ente	er -0-)								
Ξ	_		Act Notice see ins								Farm C	990-PF (2018)

_		17 (2018)	Attached schedules and amounts in the	Beginning of year	End o	of year
Pa	rt II	,₁ Balance Sheets	description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
\neg	1	Cash - non-interest-beari	ng	28,090.		
ļ	` 2		cash investments		40,308.	40,308
	3	Accounts receivable				
	-		otful accounts ►			
	4					
		Less allowance for doub	btful accounts ▶			
	5			-		
	6		officers, directors, trustees, and other			
١	•		ach schedule) (see instructions)			•
1	7					
	-	Less allowance for doul	eceivable (attach schedule) NONE			
S	8		se			
ssets	9		eferred charges		-	
As	10a		government obligations (attach schedule)			
	ь.	Investments - cornorate	stock (attach schedule) STMT 5	844,254.	826,451.	955,012
	c	Investments - corporate	stock (attach schedule) . STMT .5 bonds (attach schedule) . STMT .6	483,370.	426.428.	425.727
	11	Investments - land, building	ie ⊾			1
		and equipment basis Less accumulated deprecia	ation >		<u> </u>	
	••	(attach schedule)	loans			
	12 13	Investments - mortgage	ach schedule)			
	14	Land, buildings, and				
		equipment hasis Less accumulated deprecia	ation			
	15	(attach schedule)	OTHER ASSET	1.	1.	1
	16	Total assets (to he	completed by all filers - see the			<u> </u>
	10		age 1, item I)		1 293 188	1.421.048
٦	17		accrued expenses	2/333/1231	1/235/100	
	17 18					i
S	19					· [
iţie	20		ors, trustees, and other disqualified persons.			· · · · · · · · · · · · · · · · · · ·
Þİ	21		ors, trustees, and other disqualified persons			†
Liabilities	22		e ►)			
	22	Other habilities (describ-			·	<u> </u>
	23	Total liabilities (add line	es 17 through 22)		NONE	3
_			w SFAS 117, check here			
S			through 26, and lines 30 and 31.			
JCE	24	•				
alances	24 25	Temporarily restricted				
Ä	25					
nd			ot follow SFAS 117, check here ► X			
Ţ	27 28 29 30	and complete lines 27				
ō	27	-	cipal, or current funds	1,355,715.	1,293,188	
its	28	·	r land, bldg , and equipment fund.			1
SSE	29	• • • •	lated income, endowment, or other funds			1
冽	30	•	d balances (see instructions)	1,355,715.	1,293,188	
Ę	31		net assets/fund balances (see			1
5	4			1,355,715.	1,293,188	
Р	art I		nges in Net Assets or Fund Bala			
			balances at beginning of year - Part		nust agree with	
٠			d on prior year's return)			1,355,715.
2			line 27a			-63,189.
			ded in line 2 (itemize) ▶ DIFF BETWEEN			662.
4						1,293,188.
		creases not included in			5	
			alances at end of year (line 4 minus l	ine 5) - Part II, column (b	o), line 30 6	1,293,188.

Par 、	(a) List and des	cribe the kind(s) of property sold (for ex	xample, real estate,	(b) How acquired P - Purchase	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
		ock warehouse; or common stock, 200	Sils. MILC CO /	D - Donation	(, uuy, y.)	
	PUBLICLY TRADED	SECURITIES		-		*
_ <u>b</u>	<u> </u>					
				_		
<u>d</u>				_	-	
<u>e</u>		/6) Demonstrate alleged	(g) Cost or other basis	 	(h) Corp. or (lo	\
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	plus expense of sale		(h) Gain or (lo ((e) plus (f) minu	
а	879,322.		755,493.			123,829.
ь						
<u>C</u>						
d				_		
е			<u></u>			
	Complete only for assets sh	owing gain in column (h) and owned b	y the foundation on 12/31/69.	(1)	Gains (Col (h) ga	in minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	col.	(k), but not less t Losses (from co	
a						123,829.
<u>_</u>						
C						
d						
е		-				
		, , , , , , (If ga	ain, also enter in Part I, line 7			
2	Capital gain net income	or (net capital loss)	oss), enter -0- in Part I, line 7	2		123,829.
3	Net short-term capital ga	ain or (loss) as defined in sections	1222(5) and (6):			
	If gain, also enter in Pa	art I, line 8, column (c). See ins	tructions. If (loss), enter -0- in $\}$			
	Part I, line 8		<u> </u>	3		
Par	t V Qualification U	nder Section 4940(e) for Red	uced Tax on Net Investment I	ncome		
Was			outable amount of any year in the b	ase perio	d?	Yes X No
1			r; see the instructions before making	ng anv en	tries.	
'	(a)	(b)	(c)	lig dily on	(d)	
Cale	Base period years ndar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets		Distribution ra (col (b) divided by	
Caio	2017	150,238.	1,588,499.		(60) (6) (1) (10)	0.094579
	2016	24,450.	1,541,525.			0.015861
	2015	81,297.	1,529,346.			0.053158
	2014	92,780.	1,614,055.			0.057483
	2013	95,131.	1,738,604.	-		0.054717
2	Total of line 1, column (d)		2		0.275798
3		o for the 5-year base period - divid				
•	~		if less than 5 years	3		0.055160
	the number of yours the	Todination has been in existence	Wilde than b yours in the training			
4	Enter the net value of no	oncharitable-use assets for 2018 fr	om Part X, line 5	4	1,	404,569.
5	Multiply line 4 by line 2			5		77,476.
,						
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		1,010.
7	Add lines 5 and 6			7	_	78,486.
8	Enter qualifying distribut	tions from Part XII, line 4		8		162,723.
	If line 8 is equal to or g Part VI instructions.	reater than line 7, check the box	in Part VI, line 1b, and complete	that part	using a 1% tax	rate. See the

	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	nstru	CHOIL	<u>>/</u>
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			ļ
	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		_1,(<u>)10.</u>
	here X and enter 1% of Part I, line 27b			ŀ
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of J			
	Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			<u>ione</u>
3	Add lines 1 and 2		1,(<u>)10.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			<u>IONE</u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		1,(<u>)10.</u>
6	Credits/Payments			1
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 776.			Ì
b	Exempt foreign organizations - tax withheld at source			ļ
С	Tax paid with application for extension of time to file (Form 8868) 6c NONE			}
d	Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d			<u>776.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ✓ IA. E.F.T.P.S ▶ 9			<u> 234.</u>
0	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
1	Enter the amount of line 10 to be Credited to 2019 estimated tax ▶ NONE Refunded ▶ 11			
ar	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		<u> </u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	1b		X
	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			
С	Did the foundation file Form 1120-POL for this year?	1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		ŀ	
	on foundation managers \$	l	 	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities.			
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? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	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?	5		<u> </u>
	If "Yes," attach the statement required by General Instruction T			
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	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
-	MI			1
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			1
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G?If "No," attach explanation	8b	X	
ь 9	(or designate) of each state as required by General Instruction G?If "No," attach explanation	8b	X	
_	(or designate) of each state as required by General Instruction G^2 If "No," attach explanation	8b	X	
_	(or designate) of each state as required by General Instruction G^2 If "No," attach explanation	8b 9	X	
_	(or designate) of each state as required by General Instruction G^2 If "No," attach explanation		X	X

Part	VII-A Statements Regarding Activities (continued)			
	•		Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
`	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ► COMERICA BANK Telephone no ► (313) 222	-356	8	
• •	Located at ▶ 411 WEST LAFAYETTE M/C 3420, DETROIT, MI ZIP+4 ▶ 48226			
15	to the state of th		•	\Box
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			
	the foreign country			
Par	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?	1		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	ľ		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	ĺ		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	ļ		
	the benefit or use of a disqualified person)?			
	(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)	ŀ		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	<u> </u>		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		X
	Organizations relying on a current notice regarding disaster assistance, check here	ŀ		i i
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2018?	1c	<u> </u>	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	ļ		
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))	!		
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2018?	ŀ		
	If "Yes," list the years 🕨 , , , ,			
ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	ŀ	Ì	
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		 	ш
	all years listed, answer "No" and attach statement - see instructions)	2b	├	ļ <u>.</u>
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	}		
)			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	olf "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the		}	
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of		-	
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	<u></u>	·	
	foundation had excess business holdings in 2018)	3b_	 	
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	<u></u>	├	
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b	O DE	(2018)
	Fo	rm 3	, v-rr	(2018)

Part	VII-B Stat	ements Regarding Activities for	or Which Form 4	1720 May Be Req	uired (c	ontinued)			
5a	During the year, o	lid the foundation pay or incur any amo	unt to					Yes	No
	(1) Carry on prop	aganda, or otherwise attempt to influer	nce legislation (section	n 4945(e)) ⁷	. ∟ ∨	es <u>X</u> No	•		}
•	(2) Influence the	outcome of any specific public ele	ction (see section 4	4955), or to carry or	n,				
	directly or inc	firectly, any voter registration drive?			. ∐ ʏ	es X No	•		1
	(3) Provide a gra	nt to an individual for travel, study, or of	ther similar purposes	,	Y	es X No	•		
	(4) Provide a gr	ant to an organization other than a	charitable, etc., org	janization described i	n	_	İ		}
	section 4945	(d)(4)(A)? See instructions			. 🔲 🛚	es X No	,		
	(5) Provide for	any purpose other than religious, ch	aritable, scientific,	literary, or educationa	ıl				} ;
	purposes, or	for the prevention of cruelty to children	or animals?		. LY	es X No	,		
b	If any answer is	s "Yes" to 5a(1)-(5), did any of the	transactions fail to	qualify under the e	xceptions	described in			
	Regulations section	on 53.4945 or in a current notice regard	ding disaster assistan	ice? See instructions.			5b	<u> </u>	<u></u>
	Organizations rely	ying on a current notice regarding disas	ter assistance, check	here		▶	\square		
C	If the answer is	s "Yes" to question 5a(4), does the	foundation claim e	xemption from the t	ax		ļ		
	because it mainta	ined expenditure responsibility for the g	grant ⁷		. LY	es No	,		
	If "Yes," attach th	e statement required by Regulations ser	ction 53.4945-5(d).	•					
6a	Did the foundati	on, during the year, receive any fun	ds, directly or indir	ectly, to pay premiur	ms				
	on a personal ber	nefit contract?			. [] Y	es X No	·	.	
ь	Did the foundation	n, during the year, pay premiums, direct	tly or indirectly, on a	personal benefit contra	act ⁷		. 6b		X
	If "Yes" to 6b, file	Form 8870.							
7a	At any time durin	g the tax year, was the foundation a pa	rty to a prohibited tax	shelter transaction?.	. ∐ ٧	es X No	·	.	
b	If "Yes," did the fo	oundation receive any proceeds or have	any net income attrib	butable to the transact	on ⁷		. <u>7b</u>		
8	Is the foundation	subject to the section 4960 tax on payer	ment(s) of more than	\$1,000,000 in] !
	remuneration or e	excess parachute payment(s) during the	year [?]	 	<u>. Y</u>	es X No			
Par		nation About Officers, Director Contractors	rs, Trustees, Fou	ındation Manager	s, Highl	y Paid Emp	ployees,		
1		directors, trustees, and foundation	n managers and th	heir compensation.	See inst	ructions.			
	List all Olliocis,	dilectors, trastees, and realisation							
			(b) Title, and average	(c) Compensation	(d) Con	tributions to	(e) Exper		
	(a	Name and address	(b) Title, and average hours per week devoted to position		(d) Con employe			se acco Iowanc	
COMER	(a ICA BANK	Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Con employe	tributions to a benefit plans ad compensation			es
COMER PO BO	(a ICA BANK X 75000 MC 9413,		(b) Title, and average hours per week devoted to position CO-TRUSTEE	(c) Compensation (If not paid,	(d) Con employe	tributions to benefit plans			
COMER PO BO JANET	(a ICA BANK X 75000 MC 9413, HAERING	Name and address DETROIT, MI 48275-9413	(b) Title, and average hours per week devoted to position CO-TRUSTEE 1 CO-TRUSTEE	(c) Compensation (If not paid, enter -0-)	(d) Con employe	tributions to a benefit plans od compensation			-0-
COMER PO BO JANET	(a ICA BANK X 75000 MC 9413, HAERING	Name and address	(b) Title, and average hours per week devoted to position CO-TRUSTEE	(c) Compensation (If not paid, enter -0-)	(d) Con employe	tributions to a benefit plans ad compensation			es
COMER PO BO JANET	(a ICA BANK X 75000 MC 9413, HAERING	Name and address DETROIT, MI 48275-9413	(b) Title, and average hours per week devoted to position CO-TRUSTEE 1 CO-TRUSTEE	(c) Compensation (If not paid, enter -0-)	(d) Con employe	tributions to a benefit plans od compensation			-0-
COMER PO BO JANET	(a ICA BANK X 75000 MC 9413, HAERING	Name and address DETROIT, MI 48275-9413	(b) Title, and average hours per week devoted to position CO-TRUSTEE 1 CO-TRUSTEE	(c) Compensation (If not paid, enter -0-)	(d) Con employe	tributions to a benefit plans od compensation			-0-
COMER PO BO JANET	(a ICA BANK X 75000 MC 9413, HAERING	Name and address DETROIT, MI 48275-9413	(b) Title, and average hours per week devoted to position CO-TRUSTEE 1 CO-TRUSTEE	(c) Compensation (If not paid, enter -0-)	(d) Con employe	tributions to a benefit plans od compensation			-0-
COMER PO BO JANET 380 B	(a ICA BANK X 75000 MC 9413, HAERING RANDT ROAD, ORTO	DETROIT, MI 48275-9413 ONVILLE, MI 48462	(b) Title, and average hours per week devoted to position CO-TRUSTEE 1 CO-TRUSTEE 1	(c) Compensation (If not paid, enter -0-) 23,615	(d) Con employer and deferre	tributions to a benefit plans d compensation	other a	lowanc	-0- -0-
COMER PO BO JANET 380 B	(a ICA BANK X 75000 MC 9413, HAERING RANDT ROAD, ORTO	Name and address DETROIT, MI 48275-9413	(b) Title, and average hours per week devoted to position CO-TRUSTEE 1 CO-TRUSTEE 1	(c) Compensation (If not paid, enter -0-) 23,615	(d) Con employer and deferre	tributions to a benefit plans d compensation	other a	lowanc	-0- -0-
COMER PO BO JANET 380 B	(a ICA BANK X 75000 MC 9413, HAERING RANDT ROAD, ORTO Compensation "NONE."	DETROIT, MI 48275-9413 DIVILLE, MI 48462 of five highest-paid employees	(b) Title, and average hours per week devoted to position CO-TRUSTEE 1 CO-TRUSTEE 1	(c) Compensation (If not paid, enter -0-) 23,615 36,280 se included on line	(d) Con employer and deferre	tributions to a benefit plans d compensation -0- -0- tributions to a benefit plans d compensation d compensa	other a	lowanc	-0- -0- enter
COMER PO BO JANET 380 B	(a ICA BANK X 75000 MC 9413, HAERING RANDT ROAD, ORTO Compensation "NONE."	DETROIT, MI 48275-9413 ONVILLE, MI 48462	(b) Title, and average hours per week devoted to position CO-TRUSTEE 1 CO-TRUSTEE 1 (other than thos	(c) Compensation (If not paid, enter -0-) 23,615	e 1 - se (d) Con employee	tributions to a benefit plans d compensation -()- -()- ee instruction tributions to a benefit plans d compensation of the c	ons). If r	lowanc	-0- -0- enter
COMER PO BO JANET 380 B	(a ICA BANK X 75000 MC 9413, HAERING RANDT ROAD, ORTO Compensation "NONE."	DETROIT, MI 48275-9413 DIVILLE, MI 48462 of five highest-paid employees	(b) Title, and average hours per week devoted to position CO-TRUSTEE 1 CO-TRUSTEE 1 (other than thos	(c) Compensation (If not paid, enter -0-) 23,615 36,280 se included on line	e 1 - se (d) Con employee	tributions to a benefit plans of compensation -0- -0- tributions to yee benefit	ons). If r	ione,	-0- -0- enter
COMER PO BO JANET 380 B	(a ICA BANK X 75000 MC 9413, HAERING RANDT ROAD, ORTO Compensation "NONE."	DETROIT, MI 48275-9413 DIVILLE, MI 48462 of five highest-paid employees	(b) Title, and average hours per week devoted to position CO-TRUSTEE 1 CO-TRUSTEE 1 (other than thos	(c) Compensation (If not paid, enter -0-) 23,615 36,280 se included on line (c) Compensation	e 1 - se (d) Con employee (d) Con emplo	tributions to a benefit plans d compensation -()- -()- ee instruction tributions to yee benefit plans d deferred pensation	ons). If r	ione,	-0- -0- enter
COMER PO BO JANET 380 B	(a ICA BANK X 75000 MC 9413, HAERING RANDT ROAD, ORTO Compensation "NONE."	DETROIT, MI 48275-9413 DIVILLE, MI 48462 of five highest-paid employees	(b) Title, and average hours per week devoted to position CO-TRUSTEE 1 CO-TRUSTEE 1 (other than thos	(c) Compensation (If not paid, enter -0-) 23,615 36,280 se included on line	e 1 - Se (d) Con employee (d) Con emplo	tributions to a benefit plans d compensation -()- -()- ee instruction tributions to a benefit plans d compensation of the c	ons). If r	ione,	-0- -0- enter
COMER PO BO JANET 380 B	(a ICA BANK X 75000 MC 9413, HAERING RANDT ROAD, ORTO Compensation "NONE."	DETROIT, MI 48275-9413 DIVILLE, MI 48462 of five highest-paid employees	(b) Title, and average hours per week devoted to position CO-TRUSTEE 1 CO-TRUSTEE 1 (other than thos	(c) Compensation (If not paid, enter -0-) 23,615 36,280 se included on line (c) Compensation	e 1 - Se (d) Con employee (d) Con emplo	tributions to a benefit plans d compensation -()- -()- ee instruction tributions to yee benefit plans d deferred pensation	ons). If r	ione,	-0- -0- enter
COMER PO BO JANET 380 B	(a ICA BANK X 75000 MC 9413, HAERING RANDT ROAD, ORTO Compensation "NONE."	DETROIT, MI 48275-9413 DIVILLE, MI 48462 of five highest-paid employees	(b) Title, and average hours per week devoted to position CO-TRUSTEE 1 CO-TRUSTEE 1 (other than thos	(c) Compensation (If not paid, enter -0-) 23,615 36,280 se included on line (c) Compensation	e 1 - Se (d) Con employee (d) Con emplo	tributions to a benefit plans d compensation -()- -()- ee instruction tributions to yee benefit plans d deferred pensation	ons). If r	ione,	-0- -0- enter
COMER PO BO JANET 380 B	(a ICA BANK X 75000 MC 9413, HAERING RANDT ROAD, ORTO Compensation "NONE."	DETROIT, MI 48275-9413 DIVILLE, MI 48462 of five highest-paid employees	(b) Title, and average hours per week devoted to position CO-TRUSTEE 1 CO-TRUSTEE 1 (other than thos	(c) Compensation (If not paid, enter -0-) 23,615 36,280 se included on line (c) Compensation	e 1 - Se (d) Con employee (d) Con emplo	tributions to a benefit plans d compensation -()- -()- ee instruction tributions to yee benefit plans d deferred pensation	ons). If r	ione,	-0- -0- enter
COMER PO BO JANET 380 B	(a ICA BANK X 75000 MC 9413, HAERING RANDT ROAD, ORTO Compensation "NONE."	DETROIT, MI 48275-9413 DIVILLE, MI 48462 of five highest-paid employees	(b) Title, and average hours per week devoted to position CO-TRUSTEE 1 CO-TRUSTEE 1 (other than thos	(c) Compensation (If not paid, enter -0-) 23,615 36,280 se included on line (c) Compensation	e 1 - Se (d) Con employee (d) Con emplo	tributions to a benefit plans d compensation -()- -()- ee instruction tributions to yee benefit plans d deferred pensation	ons). If r	ione,	-0- -0- enter
COMER PO BO JANET 380 B	(a ICA BANK X 75000 MC 9413, HAERING RANDT ROAD, ORTO Compensation "NONE."	DETROIT, MI 48275-9413 DIVILLE, MI 48462 of five highest-paid employees	(b) Title, and average hours per week devoted to position CO-TRUSTEE 1 CO-TRUSTEE 1 (other than thos	(c) Compensation (If not paid, enter -0-) 23,615 36,280 se included on line (c) Compensation	e 1 - Se (d) Con employee (d) Con emplo	tributions to a benefit plans d compensation -()- -()- ee instruction tributions to yee benefit plans d deferred pensation	ons). If r	ione,	-0- -0- enter
COMER PO BO JANET 380 B	(a ICA BANK X 75000 MC 9413, HAERING RANDT ROAD, ORTO Compensation "NONE."	DETROIT, MI 48275-9413 DIVILLE, MI 48462 of five highest-paid employees	(b) Title, and average hours per week devoted to position CO-TRUSTEE 1 CO-TRUSTEE 1 (other than thos	(c) Compensation (If not paid, enter -0-) 23,615 36,280 se included on line (c) Compensation	e 1 - Se (d) Con employee (d) Con emplo	tributions to a benefit plans d compensation -()- -()- ee instruction tributions to yee benefit plans d deferred pensation	ons). If r	ione,	-0- -0- enter
COMER PO BO JANET 380 B	(a ICA BANK X 75000 MC 9413, HAERING RANDT ROAD, ORTO Compensation "NONE."	DETROIT, MI 48275-9413 DIVILLE, MI 48462 of five highest-paid employees	(b) Title, and average hours per week devoted to position CO-TRUSTEE 1 CO-TRUSTEE 1 (other than thos	(c) Compensation (If not paid, enter -0-) 23,615 36,280 se included on line (c) Compensation	e 1 - Se (d) Con employee (d) Con emplo	tributions to a benefit plans d compensation -()- -()- ee instruction tributions to yee benefit plans d deferred pensation	ons). If r	ione,	-0- -0- enter
COMER PO BO JANET 380 B	(a ICA BANK X 75000 MC 9413, HAERING RANDT ROAD, ORTO Compensation "NONE." Name and address o	DETROIT, MI 48275-9413 DIVILLE, MI 48462 of five highest-paid employees	(b) Title, and average hours per week devoted to position CO-TRUSTEE 1 CO-TRUSTEE 1 (other than thos (b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-) 23,615 36,280 se included on line (c) Compensation NONE	e 1 - Se (d) Con employee and deferre	tributions to a benefit plans do compensation -0- -0- -0- tributions to yee benefit nd deferred pensation	other a	ione,	-0- -0- enter

Form **990-PF** (2018)

Part V	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E and Contractors (continued)	mployees,
3 F	ive highest-paid independent contractors for professional services. See instructions. If none, enter	"NONE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		NONE NONE
	umber of others recovered over \$50,000 for professional convices	· NONE
Part I	umber of others receiving over \$50,000 for professional services	NONE
	ne foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number	ber of _
organ	izations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1NOI	IE	
2		
		
3		
4		
Part I	X-B Summary of Program-Related Investments (see instructions)	
	ibe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NO		
2		
All ot	her program-related investments. See instructions	
3NO		
01 <u>101</u>		
Total.	Add lines 1 through 3	. ▶

Form **990-PF** (2018)

Part	Minimum Investment Return (All domestic foundations must complete this part. For see instructions.)	eign founda	tions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		1 204 060
	Average monthly fair market value of securities		1,384,868.
	Average of monthly cash balances	1 - 1	41,089.
_	Fair market value of all other assets (see instructions)		1,425,958.
d	(1111)	. 1d	1,425,958.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	\dashv \mid	NONE
2	Acquisition indebtedness applicable to line 1 assets		NONE
3	Subtract line 2 from line 1d	. 3	1,425,958.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		01 200
	instructions)		21,389.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4		1,404,569.
6	Minimum investment return. Enter 5% of line 5		70 <u>,228</u> .
Par	TXI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for and certain foreign organizations, check here ▶ and do not complete this part.)	ındatıons	
1	Minimum investment return from Part X, line 6	. 1	70,228.
	Tax on investment income for 2018 from Part VI, line 5 2a 1,010		
2a h	Income tax for 2018. (This does not include the tax from Part VI.) 2b	i	
C	Add lines 2a and 2b	2c	1,010.
3	Distributable amount before adjustments. Subtract line 2c from line 1	•	69,218.
4	Recoveries of amounts treated as qualifying distributions		500.
5	Add lines 3 and 4	1 - 1	69,718.
6	Deduction from distributable amount (see instructions)	`	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII.	•	110112
•	line 1		69,718.
Par	t XII Qualifying Distributions (see instructions)	<u>-1 1 </u>	02,710.
*******	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
1 a		. 1a	162,723.
			102,723.
b	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.		·····
2			NONE
_	purposes	· 2	NONE
3	Amounts set aside for specific charitable projects that satisfy the.	-	NONE
	Suitability test (prior IRS approval required)		NONE
b	• • • • • • • • • • • • • • • • • • • •		NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line	1 4	162,723.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		1 010
	Enter 1% of Part I, line 27b. See instructions		1,010.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		161,713.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when	calculating v	vhether the foundation
	qualifies for the section 4940(e) reduction of tax in those years.		

Form **990-PF** (2018)

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Par	t XIII Undistributed Income (see instr	uctions)			
1	Distributable amount for 2018 from Part XI,	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
•	line 7			,	69,718.
•	Undistributed income, if any, as of the end of 2018			-	05,710.
	Enter amount for 2017 only			NONE	
	Total for prior years 20,20,20		NONE	NONE	
	Excess distributions carryover, if any, to 2018		110112		
	From 2013 9,942.			İ	Į.
a h	From 2014				1
	From 2015				
	From 2016 NONE				ĺ
u	From 2017				
•	Total of lines 3a through e	100,465.			<u> </u>
	Qualifying distributions for 2018 from Part XII,				<u> </u>
•	line 4 ▶ \$162,723.				
а	Applied to 2017, but not more than line 2a			NONE	1
	Applied to undistributed income of prior years				
b	(Election required - see instructions)		NONE		
_	Treated as distributions out of corpus (Election]
·	required - see instructions)	NONE			
d	Applied to 2018 distributable amount				69,718.
е	Remaining amount distributed out of corpus	93,005.			
5	Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same				
	amount must be shown in column (a))	NONB			NONE
6	Enter the net total of each column as				{
	indicated below:	102 470			į
а	Corpus. Add lines 3f, 4c, and 4e Subtract line 5	193,470.			
b	Prior years' undistributed income Subtract		NONE		
	line 4b from line 2b		NONE		<u> </u>
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has]
	been issued, or on which the section 4942(a)		NONE		j
	tax has been previously assessed		NONE		<u> </u>
d	Subtract line 6c from line 6b Taxable amount - see instructions		NONE		Į.
е	Undistributed income for 2017 Subtract line		210212		i
	4a from line 2a Taxable amount - see instructions			NONE]
f	Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be				
	distributed in 2019				NONE
7	Amounts treated as distributions out of corpus			-	•
•	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				!
	required - see instructions)	NONE			
8	Excess distributions carryover from 2013 not				
	applied on line 5 or line 7 (see instructions)	9,942.	,		
9	Excess distributions carryover to 2019.				
	Subtract lines 7 and 8 from line 6a	183,528.			
10	Analysis of line 9				
	Excess from 2014 12,588.	*			1
	Excess from 2015 5,576.				į
C	Excess from 2016 NONE]
	Excess from 2017				
е	Excess from 2018 93,005.				- 000 PF

Par	t XIV Private Ope	erating Foundations	(see instructions a	nd Part VII-A, ques	tion 9)	NOT APPLICABLE
1 a	If the foundation has	-		·	- 1	
	foundation, and the ruling		_			2110
	Check box to indicate v		is a private operating		in section 494	2(j)(3) or 4942(j)(5)
Za	Enter the lesser of the ad- justed net income from Part	Tax year	(1.) 0047	Prior 3 years	(4) 2015	(e) Total
	I or the minimum investment	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
	return from Part X for each					
	year listed					
	85% of line 2a					
С	Qualifying distributions from Part XII, line 4 for each year listed .					
d	Amounts included in line 2c not					
	used directly for active conduct of exempt activities					
е	Qualifying distributions made					
	directly for active conduct of exempt activities Subtract line					
•	2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test - enter		/	1		
	(1) Value of all assets					
	(2) Value of assets qualifying under section					
h	4942(j)(31(B)(i) "Endowment" alternative test-					
	enter 2/3 of minimum invest-					
	ment return shown in Part X,					
С	line 6 for each year listed "Support" alternative test - enter					
	(1) Total support other than					
	gross investment income (interest, dividends, rents,					
	payments on securities					
	loans (section 512(a)(5)), or royalties)	/ <u> </u>				
	(2) Support from general public and 5 or more	1				
	exempt organizations as					
	provided in section 4942 (j)(3)(B)(iii)					
	(3) Largest amount of sup- port from an exempt					
	organization			<u> </u>		
Da	(4) Gross investment income	stant Information //	 	t only if the found	dation had \$5,000	or more in assets at
Ρá		uring the year - see		t only if the lound	Jation Had \$5,000	or more in assets at
1	Information Regarding					
	List any managers of	the foundation who I	nave contributed mo	re than 2% of the to	otal contributions rec	eived by the foundation
	before the close of any	y tax year (but only if th	ney have contributed	more than \$5,000). (See section 507(d)(2)).)
	NONE					
b						ally large portion of the
	ownership of a partner	rship or other entity) o	f which the foundatio	n has a 10% or great	er interest.	
	NONE					
_	1.4 5	0 1 1 1 0 1	O'6 Laur Cabaland	in the December		
2	Information Regarding			-		
						and does not accept under other conditions,
	complete items 2a, b,			ants, etc., to maivid	uais of organizations	under other conditions,
	The name, address, an			person to whom an	nlications should be a	addressed.
	SEE STATEMENT		i cinan address or an	, porcon to milem ap	photonio oriodia bo t	
	The form in which app		bmitted and informati	on and materials the	y should include.	-
_		TATEMENT FOR L				
	Any submission deadli	ines [.]	-	.		
	SEE ATTACHED S'	TATEMENT FOR L	INE 2			
_						
d		imitations on awards	, such as by geog	aphical areas, char	itable fields, kinds (of institutions, or other
	factors					
	SEE ATTACHED S'	TATEMENT FOR L	NE 2			

Form 990-PF (2018)	(continued)			Page 1
Part XV Supplementary Information 3 Grants and Contributions Paid Dur		roved for	Future Payment	
Recipient	If recipient is an individual,	Foundation		<u></u>
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient	_	
a Tala damig the year				
CALFTECH				
380 BRANDT ROAD ORTONVILLE MI 48462	NONE	EXEMPT	GENERAL SUPPORT	107,500.
CHRIST LUTHERAN				
5245 HADLEY ROAD GOODRICH MI 48438	NONE	EXEMPT	GENERAL SUPPORT	30,000.
VICILICAN VACONIC DAMINAVO				
MICHIGAN MASONIC PATHWAYS			GENERAL GURDONE	
1200 WRIGHT AVE ALMA MI 48801	NONE	EXEMPT	GENERAL SUPPORT	5,000.
TUSCOLA COUNTY COMMUNITY FOUNDATION			PAUL DELONG MEMORIAL	
317 S STATE STREET CARO MI 48723	NONE	EXEMPT	SCHOLARSHIP FUND .	750.
AND THE COMMING A II A THE COMMING				
LAPEER COUNTY 4-H LIVESTOCK 1800 IMLAY CITY ROAD LAPEER MI 48446	NONE	EXEMPT	GENERAL SUPPORT	13,483.
1800 IMBAI CIII KOAD BAFBBK MI 40440	nons	BABMI I	GENERAL SUFFORI	13,703.
		1		
Total	<u> </u>			156,733.
b Approved for future payment				
		1		
		1		
		1		
Total			▶ 3b	

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Part XVI-A Analysis of Income-Produ	ucing Acti	vities			
Enter gross amounts unless otherwise indicated		ated business income	Excluded by	section 512, 513, or 514	(e)
Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
a			 		(See_mstructions.)
b					
c					
d					
e			ļ		
f					
g Fees and contracts from government agencies	<u> </u>				
2 Membership dues and assessments			14	80.	
3 Interest on savings and temporary cash investments			14	31,882.	.
4 Dividends and interest from securities 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					
8 Gain or (loss) from sales of assets other than inventory	<u> </u>		18	123,829.	
9 Net income or (loss) from special events · · ·					
10 Gross profit or (loss) from sales of inventory			-		
11 Other revenue, a					
b					
d					***************************************
e e					
12 Subtotal Add columns (b), (d), and (e)				155,791.	
Part XVI-B Relationship of Activities Line No. Explain below how each activities accomplishment of the foundation	ty for which	h income is reported i	ın column (e	e) of Part XVI-A contrib	
• • • • • • • • • • • • • • • • • • • •					
				·	<u></u>
			_		
					
					
					
		NOT APPLICABL	.F	<u> </u>	···
		NOT AFFIICADI	<u> </u>	A. 44 PP 1000 I S S S S S S S S S S S S S S S S S	
	••				

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Form 990-PF (2	018)			2	20-6996945	Pa	ge 13
Part XVII	Information R Exempt Organ	nizations			Relationships With Nonch	1	
` ın sec	tion 501(c) (other				y other organization described on 527, relating to political	Yes	No
•	zations? ers from the reporting	r foundation to	a noncharitable exempt organ	uzation of			
						la(1)	X
							Х
	transactions:						
					<u> </u> 		X
							X
							X
							Х
							X
					_	1c	X
d If the	answer to any of th	e above is "Ye	es," complete the following s	chedule. C	Column (b) should always show	the fair n	narket
value v	of the goods, other	assets, or serv	ices given by the reporting to	oundation. the value (If the foundation received less to the goods, other assets, or set	nan tair n rvices rec	narket eived
(a) Line no	(b) Amount involved	r	noncharitable exempt organization	1	cription of transfers, transactions, and sharin		
(4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				<u> </u>	
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		-					
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2a Is the	foundation directly	or indirectly at	ffiliated with, or related to, or	ne or more	e tax-exempt organizations		
	·					Yes	X No
b If "Yes	," complete the follow	wing schedule.	· · · · · · · · · · · · · · · · · · ·				
	(a) Name of organization	n	(b) Type of organization		(c) Description of relationsh	пр	
					-		
					. <u>.</u>		
Und	penalties of perjury, I declaration of	are that ave exam f prepar (sher than	nined this return, including accompanying taxpayer) is based on all information of which	schedules and n preparer has a	statements, and to the best of my knowledge my knowledge	and belief, i	t is true
Sign	Mailland				May the IRS	discuss this	return
Here 7	A ONTH AAAA		03/07/2020 Date	Title	TAX OFFIC with the prep		below?
Sig	nature of officer or trustee ATTHEW CLEARY	•	Date	Title	See Histractions	163	
	Print/Type preparer's na	me	Proparer's gignature		Date Check If P1	ΓIN	
Paid	BRADLEY N SE	RONG	Broken IV FUN		1	006425	61_
Preparer	Firm's name ► KF	MG LLP			Firm's EIN ► 13-5	565207	
Use Only			RAL AVE, STE 700			 .	
	PH	IOENIX, A	Z85	5004	Phone no 855-80	7-3423 n 990-PF	
					Forn	1 フフローア	(2018)

FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

AND NET EXPENSES INVESTMENT			80. 80.	80.
I KE	PE	•	;	TOTAL
	DESCRIPTION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	OTHER INTEREST	

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

NET INVESTMENT INCOME	1,257. 2,219. 9,897. 4,126. 9,374.	31,882.
REVENUE AND EXPENSES PER BOOKS	1,257. 2,219. 9,897. 4,126. 2. 4,973. 9,374.	31,882.
DESCRIPTION	USGI REPORTED AS NONQUALIFIED DIVIDENDS FOREIGN DIVIDENDS DOMESTIC DIVIDENDS CORPORATE INTEREST REPORTED AS QUALI NONQUALIFIED FOREIGN DIVIDENDS NONQUALIFIED DOMESTIC DIVIDENDS SECTION 199A DIVIDENDS	TOTAL

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TAXES
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PART
990PF,
FORM

NET INVESTMENT INCOME	140.	877.
REVENUE AND EXPENSES PER BOOKS	140. 697. 776. 410.	2,350.
DESCRIPTION	FOREIGN TAXES FEDERAL TAX PAYMENT - PRIOR YE FEDERAL ESTIMATES - INCOME FOREIGN TAXES ON QUALIFIED FOR FOREIGN TAXES ON NONQUALIFIED	TOTALS

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FORM 990PF, PART I - OTHER EXPENSES

DESCRIPTION

REVENUE
AND
EXPENSES INV
PER BOOKS I

NET INVESTMENT INCOME

OTHER EXPENSE (NON-DEDUCTIBLE

2.

7

TOTALS

2.

DESCRIPTION

OTHER EQUITIES

TOTALS

ING	VALUE
END	BOOK

ENDING FMV

955,012.

826,451.

826,451.

955,012.

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FDN
PRIVATE
CHARITABLE
JOACHIM
LAY,

FORM 990PF, PART II - CORPORATE BONDS

DESCRIPTION

FIXED INCOME

ENDING BOOK VALUE

ENDING FMV

426,428.

425,727.

426,428.

TOTALS

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STATEMENT

23

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LAY, JOACHIM CHARITABLE PRIVATE FDN FORM 990PF, PART XV - LINES 2a - 2d

RECIPIENT NAME:

GENEVIEVE DEANE

ADDRESS:

411 W. LAFAYETTE

DETROIT, MI 48226

RECIPIENT'S PHONE NUMBER: 877-405-1091

FORM, INFORMATION AND MATERIALS:

LETTER FORM

SUBMISSION DEADLINES:

NONE

RESTRICTIONS OR LIMITATIONS ON AWARDS:

SUPPORT ORGANIZATIONS THAT PROVIDE FOR HEALTH AND WELFARE OF CHILDREN