Form 990-PF

Return of Private Foundation

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

2019

Department of the Treasury

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▶Do not enter social security numbers on this form as it may be made public.
 ▶Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public inspection

	For	calend	lar year 2019 or tax year beginning , a	and ending				
		ne of fou				A Emplo	oyer identification number	
	T	HOM	AS E. SEQUIN, JR. FAMILY					
	F	OUN	DATION				-2931537	
			street (or P O box number if mail is not delivered to street address)	Rod	om/suite		hone number (see instructions	5)
			ANNA DRIVE		•	98	9-684-0087	
			state or province, country, and ZIP or foreign postal code CITY MI 48706			C If exer	mption application is pending,	check here ▶ [
				irn of a former public charity D 1. F			arana arana ahari ba	
	G	neck a		•	ianty		oreign organizations, check he	_
			Final return Amended Address change Name cha				oreign organizations meeting to 6% test, check here and attach	
				_ <del>`</del>			To tobe, direct flore and allow	
			ype of organization: X Section 501(c)(3) exempt private		nU		ate foundation status was tern in 507(b)(1)(A), check here	ninated under
				le private foundation	<del></del>			
			ket value of all assets at J Accounting method:	X Cash Accr	ual		foundation is in a 60-month te section 507(b)(1)(B), check h	
		•	ear (from Part II, col (c), Other (specify)			under	SECTION SON (D)(T)(D), CHECK II	916
		e 16)						(d) Disbursements
	P.S	HE I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net inve		(c) Adjusted net	for chantable
			the amounts in column (a) (see instructions) )	books	incon	10	income	purposes (cash basis only)
7	,	1	Contributions, gifts, grants, etc , received (attach schedule)	79,500				
	•	2	Check ▶ ☐ If the foundation is <b>not</b> required to attach Sch. B					
274	)	3	Interest on savings and temporary cash investments	97		97		
202		4	Dividends and interest from securities	12,731		12,731		
0		5a	Gross rents					
2	Ð	b	Net rental income or (loss)					
¥	2	6a	Net gain or (loss) from sale of assets not on line 10	38,112				
Ž	Revenue	b	Gross sales price for all assets on line 6a 446,052					
$\mathbf{Q}$	8	7	Capital gain net income (from Part IV, line 2)		3	38,112		
男		8	Net short-term capital gain	`			0	
Z		9	Income modifications					
SCANNED MAY	,	10a	Gross sales less returns and allowances		***************************************			***************************************
		b	Less. Cost of goods sold					
		С	Gross profit or (loss) (attach schedule)				-1-11-1	***************************************
		11	Other income (attach schedule)					`
		12	Total. Add lines 1 through 11	130,440		50,940	0	
	S	13	Compensation of officers, directors, trustees, etc.	0				
	enses	14	Other employee salaries and wages				REC	EIVED
	be	15	Pension plans, employee benefits					
	Ж	16a	Legal fees (attach schedule) Accounting fees (attach schedule)  STMT 1	1,995		1,995	S JUN	2 2 2020
	Operating and Administrative Exp	b	Other professional fees (attach schedule)  STMT 2	6,688	•	6,688		
	ati	с 17	Interest	0,000	·	0,000	<del>                                     </del>	
	str	18	Taxes (attach schedule) (see instructions) STMT 3	26		· 26	OGD	EN, UT
	Ξ	19	Depreciation (attach schedule) and depletion					***************************************
	ᄩ	20	Occupancy					
	Ă	21	Travel, conferences, and meetings					
	힏	22	Printing and publications					<del></del>
	B	23	Other expenses (att. sch.)				·	
	ij	24	Total operating and administrative expenses.					
	Ē	- '	Add lines 13 through 23	8,709		8,709	o	0
	be	25	Contributions, gifts, grants paid	95,000	······································	,	`	95,000
	0	26	Total expenses and disbursements. Add lines 24 and 25	103,709	•••••	8,709	0	95,000
		27	Subtract line 26 from line 12.	51.55				
		a	Excess of revenue over expenses and disbursements	26,731				
		b	Net investment income (if negative, enter -0-)		4	2,231		***************************************
		c	Adjusted net income (if negative, enter -0-)				0	***************************************

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620,992 646,965 instructions) 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 29 (must agree with end-of-year figure reported on prior year's return) 620,992 2 Enter amount from Part I, line 27a 2 26,731 3 Other increases not included in line 2 (itemize) ► SEE STATEMENT 6 3 4 647,724 4 Add lines 1, 2, and 3 Decreases not included in line 2 (itemize) SEE STATEMENT 7 5 759 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 6 646,965

Form 990-PF (2019)

Part IV Capital Gains a	nd Losses for Tax on Investme	ent Income					
	the kind(s) of property sold (for example, real estate, arehouse, or common stock, 200 shs MLC Co )		(b) How acquired P – Purchase D – Donation	(c) Date ad (mo , day			
1a SEE WORKSHEET							
<u>b</u>							
<u>c</u>			ļ	····			
e	···		ļ.,				
(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		(h) Gain or (loss) ((e) plus (f) minus (g))		
_a							
_b			-				
<u>c</u>							
	<del></del>			<del></del>	<del> </del>		
Complete only for assets showing	g gain in column (h) and owned by the fo	undation on 12/31/6	20				
Complete only for assets showing	T T				Gains (Col. (h) gain minus (k), but not less than -0-) or		
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (i) (j), if any	wi i	Losses (from col (h))		
3			<u> </u>				
a b							
c					<u> </u>		
d							
e							
2 Capital gain net income or (net ca	apital loss)  If gain, also enter in If (loss), enter -0- in	<b>b</b>		2	38,112		
	ss) as defined in sections 1222(5) and (6	) _		_			
Part I, line 8	column (c) See instructions. If (loss), e	nter -0- in		3	26,158		
	nder Section 4940(e) for Reduc	ed Tay on Not I	Investment Inco		20,130		
If "Yes," the foundation doesn't qualify	tion 4942 tax on the distributable amount y under section 4940(e). Do not complete	e this part.			Yes X No		
1 Enter the appropriate amount in e	each column for each year, see the instru	ctions before makir	ng any entries				
(a) Base penod years Calendar year (or tax year beginning in)			(c) of noncharitable-use assets		(d) Distribution ratio (col (b) divided by col (c))		
2018		, 679	712,6		0.139865		
2017		,500	666,6		0.131249		
2016		,852	603,9		0.123946		
2015		, 642	590,4		0.136567		
2014		,703	594,8	78	0.142387		
2 Total of line 1, column (d)				2	0.674014		
	5-year base period – divide the total on li on has been in existence if less than 5 ye			3	0.134803		
4 Enter the net value of noncharitation	ole-use assets for 2019 from Part X, line	5		4	723,887		
5 Multiply line 4 by line 3				5	97,582		
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)			6	422		
7 Add lines 5 and 6				7	7 98,004		
8 Enter qualifying distributions from				8	95,000		
If line 8 is equal to or greater than Part VI instructions.	line 7, check the box in Part VI, line 1b,	and complete that p	part using a 1% tax ra	te See the	)		

Form	990-PF (2019) THOMAS E. SEQUIN, JR. FAMILY 38-2931537				age 4
P	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	– see ins	truct	ions)	
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ 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	1			845
	here ▶ and enter 1% of Part I, line 27b		*******	*********	
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			0
3	Add lines 1 and 2	3		-	845
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5		-	845
6	Credits/Payments	<u> </u>			043
	2019 estimated tax payments and 2018 overpayment credited to 2019				
a					_
b					
C	Tax paid with application for extension of time to file (Form 8868)  6c				
_d	Backup withholding erroneously withheld 6d 6d	_			inc
7	Total credits and payments. Add lines 6a through 6d	7			126
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	8	-		6
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			725
10		10			
<u> 11</u>		11			
Pa	rt 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		<u> </u>	Yes	<u>No</u>
	participate or intervene in any political campaign?		<u>1a</u>		<u>X</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				
C	Did the foundation file Form 1120-POL for this year?		1c		X
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 ▶ \$			:	
е	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?		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	Ī	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5	İ	X
	If "Yes," attach the statement required by General Instruction T.				<del>~~~~</del>
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.			٠.	
	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	$\mathbf{x}$	
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	χV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶	•••			
b	MI  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		8ь	х	
9			00		***************************************
3	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 2019 or the tax year beginning in 2019? See instructions for Part XIV. If "Yes,"				<b>v</b> (
	complete Part XIV		9	$\dashv$	<u>x</u> (
	LUD any persons pecome superantial contributors during the tay year? It "Yes " attach a echedule licture their			1	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10	$\mathbf{x}$	

_P	art 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			1		
	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			1		
	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 applica	ition?		13	X	
	Website address ► N/A		000	-04	^^^	-
14	The books are in care of ► THOMAS E. SEQUIN, JR. Telep  3375 ANNA DRIVE	hone no. 🕨	909-6	084-	008	• /
		710.4	4870	<b>c</b>		
45	Located at ► BAY CITY  MI  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here	ZIP+4 ▶	40/0	0		_ ~
15	and enter the amount of tax-exempt interest received or accrued during the year	<b>►</b> 1	15			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority	<u> </u>	10		Yes	No
	over a bank, securities, or other financial account in a foreign country?			16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of					
	the foreign country ▶					
P	art VI-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?	Yes	X No		Ĺ	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes				
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	П.	(T)	(		
	the benefit or use of a disqualified person)?	Yes	X 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	□ v	₩ No			
	termination of government service, if terminating within 90 days )	Yes	X No			
ь	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		N/A	1ь		
	Organizations relying on a current notice regarding disaster assistance, check here		▶ □	15		
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 2019?		N/A	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		•			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))				,	
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines					
	6d and 6e) for tax year(s) beginning before 2019?	Yes	X No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20					
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)					
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		4-	.		
	all years listed, answer "No" and attach statement – see instructions )		N/A	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.					
_	<b>▶</b> 20 , 20 , 20 , 20				- 1	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	<b>□ v</b>	X No	`		
L	at any time during the year?	∐ Yes	X No			
b	If "Yes," did it have excess business holdings in 2019 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				1	
	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 Form 4720, Schedule C, to determine if the					
	foundation had excess business holdings in 2019.)		N/A	3ь	f	
4a	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					<del></del>
-	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 20			4b	- 1	X
		1	F	om 99	0-PF	

om	n 990-PF (2019)							-29315					Р	age (
P	art VII-B	<u>Statements</u>	Rega	rding Activi	ities fo	or Which Form	4720 May B	e Require	d (con	tinued)				
5a	During the year	ar did the found:	ation pa	ay or incur any a	amount	to							Yes	No
	(1) Carry on p	ropaganda, or	otherwi	se attempt to in	fluence	legislation (section	4945(e))?			Yes 🛭	₹ No			[
	(2) Influence t	the outcome of	any sp	ecific public elec	ction (se	ee section 4955), o	r to carry on,			_		1	•	ĺ
	directly or	indirectly, any v	voter re	gistration drive?	,					Yes 🛭	No		}	l
	(3) Provide a	grant to an indi	vidual f	or travel, study,	or other	r simılar purposes?	•			Yes 🛚	No		1	ĺ
	(4) Provide a	grant to an orga	anızatıo	n other than a c	haritabl	e, etc , organizatio	n described in		_	_	_			
	section 49	45(d)(4)(A)? Se	ee instr	uctions					$\Box$	Yes 🛭	No 2			ĺ
	(5) Provide for	r any purpose o	ther th	an religious, cha	aritable,	scientific, literary,	or educational			_	_	1		į
				f cruelty to child					□ ·	Yes 🗓	No 2			į
b	If any answer i	is "Yes" to 5a(1)	)–(5), d	id any of the tra	insactio	ns fail to qualify un	der the exception	ns described		_	_			į
	ın Regulations	section 53 494	5 or in	a current notice	regardi	ng disaster assista	ince? See instruc	ctions			N/A	5b	Ī l	
	Organizations	relying on a cui	rrent no	tice regarding o	lisaster	assistance, check	here				▶ □			*********
С	If the answer is	s "Yes" to quest	tion 5a	4), does the fou	ındatıon	claim exemption f	rom the tax							
	because it mai	intained expend	diture re	sponsibility for	the gran	nt?		N/2	A $\square$	Yes [	No			
	if "Yes," attach	the statement	require	d by Regulation	s sectio	on 53.4945–5(d)		•	ш					
6a	Did the founda	ition, during the	year, r	eceive any fund	s, direc	tly or indirectly, to j	pay premiums							:
		benefit contract		•	-	, , , , , , ,	, , , ,			Yes 3	No 2			
b	Did the founda	tion, during the	year, p	pay premiums, o	firectly o	or indirectly, on a p	ersonal benefit c	ontract?	ш			6b		X
	If "Yes" to 6b, f		•	,,		,						"		
7a			ır, was	the foundation a	party to	o a prohibited tax s	helter transactio	n?		Yes 3	No			
b						y net income attrib					N/A	7b	f 1	
В						t(s) of more than \$					.,	<u>-</u>		
				yment(s) during			.,,		$\Box$	Yes 3	No			
Pa	***********					s, Trustees, F	oundation M	anagers.	Hiahly	Paid E	mplov	ees.	<u> </u>	••••••
		nd Contract		<b>,</b>		-,, . ·						000,		
1 L				nd foundation	manag	ers and their con	pensation. See	instruction	 S.					
										(d) Cont	butions to	1		
		(ε	a) Name a	and address			(b) Title, and avera hours per week			employ	ee benefit		pense ac	
							devoted to positi	ion enter			d deferred ensation	oth	er allowan	ces
TH	OMAS E. SEQU	JIN, JR.		BAY	CITY		PRESIDENT					<u> </u>		
	75 ANNA DRIV	•			48706	5	0.00		0	Ì	o			0
	NISE A. SEQU				CITY	·	SECRETARY/	TR						
	75 ANNA DRIV				48706	•	0.00		0		o	ļ		0
	ANNON BARRIG		-		CITY		DIRECTOR							
	12 SEQUIN DR				48706	•	0.00		0		o	ľ		0
		-	_									<del> </del>		
2	Compensation	of five highes	st-paid	employees (of	her tha	n those included	on line 1 – see i	instructions	) If non	e enter		<u>.                                    </u>		
	"NONE."	J							,	0, 0				
							0.74			(d) Contr	butions to			
	(a) Nam	e and address of ea	ch emplo	ee paid more than \$	50,000		(b) Title, and avera hours per week		ensation	employ	ee benefit		oense acc	
				•			devoted to positi				d deferred ensation	othe	r allowan	ces
NO	NE			,	-	<del>. , , .</del>	<del>                                     </del>					_		
							1							
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	•													
-4-1				450.000	····			L						

Part VIII Information About Officers, Directors, Trust		mpl	Oyees,
and Contractors (continued)			
3 Five highest-paid independent contractors for professional service	es. 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			
		-	
Total number of others receiving over \$50,000 for professional services	<del></del>	_	
Part IX-A Summary of Direct Charitable Activities			<b>.</b>
List the foundation's four largest direct charitable activities during the tax year. Include relevant state organizations and other beneficianes served, conferences convened, research papers produced, et			Expenses
1 N/A			
		<u> </u>	
2			
		ļ	
3			
4		╁	
Part IX-B Summary of Program-Related Investments	(see instructions)	<u> </u>	
Describe the two largest program-related investments made by the foundation during the tax year or	·	1	Amount
1 N/A			
2			

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All other program-related investments. See instructions

Total. Add lines 1 through 3

qualifies for the section 4940(e) reduction of tax in those years

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign	gn fo	undations,
	see instructions )	<del>,</del>	<del>,                                     </del>
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes.		
а	Average monthly fair market value of securities	1a	712,525
b	Average of monthly cash balances	1b	22,386
C	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	734,911
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	734,911
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	11,024
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	723,887
6	Minimum investment return. Enter 5% of line 5	6	36,194
Pa	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	four	ndations
	and certain foreign organizations, check here ▶ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	36,194
2a	Tax on investment income for 2019 from Part VI, line 5		
b	Income tax for 2019 (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	845
3	Distributable amount before adjustments. Subtract line 2c from line 1	3_	35,349
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	35,349
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
_	line 1	7	35,349
Pŧ	ut XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	95,000
b	Program-related investments – total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	95,000
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b. See instructions	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	95,000
	Note: The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the found	ation	

P'	art XIII Undistributed income	(see instructions	}	<del>,</del>	<del></del>	<del></del>
			(a)	(b)	(c)	(d)
1	Distributable amount for 2019 from Part	XI,	Corpus	Years prior to 2018	2018	2019
	line 7		: 			35,349
2	Undistributed income, if any, as of the er	nd of 2019.				
	Enter amount for 2018 only		<u> </u>			
	Total for prior years 20, 20			~	<u> </u>	
3	Excess distributions carryover, if any, to				‡	
_	From 2014	55,901	t			
	From 2015	51,117	Ş.			
	From 2016	44,668	Ç ·			
	From 2017	54,179	t			
_	From 2018	64,687				
	Total of lines 3a through e		270,552			
4	Qualifying distributions for 2019 from Par	rt XII,				
	line 4. ▶ \$ 95,000					
	Applied to 2018, but not more than line 2					
D	Applied to undistributed income of prior y	ears				
	(Election required – see instructions)					<u> </u>
С	Treated as distributions out of corpus (El	ection				
	required – see instructions)					25 240
	Applied to 2019 distributable amount		E0 651	***************************************	<b></b>	35,349
	Remaining amount distributed out of corp		59,651			<del> </del>
5	Excess distributions carryover applied to				,	
	(If an amount appears in column (d), the	same			· ·	
	amount must be shown in column (a) )					
6	Enter the net total of each column as indicated below:					
_	Corpus. Add lines 3f, 4c, and 4e. Subtract	et lina E	330,203			
	Prior years' undistributed income. Subtra		330,203			
U	line 4b from line 2b	Cl				
c	Enter the amount of prior years' undistrib	uted				
·	income for which a notice of deficiency h					
	been issued, or on which the section 494					
	tax has been previously assessed	<b>2</b> (a)				
А	Subtract line 6c from line 6b. Taxable					
u	amount – see instructions			-		
6	Undistributed income for 2018 Subtract I	ine		<del></del>		
·	4a from line 2a. Taxable amount – see					
	Instructions					
f	Undistributed income for 2019 Subtract I	ines	***************************************	***************************************		
-	4d and 5 from line 1 This amount must be					
	distributed in 2020				<b>!</b>	0
7	Amounts treated as distributions out of co	orous				
	to satisfy requirements imposed by section	· ·			<b>]</b>	
	170(b)(1)(F) or 4942(g)(3) (Election may				•	
	required—see instructions)					
8	Excess distributions carryover from 2014	not		······		
	applied on line 5 or line 7 (see instruction		55,901			
9	Excess distributions carryover to 2020	•		· · · · · · · · · · · · · · · · · · ·		
	Subtract lines 7 and 8 from line 6a		274,302	•		
0	Analysis of line 9.			`		
а	Excess from 2015	51,117			፟.	,
b	Excess from 2016	44,668			<b>‡</b>	
C	Excess from 2017	54,179			<b></b>	
d	Excess from 2018	64,687			Į.	
e	Excess from 2019	59,651			l .	
					T	<del></del>

	1990-PF (2019) THOMAS E. SE	EQUIN, JR.	FAMILY	38-29315	537	Page 10
Pa	rt XIV Private Operating For	undations (see in	structions and Pa	art VII-A, question	9)	
1a	If the foundation has received a ruling or	determination letter th	nat it is a private oper	ating		
	foundation, and the ruling is effective for	2019, enter the date of	of the ruling	<b>&gt;</b>		
b	Check box to indicate whether the found	ation is a private opera	ating foundation desc	ribed in section 4	942(j)(3) or 4942	(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) rotar
	investment return from Part X for		]			
	each year listed					
b	85% of line 2a					
c	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					
6	Qualifying distributions made directly					
	for active conduct of exempt activities.		İ			
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the			<i>Y</i>		
	alternative test relied upon:		1 /			
а	"Assets" alternative test – enter.		/	}	İ	
	(1) Value of all assets					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test – enter 2/3					
	of minimum investment return shown in		/	:		
	Part X, line 6, for each year listed		/		<u> </u>	
С	"Support" alternative test – enter:	}	Y			
	(1) Total support other than gross	/	1	ļ		
	investment income (interest,	/				
	dividends, rents, payments on securities loans (section	/		]		
	512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt	/				
	organizations as provided in	/	]			
	section 4942(j)(3)(B)(III)	<del></del>		<del> </del>	<del> </del>	
	(3) Largest amount of support from					
	an exempt organization (4) Gross investment income	<del>/</del>	<del></del>	<del></del>	<del></del>	<del></del>
D <sub>p</sub>	LAT XV Supplementary Inform	nation (Complete	this part only it	f the foundation h	ad \$5 000 or more	in assets at
¥ . W	any time during the y	•	•	i the loundation is	aa 40,000 or more	m assets at
1	Information Regarding Foundation Ma					
а	List any managers of the foundation who	have contributed mor	e than 2% of the tota	contributions received	by the foundation	
	before the close of any tax year (but only	if they have contribut	ed more than \$5,000	). (See section 507(d)(2	?).)	
	THOMAS E. SEQUIN, JE	<u> 3</u>				\$79,500
b	List any managers of the foundation who	own 10% or more of	the stock of a corpora	ation (or an equally large	e portion of the	
	ownership of a partnership or other entity	y) of which the foundat	ion has a 10% or gre	ater interest.		
	N/A			<del></del>		
2	Information Regarding Contribution, (		-		,	
			•	able organizations and	•	
	unsolicited requests for funds. If the foun	-	ants, etc , to individua	als or organizations und	ler other conditions,	
	complete items 2a, b, c, and d See instr		£4b = =====		- 1 dans	
а	The name, address, and telephone number			applications should be	addressed.	
	THOMAS E. SEQUIN, JE 3375 ANNA DRIVE BAY					
	The form in which applications should be			hay should include:		<del></del>
D	SEE STATEMENT 8	submitted and inform	ation and materials ti	ney snould include.		
	Any submission deadlines.					
•	N/A					
	Any restrictions or limitations on awards,	such as by geographi	cal areas, charitable	fields, kinds of institution	ons, or other	· · · · · · · · · · · · · · · · · · ·
	factors.	. , UGF···	.,	,		
	RELIGIOUS ORGANIZATI	ONS ONLY				
			-			A

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or

Recipient

3 Grants and Contributions Paid During	the Year or Approved for	r Future Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	00.110.101.	
a Paid duning the year ST. CATHERINE OF SIENA 2956 E. N. UNION BAY CITY MI 48706		501 (C) (3) UNRESTR	ICTED USE	10,000
CATHOLIC RELIEF SERVICES 228 WEST LEXINGTON STREET BALTIMORE MD 21201-3443		501 (C) (3) UNRESTR	ICTED USE	10,000
SALESIAN MISSIONS 2 LEFEVRE LANE NEW ROCHELLE NY 10801		501 (C) (3) ANNUAL FO	OD APPEAL	10,000
CATHOLIC COMM. FOUNDATION P.O. BOX 6883 SAGINAW MI 48608-6883		501 (C) (3) SAINTS AND O	PERATIONS	20,000
EDEN HILL STOCKBRIDGE MA 01263	ONCEPTIO	501 (C) (3) UNRESTR	ICTED USE	10,000
CATHOLIC EXTENSION 150 SOUTH WACKER DRIVE CHICAGO IL 60606		501 (C) (3) UNRESTR	ICTED USE	5,000
ALL SAINTS CENTRAL 217 S. MONROE STREET BAY CITY MI 48708		501 (C) (3) UNRESTR	ICTED USE	10,000
CAPUCHIN RETREAT 62460 MT VERNON RD WASHINGTON MI 48094		501 (C) (3) UNRESTR	ICTED USE	5,000
DOMINICAN HOUSE OF STUDIES 487 MICHIGAN AVENUE, NE WASHINGTON DC 20017		501(C)(3) UNRESTR	ICTED USE	5,000
MARY KNOLL MISSIONS PO BOX 302 MARYKNOLL NY 10545 Total		501(C)(3) UNRESTR	ICTED USE	10,000 95,000
b Approved for future payment N/A				
Total			<b>▶</b> 3b	5 000 PE

P	art XVI-A	Analysis of Income-Producing Acti	vities				
		ounts unless otherwise indicated.	1	ed business income	Exclude	d by section 512, 513, or 514	·
			(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income
	_	rvice revenue.		<del></del>			(See instructions )
							<del></del>
			ļ	<del></del>			
					<del></del>		<del></del>
	f	nd contracts from government agencies					<del></del>
	_	o dues and assessments					
	•	savings and temporary cash investments		· · · · · · · · · · · · · · · · · · ·		.	97
		and interest from securities					12,731
		ncome or (loss) from real estate					12,731
Ū		nanced property			Īi		
		ot-financed property					
6		ncome or (loss) from personal property					
		tment income					
		s) from sales of assets other than inventory					38,112
		or (loss) from special events					
		or (loss) from sales of inventory					
11	Other reven	ue: a					
	b						
	e						
12	Subtotal Ad	dd columns (b), (d), and (e)		0		0	50,940
13	Total. Add I	ine 12, columns (b), (d), and (e)		0		13	
13 Sec	Total. Add I worksheet	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations )			·	13	
Sec	Total. Add I worksheet art XVI-B	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations ) Relationship of Activities to the Ac		ent of Exempt P	ırpose	13	
Sec	Total. Add l worksheet art XVI-B .ine No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations )  Relationship of Activities to the Ac  Explain below how each activity for which income in	s reported in c	ent of Exempt Pool	urpose A contrib	13s	50,940
Sec P	Total. Add I e worksheet art XVI-B ine No. ▼	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations ) Relationship of Activities to the Ac	s reported in c	ent of Exempt Pool	urpose A contrib	13s	50,940
Sec P	Total. Add l worksheet art XVI-B .ine No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations )  Relationship of Activities to the Ac  Explain below how each activity for which income in	s reported in c	ent of Exempt Pool	urpose A contrib	13s	50,940
Sec P	Total. Add I e worksheet art XVI-B ine No. ▼	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations )  Relationship of Activities to the Ac  Explain below how each activity for which income in	s reported in c	ent of Exempt Pool	urpose A contrib	13s	50,940
Sec P	Total. Add I e worksheet art XVI-B ine No. ▼	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations )  Relationship of Activities to the Ac  Explain below how each activity for which income in	s reported in c	ent of Exempt Pool	urpose A contrib	13s	50,940
Sec P	Total. Add I e worksheet art XVI-B ine No. ▼	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations )  Relationship of Activities to the Ac  Explain below how each activity for which income in	s reported in c	ent of Exempt Pool	urpose A contrib	13s	50,940
Sec P	Total. Add I e worksheet art XVI-B ine No. ▼	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations )  Relationship of Activities to the Ac  Explain below how each activity for which income in	s reported in c	ent of Exempt Pool	urpose A contrib	13s	50,940
Sec P	Total. Add I e worksheet art XVI-B ine No. ▼	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations )  Relationship of Activities to the Ac  Explain below how each activity for which income in	s reported in c	ent of Exempt Pool	urpose A contrib	13s	50,940
Sec P	Total. Add I e worksheet art XVI-B ine No. ▼	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations )  Relationship of Activities to the Ac  Explain below how each activity for which income in	s reported in c	ent of Exempt Pool	urpose A contrib	13s	50,940
Sec P	Total. Add I e worksheet art XVI-B ine No. ▼	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations )  Relationship of Activities to the Ac  Explain below how each activity for which income in	s reported in c	ent of Exempt Pool	urpose A contrib	13s	50,940
Sec P	Total. Add I e worksheet art XVI-B ine No. ▼	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations )  Relationship of Activities to the Ac  Explain below how each activity for which income in	s reported in c	ent of Exempt Pool	urpose A contrib	13s	50,940
Sec P	Total. Add I e worksheet art XVI-B ine No. ▼	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations )  Relationship of Activities to the Ac  Explain below how each activity for which income in	s reported in c	ent of Exempt Pool	urpose A contrib	13s	50,940
Sec P	Total. Add I e worksheet art XVI-B ine No. ▼	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations )  Relationship of Activities to the Ac  Explain below how each activity for which income in	s reported in c	ent of Exempt Pool	urpose A contrib	13s	50,940
Sec P	Total. Add I e worksheet art XVI-B ine No. ▼	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations )  Relationship of Activities to the Ac  Explain below how each activity for which income in	s reported in c	ent of Exempt Pool	urpose A contrib	13s	50,940
Sec P	Total. Add I e worksheet art XVI-B ine No. ▼	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations )  Relationship of Activities to the Ac  Explain below how each activity for which income in	s reported in c	ent of Exempt Pool	urpose A contrib	13s	50,940
Sec P	Total. Add I e worksheet art XVI-B ine No. ▼	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations )  Relationship of Activities to the Ac  Explain below how each activity for which income in	s reported in c	ent of Exempt Pool	urpose A contrib	13s	50,940
Sec P	Total. Add I e worksheet art XVI-B ine No. ▼	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations )  Relationship of Activities to the Ac  Explain below how each activity for which income in	s reported in c	ent of Exempt Pool	urpose A contrib	13s	50,940
Sec P	Total. Add I e worksheet art XVI-B ine No. ▼	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations )  Relationship of Activities to the Ac  Explain below how each activity for which income in	s reported in c	ent of Exempt Pool	urpose A contrib	13s	50,940
Sec P	Total. Add I e worksheet art XVI-B ine No. ▼	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations )  Relationship of Activities to the Ac  Explain below how each activity for which income in	s reported in c	ent of Exempt Pool	urpose A contrib	13s	50,940
Sec P	Total. Add I e worksheet art XVI-B ine No. ▼	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations )  Relationship of Activities to the Ac  Explain below how each activity for which income in	s reported in c	ent of Exempt Pool	urpose A contrib	13s	50,940
Sec P	Total. Add I e worksheet art XVI-B ine No. ▼	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations )  Relationship of Activities to the Ac  Explain below how each activity for which income in	s reported in c	ent of Exempt Pool	urpose A contrib	13s	50,940
Sec P	Total. Add I e worksheet art XVI-B ine No. ▼	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations )  Relationship of Activities to the Ac  Explain below how each activity for which income in	s reported in c	ent of Exempt Pool	urpose A contrib	13s	50,940
Sec P	Total. Add I e worksheet art XVI-B ine No. ▼	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations )  Relationship of Activities to the Ac  Explain below how each activity for which income in	s reported in c	ent of Exempt Pool	urpose A contrib	13s	50,940
Sec P	Total. Add I e worksheet art XVI-B ine No. ▼	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations )  Relationship of Activities to the Ac  Explain below how each activity for which income in	s reported in c	ent of Exempt Pool	urpose A contrib	13s	50,940

Par	HVX	Information Regardance Organizations	arding Tra	ansters To an	d I ransactio	ons and Relationships W	ith Noncharitable	e Ex	empt	
1 [			irectly engag	ne in any of the fol	lowing with any	other organization described			Yes	No
	_	01(c) (other than section				<del>-</del>			103	
	rganizatio		,,, oo ,(o)(o)	organizations) or i	11 30011011 027, 10	ciating to pointour		. 1		
	-	om the reporting found	lation to a no	oncharitable exemi	ot organization c	of.			-	
	1) Cash	om me repending reams			, <b>.</b>	•••	1	1a(1)	İ	X
•	2) Other a	ssets						1a(2)		X
	Other trans						<u> </u>			
		of assets to a noncharita	able exempt	organization			ļ	1b(1)	1	X
	-	ses of assets from a no		-	on			1b(2)		X
•	•	of facilities, equipment,			011		ſ	1b(3)		$\frac{\pi}{x}$
•	•	irsement arrangements		30.0			ſ	1b(4)		X
•	•	or loan guarantees	•					1b(5)		X
•	•	nance of services or me	embership o	r fundraisıng solici	tations			1b(6)		X
		acilities, equipment, m					•	1c		x
	_		-			mn (b) should always show the	fair market			
		-		•		the foundation received less that				
		-	-	•	-	f the goods, other assets, or sen				
	Line no	(b) Amount involved		e of nonchantable exem		1	transactions, and sharing arra	angemer	nts	
N/A		]								
						·				
						·				
				<u>.                                      </u>						
					<del></del>					
					<del></del>					
			<u> </u>							
		<u> </u>		<del></del>						
		ation directly or indirec	•			c-exempt organizations	٦	<b>–</b>	(TP)	
		section 501(c) (other		501(c)(3)) or in se	ection 527?		L	Ye	s X	No
D II		mplete the following sch	redule.	43.7		1				
N	/A	a) Name of organization		(b) Type of o	rganization	(c) Descr	nption of relationship			
	<u> </u>				<del></del>					
							<del></del>			
		<del></del>								
	Under per	nalties of perjury, I declare that	at I have examır	ned this return, including	g accompanying sch	I edules and statements, and to the best o	f my knowledge and belief, it	ıs true,		
	соггест, а	nd complete Declaration of p	reparer (other ti	than taxpayer) is based	on all information of	which preparer has any knowledge	May the IRS discus	s this ref	tum	$\neg$
Sign							with the preparer sh	hown bel	ow?	,
lere			_				See instructions	ΧV	/es	No
		homes E. S.	- کے در		16-	18-2020 PRE	SIDENT			
	Sign	ature of officer or trustee	X		Date					
	Pont/Ty	pe preparer's name	<del>' )                                   </del>		Preparer's signatur	le ,	Date	T	<u>а</u> Г	<u> </u>
			/		LI/ OA		10/1	/	Check self-empl	if loyed
Paid	KELL:	I SWAN, CPA			Mall	人( 人XV Oダー	_ M/18/	H	)	,
repar	Firm's n	· · · · · · · · · · · · · · · · · · ·	MURRA	A & COMPA	ANY CPA'	S	PTIN PO1	084	095	
Jse On	IV		WILDER				Firm's EIN ► 38-3			<del></del>
			ITY, M		-2343		Phone no 989-			
						······································			0-PF	

### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

THOMAS E. SEQUIN, JR. FAMILY

### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

2019

**Employer identification number** 

38-2931537 FOUNDATION Organization type (check one). Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year **S** Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

THOMAS E. SEQUIN, JR. FAMILY

Employer identification number 38-2931537

Part I	. Contributors (see instructions). Use duplicate copies of	Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THOMAS E. SEQUIN, JR. 3375 ANNA DRIVE BAY CITY MI 48706	s . 79,500	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
		\$ .	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

### Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees

Charitable Purpose	s	\$	
Adjusted Net	\$	\$	
Net Investment	1,995	1,995	
	\$ 366'	\$ 666,	
Tota	\$ 1	\$ 1,995	
Description	INDIRECT ACCOUNTING FEES	TOTAL	

## Statement 2 - Form 990-PF, Part I, Line 16c - Other Professional Fees

Charitable Purpose	w	٥ «
Adjusted Net	\$	\$
Net vestment	6,688	6, 688
Ĺ	\$	w.
Total	6,688	6,688
	တ	w
Description	BROKERAGE FEES	TOTAL

### Statement 3 - Form 990-PF, Part I, Line 18 - Taxes

Charitable Purpose	v.	\$
Adjusted Net	v,	\$
Net Investment	\$ 20	\$ 26
Total	\$ 20	\$ 26
Description	MICHIGAN ANNUAL RETURN FOREIGN TAXES	TOTAL

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# Statement 4 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

	æ	eainnina		Fnd of	Basis of	щ	ir Market	
Description	)	of Year		Year	Valuation	-	Value	
ISHARES CORE SEP SMALL-CAP ETF	S	19,310	ς V	21.942		\	74 477	
ISHARES TR RUS MID CAP	•	28,849		35,721		r	44.051	
ISHARES TRUST RUSSELL TOP 200 GROWTH		37,688		37,445			59,765	
SCHWAB SHORT-TERM US TREASURY		84,197		70,608			71,429	
SPDR S&P RETAIL		16,006					(75/1)	
SPDR PORTFOLIO EMERGING MARKETS ETF		19,302						
SPDR S&P AEROSPACE		19,602		23.874			28 503	
SPDR HEALTH CARE SELECT SECTOR		17,768		12,854			14 662	
VANGUARD MEGA CAP VALUE		41,162					700 / 1	
VANGUARD SMALL-CAP GROWTH		34,229		31,841			36,593	

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### Federal Statements

38-2931537

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Part II, Line 10b
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Description	<b>©</b>	eginning of Year		End of Year	Basis of Valuation	Fair Market Value
ISHARES TR RUS MID CP GR ISHARES TR CORE S&P 500 FIRST TRUST DOW JONES INTERNET IDX INVESCO QQQ ISHARES INCORPORATED MIN VOL GBL ISHARES TR BARCLAYS 7 10 YR ISHARES TR S&P MC 400 GR ISHARES TR MSCI MIN VOL SPDR CONSIMER STAPLES SELECT	w.	34,911 40,660 22,489 13,776	w.	40,293 21,960 19,967 14,430 64,568 42,227 50,357		\$ 51,919 21,981 29,959 14,588 63,874 44,090
TOTAL	, w	429,949	w.	501,319		\$ 576,698

Investments
Corporate Bond I
art II, Line 10c - (
990-PF, Part
atement 5 - Form
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Fair Market Value	\$ 71,430	71,493	\$ 142,923
Basis of Valuation			
End of Year	71,396	70,151	141,547
	ᡐ		တ
seginning of Year	83,790 85,134		168,924
ш	ς		တ
Description	ISHARES TR SHORT TREAS BD VANGUARD SHORT TERM CORP BOND	VANGUARD TOTAL BOND MARKET	TOTAL

38-2931537 Federal State	nents
Statement 6 - Form 990-PF, Part III,	Line 3 - Other Increases
Description	Amount
ROUNDING	\$ <u>1</u>
TOTAL	\$ 1
Statement 7 - Form 990-PF, Part III,	Line 5 - Other Decreases
Description	Amount
NON-DEDUCTIBLE TAXES	\$ 759
TOTAL	\$ 759
Form 990-PF, Part XV, Line 1a - Managers W	
Name of Manager	Amount
THOMAS E. SEQUIN, JR.	\$ 79,500
TOTAL	\$
Statement 8 - Form 990-PF, Part XV, Line 2b - App	lication Format and Required Contents
Description	
APPLICATIONS SHOULD INCLUDE A BRIEF DESCRIPTION ORGANIZATION AND THE COST AND PURPOSE OF THE INVHICH FUNDING IS REQUESTED. A COPY OF THE ORGANIZATION'S FEDERAL TAX EXEMPT RULING FROM REVENUE SERVICE SHOULD ALSO BE SUBMITTED.	PROJECT FOR GANIZATION'S THE
Form 990-PF, Part XV, Line 2d - Award	Restrictions or Limitations
Description	