efile GRAPHIC print - DO NOT PROCESS

Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491196011620

2019

OMB No. 1545-0052

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 <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

| | | ndar year 2019, or tax year beginning 01-01-20 | 19 , aı | nd ending 12-31 | | |
|---------------------------------------|----------|--|------------------------------------|---------------------------|---|---|
| | | indation AMILY FOUNDATION INC | | 46-5565274 | lentification numbe | er · |
| dum | hor and | street (or P.O. box number if mail is not delivered to street address) | Room/suite | | | |
| | | OODWARD AVENUE NO 200 | | ımber (see instructio | ns) | |
| | | , state or province, country, and ZIP or foreign postal code | | (248) 854-884 | | |
| 3LO | OMFIELI | D HILLS, MI 48304 | | C If exemption | application is pendin | ig, check here |
| i Ch | neck al | l that apply: Initial return Initial return of a | former public charity | D 1. Foreign or | ganizations, check he | ere |
| | | ☐ Final return ☐ Amended return | | | rganizations meeting ck here and attach co | |
| | | Address change \square Name change pe of organization: \square Section 501(c)(3) exempt private f | | | undation status was t | |
| _ | , | · · · · · · · · · · · · · · · · · · · | e private foundation | under section | on 507(b)(1)(A), chec | ck here ▶ |
| Fai | r mark | ket value of all assets at end J Accounting method: | ☑ Cash ☐ Accru | | ation is in a 60-mont | |
| | | rom Part II, col. (c), ▶\$ 774,003 | be on cash basis.) | under section | on 507(b)(1)(B), chec | ck here |
| Pa | rt I | Analysis of Revenue and Expenses (The total | | | | (d) Disbursements |
| | | of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).) | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | for charitable purposes (cash basis only) |
| | 1 | Contributions, gifts, grants, etc., received (attach schedule) | 5,300 | | | |
| | 2 | Check ▶ ☐ if the foundation is not required to attach | , | | | |
| | _ | Sch. B | 163 | 100 | | |
| | 3 4 | Interest on savings and temporary cash investments Dividends and interest from securities | 163 22,649 | 22,649 | | |
| | 5a | Gross rents | , | , | | |
| | b | Net rental income or (loss) | | | | |
| Ж | 6a | Net gain or (loss) from sale of assets not on line 10 | -3,638 | | | |
| Revenue | b | Gross sales price for all assets on line 6a 113,858 | | | | |
| ž | 7 8 | Capital gain net income (from Part IV, line 2) | | C |) | |
| | 9 | Income modifications | | | | |
| | 10a | Gross sales less returns and allowances | | | | |
| | b | Less: Cost of goods sold | | | | |
| | С | Gross profit or (loss) (attach schedule) | 1 | | | |
| | 11 | Other income (attach schedule) | 321 | | | |
| | 12 | Total. Add lines 1 through 11 | 24,795 | 23,133 | | |
| | 13 14 | Other employee salaries and wages | 0 | C | <u>'</u> | |
| Š | 15 | Pension plans, employee benefits | | | | |
| 156 | 16a | Legal fees (attach schedule) | 3,880 | 3,880 | | C |
| × | b | Accounting fees (attach schedule) | | | | |
| Б П | С | Other professional fees (attach schedule) | | | | |
| a (1) | 17 | Interest | ॐ 515 | C | | |
| <u> </u> | 18 19 | Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion | % 515 | | <u>'</u> | |
| | 20 | Occupancy | | | | |
| ¥ | 21 | Travel, conferences, and meetings | | | | |
| 3 3 3 | 22 | Printing and publications | | | | |
| Operating and Administrative Expenses | 23 | Other expenses (attach schedule) | 7,231 | 7,231 | | 0 |
|) | 24 | Total operating and administrative expenses. Add lines 13 through 23 | | | | |
| <u>ă</u> | 25 | Contributions, gifts, grants paid | 11,626 | · · | • | 51,100 |
| | 26 | Total expenses and disbursements. Add lines 24 and | 51,100 | | | 31,100 |
| | | 25 | 62,726 | 11,111 | | 51,100 |
| | 27 | Subtract line 26 from line 12: | | | | |
| | а | Excess of revenue over expenses and disbursements | -37,931 | | | |
| | b | Net investment income (if negative, enter -0-) | | 12,022 | ! | |
| | С | Adjusted net income (if negative, enter -0-) | | | | |

Beginning of year

709,714

709,714

693,322

693,322

709,714

-37,931

21,539

693,322

693,322 Form **990-PF** (2019)

0

1

2

3

4

5

6

Form 990-PF (2019)

| | | | ` ' | ` ' | ` ' |
|-------------------------|-----|--|---------|------------------|---------|
| | 1 | Cash—non-interest-bearing | | | |
| | 2 | Savings and temporary cash investments | 59,515 | 82,789 | 82,789 |
| | 3 | Accounts receivable | | | _ |
| | | Less: allowance for doubtful accounts ▶ | | | |
| | 4 | Pledges receivable ▶ | | | |
| | | Less: allowance for doubtful accounts ▶ | | | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | | disqualified persons (attach schedule) (see instructions) | | | |
| | 7 | Other notes and loans receivable (attach schedule) ▶ | | | |
| | | Less: allowance for doubtful accounts ▶ | | | |
| اع | 8 | Inventories for sale or use | | | _ |
| Assets | 9 | Prepaid expenses and deferred charges | | | |
| ₽ B | 10a | Investments—U.S. and state government obligations (attach schedule) | | | |
| | b | Investments—corporate stock (attach schedule) | | | |
| | С | Investments—corporate bonds (attach schedule) | | | |
| | 11 | Investments—land, buildings, and equipment: basis ▶ | | | |
| | | Less: accumulated depreciation (attach schedule) ▶ | | | |
| | 12 | Investments—mortgage loans | | | |
| | 13 | Investments—other (attach schedule) | 650,199 | 9 610,533 | 691,214 |
| | 14 | Land, buildings, and equipment: basis ▶ | | | |
| | | Less: accumulated depreciation (attach schedule) | | | |
| | 15 | Other assets (describe >) | | | |
| | 16 | Total assets (to be completed by all filers—see the | | | |
| | | instructions. Also, see page 1, item I) | 709,714 | 693,322 | 774,003 |
| | 17 | Accounts payable and accrued expenses | | | |
| | 18 | Grants payable | | | |
| jes | 19 | Deferred revenue | | | |
| ≝∣ | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| Liabilities | 21 | Mortgages and other notes payable (attach schedule) | | | |
| - | 22 | Other liabilities (describe) | | | |
| | 23 | Total liabilities(add lines 17 through 22) | 0 | 0 | |
| Ş | | Foundations that follow FASB ASC 958, check here | | | |
| 욁 | | and complete lines 24, 25, 29 and 30. | | | |
| <u> </u> | 24 | Net assets without donor restrictions | | | |
| Assets or Fund Balances | 25 | Net assets with donor restrictions | | | |
| Ĭ | | Foundations that do not follow FASB ASC 958, check here | | | |
| <u>u</u> | | and complete lines 26 through 30. | | | |
| 0 | 26 | Capital stock, trust principal, or current funds | 0 | 0 | |
| Set | 27 | Paid-in or capital surplus, or land, bldg., and equipment fund | 0 | 0 | |
| Ę. | 28 | Retained earnings, accumulated income, endowment, or other funds | 709,714 | 693,322 | |

Total net assets or fund balances (see instructions) .

of-year figure reported on prior year's return)

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize) ▶

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

Analysis of Changes in Net Assets or Fund Balances

29

30

Part III

2

3

4

5

| | e the kind(s) of property sold (e.g., irehouse; or common stock, 200 shs | | How acquired P—Purchase D—Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
|--|---|---------------------------------|--|--|--|
| 1aSee Additional Data Table | e | | | | |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| e | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | Cost or | (g) other basis ense of sale | Gain o | h) r (loss)) minus (g) |
| a See Additional Data Table | e | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| <u>е</u> | | | | | |
| Complete only for assets | showing gain in column (h) and ow | ned by the foundation | on 12/31/69 | (| I) |
| (i) F.M.V. as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | Excess | (k) s of col. (i) l. (j), if any | Gains (Col. (col. (k), but not | h) gain minus less than -0-) or om col.(h)) |
| See Additional Data Table | | 3461 631 | ()), α, | | ,, |
| b | | | | | |
| | | | | | |
| d | | | | | |
| e | | | | | |
| • | gain or (loss) as defined in sections : rt I, line 8, column (c) (see instructi | . , |)- | 3 | |
| Part V Qualification l | Jnder Section 4940(e) for Re | educed Tax on Net | Investment In | come | |
| | rivate foundations subject to the sec | | | | |
| If section 4940(d)(2) applies, le | | | | _ | _ |
| If "Yes," the foundation does no | e section 4942 tax on the distributa ot qualify under section 4940(e). Do | not complete this part | | | es 🗹 No |
| | nount in each column for each year; | see instructions before | making any entrie | | |
| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitab | ole-use assets | (d) Distribution rat (col. (b) divided by c | |
| 2018 | 35,000 | | 718,410 | | 0.048719 |
| 2017 | 40,000 | | 725,493 | | 0.055135 |
| 2016 | | | | | |
| 2015 | | | | | |
| 2014 | 12 | | | 1 | 0.102051 |
| 2 Total of line 1, column (| • | | 2 | | 0.103854 |
| number of years the four | ofor the 5-year base period—divide adation has been in existence if less ncharitable-use assets for 2019 fron | than 5 years . ´. | .0, or by the 3 | | 0.051927 719,266 |
| 5 Multiply line 4 by line 3 | | • | 5 | | 37,349 |
| . , , | ent income (1% of Part I, line 27b) | | 6 | | 120 |
| | | | 7 | | 37,469 |
| | ons from Part XII, line 4 , | | | | 51,100 |
| | eater than line 7, check the box in Pa | | | ng a 1% tax rate. Se | |

| | 990-F1 (2019) | | - 4-20.14 | — • • • • • • • • • • • • • • • • • • • | , | | P | age (|
|------|--|--|------------------------------|--|---------------|----------|----------|-------|
| श्च | | ing Activities for Which | Form 4720 May Be | Required (continued) | <i>)</i> | | | |
| ā | During the year did the foundation p | · | | | | | Yes | No |
| | (1) Carry on propaganda, or otherw | ise attempt to influence legisl | ation (section 4945(e))? | ☐ Yes ि | ✓ No | | | |
| | (2) Influence the outcome of any sp | ecific public election (see sect | tion 4955); or to carry | | | | | |
| | on, directly or indirectly, any vot | er registration drive? | | · · 🗌 Yes 🛭 | ✓ No | | | |
| | (3) Provide a grant to an individual | for travel, study, or other sim | ilar purposes? | ☐ Yes ☐ | ▼ No | | | |
| | (4) Provide a grant to an organization | on other than a charitable, etc | , organization described | | <u> </u> | | | |
| | in section 4945(d)(4)(A)? See in | structions | | · · □ v [| ✓ No | | | |
| | (5) Provide for any purpose other th | an religious, charitable, scien | tific, literary, or | · · L Yes | ⊻ No | | | |
| | educational purposes, or for the | prevention of cruelty to childr | en or animals? | | | | | |
| b | If any answer is "Yes" to $5a(1)-(5)$, | • | | Ceptions described in | ⊻ No | | | |
| | Regulations section 53.4945 or in a | • | | • | | 5b | | |
| | Organizations relying on a current no | | | _ | t | | | |
| _ | If the answer is "Yes" to question 5a | | | | ШΙ | | | |
| | tax because it maintained expenditu | • • • | • | | _ | | | |
| | If "Yes," attach the statement requir | | | ' ' | _ No | | | |
| | • | · - | | | | | | |
| ìа | Did the foundation, during the year, | , , , | | | | | | |
| | a personal benefit contract? | | | ⊔ Yes D | ✓ No | | | |
| b | Did the foundation, during the year, | pay premiums, directly or ind | lirectly, on a personal be | nefit contract? | | 6b | | No |
| | If "Yes" to 6b, file Form 8870. | | | | | | | |
| 'a | At any time during the tax year, was | the foundation a party to a p | prohibited tax shelter tra | nsaction? Yes | ✓ No | | | |
| b | If "Yes", did the foundation receive a | any proceeds or have any net | income attributable to the | | | 7b | | |
| 3 | Is the foundation subject to the sect | ion 4960 tax on payment(s) o | of more than \$1,000,000 | in remuneration or | | | | |
| | excess parachute payment during th | e year? | | · · 🗌 Yes | √ N° [| | | |
| | Information About O | fficers, Directors, Trust | tees. Foundation Ma | | | ees. | | |
| Pai | t VIII and Contractors | , 2, | , | | , | ,, | | |
| 1 | List all officers, directors, trustee | s. foundation managers ar | nd their compensation | See instructions | | | | |
| | List an officers, an ectors, trustee | (b) Title, and average | (c) Compensation (If | (d) Contributions to | 1,, | _ | | |
| | (a) Name and address | hours per week | not paid, enter | employee benefit plans a | | | ise acci | |
| | | devoted to position | -0-) | deferred compensation | י ו | iller ai | lowanic | .63 |
| ee A | Additional Data Table | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 2 | Compensation of five highest-pai | d employees (other than t | l hose included on line : | l—see instructions). If ⊢ | none, er | ter "l | NONE. | 71 |
| | , , , | | | (d) Contributions to | 1 | | | |
| a) | Name and address of each employee _l | paid (b) Title, and average hours per week | (c) Compensation | employee benefit | | | se acco | |
| | more than \$50,000 | devoted to position | (c) compensation | plans and deferred | otl | ner all | owance | es |
| | | | | compensation | | | | |
| ONI | <u> </u> | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | \perp | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| nt2 | I number of other employees paid ove | r \$50 000. | | | | | | |
| Jid | Hamber of other employees paid over | | | | Farr | ~ QQ(| 0-PF (| 2010 |
| | | | | | LOL | □ プラし | 5-PF (| Z019 |

| Form 990-PF (2019) | | Page 7 |
|--|---------------------------------------|---------------------------|
| Part VIII Information About Officers, Directors, Trustees, and Contractors (continued) | Foundation Managers, Highly Pa | aid Employees, |
| 3 Five highest-paid independent contractors for professional servic | 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 | | • 0 |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include rele organizations and other beneficiaries served, conferences convened, research papers produ | | r of Expenses |
| 1 | | |
| 2 | | |
| | | |
| 3 | | |
| | | |
| 4 | | |
| Part IX-B Summary of Program-Related Investments (see i | nstructions) | |
| Describe the two largest program-related investments made by the foundation during the | <u> </u> | Amount |
| 1 | , | |
| | | |
| 2 | | |
| All other program-related investments. See instructions. | | |
| 3 | | |
| Total. Add lines 1 through 3 | | • o |
| Total Add Mico Landagn 5 | | Form 990-PF (2019) |

2a |

2b

35.963

120

35,843

35.843

35.843

51,100

51,100

50.980

Form 990-PF (2019)

120

2c

3

4

5

6

7

1a

1b

2

За 3h

4

5

Distributable amount before adjustments. Subtract line 2c from line 1.

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

income. Enter 1% of Part I, line 27b. See instructions.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Tax on investment income for 2019 from Part VI, line 5.

Income tax for 2019. (This does not include the tax from Part VI.). . .

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

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

Form 990-PF (2019)

1

2a

3

4 5

6

1

2

3

4

5

b

Part XII

35,843

35,843

Page 9

| Part XIII | U |
|-----------|---|
| | |

| -PF (20 | 019) | | |
|---------|----------------------|------|---------------|
| 4 4 4 4 | Undistributed Income | (see | instructions) |

1 Distributable amount for 2019 from Part XI, line 7

f Total of lines 3a through e.

d Applied to 2019 distributable amount. e Remaining amount distributed out of corpus

same amount must be shown in column (a).)

5 Excess distributions carryover applied to 2019. (If an amount appears in column (d), the

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5

6 Enter the net total of each column as

b Prior years' undistributed income. Subtract c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. **d** Subtract line 6c from line 6b. Taxable amount —see instructions e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 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) 8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2020.

10 Analysis of line 9: a Excess from 2015. . . **b** Excess from 2016. .

c Excess from 2017. . . . d Excess from 2018. . . e Excess from 2019. .

Subtract lines 7 and 8 from line 6a

indicated below:

4 Qualifying distributions for 2019 from Part XII, line 4: ▶ \$ a Applied to 2018, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

| -PF | (20 | 19) | |
|-----|-----|-----|--|
| | | | |

a From 2014. **b** From 2015. . . . c From 2016. . **d** From 2017. . . .

e From 2018.

| Form 990-PF (20 | 019) |
|-----------------|-------|
| Part XIII | Undis |

2 Undistributed income, if any, as of the end of 2019: a Enter amount for 2018 only. Excess distributions carryover, if any, to 2019:

21.413

21.413

15.257

(a)

Corpus

21.413

15.257

36,670

36,670

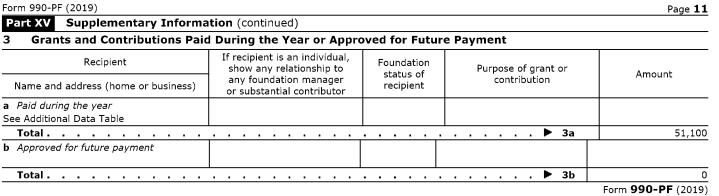
(b)

Years prior to 2018

(c)

2018

- - **b** The form in which applications should be submitted and information and materials they should include:
 - c Any submission deadlines:
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:



| a ELACSTONE GROUP a ELACSTONE GROUP b | Enter gross | s amounts unless otherwise indicated. | Unrelated b | usiness income | Excluded by section | 512, 513, or 514 | (e) Related or exempt |
|--|------------------|---|------------------|---------------------|-----------------------|------------------|--|
| b c c d d d d d d d d d d d d d d d d d | 1 Progran | n service revenue: | | | | | function income (See instructions.) |
| c d d d d d d d d d d d d d d d d d d d | a <u>BLA</u> | CKSTONE GROUP | | | 01 | 1 | |
| d | b | | | | | | |
| g Fees and contracts from government agencies 2 Membership dues and assessments | с | | | | | | |
| g Fees and contracts from government agencies Membership dues and assessments | d | | | | | | |
| g Fees and contracts from government agencies 2 Membership dues and assessments | е | | | | | | |
| g Fees and contracts from government agencies 2 Membership dues and assessments | f | | | | | | |
| 2 Membership dues and assessments | | | | | | | |
| 3 Interest on savings and temporary cash investments | | | | | | | |
| 4 Dividends and interest from securities | 3 Interes | st on savings and temporary cash | | | 14 | 163 | |
| 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 | 4 Divide | | | | | | |
| a Debt-financed property | | | | | | 22,015 | |
| b Not debt-financed property | | | | | | | |
| 6 Net rental income or (loss) from personal property 7 Other investment income | | | | | | | |
| 7 Other investment income | | | | | | | |
| 8 Gain or (loss) from sales of assets other than inventory | | | | | 14 | 320 | |
| inventory | | | | | 14 | 320 | |
| 9 Net income or (loss) from special events: 10 Gross profit or (loss) from sales of inventory 11 Other revenue: a b c d e 12 Subtotal. Add columns (b), (d), and (e). 13 Total. Add line 12, columns (b), (d), and (e). 15 Substal. Add line 12, columns (b), (d), and (e). 16 Substal. Add line 12, columns (b), (d), and (e). 17 Substal. Add line 13 instructions to verify calculations.) 18 Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See | | (, | | | 40 | 2 (20 | |
| 10 Gross profit or (loss) from sales of inventory 11 Other revenue: a b c d e 12 Subtotal. Add columns (b), (d), and (e). 13 Total. Add line 12, columns (b), (d), and (e). 15 Gee worksheet in line 13 instructions to verify calculations.) 16 Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See | | • | | | 10 | -3,030 | |
| b | | | | | | | |
| b c d d d d d d d d d d d d d d d d d d | | | | | | | |
| c | | | | | | | |
| d | | | | | | | |
| e | | | | | | | |
| 12 Subtotal. Add columns (b), (d), and (e). 13 Total. Add line 12, columns (b), (d), and (e). 15 (See worksheet in line 13 instructions to verify calculations.) 16 Part XVI-B 17 Relationship of Activities to the Accomplishment of Exempt Purposes 18 Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See | | | | | | | |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | | | | |
| (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Line No. Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See | | | | | LL | • | |
| Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Line No. Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See | | | | | 13 | 3 | 19,495 |
| Line No. Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See | | | | mont of Evons | nt Durmosos | | |
| | Line No. | Explain below how each activity for which the accomplishment of the foundation's ex | income is report | ed in column (e) of | f Part XVI-A contribu | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | 1 | | | | | |
| | | <u> </u> | | | | | |
| | | | | | | | |

| orm 9 | 90-PF (2 | | | | | | | | | | Pa | ge 13 |
|------------------|----------------|---|------------------|--------------|--------------------|------------------|----------|--------------|-------------------|--------------------------------------|------------|--------------|
| Part | XVII | Information Re Exempt Organia | | ansf | fers To a | nd Transac | tions a | nd Relat | ionships With Nor | ncharitable | | |
| | | anization directly or in- han section 501(c)(3) | | | | | | | | on 501 | Yes | No |
| a Tra | nsfers fr | rom the reporting foun | dation to a no | ncha | ıritable exe | mpt organizat | ion of: | - | | | | |
| (1) Cash | | | | | | | | | | . 1a(1) | | No |
| (2) Other assets | | | | | | | | | | . 1a(2) | | No |
| b Oth | ner trans | actions: | | | | | | | | | | |
| (1) | Sales | of assets to a nonchari | table exempt | orga | nization. | | | | | . 1b(1) | | No |
| (2) |) Purcha | ases of assets from a n | oncharitable e | exem | pt organiz | ation | | | | 1b(2) | | No |
| (3) |) Rental | of facilities, equipmen | nt, or other as | sets. | | | | | | 1b(3) | | No |
| (4) |) Reimb | ursement arrangemen | ts | | | | | | | . 1b(4) | <u> </u> | No |
| (5) | Loans | or loan guarantees. | | | | | | | | . 1b(5) | <u> </u> | No |
| | | nance of services or m | • | | _ | | | | | . 1b(6) | <u> </u> | No |
| | - | facilities, equipment, ner to any of the above | | | | | | | | . 1c | | No |
| | any trans | s, other assets, or services or services or sharing arra (b) Amount involved | ngement, sho | w in | column (d | | the good | ls, other as | | ved. | angemer | nts |
| | | | | | | | - | | | | | |
| | _ | | | | | | - | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | _ | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| des | cribed in | dation directly or indirent section 501(c) (other mplete the following section 501(c) (c) Name of constitutions | than section | | , (c)(3)) or ii | n section 527? | · | | □Ye | | | |
| | | (a) Name of organization | M1 | | () |) Type of organi | Zation | | (c) Description | i or relationship | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Sign | of my which | r penalties of perjury, / knowledge and belief n preparer has any kno | , it is true, co | | | | | | | ased on all info | rmatio | n of |
| Here | | **** | | | | 2020-07-14 | | ***** | | May the IRS or return | liscuss th | nis |
| пеге | - | ignature of officer or t | rustee | | | Date | | Title | | with the prepared below (see instr.) | _ | |
| | 1 | Print/Type preparer's | name | Prepa | arer's Sign | ature | Dat | e | Check if self- | PTIN | | |
| Paid | | JEFFREY D MOSS | | employed ▶ □ | | | P0037 | 1650 | | | | |
| Prep | arer Only | Firm's name ▶ DAW | DA MANN MU | LCAH | HY & SADLE | ER PLC | | | 1 | Firm's EIN ►38 | 3-32353 | 321 |
| | J, | Firm's address ▶ 39 | 533 WOODW | ARD A | AVE SUITE | 200 | | | | | | |
| | | | | | | | | | | Phone no. (24) | 3) 642- | 3700 |
| | | BLOOMFIELD HILLS, MI 48304 | | | | | | | (| 2110 Ho. (240) 042-3700 | | |

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) How acquired (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation 31 SHS ISHARES CORE S&P MID CAP Р 2017-12-21 2019-01-29 161 SHS FIDELITY MSCI INDUSTRIAL INDX Ρ 2017-12-21 2019-08-14 2 SHS AMAZON.COM Р 2017-12-21 2019-10-24 17 SHS APPLE INC Ρ 2014-03-04 2019-10-24 125 SHS ARES CAPITAL CORP Ρ 2018-06-22 2019-10-24 Ρ 72 SHS BLACKSTONE GROUP IN 2014-08-11 2019-10-24 Ρ 21 SHS DOVER CORP 2019-10-24 693 SHS ENERPLUS CORP Р 2019-10-24 520 SHS GLOAL X SUPERDIVIDEND Ρ 2017-03-24 2019-10-24 49 SHS ISHARES CORS MSCI TOTL INTL STK Р 2017-12-21 2019-10-24 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 5.613 5.893 -280 6,060 6,218 -158 3,558 2,352 1,206 4,125 1.290 2,835 2,300 2,095 205 3,759 2,425 1,334 2,163 1,681 482 4,328 15,413 -11,085 8,934 10,823 -1,889 2,904 3,060 -156 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any -280 -158 1,206 2,835 205 1,334 482 -11,085 -1,889-156

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) How acquired (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation 9 SHS ISHARES CORE S&P MID CAP Р 2017-12-21 2019-10-24 8 SHS ISHARES CORE S&P 500 Ρ 2017-12-21 2019-10-24 34 SHS ISHARES TOTAL US STOCK MARKET Р 2017-12-21 2019-10-24 15 SHS NEXTERA ENERGY Ρ 2017-12-21 2019-10-24 14 SHS PROCTOR & GAMBLE Ρ 2017-12-21 2019-10-24 Ρ 43 SHS REAL ESTATE SELECT SCTR 2017-03-24 2019-10-24 Ρ 89 SHS STARWOOD PPTY TRUST 2014-07-31 2019-10-24 Р 2017-12-21 2019-10-24 9 SHS VANGUARD INFORMATION 75 SHS SPDR S&P BIOTECH Ρ 2017-12-21 2019-11-19 521 SHS INVESCO BULLETSHARES Ρ 1974-12-21 2019-12-19 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 1,749 1,711 38 2,413 2,160 253 2,305 2,086 219 3,543 2.311 1,232 1,747 1,288 459 1,717 363 1,354 2,176 2,074 102 1,966 1,505 461 6,548 6,240 308 12,453 12,715 -262 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any 38 253 219 1,232 459 363 102 461 308 -262

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (b) (c) (d) (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) How acquired Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation 1320 SHS ISHARES IBONDS Ρ 2017-12-21 2019-12-19 CAPITAL GAINS DIVIDENDS Ρ Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (a) plus expense of sale (h) (e) plus (f) minus (a)

| | (i) (or allowable) | (g) plus expense of sale | (ii) (c) plus (i) illilius (g) |
|-------------------------------|--------------------------------------|---|--|
| 32,835 | | 32,802 | 33 |
| 662 | | | 662 |
| Form 990PF Part IV - Capital | Gains and Losses for Tax on | Investment Income - Colum | ns i - I |
| Complete only for assets show | ving gain in column (h) and owned b | y the foundation on 12/31/69 | Gains (Col. (h) gain minus |
| (i) F.M.V. as of 12/31/69 | Adjusted basis (j) as of 12/31/69 | Excess of col. (i) (k) over col. (j), if any | col. (k), but not less than -0-) or (I) Losses (from col.(h)) |
| | | | 33 |

662

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, Contributions to hours per week not paid, enter (e) other allowances (b) devoted to position employee benefit plans -0-)

| | | | and deferred compensation | |
|--|---------------------|---|------------------------------|---|
| JASON J DEMERY | PRESIDENT, DIRECTOR | 0 | 0 | 0 |
| 2610 PENDLETON DRIVE BLOOMFIELD HILLS, MI 48304 | 0.00 | | | |

| BLOOMFIELD HILLS, MI 48304 | | | | |
|--|----------|---|---|---|
| THOMAS T DEMERY | DIRECTOR | 0 | 0 | 0 |
| 803 LAKEVIEW DRIVE CROSS JUNCTION, VA 22625 | 0.00 | | | |
| | | | | 1 |

| 625 | 0.00 | | | |
|-----|---------------------|---|---|--|
| | DIRECTOR, SECRETARY | 0 | 0 | |
| | 0.00 | | | |

| CROSS JUNCTION, VA 22625 | | | | |
|-----------------------------------|---------------------|---|---|---|
| CYNTHIA D CROSSON | DIRECTOR, SECRETARY | 0 | 0 | 0 |
| 35292 CURTIS LIVONIA, MI 48152 | 0.00 | | | |
| PATRICK J CROSSON | TREASURER | 0 | 0 | 0 |
| | ┦ 0.00 | | | 1 |

| LIVONIA, MI 48152 | | | | |
|-----------------------------------|-----------|---|---|---|
| PATRICK J CROSSON | TREASURER | 0 | 0 | 0 |
| 35292 CURTIS LIVONIA, MI 48152 | 0.00 | | | |

| PATRICK J CROSSON | TREASURER | 0 | 0 | 0 |
|-----------------------------------|--------------------|---|---|---|
| 35292 CURTIS LIVONIA, MI 48152 | 0.00 | | | |
| JEFFREY D MOSS | ASSITANT SECRETARY | 0 | 0 | 0 |

| 35292 CURTIS LIVONIA, MI 48152 | 0.00 | | | |
|-----------------------------------|--------------------|---|---|---|
| JEFFREY D MOSS | ASSITANT SECRETARY | 0 | 0 | (|

| LIVONIA, MI 48152 | | | | |
|-------------------|--------------------|---|---|--|
| JEFFREY D MOSS | ASSITANT SECRETARY | 0 | 0 | |
| | | | | |

0.00 39533 WOODWARD AVENUE STE 200

BLOOMFIELD HILLS, MI 48304

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

| Name and address (nome or business) | or substantial contributor | | | |
|-------------------------------------|----------------------------|--------|---------------------------|-----|
| a Paid during the year | | | | |
| A21 CAMPAIGNEND SLAVERY NOW | | PUBLIC | GENERAL OPERATING SUPPORT | 500 |

| 1904 HARBOR BLVD 831 COSTA MESA, CA 92627 | CHARITY | SENERALE OF EIGHT OF SOME ON | |
|--|---------|------------------------------|--|
| BOULDER CREST FOUNDATION | PUBLIC | GENERAL OPERATING SUPPORT | |

| BOULDER CREST FOUNDATION PO BOX 117 BLUEMONT, VA 20135 | PUBLIC CHARITY | GENERAL OPERATING SUPPORT | Į. |
|--|-------------------|---------------------------|----|
| | | | |

| PO BOX 117 BLUEMONT, VA 20135 | CHARITY | | |
|---|----------------|---------------------------|--------|
| CHALDEAN AMERICAN LADIES CHARITY 2033 AUSTIN DR TROY MI 48083 | PUBLIC CHARITY | GENERAL OPERATING SUPPORT | 10,000 |

500

| DEGEMONT, VA 20133 | | | |
|--|-------------------|---------------------------|--------|
| CHALDEAN AMERICAN LADIES CHARITY 2033 AUSTIN DR TROY, MI 48083 | PUBLIC CHARITY | GENERAL OPERATING SUPPORT | 10,000 |
| | | | |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year

| HEIFER INTERNATIONAL | DUDI TC | CENERAL OPERATING CURRORT | |
|---|---------|---------------------------|-------|
| DETROIT 2560 CROOKS ROAD TROY, MI 48084 | CHARITY | | |
| GREEK ORTHODOX METROPOLIS OF | PUBLIC | GENERAL OPERATING SUPPORT | 2,000 |
| <i>3</i> , | | | |

| TROY, MI 48084 | | | |
|---|-------------------|---------------------------|-------|
| HEIFER INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK, AR 72202 | PUBLIC CHARITY | GENERAL OPERATING SUPPORT | 600 |
| HELLENIC COLLEGE HOLY CROSS 50 GODDARD AVE | PUBLIC CHARITY | GENERAL OPERATING SUPPORT | 1,000 |

| 1 WORLD AVENUE LITTLE ROCK, AR 72202 | CHARITY | GENERAL OPERATING SUPPORT | 800 |
|--|-------------------|---------------------------|-------|
| HELLENIC COLLEGE HOLY CROSS 50 GODDARD AVE BROOKLINE, MA 02445 | PUBLIC CHARITY | GENERAL OPERATING SUPPORT | 1,000 |

| 50 GODDARD AVE BROOKLINE, MA 02445 | CHARITY | GENERAL OFERATING SOFFORT | 1,000 |
|---|---------|---------------------------|-------|
| HELLENIC COLLEGE HOLY CROSS 50 GODDARD AVE | | GENERAL OPERATING SUPPORT | 1,000 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business)

| <u> </u> | or substantial contributor | | | |
|------------------------|----------------------------|--------|---------------------------|-------|
| a Paid during the year | | | | |
| JAGO726 7TH STREET SE | | PUBLIC | GENERAL OPERATING SUPPORT | 5,000 |

| WASHINGTON, DC 20003 | CHARITY | | |
|--|-------------------|---------------------------|--|
| JOINT AID MANAGEMENT 726 7TH STREET SE | PUBLIC CHARITY | GENERAL OPERATING SUPPORT | |

Total .

| JOINT AID MANAGEMENT 726 7TH STREET SE WASHINGTON, DC 20003 | PUBLIC CHARITY | GENERAL OPERATING SUPPORT | 1,500 |
|---|-------------------|---------------------------|-------|
| KIDS ALIVE INT'LPO BOX 2117 | PUBLIC | GENERAL OPERATING SUPPORT | 1,000 |

| WASHINGTON, DC 20003 | | | |
|-----------------------------|-------------------|---------------------------|-------|
| KIDS ALIVE INT'LPO BOX 2117 | PUBLIC CHARITY | GENERAL OPERATING SUPPORT | 1,000 |

| WASHINGTON, DC 20005 | | | |
|---|-------------------|---------------------------|-------|
| KIDS ALIVE INT'LPO BOX 2117 VALPARAISO, IN 46384 | PUBLIC CHARITY | GENERAL OPERATING SUPPORT | 1,000 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

recipient

▶ 3a

51,100

any foundation manager

or substantial contributor

Name and address (home or business)

Total .

| a Paid during the year | | | |
|--|-------------------|--|-------|
| MAP INTERATIONAL 4700 GLYNCO PARKWAY BRUNSWICK, GA 31525 | PUBLIC CHARITY | GENERAL OPERATING SUPPORTGENERAL OPERATING SUPPORT | 3,000 |
| | | | |

| METROPOLIS PHILOPTOCHOS SOCIETY 215 EAT GROVE STREET WESTFIELD, NJ 07090 | PUBLIC CHARITY | GENERAL OPERATING SUPPORT | 1,500 |
|--|-------------------|---------------------------|-------|
| MICHICAN HUMANE SOCIETY | DUBLIC | CENERAL OPERATING SUPPORT | 1 000 |

| 215 EAT GROVE STREET WESTFIELD, NJ 07090 | CHARITY | | |
|---|-------------------|---------------------------|-------|
| MICHIGAN HUMANE SOCIETY 30300 TELEGRAPH RD STE 220 | PUBLIC CHARITY | GENERAL OPERATING SUPPORT | 1,000 |

| WESTFIELD, NJ 07090 | | | |
|--|-------------------|---------------------------|-------|
| MICHIGAN HUMANE SOCIETY 30300 TELEGRAPH RD STE 220 BINGHAM, MI 48025 | PUBLIC CHARITY | GENERAL OPERATING SUPPORT | 1,000 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business)

or substantial contributor

| a Paid during the year | | | |
|---|-------------------|---------------------------|-------|
| MR HOLLAND'S OPUS FOUNDATION 4370 TUJUNGA AVE STE 330 STUDIO CITY CA. 01604 | PUBLIC CHARITY | GENERAL OPERATING SUPPORT | 1,000 |

| STUDIO CITY, CA 91604 | | | |
|---|-------------------|---------------------------|-------|
| NAVY SEALS1619 D STREET VIRGINIA BEACH, VA 23459 | PUBLIC CHARITY | GENERAL OPERATING SUPPORT | 3,000 |
| ORTHODOX CHRISTIAN MISSION | PUBLIC | GENERAL OPERATING SUPPORT | 3,500 |

| VIRGINIA BEACH, VA 23459 | | CHARITY | SENERALE OF ENVITANCE SOFT ON | 3,000 |
|---|---|-------------------|-------------------------------|-------|
| ORTHODOX CHRISTIAN MISSION CENTER 220 MASON MANATEE WAY | 1 | PUBLIC CHARITY | GENERAL OPERATING SUPPORT | 3,500 |

| VINGINIA BEACH, VA 25455 | CHARTT | | |
|--|-------------------|---------------------------|--------|
| ORTHODOX CHRISTIAN MISSION CENTER 220 MASON MANATEE WAY ST AGUSTINE, FL 42086 | PUBLIC CHARITY | GENERAL OPERATING SUPPORT | 3,500 |
| Total | | ▶ 3a | 51,100 |

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

Name and address (home or business)

Total .

| , | or substantial contributor | | | |
|------------------------|----------------------------|--------|---------------------------|-----|
| a Paid during the year | | | | |
| PETCO FOUNDATION | | PUBLIC | GENERAL OPERATING SUPPORT | 2,0 |

| SAN GABRIEL, CA 91775 | CHARITY | | |
|---|-------------------|---------------------------|--|
| PLAN INTERNATIONAL155 PLAN WAY WARWICK, RI 02886 | PUBLIC CHARITY | GENERAL OPERATING SUPPORT | |

| PLAN INTERNATIONAL155 PLAN WAY WARWICK, RI 02886 | PUBLIC CHARITY | GENERAL OPERATING SUPPORT | |
|---|-------------------|---------------------------|--|
| JENNGA COMMUNITY DEVELOPMENT | PUBLIC | GENERAL OPERATING SUPPORT | |

| | WARWICK, RI 02000 | CHARITI | | |
|---|--|-------------------|---------------------------|-----|
| | JENNGA COMMUNITY DEVELOPMENT OUTREACH | PUBLIC CHARITY | GENERAL OPERATING SUPPORT | 500 |
| 1 | 11805 BRINLEY AVE | | | |

| | PUBLIC CHARITY | GENERAL OPERATING SUPPORT | 500 |
|--|-------------------|---------------------------|-----|
|--|-------------------|---------------------------|-----|

500

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

| a Paid during the year | | | | |
|--------------------------------|--------|---------|---------------------------|-------|
| a Faid during the year | | | | |
| THE TREVOR PROJECTPO BOX 69232 | | PUBLIC | GENERAL OPERATING SUPPORT | 1,500 |
| WEST HOLLYWOOOD, CA 90069 | - | CHARITY | | |

| | | | _ |
|---|-------------------|---------------------------|---|
| END ON THE MOVE3574 OAKLEAF ETROIT, MI 48324 | PUBLIC CHARITY | GENERAL OPERATING SUPPORT | |
| DISTEN HACLUND FOUNDATION | DUBLIC | CENERAL OBERATING SUBBORT | Τ |

or substantial contributor

| MEND ON THE MOVE3574 OAKLEAF DETROIT, MI 48324 | | PUBLIC CHARITY | GENERAL OPERATING SUPPORT | 1,000 |
|---|-----|-------------------|---------------------------|-------|
| KRISTEN HAGLUND FOUNDATION PO BOX 2701 | l l | PUBLIC CHARITY | GENERAL OPERATING SUPPORT | 1,500 |

| DETROIT, THE TOSET | CID (IXI) | | |
|---|-------------------|---------------------------|-----|
| KRISTEN HAGLUND FOUNDATION PO BOX 2701 FARMINGTON HILLS, MI 48333 | PUBLIC CHARITY | GENERAL OPERATING SUPPORT | 1,5 |

| KRISTEN HAGLUND FOUNDATION PO BOX 2701 PARMINGTON HILLS, MI 48333 | PUBLIC CHARITY | GENERAL OPERATING SUPPORT | 1,500 |
|---|-------------------|---------------------------|--------|
| Total | | ▶ 3a | 51,100 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year

Total .

| a raid during the year | | | |
|---|-------------------|---------------------------|-------|
| WILDER FOUNDATION CHAMPION CLUB 451 LEXINGTON PARKWAY ST PAUL, MN 55104 | PUBLIC CHARITY | GENERAL OPERATING SUPPORT | 2,000 |
| JESTIS ALTVE MINISTRIES | PUBLIC | GENERAL OPERATING SUPPORT | 5 000 |

| 51 PAUL, MN 55104 | | | |
|---|-------------------|---------------------------|------|
| JESUS ALIVE MINISTRIES 50 S BRAND ST WAYNESBORO, PA 17268 | PUBLIC CHARITY | GENERAL OPERATING SUPPORT | 5,00 |
| | | | |

| 50 S BRAND ST WAYNESBORO, PA 17268 | CHARITY | GENERAL OPERATING SUPPORT | 3,000 |
|---------------------------------------|---------|---------------------------|-------|
| FRANKLIN CEMETERY26298 FRANKLIN | PUBLIC | GENERAL OPERATING SUPPORT | 500 |

▶ 3a

| WAYNESBORO, PA 17268 | | | |
|---|-------------------|---------------------------|-----|
| FRANKLIN CEMETERY26298 FRANKLIN FRANKLIN, MI 48025 | PUBLIC CHARITY | GENERAL OPERATING SUPPORT | 500 |

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

recipient

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

any foundation manager

Name and address (home or business)

| | | | | |
|---------------|--------------------------|----------------------------|------|--|
| a Paid during | the year | | | |
| Name and add | uress (nome or business) | or substantial contributor | | |

| NATIONAL ASSOCATION OF MENTAL | PUBLIC | GENERAL OPERATING SUPPORT | 1 |
|-------------------------------|---------|---------------------------|---|
| ILLNESS | CHARITY | | |
| 401 WASHINGTON | | | |
| LANSING MI 48933 | I | | |

| Total | | | ▶ 3a | 51,100 |
|-------------------------------------|---|---------|---------------------------|--------|
| 401 WASHINGTON LANSING, MI 48933 | l | | | |
| ILLNESS | 1 | CHARITY | | |
| NATIONAL ASSOCATION OF MENTAL | | POBLIC | GENERAL OPERATING SUPPORT | 1,500 |

| Data - DLN: 93491196011620 |
|----------------------------|
| _ |
| ule ule |

28,093

74,787

31,499

41,738

Name: DEMERY FAMILY FOUNDATION INC

EIN: 46-5565274

CHARLES SCHWAB-MUTUAL FDS

CHARLES SCHWAB-OTHER ASSETS

| Investments Other Schedule 2 | | | | |
|------------------------------|-----------------------|------------|----------------------------------|--|
| Category/ Item | Listed at Cost or FMV | Book Value | End of Year Fair Market Value | |

| Category/ Item | Listed at Cost or FMV | Book Value | End of Year Fair Market Value | |
|------------------------------------|-----------------------|------------|----------------------------------|--|
| CHARLES SCHWAB-EQUITIES | AT COST | 169,876 | 206,571 | |
| CHARLES SCHWAB-EXCHANGE TRADED FDS | AT COST | 367,420 | 381,763 | |

AT COST

AT COST

| efile GRAPHIC print - DO NOT PROCESS | | | | | | | |
|---|-----------------------------------|-----------------|------|---|--|--|--|
| TY 2019 Legal Fees Schedule | | | | | | | |
| _ | | | | | | | |
| | me: DEMERY FAN EIN: 46-5565274 | MILY FOUNDATION | IINC | | | | |
| Category Amount Net Investment Adjusted Net Disbursements Income Income For Charitable Purposes | | | | | | | |
| DAWDA MANN MULCAHY & SADLER | 3,880 | 3,880 | | 0 | | | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN: | 93491196011620 | | | |
|--------------------------------------|--------------------------------------|--------------------------|------------------------|---|--|--|--|
| TY 2019 Other Expenses Schedule | | | | | | | |
| | | | | | | | |
| Name: | Name: DEMERY FAMILY FOUNDATION INC | | | | | | |
| EIN: | EIN: 46-5565274 | | | | | | |
| Other Expenses Schedule | | | | | | | |
| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | | | |

7,231

7,231

CHARLES SCHWAB FEES

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491196011620 |
|--------------------------------------|-----------------|---------------------|
| TY 2019 Other Income Schedule | _ | |

Name: DEMERY FAMILY FOUNDATION INC

EIN: 46-5565274

| 0.1 | T | | _ | <u> </u> | _ | |
|-----|--------------|------|---|----------|---|--|

| Other Income Schedule | | | | | | |
|-----------------------|-----------------------------------|--------------------------|---------------------|--|--|--|
| Description | Revenue And Expenses Per Books | Net Investment Income | Adjusted Net Income | | | |
| CHARLES SCHWAB | 319 | 319 | 319 | | | |
| THE BLACKSTONE GROUP | 1 | 1 | 1 | | | |
| BLACKSTONE GROUP | 1 | 1 | 1 | | | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN: 93491196011620 | | |
|--------------------------------------|-----------------|-------------------|---------------------|--|--|
| TY 2019 Other Increases Schedule | | | | | |
| | | | | | |
| Name: | DEMERY FAMI | LY FOUNDATION INC | | | |
| EIN: | 46-5565274 | | | | |
| | | - | | | |
| De | escription | | Amount | | |
| PAID/ADJUSTED IN 2020 FOR 2019 PER | • | | Amount 1,318 | | |
| | 1099 | ON 1099 | | | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data | -1 | DLN: 93491196011620 | | | | |
|--------------------------------------|---------------|--------------------------|------------------------|---|--|--|--|
| TY 2019 Taxes Schedule | | | | | | | |
| | | | | | | | |
| Name: DEMERY FAMILY FOUNDATION INC | | | | | | | |
| EIN: 46-5565274 | | | | | | | |
| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | | | |
| FOREIGN TAX | 250 | 0 | | 0 | | | |
| EXCISE TAX | 25 | 0 | | 0 | | | |
| ESTIMATED TAX PAYMENT | 240 | 0 | | 0 | | | |

| efile GRAPHIC print - DC | NOT PROCESS As Filed Data - | | | DLN: 93491196011620 | | |
|---|---|--|---|---|--|--|
| Schedule B | Schedule | of Contributors | | OMB No. 1545-0047 | | |
| (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service | ► Attach to Form 990, 990-EZ, or 990-PF. Sury ► Go to <u>www.irs.gov/Form990</u> for the latest information. | | | | | |
| Name of the organization DEMERY FAMILY FOUNDAT | ON INC | | Employer | identification number | | |
| Organization type (chec | (one): | | 46-5565274 | 4 | | |
| Filers of: | Section: | | | | | |
| r liers or. | Geodon. | | | | | |
| Form 990 or 990-EZ 501(c)() (enter number) organization | | | | | | |
| | 4947(a)(1) nonexempt charital | ble trust not treated as a pri | vate foundation | | | |
| | ☐ 527 political organization | | | | | |
| Form 990-PF | 501(c)(3) exempt private found | dation | | | | |
| 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | | |
| | ☐ 501(c)(3) taxable private foundation | | | | | |
| | on filing Form 990, 990-EZ, or 990-PF roperty) from any one contributor. Com | | | | | |
| Special Rules | | | | | | |
| under sections 50 received from any | n described in section 501(c)(3) filing Fa (a)(1) and 170(b)(1)(A)(vi), that checked one contributor, during the year, total c 1h, or (ii) Form 990-EZ, line 1. Comple | ed Schedule A (Form 990 or contributions of the greater o | r 990-EZ), Part II, line 13 | 3, 16a, or 16b, and that | | |
| during the year, to | n described in section 501(c)(7), (8), or tal contributions of more than \$1,000 ex e prevention of cruelty to children or an | x <i>clusively</i> for religious, char | itable, scientific, literary, | | | |
| during the year, co If this box is check purpose. Don't co | n described in section 501(c)(7), (8), or ontributions <i>exclusively</i> for religious, cha ed, enter here the total contributions the nplete any of the parts unless the Gene e, etc., contributions totaling \$5,000 or | aritable, etc., purposes, but at were received during the eral Rule applies to this org | no such contributions to year for an <i>exclusively</i> r anization because it rece | taled more than \$1,000. religious, charitable, etc., eived <i>nonexclusively</i> | | |
| 990-EZ, or 990-PF), but it | that isn't covered by the General Rule a must answer "No" on Part IV, line 2, of t I, line 2, to certify that it doesn't meet | fits Form 990; or check the | box on line H of its Form | orm 990, n 990-EZ | | |
| For Paperwork Reduction Action Form 990, 990-EZ, or 990- | | Cat. No. 30613X | Schedule B (Form 99 | 0, 990-EZ, or 990-PF) (2019) | | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Page 2 Name of organization Employer identification number DEMERY FAMILY FOUNDATION INC 46-5565274 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Contributors (a) (b) (c) (d) **Total contributions** No. Type of contribution Name, address, and ZIP + 4 THOMAS D DEMERY CRUT 12799 Person 39533 WOODWARD AVENUE SUITE 200 Payroll \$ 5,300 Noncash BLOOMFIELD HILLS, MI 48304 (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. Person **Payroll** \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll**

Noncash

(Complete Part II for noncash

\$

| Schedule | B (Form 990, 990-EZ, or 990-PF) (2019) | | | Page 4 |
|---------------------------|---|---|--|---|
| | rganization AMILY FOUNDATION INC | | | mployer identification number 6-5565274 |
| Part III | than \$1,000 for the year from any one cont | ibutor. Complete colutotal of exclusively reinstructions.) ▶ \$ | ons described i mns (a) throug ligious, charital | n section 501(c)(7), (8), or (10) that total more |
| (a) No. from Part I | n (b) Purpose of gift (c) Use of gift | | of gift | (d) Description of how gift is held |
| | Transferee's name, address, and z | (e) Transf | • | onship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held |
| | Transferee's name, address, and z | (e) Transf | | onship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held |
| | Transferee's name, address, and z | (e) Transf | | onship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held |
| | Transferee's name, address, and 2 | (e) Transf | | onship of transferor to transferee |
| | | | Sch | nedule B (Form 990, 990-EZ, or 990-PF) (2019) |