

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2018

Department of the Treasury Internal Revenue Service

For calendar year 2018 or other tax year beginning and ending Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

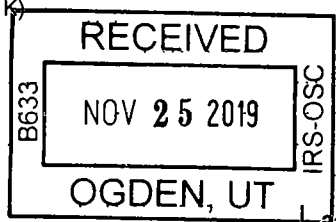
Header section containing: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year 501,434,911; D Employer identification number 38-1437485; E Unrelated business activity code 453220, 900099; F Group exemption number; G Check organization type 501(c) corporation.

H Enter the number of the organization's unrelated trades or businesses 2 Describe the only (or first) unrelated trade or business here GIFT SHOP SALES; I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

J The books are in care of TINA HOP Telephone number 989-631-3699

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales (223,668), Less returns and allowances, Cost of goods sold, Gross profit (121,850), and Total (121,850).

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, directors, and trustees (51,247), Repairs and maintenance, Bad debts, Interest, Taxes and licenses, Depreciation (4,813), and Total deductions (162,051). Unrelated business taxable income before net operating loss deduction is -40,201.



SEE STATEMENT 1

SCANNED FEB 03 2020

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**Part III Total Unrelated Business Taxable income**

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	2,420
34	Amounts paid for disallowed fringes	34	
35	Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	2,420
36	Total of unrelated business taxable income before specific deduction Subtract line 35 from the sum of lines 33 and 34	36	0
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	0

**Part IV Tax Computation**

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0

**Part V Tax and Payments**

45a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800 (see instructions)	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8868 <input type="checkbox"/> Other (att sch)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	0
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 2	49	
50a	Payments. A 2017 overpayment credited to 2018	50a	
b	2018 estimated tax payments	50b	
c	Tax deposited with Form 8868	50c	
d	Foreign organizations. Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g	
51	Total payments. Add lines 50a through 50g	51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	0
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	
55	Enter the amount of line 54 you want credited to 2019 estimated tax. Refunded	55	

**Part VI Statements Regarding Certain Activities and Other Information (see instructions)**

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "YES," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "YES," enter the name of the foreign country here	Yes	No
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "YES," see instructions for other forms the organization may have to file		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year		X

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here** *Jenice Velazquez* | 11/14/19 | **EXECUTIVE DIRECTOR**

Signature of officer | Date | Title

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**

Print/Type preparer's name: **KELLIE M. BOS** | Preparer's signature: *Kellie M. Bos* | Date: **11/14/19** | Check  if self-employed | PTIN: **P00448161**

Firm's name: **ANDREWS HOOPER PAVLIK PLC** | Firm's EIN: **38-3133790**

Firm's address: **5915 EASTMAN AVE STE 100 MIDLAND, MI 48640-6824** | Phone no: **989-835-7721**

**Schedule A – Cost of Goods Sold.** Enter method of inventory valuation ► **COST METHOD**

<b>1</b> Inventory at beginning of year	<b>1</b>	26,547	<b>6</b> Inventory at end of year	<b>6</b>	52,889
<b>2</b> Purchases	<b>2</b>	128,160	<b>7</b> Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	<b>7</b>	101,818
<b>3</b> Cost of labor	<b>3</b>				
<b>4a</b> Additional sec 263A costs (attach schedule)	<b>4a</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	<b>Yes</b>	<b>No</b>
<b>b</b> Other costs (attach schedule)	<b>4b</b>				<input checked="" type="checkbox"/>
<b>5</b> Total. Add lines 1 through 4b	<b>5</b>	154,707			

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)**  
(see instructions)

<b>1</b> Description of property		
(1) <b>N/A</b>		
(2)		
(3)		
(4)		
<b>2</b> Rent received or accrued		
<b>(a)</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	<b>(b)</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	<b>3(a)</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
<b>Total</b>		<b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) ►
<b>(c) Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►		

**Schedule E – Unrelated Debt-Financed Income** (see instructions)

<b>1</b> Description of debt-financed property		<b>2</b> Gross income from or allocable to debt-financed property	<b>3</b> Deductions directly connected with or allocable to debt-financed property	
			<b>(a)</b> Straight line depreciation (attach schedule)	<b>(b)</b> Other deductions (attach schedule)
(1) <b>N/A</b>				
(2)				
(3)				
(4)				
<b>4</b> Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	<b>5</b> Average adjusted basis of or allocable to debt-financed property (attach schedule)	<b>6</b> Column 4 divided by column 5	<b>7</b> Gross income reportable (column 2 x column 6)	<b>8</b> Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b>			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
<b>Total dividends-received deductions</b> included in column 8				

**Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1) <b>N/A</b>					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)

**Totals** ▶

**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1) <b>N/A</b>				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)

**Totals** ▶

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26

**Totals** ▶

**Schedule J – Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) <b>N/A</b>						
(2)						
(3)						
(4)						

**Totals (carry to Part II, line (5))** ▶

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> ▶						
<b>Totals, Part II (lines 1-5)</b> ▶	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27

**Schedule K – Compensation of Officers, Directors, and Trustees** (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1) <b>N/A</b>		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 ▶			

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income for  
Unrelated Trade or Business**

OMB No 1545-0687

**2018**

Department of the Treasury  
Internal Revenue Service

For calendar year 2018 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_  
Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information

Open to Public Inspection for 501(c)(3) Organizations Only

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Name of the organization

Employer identification number

**THE HERBERT H. & GRACE A. DOW**

**38-1437485**

Unrelated business activity code (see instructions) **900099**

Describe the unrelated trade or business **INVESTMENT UBI**

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1a</b>	Gross receipts or sales			
<b>b</b>	Less returns and allowances			
	<b>c Balance</b>	<b>1c</b>		
<b>2</b>	Cost of goods sold (Schedule A line 7)	<b>2</b>		
<b>3</b>	Gross profit Subtract line 2 from line 1c	<b>3</b>		
<b>4a</b>	Capital gain net income (attach Schedule D)	<b>4a</b>		
<b>b</b>	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b>	Capital loss deduction for trusts	<b>4c</b>		
<b>5</b>	Income (loss) from partnership and S corporation (attach statement) <b>SEE STMT 1</b>	<b>5</b>	<b>2,420</b>	<b>2,420</b>
<b>6</b>	Rent income (Schedule C)	<b>6</b>		
<b>7</b>	Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	<b>8</b>		
<b>9</b>	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b>	Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b>	Advertising income (Schedule J)	<b>11</b>		
<b>12</b>	Other income (See instructions, attach schedule)	<b>12</b>		
<b>13</b>	<b>Total.</b> Combine lines 3 through 12	<b>13</b>	<b>2,420</b>	<b>2,420</b>

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income)

<b>14</b>	Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>		
<b>15</b>	Salaries and wages	<b>15</b>		
<b>16</b>	Repairs and maintenance	<b>16</b>		
<b>17</b>	Bad debts	<b>17</b>		
<b>18</b>	Interest (attach schedule) (see instructions)	<b>18</b>		
<b>19</b>	Taxes and licenses	<b>19</b>		
<b>20</b>	Charitable contributions (See instructions for limitation rules)	<b>20</b>		
<b>21</b>	Depreciation (reported on Form 4562)	<b>21</b>		
<b>22</b>	Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>		<b>22b</b> 0
<b>23</b>	Depletion	<b>23</b>		
<b>24</b>	Contributions to deferred compensation plans	<b>24</b>		
<b>25</b>	Employee benefit programs	<b>25</b>		
<b>26</b>	Excess exempt expenses (Schedule I)	<b>26</b>		
<b>27</b>	Excess readership costs (Schedule J)	<b>27</b>		
<b>28</b>	Other deductions (attach schedule)	<b>28</b>		
<b>29</b>	<b>Total deductions.</b> Add lines 14 through 28	<b>29</b>		
<b>30</b>	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	<b>30</b>		<b>2,420</b>
<b>31</b>	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>31</b>		
<b>32</b>	Unrelated business taxable income Subtract line 31 from line 30	<b>32</b>		<b>2,420</b>

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

Name **THE HERBERT H. & GRACE A. DOW** | Taxpayer Identification Number **38-1437485**

Unincorporated Business Income Tax Code **453220** | Activity **GIFT, NOVELTY, AND SOUVENIR STOR**

**Schedule A – Cost of Goods Sold.**

1	Inventory at beginning of year	1	26,547	5	Inventory at end of year	5	52,889
2	Purchases and Other Costs	2	128,160	6	Cost of goods sold. Subtract Line 5 from	6	101,818
3	Sec 263A Costs	3		Line 4, show the amount here and on Line 2 of Sch M or 990T			
4	Total. Add lines 1 through 3	4	154,707				

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)**

1 Description of property	2a Income 10% to 50%	2b Income over 50%	3 Expense
(1)			
(2)			
(3) Total of Schedule C items for this activity. Enter Col 2 on Line 6A and Col 3 on Line 6B			

**Schedule E – Unrelated Debt-Financed Income (see instructions)**

1 Description of debt-financed property	2 Gross Income/Expense amounts	3 Debt Ratio	4 Gross income reportable (column 2 x Ratio)	5 Allocable deductions (column 3 x Ratio)
(1)	income	%		
	expense			
(2)	income	%		
	expense			
(3) Total of Schedule E items for this activity. Enter Col 4 on Line 7A and Col 5 on Line 7B				

**Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)**

1 Name of Controlled Organization	2 EIN	3 Exempt/Nonexempt Controlled Organization	4 Income	5 Expenses
(1)				
(2)				
(3) Total of Schedule F items for this activity (combining Exempt and NonExempt). Enter Col 4 on Line 8A and Col 5 on Line 8B				

**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)**

1 Description of property	2 Income	3 Deductions	4 Set-Asides	5 Deduction & Set-Aside Total
(1)				
(2)				
(3) Total for Schedule G activities- use on line 9 column (A) and (B)				

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)**

1 Description	2 Gross Income	3 Related Expense	4 Net Income	5 Non-UBIT income	6 Non-UBIT expense	7 Excess expense
(1)						
(2)						
Totals for Schedule I - use on line 10 col (A) and (B)						

**Schedule J – Advertising Income (see instructions)**

<b>Consolidated Basis (Part I)</b>						
1 Name of periodical	2 Gross Adv Income	3 Direct costs	4 Advertising gain or (loss) If a gain, compute next 3 columns	5 Circulation income	6 Readership costs	7 Excess readership costs (col 6 - col 5) but not more than col 4
(1)						
(2)						
(3)						
<b>Totals (for Part I)</b>						
<b>Separate Basis (Part II)</b>						
(1)						
(2)						
<b>Totals from Part I</b>						
<b>Totals, Part II (lines 1-5)</b>		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	Enter here and on page 1, Part II, line 27		

Statement 1 - Form 990-T, Part II, Line 28 - Other Deductions

<u>Description</u>	<u>Amount</u>
OCCUPANCY	\$ 42,814
TRAVEL	2,236
POSTAGE, MAILING SERVICE	40
MISCELLANEOUS	883
INFORMATION TECHNOLOGY & SOFTWARE	18,487
MEMBERSHIPS AND SUBSCRIPTIONS	105
CLASSES AND EVENTS	40
BANK FEES	59
SUPPLIES	20,498
OTHER PROFESSIONAL FEES	2,363
PRINTING AND PUBLICATIONS	1,527
TOTAL	<u>\$ 89,052</u>



## Federal Statements

## Investment UBI

Statement 1 - Form 990-T, Schedule M, Line 5 - Income (Loss) from Partnerships or S-Corps

Name of Partnership or S-Corp	Gross Income	Direct Deductions (Part. only)	Net Income
45-3135867 RCP FUND VIII LP	\$ 2,157	\$	\$ 2,157
36-4766444 RCP FUND IX LP	-963		-963
32-0457025 RCP FUND X LP	-4,867		-4,867
35-2491286 RCP DIRECT II LP	30,638		30,638
35-2550581 RCP FUND XI LP	-7,877		-7,877
37-1860110 RCP FUND XII	-12,071		-12,071
01-0709496 OCM RE OPP FD III	-517		-517
62-1570892 GT GLOBAL HEDGE LP	24,404		24,404
62-1451003 GT PARTNERS, L.P.	-34,672		-34,672
37-1884177 RCP DIRECT III	-809		-809
98-1386129 CARYLE PE ACCESS	188		188
90-0852883 RCP SEC. OPP. II	8,210		8,210
61-1855521 RCP SEC. OPP. III	-1,401		-1,401
TOTAL	<u>\$ 2,420</u>	<u>\$ 0</u>	<u>\$ 2,420</u>