efile GRAPHIC print - DO NOT PROCESS As Filed Data -

May the IRS discuss this return with the preparer shown above? (see instructions) $\ \ .$

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990**

Department of the

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047 2019

DLN: 93493318036660

Open to Public

Form **990** (2019)

Cat. No. 11282Y

nterna		ue Service						Inspection		
A F	or the	2019 c	lendar year, or tax year begir	nning 07-01-2019 $$, and ending	06-30-2020					
		plicable:	C Name of organization COMERICA CHARITABLE TRUST			D Employ	er identifi	cation number		
	dress cl	-	00.12.10.0,1 0.1,11.2.1,12.2. 1.1.00.1			65-125	9308			
	me cha tial retu	-	Doing business as			_				
		terminated/				-				
□ An	nended	return		nail is not delivered to street address) Ro	om/suite	E Telephor	ne number			
□ Ар	plication	n pending	PO BOX 75000-3420			(877) 4	105-1091			
			City or town, state or province, cou DETROIT, MI 48275	ntry, and ZIP or foreign postal code						
			DETROIT, FIT 40273			G Gross re	eceipts \$ 57	',086,519		
			F Name and address of principa	al officer:	H(a) Is t	this a group re	turn for			
			RACHEL GULLEDGE PO BOX 75000-3420			oordinates?	_	□Yes 🗹 No		
			DETROIT, MI 48275			e all subordinat luded?	tes	☐ Yes ☐No		
Ta	x-exem	pt status:	☑ 501(c)(3) □ 501(c)() ◄	(insert no.) 4947(a)(1) or 5	l l	No," attach a	list. (see i	instructions)		
W	ebsite	e:► N/A			H(c) Gro	oup exemption	number '	>		
F orr	n of org	ganization:	☐ Corporation ☑ Trust ☐ Asso	ociation 🔲 Other 🕨	L Year of fo	rmation: 2005	M State o	of legal domicile: MI		
Pa	art I	Sumi								
			cribe the organization's mission o /F AND ADMINISTER FUNDS FOR	r most significant activities: DISTRIBUTIONS TO EXEMPT ORGAI	NIZATIONS.					
ני	=	O RECEIV	E / W / W I I W I S / E K I S W I S Y S K	DIGHTED TO EXELL TO CREATE	112/1101101					
Ē	-									
Ę	_					_		-		
GOVERNATION				scontinued its operations or disposed ng body (Part VI, line 1a)			assets. 3			
	1		<u> </u>	f the governing body (Part VI, line 1			4			
Ď.	1			llendar year 2019 (Part V, line 2a)	-		5			
ACUMUES &			nber of volunteers (estimate if ne			•	6			
į	1		•	cessary)			7a			
•	1			, ,,,		•	7a 7b			
	D I	vet unrei	ated business taxable income from	m Form 990-T, line 39	1					
	, ,	O t ! l t	Company of the Compan			Prior Year		Current Year		
₫.	1		• • • • • • •			13,329,		14,595,93		
Ravenue		-	service revenue (Part VIII, line 2g		0					
ą,	1		nt income (Part VIII, column (A),	2,232,		2,590,10				
	1		enue (Part VIII, column (A), lines	15,564,	427	9,95 17,195,99				
				ist equal Part VIII, column (A), line 1	.2)					
	1		d similar amounts paid (Part IX, o	8,803,		8,289,38				
	1		paid to or for members (Part IX, c	, ,,			0			
Expenses	1			enefits (Part IX, column (A), lines 5-	10)		0			
æ	1		nal fundraising fees (Part IX, colu	* **			0			
S	1		aising expenses (Part IX, column (D),		_					
ш			penses (Part IX, column (A), lines	•		725,		726,09		
		-	enses. Add lines 13–17 (must equ			9,528,		9,015,48		
(5	19 F	Revenue	less expenses. Subtract line 18 fr	om line 12	•	6,035,		8,180,51		
Net Assets of Fund Balances					Beginni	ng of Current Y	ear	End of Year		
agar	20 7	Total asse	ets (Part X, line 16)			60,531,	280	67,920,36		
E B			ilities (Part X, line 26)		_	260,		135,76		
	1		s or fund balances. Subtract line		•	60,270,		67,784,59		
	rt II		ature Block			00,270,	302	0,,,01,33		
				ined this return, including accompa	nying schedules a	and statement	s, and to	the best of my		
	_		f, it is true, correct, and complete	. Declaration of preparer (other that	n officer) is base	d on all inform	ation of w	hich preparer has		
iny k	nowled	age.								
		*****				2020-11-10				
Sign	ı	Signatu	ire of officer		[Date				
lere		RACHE	_ GULLEDGE TREASURER/CFO							
			print name and title							
		Pi	rint/Type preparer's name	Preparer's signature	Date		PTIN			
Paid	d					self-employed	P00053811			
	pare	r Fi	rm's name PLANTE & MORAN PLL	c		Firm's EIN > 38	-1357951			
	Onl	. <i>.</i> ⊢	rm's address ▶ 2601 CAMBRIDGE CT S	STE 500		Phone no. (248)	375-7100			
	- • •	- ''				oe 110. (240)	2,3-,100			
			AUBURN HILLS, MI 48							
1ay t	he IRS	discuss	this return with the preparer sho	wn above? (see instructions)			. ∠ γ	es 🗌 No		

Form	990 (2019)				Page 2
Pa	statement of Progra	m Service Accomplis	hments		
			any line in this Part III .		🗹
1	Briefly describe the organization's	mission:			
DIST ORG/ FUNE BY AI	RIBUTIONS TO ORGANIZATIONS W ANIZATION ENABLES DONORS TO D. GIFTS OR GRANTS MADE TO OTH	/HICH QUALIFY AS EXEMF CREATE A CHARITABLE FU HER CHARITIES, WHICH Q SIGNATION OF SPECIFIC	PT ORGANIZATIONS UND UND THAT CAN EITHER B UUALIFY AS TAX-EXEMPT CHARITIES SELECTED B	RECEIVING AND ADMINISTERING F DER INTERNAL REVENUE CODE 501(SE A DONOR ADVISED FUND OR A D ORGANIZATIONS, ARE DISBURSED BY THE DONOR, OR AT THE ORGANI	C)(3). THE ONOR DESIGNATED FROM EACH ACCOUNT
2	Did the organization undertake ar	ny significant program ser	vices during the year wh	ich were not listed on	
	the prior Form 990 or 990-EZ? If "Yes," describe these new servi				☐ Yes ☑ No
3	Did the organization cease condu-		changes in how it condu	cts, any program	
	services?				☐ Yes ☑ No
4	Describe the organization's progra	am service accomplishmen organizations are required	to report the amount of	argest program services, as measur f grants and allocations to others, th	
4a	(Code:) (Exper See Additional Data	ses \$ 8,289,382	including grants of \$	8,289,382) (Revenue \$)
4b	(Code:) (Exper	ises \$	including grants of \$) (Revenue \$)
4 c	(Code:) (Exper	ises \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe	in Schedule O.)	\$) (Revenue \$)
4e	Total program service expens	es ▶ 8,289,3	82		

18

19

Pai	tiV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part 2	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		No
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII \ref{Main}	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🥦	11e	Yes	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		No

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Nο

Nο

Nο

Yes

18

19

20a

20b

21

orm	990 (2019)			Page 4
Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🔧	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pai	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			<u> Ш</u>
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0		Yes	No

 ${f b}$ Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

0

1c

1b

Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and		
	Tax Statements, filed for the calendar year ending with or within the year covered by this return		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	4a	No
	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	1	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	No
9	Sponsoring organizations maintaining donor advised funds.		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	No
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	No
10	Section 501(c)(7) organizations. Enter:		
	Initiation fees and capital contributions included on Part VIII, line 12	1	
11	Section 501(c)(12) organizations. Enter:	1	
 а	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand]	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	No

Form	990 (2	5019)			Page 6
Pa	t VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to i	ines 🗸
Se	ction	A. Governing Body and Management			
				Yes	No
la		the number of voting members of the governing body at the end of the tax year 1			
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or or committee, explain in Schedule O.			
b	Enter	the number of voting members included in line 1a, above, who are independent 1b 0			
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship with any other r, director, trustee, or key employee?	2		No
3		ne organization delegate control over management duties customarily performed by or under the direct supervision icers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did th	ne organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did th	ne organization become aware during the year of a significant diversion of the organization's assets?	5		No
6		ne organization have members or stockholders?	6		No
7a		ne organization have members, stockholders, or other persons who had the power to elect or appoint one or more bers of the governing body?	7a		No
b	Are ar	ny governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or one other than the governing body?	7b		No
8		ne organization contemporaneously document the meetings held or written actions undertaken during the year by ollowing:			
а	The g	overning body?	8a	Yes	
b	Each (committee with authority to act on behalf of the governing body?	8b	Yes	
9		ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the nization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction	B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		
	5111			Yes	No
		ne organization have local chapters, branches, or affiliates?	10a		No
D	and b	es," did the organization have written policies and procedures governing the activities of such chapters, affiliates, branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		he organization provided a complete copy of this Form 990 to all members of its governing body before filing the	11a	Yes	
b	Descr	ibe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did th	ne organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were conflic	officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to cts?	12b	Yes	
С	Sched	ne organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in dule O how this was done</i>	12c	Yes	
13		ne organization have a written whistleblower policy?	13		No
14		ne organization have a written document retention and destruction policy?	14		No
15	perso	ne process for determining compensation of the following persons include a review and approval by independent ins, comparability data, and contemporaneous substantiation of the deliberation and decision?			
		organization's CEO, Executive Director, or top management official	15a		No
b		officers or key employees of the organization	15b		No
16a	Did th	is" to line 15a or 15b, describe the process in Schedule O (see instructions). The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a like entity during the year?	16a		No
b	If "Ye	is," did the organization follow a written policy or procedure requiring the organization to evaluate its participation it venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt	100		
		s with respect to such arrangements?	16b		
Se	ction	C. Disclosure			
17		ne states with which a copy of this Form 990 is required to be filed AL , AK , AR , CA , CO , CT , FL , GA , HI , , MD , MI , MN , MS , NV , NM , NH , NJ , N , PA , RI , SC , TN , UT , VA , WA , WV , W	IY, NC	, KY , N , OH , 0	1E , MA DK , OR
18		on 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s available for public inspection. Indicate how you made these available. Check all that apply.			
19	Descr	Own website Another's website V Upon request Other (explain in Schedule O) ribe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest and financial statements available to the public during the tax year.			
20		the name, address, and telephone number of the person who possesses the organization's books and records: CHEL GULLEDGE 411 W LAFAYETTE MC 3420 DETROIT, MI 48226 (313) 222-3018			
					n (2010)

(B)

(A)

Page	7

(F)

Estimated

Compensation of Officers, Di	rectors,Trustees, Key Employees, Highest Compensated Employees
and Independent Contractor	s
Check if Schedule O contains a resp	once or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax

year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's current key employees, if any. See instructions for definition of "key employee." • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Name and title Average Position (do not check more Reportable Reportable hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation any hours director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and organizations MISC) MISC) related

(C)

(D)

(E)

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organizations									Form 990 (201
	0								
	0								
mer									
hest compensated ployee									
/ employee									
io⊕r:									
stitutional Trustee	х								
ividual trustee director									
below dotted line)	0.00								
	(1) COMERICA BANK AND TRUST NA TRUSTEE								

Part VII Section A. Officers, Direc	tors, Irustees	i, Key I	<u>-mp</u> !	oye	₃es,	and	лıgr	nest Compensated	d Employees (conti	inuea)	
(A) Name and title	(B) Average hours per week (list any hours	than o	one bo	ox, u an of	ot che unles fficer	eck moss ss pers r and a tee)	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations		(F) Estima amount of compens from t	ited f other sation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)		organizati relate organiza	ed
	<u> </u>	<u> </u>	<u> </u>	<u> </u>	⊥'	↓	$\perp \!\!\! \perp \!\!\! \! \! \! \! \! \! \! \! \! \! \! \! \! \!$			\perp		
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		L	Щ'	<u> </u>	⊥'	<u> </u>	<u> </u>			\perp		
			'		'							
1b Sub-Total			<u> </u>	<u> </u>	<u>—</u>	▶	Щ	<u> </u>		\top		
c Total from continuation sheets to P	•					▶ [
d Total (add lines 1b and 1c)	<u> </u>	<u> </u>	<u> </u>	<u></u>		<u> </u>		0		0		0
2 Total number of individuals (including of reportable compensation from the			e liste	ed a	bove	∍) who	, rece	eived more than \$10	0,000			
											Yes	No
3 Did the organization list any former line 1a? If "Yes," complete Schedule									employee on	3		No
4 For any individual listed on line 1a, is organization and related organization									the	_	1 1	
individual		• •	•	•	•	• •				4		No

1b 9	Sub-Total						▶					·						
с 1	otal from continuation sheets to Pa	art VII, Section	Α		•		▶ [
d 1	otal (add lines 1b and 1c)						▶				0					0		
2	Total number of individuals (including of reportable compensation from the			e list	ed a	bove	e) who	rec	eived	more	than	\$10	0,00	0				
																	Yes	No
3	Did the organization list any former cline 1a? <i>If "Yes," complete Schedule 3</i>				•		, ,		_				•	•	on	3		No
4	For any individual listed on line 1a, is organization and related organization individual	greater than \$	150,00	0? <i>If</i>	"Yes	," c	mplet	te Sc	hedul	e J fo	r suc	:h				4		No
																4	1	INO
5	Did any person listed on line 1a receive services rendered to the organization		•						_							_		No

		- 1	
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such		
	individual	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule 1 for such person	_	

•	. of the British and the Briti		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No
•	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the	3	No
	line 14? If Tes, complete Schedule I for such individual	2	No

Se	ction B. Independent Contractors		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	No

4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such</i>		
	individual	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No
S	ection B. Independent Contractors		
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of configuration.	mpensati	on

4	organization and related organizations greater than $$150,000$? If "Yes," complete Schedule J		
	individual	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organiza services rendered to the organization? If "Yes," complete Schedule J for such person		No
Se	ction B. Independent Contractors		
1	Complete this table for your five highest compensated independent contractors that received from the organization. Report compensation for the calendar year ending with or within the compensation.		sation
	(A)	(B)	(C)
	No. and a second florest the second s	December 1 Committee	C
	Name and business address	Description of services	Compensation

	Services remarked to the organization. In Test, complete seriedales 10, sach person		5	No No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,0 from the organization. Report compensation for the calendar year ending with or within the organization's tax y		pensa	ation
	(A) (B) Name and business address Description of	services		(C) Compensation
СОМІ	ERICA BANK AND TRUST NA INVESTMENT MANAG	EMENT		286,735
	W LAFAYETTE MC 3420 ROIT, MI 48226			

Form **990** (2019)

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization ▶ 1

										Page 9
Part	VIII				resno	onse or note to any	line in this Part VIII			П
		Check if Schee	auic	o contains a	respe	Mise of flote to diff	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a	Federated campa	igns	s	1a	L		revenue		512 - 514
ints unts	ı	b Membership dues	5.	. [1b					
Gra mo	١,	c Fundraising even	ts .		1c					
Ę ģ	١,	d Related organiza	tions	s	1d					
oit Jila	١,	e Government grants	(con	tributions)	1e					
ms, Sin	1	F All other contributio								
utic Jer		and similar amounts above		L	1f	14,595,930				
Other Revenue Program Service Revenue and Other Similar Amounts	!	g Noncash contributio lines 1a - 1f:\$	ns in	cluded in	1g	4,367,092				
		h Total. Add lines :	1a-1	f		•	14 505 030			
						Business Code	14,595,930			<u> </u>
	2a									
Жe										
ever	ь									
92 22	c									
er vic	Ĭ									
ν Έ	d									
Graf	e									
Æ										
		All other program								
	⊢	Total. Add lines 2					1	T		
		Investment income similar amounts)			nas, i	nterest, and other	1,352,243	3		1,352,243
	l	Income from invest	mer	nt of tax-exer	npt bo					
	5	Royalties		(i) Rea		(ii) Personal	· 			
				(I) Rea	ı	(II) Personal	-			
		Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income	6с							
	d	or (loss) Net rental income				<u> </u>	<u> </u> 			
				(i) Securit		(ii) Other				
	7a	Gross amount from sales of	7a	41.1	28,387	,				
		assets other than inventory	/ u	71,1	20,307					
	b	Less: cost or	76	20.0	00 505					
		other basis and sales expenses	7b	39,8	90,527					
	c	Gain or (loss)	7c	1,2	37,860					
	l	Net gain or (loss)					1,237,860			1,237,860
e)	8a	Gross income from fu (not including \$	ndra	-						
ъ.		contributions reporter								
ev.	_	See Part IV, line 18			8a					
erF	l	Less: direct expen : Net income or (los			8b	ents	_			
O.			-,			ents	1			
	9a	Gross income from See Part IV, line 19	gam •	ing activities.	9a					
	b	Less: direct expen			9a 9b					
	l	: Net income or (los				ies	_			
				ı						
	108	Gross sales of inve returns and allowa			10a					
	b	Less: cost of good	s so	ld	10b		_			
	c	Net income or (los			nvent	ory ►	_			
	11	Miscellaneo	us R	evenue		Business Code 900099	9,959			9,959
	••	aOTHER INCOME				500095	9,95			,,,,,,,
	b									+
	c									
	d	All other revenue								+
	e	Total. Add lines 1	1a-:	11d		>	9,959	9		
	12	Total revenue. S	ee ir	nstructions .			17,195,992		0	0 2,600,062
	<u> </u>						17,133,392	<u>-</u>	~	Form 990 (2019)

	1 990 (2019)				Page 10
Р	Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must c Check if Schedule O contains a response or note to an		_	ns must complete col	umn (A).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	8,289,382	8,289,382		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
Ŀ	Legal	2,393		2,393	
	Accounting	58,020		58,020	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				_
	Investment management fees	480,929		480,929	
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	,			
12	Advertising and promotion				
	Office expenses				
14	Information technology	70,000		70,000	
	Royalties				
16	Occupancy				
	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	100,000		100,000	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a MISCELLANEOUS	14,756		14,756	
	b				
	c				
	d d				
	e All other expenses				
	Total functional expenses. Add lines 1 through 24e	9,015,480	8,289,382	726,098	0
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	,,,	,,		
	Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2019)

1

2 3

Assets

11

12

13

14

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16

17

18

19

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21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 3,897,119

5.600

63,772,242

245,399

10,733

125,028

135.761

65,898,582

1,886,017

67,784,599

67,920,360

Form 990 (2019)

67,920,360

(B)

End of year

Page **11**

Check if Schedule O contains a res	ponse or note to a	any line in this Part IX	

Inventories for sale or use . .

basis. Complete Part VI of Schedule D

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Tax-exempt bond liabilities . . .

Accounts payable and accrued expenses .

Investments—other securities. See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here <a> \square and

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here > \(\begin{align*} \text{and} \\ \text{and} \end{align*}

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments—program-related. See Part IV, line 11

b Less: accumulated depreciation

Intangible assets .

Grants payable .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Cash-non-interest-bearing					
Savings and temporary cash investments					
Pledges and grants receivable, net					

Accounts receivable, net . . .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled Loans and other receivables from other disqualified persons (as defined under

section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net . . .

Prepaid expenses and deferred charges .

10a Land, buildings, and equipment: cost or other 10a

10b

60,000 57,324,774

217,673

108,962

151,356

260.318

57,684,971

2,585,991

60,270,962

60,531,280

60,531,280

Beginning of year

2,928,833

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3a

3h

No

Form 990 (2019)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Audit Act and OMB Circular A-133?

Additional Data

Software Version: **EIN:** 65-1259308

Software ID:

Name: COMERICA CHARITABLE TRUST

Form 990 (2019)

Form 990, Part III, Line 4a:

DISTRIBUTIONS TO QUALIFIED CHARITIES

efil	e GR/	APHIC prii	nt - DO NOT PROCESS	As Filed Data -			DLN: 9	3493318036660
SCI		ULE A	- Dublic 4	Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047
	m 99		Complete if the o	rganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) e mpt charitable 990 or Form 99	organization or trust. 00-EZ.	· a section	2019
		the Treasury	► Go to <u>www.irs</u>	.gov/Form990 for i	nstructions and	I the latest info	ormation.	Open to Public Inspection
Nam	e of th	nie Service ne organiza HARITABLE TRI					Employer identific	ation number
COME	NICA CI	HARTIABLE TR	J31				65-1259308	
	rt I		for Public Charity State				See instructions.	
1 1	rganiz		a private foundation because onvention of churches, or as	•			(A)(:)	
		•	,				. , . ,	
2			scribed in section 170(b)(,			
3		·	or a cooperative hospital serv	-			-	
4		A medical r name, city,	esearch organization operate and state:	ed in conjunction with	a hospital descri	ibed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5		(b)(1)(A)	ation operated for the benefi (iv). (Complete Part II.)	-				bed in section 170
6		A federal, s	tate, or local government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	()(v).	
7	✓		ation that normally receives ('O(b)(1)(A)(vi). (Complete		s support from a	governmental u	init or from the gener	al public described in
8		A communi	ty trust described in sectior	170(b)(1)(A)(vi).	(Complete Part I	I.)		
9			ural research organization de rant college of agriculture. S					ege or university or a
10		from activit investment	ation that normally receives: ties related to its exempt fun income and unrelated busin See section 509(a)(2). (Co	ctions—subject to cer ess taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	ipport from gross
11		An organiza	ation organized and operated	l exclusively to test fo	r public safety. S	See section 509	(a)(4).	
12		more public	ation organized and operated cly supported organizations of through 12d that describes	lescribed in section 5	09(a)(1) or sec	ction 509(a)(2). See section 509(a	
a		Type I. A so	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B.	ated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by	
b		Type II. A manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A a	ervised or controlled i ation vested in the sar				
С		Type III f	unctionally integrated. A sorganization(s) (see instructi	supporting organizatio				ted with, its
d		Type III n functionally	on-functionally integrated integrated integrated. The organization in You must complete Par	d. A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar	
e		Check this	box if the organization received Type III non-functionally	ed a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter			· · · · · · · · · · · ·	-		<u> </u>	
g	Provi	de the follow	ing information about the su	pported organization(s).			
	(i) N	Name of supp organization		(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Tota			tion Act Notice, see the Ir					

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010	() 2010	(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.").						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
•	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
L	3 received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support		1				Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and stop here						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCHONS	. 📂 📖

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3с

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document).

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) . 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

```
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

organization had an interest? If "Yes," provide detail in Part VI.

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

```
Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in
which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
```

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

	edule A (101111 550 01 550 E2) 2015			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
		11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.			
S	ection C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		v	
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3h		

3b

Schedule A (Form 990 or 990-EZ) 2019 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3 4 4 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) **1**d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt use assets 2 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see 4 instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	
_		

7 Total annual distributions. Add lines 1 through 6.					
8 Distributions to attentive supported organizations to who details in Part VI). See instructions					
9 Distributable amount for 2019 from Section C, line 6	9 Distributable amount for 2019 from Section C, line 6				
10 Line 8 amount divided by Line 9 amount					
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
		110 2013	Allibant for 2013		
1 Distributable amount for 2019 from Section C, line 6		116 2015	Allount for 2013		

details in Part VI). See instructions		(
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018.			

Schedule A (Form 990 or 990-EZ) (2019)

f Total of lines 3a through e

instructions)

See instructions.

a Excess from 2015. **b** Excess from 2016. c Excess from 2017. **d** Excess from 2018. e Excess from 2019.

3j and 4c. 8 Breakdown of line 7:

\$

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines

Additional Data

Software ID: Software Version:

EIN: 65-1259308

Name: COMERICA CHARITABLE TRUST

Page 8

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

instructions).

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

DLN: 93493318036660

OMB No. 1545-0047

2019

(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

		ne organization HARITABLE TRUST			Empio	yer identification number
					65-125	
Pai	rt I	Organizations Maintaining Donor Adv			r Accou	unts.
		Complete if the organization answered "Ye	· · · · · · · · · · · · · · · · · · ·	art IV, line 6.	(1	b) Funds and other accounts
	Total ni	umber at end of year	(a) Donor	98	<u> </u>	by runus and other accounts
		ate value of contributions to (during year)				6,46
		ate value of grants from (during year)		14,589,467		·
		, , , ,		8,256,921		32,46
		ate value at end of year		67,249,624		125,02
	Old the	e organization inform all donors and donor advise zation's property, subject to the organization's e	ors in writing that the xclusive legal control	e assets held in donor adv ?	/ised fun 	nds are the Yes No
•		e organization inform all grantees, donors, and d Ible purposes and not for the benefit of the dono				
	private	e benefit?				✓ Yes □ No
Par	t II	Conservation Easements.				
		Complete if the organization answered "Ye				
L	Purpos	e(s) of conservation easements held by the orga	anization (check all th	nat apply). —		
	□ P	reservation of land for public use (e.g., recreation	on or education)	Preservation of an	historica	lly important land area
	□ P	rotection of natural habitat		Preservation of a ce	ertified h	nistoric structure
	□ Р	reservation of open space				
2	Comple	ete lines 2a through 2d if the organization held a	a qualified conservati	on contribution in the form	n of a co	onservation
		ent on the last day of the tax year.				Held at the End of the Year
а	Total n	umber of conservation easements			2a	
b	Total a	creage restricted by conservation easements			2b	
C	Numbe	r of conservation easements on a certified histor	ric structure included	in (a)	2c	
		r of conservation easements included in (c) acqure listed in the National Register	uired after 7/25/06, a	and not on a historic	2d	
3	Numbe tax yea	er of conservation easements modified, transferrare	ed, released, extingu	iished, or terminated by t	he orgar	nization during the
ı	Numbe	er of states where property subject to conservation	on easement is locat	ed ▶		
5		he organization have a written policy regarding t forcement of the conservation easements it hold			f violatio	ons, Yes No
5	Staff a	nd volunteer hours devoted to monitoring, inspe	ecting, handling of vio	plations, and enforcing co	nservati	on easements during the year
7	Amour ► \$	nt of expenses incurred in monitoring, inspecting	, handling of violatio	ns, and enforcing conserv	ation ea	sements during the year
3	Does e	each conservation easement reported on line 2(d) above satisfy the re	equirements of section 17	0(h)(4)((B)(i)
	and se	ction 170(h)(4)(B)(ii)?				☐ Yes ☐ No
)	balanc	: XIII, describe how the organization reports con- e sheet, and include, if applicable, the text of the ganization's accounting for conservation easemer	e footnote to the org			
art		Organizations Maintaining Collections Complete if the organization answered "Ye	s of Art, Historica	•	er Simi	lar Assets.
La	art, his	organization elected, as permitted under SFAS 1 storical treasures, or other similar assets held for e, in Part XIII, the text of the footnote to its fina	r public exhibition, ed	ducation, or research in fu		
b	If the o	organization elected, as permitted under SFAS 1 cal treasures, or other similar assets held for put ng amounts relating to these items:	16 (ASC 958), to rep	ort in its revenue stateme		
(i		nue included on Form 990, Part VIII, line 1				▶ \$
		included in Form 990, Part X				
2	If the	organization received or held works of art, historing amounts required to be reported under SFAS	rical treasures, or oth	er similar assets for finan		
а		ng amounts required to be reported under SFAS ue included on Form 990, Part VIII, line 1	,	=		▶ \$
		included in Form 990, Part X				▶\$
D	73567	ork Peduction Act Notice see the Instruction	me for Earm 000	Cat Na		

Yes No on Form 990, Part Yes No
Yes
Yes
Yes No on Form 990, Part Yes No
Yes No on Form 990, Part Yes No
on Form 990, Part Yes No
on Form 990, Part Yes No
int

Yes ∐ No
ack (e) Four years bac
Yes No
3a(i)
3a(ii)
, line 10.
(d) Book value

Part VII		Dowt IV I	no 11h	. Coo Form 000 F) ot. \	Line 12
	Complete if the organization answered "Yes" on Form 990 (a) Description of security or category (including name of security)	(b) Book value	ne III	(c) Method Cost or end-of-	d of v	aluation:
	al derivatives					
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Colum Part VIII	in (b) must equal Form 990, Part X, col. (B) line 12.) Investments—Program Related.	•				
	Complete if the organization answered 'Yes' on Form 990 (a) Description of investment	, Part IV, li	ne 110	. See Form 990, I (b) Book value	(c	(, line 13.) Method of valuation: t or end-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colum	nn (b) must equal Form 990, Part X, col.(B) line 13.)		-			
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, (a) Description	Part IV, lir		. See Form 990, Par	t X, li	ne 15. (b) Book value
(1)	(1)					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colu	umn (b) must equal Form 990, Part X, col.(B) line 15.)				•	
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990,	Part IV lin	ne 11e	or 11f See Form	990	Part X line 25
1.	(a) Description of liability	1 41 6 1 7 111	10 110	01 1111000 101111	,	(b) Book value
(1) Federal (2)	income taxes					
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)	(h) must squal Form COO Part V1/(D) !: 25)					
	on (b) must equal Form 990, Part X, col.(B) line 25.) or uncertain tax positions. In Part XIII, provide the text of the footn	note to the or	ganizat	ion's financial stater	nents	125,028 that reports the
	's liability for uncertain tax positions under FIN 48 (ASC 740). Chec					_

2

4

а

b

C 5

1

2

C

d

See Additional Data Table

5

3 4

Part XII

Schedule D (Form 990) 2019

Page 4

-692,873

200,657

17,195,992

8,788,825

8,788,825

16,995,335

d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d		

b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		

Donated services and use of facilities . .

Prior year adjustments

Other (Describe in Part XIII.) . .

Add lines 2a through 2d .

Return Reference

Subtract line 2e from line 1 .

	3
b	Donated services and use of facilities
c	Recoveries of prior year grants
d	Other (Describe in Part XIII.)
е	Add lines 2a through 2d

Net unrealized gains (losses) on investments . . .

_		•
c	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	
3	Subtract line 2e from line 1	

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Total expenses and losses per audited financial statements

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

2a

2b 2c 2d

2a 2b

2c

2d

4a

Explanation

Subtract line 2 e from line 1					3	
Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
Investment expenses not included on Form 990, Part VIII, line 7b . 4a 194,194						
Other (Describe in Part XIII.)					6,463	
Add lines $\mathbf{4a}$ and $\mathbf{4b}$			•			4c
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) .					5

-692.873

3	
4c	
5	

1

2e

3

194,194

2e

b	Other (Describe in Part XIII.)	2,461							
C	Add lines 4a and 4b	40	С	226,655					
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	;	9,015,480					
Part XIII Supplemental Information									
Prov	Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part								

line	4;	Part	Χ,	line	2;	Part	:
							_

Schedule D (Form 990) 2019

chedule D (Form 990) 2019	Page 5	
Part XIII Supplemental Information (continued)		
Return Reference Explanation		

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

EIN: 65-1259308

Name: COMERICA CHARITABLE TRUST

Supplemental Information Return Reference

Explanation

ASC GUIDANCE REGARDING ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES CLARIFIES THE ACCOUNTING FOR INCOME TAXES BY PRESCRIBING THE MINIMUM RECOGNITION THRESHOLD INCOME TAX POSITION IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS AND APPLIES TO ALL IN COME TAX POSITIONS. EACH INCOME TAX POSITION IS ASSESSED USING A TWO STEP PROCESS. A DETER MINATION IS FIRST MADE AS TO WHETHER IT IS MORE LIKELY THAN NOT THAT THE INCOME TAX POSITI ON WILL BE SUSTAINED, BASED UPON TECHNICAL MERITS, UPON EXAMINATION BY THE TAXING AUTHORIT IES. IF THE INCOME TAX POSITION IS EXPECTED TO MEET THE MORE LIKELY THAN NOT CRITERIA, THE BENEFIT RECORDED IN THE FINANCIAL STATEMENTS EQUALS THE LARGEST AMOUNT THAT IS GREATER TH AN 50% LIKELY TO BE REALIZED UPON ITS ULTIMATE SETTLEMENT. AT JUNE 30, 2020 AND 2019, THER E WERE NO UNCERTAIN TAX POSITIONS THAT REQUIRED ACCRUAL.

Supplemental Information							
Return Reference	Explanation						
PART XI, LINE 4B - OTHER ADJUSTMENTS:	CONTRIBUTIONS FROM DONOR DESIGNATED FUNDS 6,463.						

upplemental Information							
Return Reference	Explanation						
PART XII, LINE 4B - OTHER ADJUSTMENTS:	GRANTS FROM DONOR DESIGNATED FUNDS 32,461.						

S

efile GRAPHIC print - DO NOT PROCESS As Filed Data
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I

(Form 990)

Department of the

Internal Revenue Service

Treasury

document, please select landscape mode (11" x 8.5") when printing

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

OMB No. 1545-0047

2019
Open to Public

DLN: 93493318036660

Inspection

Name of the organization	Employer identifi	Employer identification number					
COMERICA CHARITABLE TRUST	65-1259308						
Part I General Informa	ation on Grants	and Assistance					
Does the organization main the selection criteria used t						ce, and	☑ Yes ☐ No
2 Describe in Part IV the orga							Y Yes □ No
			ind Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes	" on Form 990, Part IV, lin	e 21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section3 Enter total number of other	. , . ,	-					145
For Paperwork Reduction Act Notice				Cat. No. 5005			hedule I (Form 990) 2019

- (6)

(7)

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part IV

Return Reference **Explanation**

PART I, LINE 2: EXEMPT STATUS OF PROSPECTIVE GRANT RECIPIENT IS VERIFIED BEFORE GRANTS ARE APPROVED.

Schedule I (Form 990) 2019

Additional Data

10 THOUSAND WINDOWS

KNOXVILLE, TN 37922

700 UNION STREET

SUITE 101

INC

2095 LAKESIDE CENTRE WAY

A CONTEMPORARY THEATRE

SEATTLE, WA 981014037

Software ID: Software Version:

27-2505761

91-0787792

EIN: 65-1259308

Name: COMERICA CHARITABLE TRUST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. thod of valuation

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Meth (book, F
				<u> </u>	

30,000

10,000

(q) Description of non-cash assistance

(h) Purpose of grant or assistance

FOR THE

PURPOSES

PURPOSES

FOR THE

ORGANIZATION'S

ORGANIZATION'S

GENERAL CHARITABLE

GENERAL CHARITABLE

other)

501(C)(3)

501(C)(3)

FMV, appraisal,

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

AAPD FOUNDATION 211 E CHICAGO AVENUE SUITE 1600 CHICAGO, IL 60611	36-3542658	501(C)(3)	5,450		FOR THE ORGANIZATION'S GENERAL CHARITABLE PURPOSES
ADOLESCENT COUNSELING	51-0192551	501(C)(3)	20,000		FOR THE

SEKVICES JURGANIZATION 5 643 BAIR ISLAND ROAD SUITE IGENERAL CHARITABLE 301 PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

REDWOOD CITY, CA 94063

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

AGAPE INTERNATIONAL	94-3100052	501(C)(3)	30,000		FOR THE
MISSIONS					ORGANIZATION'S
151 NORTH SUNRISE AVE					GENERAL CHARITABLE
SUITE 1006					PURPOSES
ROSEVILLE, CA 95661					

PURPOSES

501(C)(3) 24,100 FOR THE ALL SAINTS EPISCOPAL 75-1520564 SCHOOL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

TYLER, TX 75701

LORGANIZATION'S 2695 S SW LOOP 323 IGENERAL CHARITABLE

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

ALVERNO COLLEGE 3401 S 39TH STREET MILWAUKEE, WI 53234	39-0806263	501(C)(3)	102,000		FOR THE ORGANIZATION'S GENERAL CHARITABLE PURPOSES
AMARA 5907 MARTIN LUTHER KING IR	91-0577487	501(C)(3)	25,000		FOR THE

WAY GENERAL CHARITABLE SOUTH IPURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SEATTLE, WA 98118

(b) EIN (d) Amount of cash (f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) AMERICAN CONSTITUTIONAL 52-2121856 501(0)(3) on nonl FOR THE

(e) Amount of non-

GENERAL CHARITABLE

PURPOSES

RIGHTS UNION 124 WEST HILO STREET NAPLES, FL 34113			,,		ORGANIZATION'S GENERAL CHARITABLE PURPOSES
AMEDICAN EDIENDS OF	12 1700710	E01(C)(3)	15 000		EOR THE

AMERICAN FRIENDS OF 13-1/90/19 501(C)(3)| 15,000 IFOK THE MAGEN DAVID ADOM LORGANIZATION'S

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

20 W 36TH ST SUITE 1100

NEW YORK, NY 10018

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) AMERICAN GIFT FUND 51-6506426 501(C)(3) 104.868 IFOR THE

PURPOSES

4550 LINDEN HILL ROAD SUITE 200 WILMINGTON, DE 19808					ORGANIZATION'S GENERAL CHARITABLE PURPOSES
AMERICAN ISRAEL EDUCATION	52-1623781	501(C)(3)	100,000		FOR THE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WASHINGTON, DC 20001

FOUNDATION INC LORGANIZATION'S 251 H ST NW GENERAL CHARITABLE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) AMERICAN NATIONAL DED 53-0196605 501(0)(3) 26 nool LEVE THE

ANDEAN HEALTH	20 1000174	E01(C)(2)	6 000		FOR THE
1450 S CENTRAL AVE LOS ANGELES, CA 90021					GENERAL CHARITABLE PURPOSES
CROSS	33 0130003	301(0)(3)	20,000		ORGANIZATION'S

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ANDEAN HEALTH

39-1809174 501(C)(3)| 6,000 IFOR THE DEVELOPMENT LORGANIZATION'S 1100 DELAPLAINE COURT GENERAL CHARITABLE MADISON, WI 53715 PURPOSES

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 77 0040475 E04(0)(0) 40.000 LEOD THE

IPURPOSES

					PURPOSES
RIPON, CA 95366					GENERAL CHARITABLE
800 SOUTH STOCKTON AVE					ORGANIZATION'S
ASSIST INTERNATIONAL INC	//-02434/5	501(C)(3)	10,000		IFOR THE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2346 WALSH AVENUE

SANTA CLARA, CA 95051

45-2549797 10.000 IFOR THE BAY AREA ANTI-TRAFFICKING 501(C)(3) COALITION ORGANIZATION'S

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 23-7030327 501(C)(3) 50.000 FOR THE BISHOP GEORGE AHR HIGH SCHOOL lorganization's GENERAL CHARITABLE IPURPOSES

PURPOSES

ONE TINGLEY LANE
EDISON, NJ 08837

BOOK-IT REPERTORY THEATRE 91-1514734 501(C)(3) 25,000

FOR THE
ORGANIZATION'S

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SEATTLE, WA 98109

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other)

DDE 1 07 01110ED DE0E1D011					
MUSKEGON, MI 49440					PURPOSES
900 THIRD ST STE 200					GENERAL CHARITABLE
THE MUSKEGON LAKESHORE					ORGANIZATION'S
BOYS AND GIRLS CLUB OF	61-1736056	501(C)(3)	100,000		FOR THE

PURPOSES

BREAST CANCER RESEARCH 25.000l IFOR THE 13-3727250 501(C)(3) FOUNDATION LORGANIZATION'S

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

28 W 44TH ST STE 609

NEW YORK, NY 10036

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization (book, FMV, appraisal, non-cash assistance if applicable grant cash or assistance or government assistance other) 47-2152393 501(C)(3) 10.000 FOR THE BROOKWOOD IN GEORGETOWN VOCATIONAL lorganization's GENERAL CHARITABLE

PURPOSES

905 N CHURCH STREET GEORGETOWN, TX 78626 CAMPBELL HALL-EPISCOPAL 95-1716787 501(C)(3) 50.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

IPURPOSES FOR THE 4533 LAUREL CANYON BLVD LORGANIZATION'S N HOLLYWOOD, CA 91607 GENERAL CHARITABLE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other)

PURPOSES

CAROLINA THEATRE OF	56 1750007	E04(0)(0)			
44765 WOODWARD AVE PONTIAC, MI 48341					GENERAL CHARITABLE PURPOSES
CARE HOUSE OF OAKLAND COUNTY	38-2305297	501(C)(3)	16,000		FOR THE ORGANIZATION'S

CAROLINA THEATRE OF 56-1759337 501(C)(3)| 6,000 IFOR THE DURHAM INC LORGANIZATION'S

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

309 W MORGAN ST

DURHAM, NC 27701

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

CASA DO OLERO INTERNATIONAL APOSTOLIC MINISTRIES 808 SILVER LAKE DR KELLER, TX 76248	43-1951072	501(C)(3)	17,000		FOR THE ORGANIZATION'S GENERAL CHARITABLE PURPOSES

PURPOSES

501(C)(3) 15,000 FOR THE CASA DO OLEIRO 76-0458409 INTERNATIONAL MINISTRIES LORGANIZATION'S

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

808 SILVER LAKE DR

KELLER, TX 76248

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) CATHOLIC CENTRAL HIGH 38-1474908 501(C)(3) 7 813 14 685 COST LIFE INSURANCE POLICY FOR THE ATION'S

LORGANIZATION'S

PURPOSES

GENERAL CHARITABLE

SCHOOL 27225 WIXOM RD NOVI, MI 48374		(-)(-)	,,	2.,		ORGANIZATION'S GENERAL CHARITABLE PURPOSES
CEDARS SINAI MEDICAL	95-1644600	501(C)(3)	25,000			FOR THE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CENTER

LOS ANGELES, CA 90048

8700 BEVERLY BLVD STE 2416

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 90-0627545 501(C)(3) 10.000 FOR THE CHABAD OF BEL AIR 2934 1/2 BEVERLY GLEN CIR lorganization's GENERAL CHARITABLE

PURPOSES

LOS ANGELES, CA 900771724 CHALDEAN CATHOLIC CHURCH 38-2422281 501(C)(3) 54.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

IPURPOSES FOR THE 25603 BERG RD LORGANIZATION'S SOUTHFIELD, MI 48033 GENERAL CHARITABLE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 43-0653275 501(C)(3) 250.000 FOR THE CHAMINADE COLLEGE PREPARATORY lorganization's 425 S LINDBERGH BLVD GENERAL CHARITABLE

18.000l

IPURPOSES

PURPOSES

LORGANIZATION'S

GENERAL CHARITABLE

FOR THE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

SAINT LOUIS, MO 63131

CHRIST EPISCOPAL CHURCH
118 S BOIS D ARC AVE

TYLER, TX 75702

75-0926758

(a) Name and address of (b) EIN (e) Amount of non-(f) Method of valuation (c) IRC section (d) Amount of cash (a) Description of (h) Purpose of grant non-cash assistance organization if applicable (book, FMV, appraisal, or assistance arant cash or aovernment assistance other) CITADEL CHRISTIAN SCHOOL 30-0047117 501(C)(3) 20.000 FOR THE 2111 S BLUE BELL RD IORGANIZATION'S IGENERAL CHARITABLE

BRENHAM, TX 77833

IPURPOSES 94-1501265 501(C)(3) 17.000l FOR THE CITYTEAM MINISTRIES 2306 ZANKER RD ORGANIZATION'S

Form 990. Schedule I. Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SAN JOSE, CA 95131 GENERAL CHARITABLE IPURPOSES

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CONNECTICUT PUBLIC BROADCASTING 1049 ASYLUM AVE HARTFORD, CT 06105	06-0758938	501(C)(3)	25,000		FOR THE ORGANIZATION'S GENERAL CHARITABLE PURPOSES
CUSTER ROAD UNITED	75-1777314	501(C)(3)	22,500		FOR THE

LORGANIZATION'S

PURPOSES

GENERAL CHARITABLE

CUSTER ROAD UNITED METHODIST CHURCH

6601 CUSTER RD

PLANO, TX 75023

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance or assistance organization if applicable grant cash or government assistance other)

IPURPOSES

					i
					PURPOSES
PISCATAWAY, NJ 08854					GENERAL CHARI
146 METLARS LN					ORGANIZATION'S
DIOCESE OF METUCHEN	22-2385423	501(C)(3)	25,000		FOR THE

DIVINE SAVIOR HOLY ANGELS 39-0929898 501(C)(3) 6.000 FOR THE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

4257 NORTH 100TH STREET

MILWAUKEE, WI 53222

RITABLE HIGH SCHOOL ORGANIZATION'S

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization (book, FMV, appraisal, non-cash assistance if applicable grant cash or assistance or government assistance other) 56-1423848 501(C)(3) 6.000 FOR THE DURHAM TECHNICAL COMM COLLEGE FND INC lorganization's GENERAL CHARITABLE

PURPOSES

1637 F LAWSON ST BURHAM, NC 27703 91-1592071 501(C)(3) 15.000l FARTHCORPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

IPURPOSES FOR THE 6310 NE 74TH ST STE 201E LORGANIZATION'S SEATLLE, WA 98115 GENERAL CHARITABLE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other)

PURPOSES

EASTERN MICHIGAN UNIVERSITY FOUNDATION 850 W CROSS ST YPSILANTI, MI 48197	38-2953297	501(C)(3)	50,000		FOR THE ORGANIZA GENERAL C PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

125 THE FENWAY

BOSTON, MA 02115

ZATION'S CHARITABLE EMERALD NECKLACE 04-3414988 501(C)(3) 51.500 FOR THE CONSERVANCY INC LORGANIZATION'S

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 20-3872447 501(C)(3) 8.0001 FOR THE ENTREAMIGOS

IPURPOSES

PO BOX 3231 lorganization's LAKE ARROWHEAD, CA 92352

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

9614 FISK RD

BELDING, MI 48809

GENERAL CHARITABLE IPURPOSES 38-2385241 501(C)(3) 10.000 FOR THE FAITH COMMUNITY CHRISTIAN SCHOOL LORGANIZATION'S

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 58-2480637 501(C)(3) 10.000 FOR THE FAMILY PROMISE OF MOORE COUNTY lorganization's GENERAL CHARITABLE

PURPOSES

400 SAUNDERS BLVD
ABERDEEN, NC 28315

FEATHERVINE 82-1339705 501(C)(3) 20,000

FOR THE
ORGANIZATION'S

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SANTA ROSA, CA 95404

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 501(C)(3) 1.244.863 FOR THE FIDELITY INVESTMENTS 11-0303001 CHARITABLE GIFT FD lorganization's GENERAL CHARITABLE

PURPOSES

100 CROSBY PARKWAY COVINGTON, KY 410149325 501(C)(3) 10.000 FOOD LIFFLINE 91-1090450

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SEATTLE, WA 98108

IPURPOSES FOR THE 815 SOUTH 96TH STREET LORGANIZATION'S GENERAL CHARITABLE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other)

PURPOSES

FOUNDATION FOR EXCELLENCE IN EDUCATION 14702 SYLVAN ST VAN NUYS, CA 91411	95-3901313	501(C)(3)	100,000		FOR THE ORGANIZATION'S GENERAL CHARITABLE PURPOSES

501(C)(3) 20.000 FOR THE FRANKLIN UNIVERSITY 23-7075717 SWITZERLAND LORGANIZATION'S

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

405 LEXINGTON AVE

NEW YORK, NY 10174

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 23-7156071 501(C)(3) 70.000l FOR THE FRED HUTCHINSON CANCER RESEARCH CENTER lorganization's GENERAL CHARITABLE

PURPOSES

110 FAIRVIEW AVE N SEATTLE. WA 98109 IPURPOSES 27-1199089 501(C)(3) 36.000l FOR THE FREE BIKES 4 KIDZ

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

10914 LEXINGTON DRIVE LORGANIZATION'S EDEN PRAIRIE, MN 55344 GENERAL CHARITABLE

(a) Name and address of (b) EIN (e) Amount of non-(f) Method of valuation (c) IRC section (d) Amount of cash (a) Description of (h) Purpose of grant non-cash assistance organization if applicable (book, FMV, appraisal, or assistance arant cash or aovernment assistance other) 58-1779218 501(C)(3) 10.000 FOR THE FRIEND TO FRIEND 101 MONROE STREET STE A IORGANIZATION'S IGENERAL CHARITABLE

IPURPOSES

CARTHAGE, NC 28327 FRIENDS OF HILDENE INC. 51-0201160 501(C)(3) 25.000l FOR THE

Form 990. Schedule I. Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MANCHESTER, VT 05254

IPURPOSES PO BOX 377 ORGANIZATION'S

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

FULLER THEOLOGICAL SEMINARY 135 OAKLAND AVENUE PASADENA, CA 91182	95-1699394	501(C)(3)	20,000		FOR THE ORGANIZATION'S GENERAL CHARITABLE PURPOSES
GEORGIA CENTER FOR CHILD ADVOCACY INC	58-1762069	501(C)(3)	55,000		FOR THE ORGANIZATION'S

1485 WOODLAND AVE SE IGENERAL CHARITABLE STEB PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ATLANTA, GA 30316

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 501(C)(3) 6.000 FOR THE GONZAGA UNIVERSITY 91-0236600 lorganization's

20.000

GENERAL CHARITABLE

GENERAL CHARITABLE

LORGANIZATION'S

IPURPOSES

IPURPOSES

FOR THE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

502 E BOONE AVE SPOKANE, WA 99258 GUTHRIE THEATER

818 SOUTH 2ND STREET

MINNEAPOLIS, MN 55415

FOUNDATION

41-0854160

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

HEART OF LOS ANGELES YOUTH INC 2701 WILSHIRE BLVD SUITE 100 LOS ANGELES, CA 90057	95-4397418	501(C)(3)	20,000		FOR THE ORGANIZATION'S GENERAL CHARITABLE PURPOSES

PURPOSES

FOR THE HENRY FORD HEALTH SYSTEM 38-1357020 501(C)(3) 25,000 1 FORD PL 5A LORGANIZATION'S

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

DETROIT, MI 48202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 501(C)(3) 25.000 FOR THE HOUSTON FOOD BANK 74-2181456 lorganization's

LORGANIZATION'S GENERAL CHARITABLE

IPURPOSES

535 PORTWALL STREET HOUSTON, TX 77029 GENERAL CHARITABLE IPURPOSES 38-1714500 501(C)(3) 30.000 FOR THE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

HURON INTERMEDIATE SCHOOL DISTRICT 1299 S THOMAS STE1

BAD AXE. MI 48413

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

INDIANA UNIVERSITY FOUNDATION 1500 N STATE ROAD BLOOMINGTON, IN 47408	35-6018940	501(C)(3)	10,000		FOR THE ORGANIZATION'S GENERAL CHARITABLE PURPOSES
INTERNATIONAL JUSTICE	54-1722887	501(C)(3)	25,000		FOR THE

MISSION ORGANIZATION'S 1235 S CLARK STREET SUITE GENERAL CHARITABLE 1400 PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ARLINGTON, VA 22202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 46-2118225 501(C)(3) 75.000l FOR THE ISRAAID US INC EEE COLLECE AVENUE lorganization's

15.000

GENERAL CHARITABLE

ORGANIZATION'S

IPURPOSES

IPURPOSES

FOR THE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

PALO ALTO, CA 94306	
JACKSON COLLEGE	

FOUNDATION

3000 BLAKE RD JACKSON, MI 49201 38-2468643

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

JACKSON COMMUNITY FOUNDATION ONE JACKSON SQUARE SUITE 308 JACKSON, MI 49201	38-6070739	501(C)(3)	17,000		FOR THE ORGANIZATION'S GENERAL CHARITABLE PURPOSES

PURPOSES

23-1907729 501(C)(3) 10,000 FOR THE JDRF 200 VESEY ST 28TH FLOOR LORGANIZATION'S

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NEW YORK, NY 10281

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 23-7448234 501(C)(3) 15.000l FOR THE JEWISH COMMUNITY CENTER OF GREATER ORLANDO lorganization's GENERAL CHARITABLE

PURPOSES

851 N MAITLAND AVENUE MAITLAND, FL 32751 20-3921057 501(C)(3) 10.000 FOR THE JUST KEEP LIVIN FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

IPURPOSES 1107 GLENDON AVE LORGANIZATION'S LOS ANGELES, CA 90024 GENERAL CHARITABLE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) MENCHONIC THEATRICC 01 0021204 E01/C1/21 7 0001 LEAD THE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1559 BOILING SPRINGS ROAD BOILING SPRINGS, PA 17007	01-0931304	501(C)(3)	7,000		ORGANIZATION'S GENERAL CHARITABLE PURPOSES
KIBO GROUP INTERNATIONAL	74-3097948	501(C)(3)	6,000		FOR THE

ORGANIZATION'S

IPURPOSES

GENERAL CHARITABLE

INC

SHELBY TWP. MI 48317

50094 LEXINGTON AVE FAST

(e) Amount of non-(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) LACMA OF 2264067 E01/C1/21 10.000 LEAD THE

IPURPOSES

5905 WILSHIRE BLVD LOS ANGELES, CA 90036	95-2264067	501(C)(3)	10,000		ORGANIZATION'S GENERAL CHARITAE PURPOSES
LAMBAGAG HEDITAGE	94 2007474	E01(C)(3)	20,000		EOR THE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 1

AUSTIN.TX 787670001

LAMPASAS HERITAGE 84-299/4/4 501(C)(3)| 20,000 IFOK THE

CHARITABLE FOUNDATION ORGANIZATION'S

(a) Name and address of (b) EIN (e) Amount of non-(f) Method of valuation (c) IRC section (d) Amount of cash (a) Description of (h) Purpose of grant non-cash assistance organization if applicable (book, FMV, appraisal, or assistance arant cash or aovernment assistance other) 45-2301493 501(C)(3) 20.000 FOR THE LIVE IN PEACE INC. 321 BELL ST IORGANIZATION'S IGENERAL CHARITABLE

IPURPOSES

EAST PALO ALTO, CA 94303 39-6008039

Form 990. Schedule I. Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments.

IPURPOSES MAPLE SCHOOL DISTRICT 501(C)(3) 50.000 FOR THE 4751 S COUNTY ROAD ORGANIZATION'S MAPLE, WI 54854 GENERAL CHARITABLE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 41-6011702 501(C)(3) 100.000 FOR THE MAYO CLINIC lorganization's

LORGANIZATION'S

IPURPOSES

GENERAL CHARITABLE

200 FIRST STREET SW ROCHESTER, MN 55905 GENERAL CHARITABLE IPURPOSES FOR THE

52-0591685 501(C)(3) 7.500 MEDSTAR UNION MEMORIAL HOSPITAL 201 F UNIVERSITY PKWY

BALTIMORE, MD 21218

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 38-6005984 501(C)(3) 12.000l FOR THE MICHIGAN STATE UNIVERSITY

IPURPOSES

1066 BOGUE ST lorganization's EAST LANSING, MI 48824 GENERAL CHARITABLE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MINNEAPOLIS, MN 55403

IPURPOSES 41-0693875 501(C)(3) 8.0001 FOR THE MINNESOTA ORCHESTRAL ASSOCIATION LORGANIZATION'S GENERAL CHARITABLE 1111 NICOLLET MALL

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization (book, FMV, appraisal, non-cash assistance if applicable grant cash or assistance or government assistance other) 76-0153892 501(C)(3) 15.000l FOR THE MONTGOMERY COUNTY FOOD BANK INC lorganization's GENERAL CHARITABLE

PURPOSES

ONE FOOD FOR LIFE WAY
CONROE, TX 77385

MOTOR CITY LYRIC OPERA
969 BLOOMFIELD WOODS

GENERAL CHARITA
PURPOSES

FOR THE
ORGANIZATION'S

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

BLOOMFIELD HILLS, MI 48304

(a) Name and address of (b) EIN (f) Method of valuation (h) Purpose of grant (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of organization if applicable (book, FMV, appraisal, non-cash assistance or assistance arant cash or aovernment assistance other) MUNGER PLACE CHURCH 75-0808794 501(C)(3) 6.0001 FOR THE ESON DOVAN CEDEET lorganization's CHARITABLE

ORGANIZATION'S

IPURPOSES

GENERAL CHARITABLE

DALLAS, TX 75206					GENERAL C PURPOSES
NATIONAL PARK FOUNDATION	52-1086761	501(C)(3)	50,000		FOR THE

Form 990. Schedule I. Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 17394

BALTIMORE, MD 212989450

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

PURPOSES

TRUST 165 TOWNSHIP LINE RD STE 1200 JENKINTOWN, PA 19046	8255/5 501(C)(1,605,436			ORGANIZATION'S GENERAL CHARITABLE PURPOSES
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Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MENLO PARK, CA 94025

94-1207708 501(C)(3) 62,000 FOR THE NEW COMMUNITY CHURCH 1100 MIDDLE AVENUE LORGANIZATION'S

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) NEW ROADS SCHOOL 95-4823489 501(C)(3) 15.000l IFOR THE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ATLANTA, GA 30303

3131 OLYMPIC BLVD SANTA MONICA, CA 90404		(-)(-)			ORGANIZATION'S GENERAL CHARITABLE PURPOSES
NEXT GENERATION MEN INC 115 MARTIN LUTHER KING JR DR SW	47-1865064	501(C)(3)	10,000		FOR THE ORGANIZATION'S GENERAL CHARITABLE

SUITE 304 IPURPOSES

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) NORTHWEST IMMIGRANT 501(C)(3) 10.000 FOR THE 91-1393082 lorganization's GENERAL CHARITABLE

LORGANIZATION'S

PURPOSES

GENERAL CHARITABLE

RIGHTS PROJECT 615 2ND AVE SUITE 400 SEATTLE, WA 98104 IPURPOSES 38-1624684 501(C)(3) 20.000 FOR THE NORTHWOOD UNIVERSITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

4000 WHITING DR

MIDLAND, MI 48640

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

OREGON SHAKESPEARE FESTIVAL 15 SOUTH PIONEER STREET ASHLAND, OR 97520	93-0407022	501(C)(3)	100,000		FOR THE ORGANIZATION'S GENERAL CHARITABLE PURPOSES
OUR SAVIOURS COMMUNITY	20-0810105	501(C)(3)	7,500		FOR THE

SEKVICES JURGANIZATION 5 2315 CHICAGO AVENUE IGENERAL CHARITABLE SOUTH PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MINNEAPOLIS, MN 55404

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) DADA LOC NITNIOC OF 3443376 E04(0)(0) 4 6 000 LEAD THE

IPURPOSES

5000 HOLLYWOOD BLVD LOS ANGELES, CA 90027	95-34432/6	501(C)(3)	16,000		ORGANIZATION'S GENERAL CHARITABLE PURPOSES
PARTNERS IN SUSTAINABLE	20-1718533	501(C)(3)	49 000		EOR THE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

5200 SHAW AVE SUITE 1S

SAINT LOUIS, MO 63110

PAKTNEKS IN SUSTAINABLE ZU-1/10000 201(C)(2)1 49,000 IFUK IND DEVELOPMENT INTL ORGANIZATION'S

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) OF 3400633 E04(0)(0) 40.000 LEAD THE

PURPOSES

LOS ANGELES, CA 90007					PURPOSES
400 WEST 30TH STREET					GENERAL CHARITAE
ANGELES					ORGANIZATION'S
PLANNED PARENTHOOD LOS	95-2408623	501(C)(3)	10,000		IFUR THE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

400 W GEORGIA

GUNNISON, CO 81230

CHARITABLE 501(C)(3) 35.000l FOR THE OUEEN OF ALL SAINTS 84-1281188 CATHOLIC PARISH LORGANIZATION'S

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

RIVKIN CENTER FOR OVARIAN CANCER 801 BROADWAY AVE SUITE 701	91-2054035	501(C)(3)	50,000		FOR THE ORGANIZATION'S GENERAL CHARITABLE IPURPOSES
701					I OK OSES

ROMAN CATHOLIC BISHOP OF OAKLAND
2121 HARRISON ST STE 100
OAKLAND, CA 94612
OAKLAND, CA 94612
OAKLAND, CA 94612

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other)

SAINT MARY'S COLLEGE NOTRE DAME 110 LE MANS HALL NOTRE DAME, IN 46556	35-0868158	501(C)(3)	10,000		FOR THE ORGANIZATION'S GENERAL CHARITABLE PURPOSES
SAN JOSE CHILDRENS	94-2870828	501(C)(3)	25.000		FOR THE

LORGANIZATION'S

PURPOSES

GENERAL CHARITABLE

501(C)(3) 25.000 94-2870828 SAN JOSE CHILDRENS DISCOVERY MUSEUM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

180 WOZ WAY

SAN JOSE, CA 95110

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 81-4182449 501(C)(3) 15.000l FOR THE SCARLETT PARKS

PURPOSES

FOUNDATION lorganization's 1312 F FINCH AVENUE GENERAL CHARITABLE TULARE, CA 93274 IPURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SEATTLE, WA 98109

SEATTLE CHILDREN'S 51-0172421 501(C)(3) 15.000l FOR THE THEATRE ASSOCIATION ORGANIZATION'S 201 THOMAS ST GENERAL CHARITABLE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) CEATTLE DEDEDTODY THEATDE 01 0756535 E01/C1/21 10 000 LEAD THE

IPURPOSES

CEATTLE CHARGODEADE	01 1510515	504 (6) (2)	10000		
SEATTLE, WA 981099982					GENERAL CHARITABLE PURPOSES
PO BOX 900923	91-0/30333	301(C)(3)	10,000		ORGANIZATION'S

SEATTLE SHAKESPEARE 501(C)(3) 10.0001 91-1512717

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 19595

SEATTLE, WA 98109

IFOR THE COMPANY ORGANIZATION'S

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 501(C)(3) 25.000 FOR THE SHAREFEST COMMUNITY 20-5651596 DEVELOPMENT INC lorganization's GENERAL CHARITABLE

PURPOSES

638 S BEACON ST SUITE 700
SAN PEDRO, CA 90731

SHERRILL HOUSE INC
135 S HUNTINGTON AVE

GENERAL CHARIT, PURPOSES

FOR THE
ORGANIZATION'S

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

BOSTON, MA 02130

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other)

LORGANIZATION'S

PURPOSES

GENERAL CHARITABLE

SHRINERS HOSPITALS FOR CHILDREN 2900 N ROCKY POINT TAMPA, FL 33607	36-2193608	501(C)(3)	100,000		FOR THE ORGANIZATION'S GENERAL CHARITABLE PURPOSES
SKOWHEGAN SCHOOL OF	01-0263908	501(C)(3)	10.000		FOR THE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

136 W 22ND STREET

NEW YORK, NY 10011

PAINTING & SCULPTURE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization (book, FMV, appraisal, non-cash assistance if applicable grant cash or assistance or government assistance other) 501(C)(3) 15.000l FOR THE ST ISIDORE CATHOLIC 26-0863611 STUDENT CTR PARISH lorganization's GENERAL CHARITABLE

PURPOSES

711 DENISON AVE
MANHATTAN, KS 66502

ST JOHN THE APOSTLE UMC
5450 MANSFIELD RD

GENERAL CHARITA
PURPOSES

FOR THE
ORGANIZATION'S

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ARLINGTON, TX 760172756

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 75-2266072 501(C)(3) 40.000 FOR THE ST JOSEPH CATHOLIC PARISH

1927 SW GREEN OAKS BLVD ARLINGTON, TX 76017 94-1658139 501(C)(3) ST JOSEPH'S CATHOLIC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CHURCH

360 PARK AVE

CAYUCOS, CA 93430

10.000

lorganization's GENERAL CHARITABLE

LORGANIZATION'S

GENERAL CHARITABLE

IPURPOSES

IPURPOSES

FOR THE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization (book, FMV, appraisal, non-cash assistance if applicable grant cash or assistance or government assistance other) 501(C)(3) 10.000 FOR THE ST JUDE CHILDREN'S 62-0646012 RESEARCH HOSPITAL lorganization's GENERAL CHARITABLE

PURPOSES

501 ST JUDE PLACE MEMPHIS.TN 38105 501(C)(3) 6.000 ST LAWRENCE UNIVERSITY 15-0532239

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

IPURPOSES FOR THE 23 ROMODA DRIVE LORGANIZATION'S CANTON, NY 13617 GENERAL CHARITABLE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) E04(6)(3) 22 222 LEOD THE

CT DECIC CATUOLIC DADICH	30 1 (001 31	E04(C)(2)	12.000		EOD THE
ST MICHAEL'S EPISCOPAL CHURCH 20475 SUNNINGDALE PARK GROSSE POINTE WOODS, MI 48236	38-1459844	501(C)(3)	33,000		ORGANIZATION'S GENERAL CHARITABLE PURPOSES

38-1689121 12,000 IFOR THE 501(C)(3)|

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ST REGIS CATHOLIC PARISH 3695 LINCOLN RD LORGANIZATION'S BLOOMFIELD HILLS, MI 48301 GENERAL CHARITABLE

PURPOSES

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization (book, FMV, appraisal, non-cash assistance if applicable grant cash or assistance or government assistance other) 501(C)(3) 625.000 FOR THE STANFORD UNIVERSITY 94-1156365 485 BROADWAY 4TH FL MC lorganization's GENERAL CHARITABLE

PURPOSES

5470 REDWOOD CITY, CA 94063 47-1641692 501(C)(3) 15.000l FOR THE STEPS TO SUCCESS INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

IPURPOSES 2 CLARK ROAD LORGANIZATION'S BROOKLINE, MA 02445 GENERAL CHARITABLE

(a) Name and address of (b) EIN (e) Amount of non-(f) Method of valuation (c) IRC section (d) Amount of cash (a) Description of (h) Purpose of grant non-cash assistance organization if applicable (book, FMV, appraisal, or assistance arant cash or aovernment assistance other) SUNSET LEGACY FOUNDATION 45-3567386 501(C)(3) 20.000 FOR THE 725 BALDWIN STREET IORGANIZATION'S JENISON, MI 49428 IGENERAL CHARITABLE

10.000

IPURPOSES

IPURPOSES

ORGANIZATION'S

GENERAL CHARITABLE

FOR THE

Form 990. Schedule I. Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

TEN THOUSAND VILLAGES

704 MAIN ST

AKRON, PA 17501

31-1690588

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) TEXAS CHILDRENS HOSPITAL 74-1100555 501(0)(3) 100 000 FOR THE

PO BOX 300630 HOUSTON, TX 772300630	71 1100333	301(0)(3)	100,000		ORGANIZATION'S GENERAL CHARITABLE PURPOSES
THE ASSOCIATION OF FORMER	74-0490865	501(C)(3)	10.000		FOR THE

STUDENTS

505 GEORGE BUSH DRIVE

COLLEGE STATION, TX 77840

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ORGANIZATION'S

IPURPOSES

GENERAL CHARITABLE

(a) Name and address of (e) Amount of non-(f) Method of valuation (b) EIN (c) IRC section (d) Amount of cash (a) Description of (h) Purpose of grant non-cash assistance organization if applicable (book, FMV, appraisal, or assistance arant cash or aovernment assistance other) 04-3123184 501(C)(3) 15.000l FOR THE THE CHILDREN'S TRUST 55 COURT STREET IORGANIZATION'S IGENERAL CHARITABLE

ORGANIZATION'S

IPURPOSES

GENERAL CHARITABLE

BOSTON, MA 021082104 | GENERAL CHAPURPOSES

THE RAPE FOUNDATION 95-4250167 | 501(C)(3) | 10,000 | FOR THE

Form 990. Schedule I. Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1223 WILSHIRE BLVD 410

SANTA MONICA, CA 90403

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance or assistance organization if applicable grant cash or government assistance other) 38-1370971 501(C)(3) 9.0001 FOR THE THE SALVATION ARMY

PURPOSES

EASTERN MICHIGAN DIVISION lorganization's 16130 NORTHLAND DR GENERAL CHARITABLE SOUTHFIELD, MI 480755218

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

3838 LIVERNOIS ROAD

TROY, MI 48007

IPURPOSES 20-0664128 501(C)(3) 8.0001 FOR THE THE WALSH COLLEGE FOUNDATION ORGANIZATION'S

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization (book, FMV, appraisal, non-cash assistance if applicable grant cash or assistance or government assistance other) 501(C)(3) 10.750 FOR THE TOWSON UNIVERSITY 52-0939453 FOUNDATION INC lorganization's GENERAL CHARITABLE

PURPOSES

8000 YORK RD TOWSON, MD 21252 IPURPOSES 36-3287099 501(C)(3) 97.398 FOR THE TREE HOUSE LORGANIZATION'S

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

5757 WAYZATA BLVD

MINNEAPOLIS, MN 55416

(e) Amount of non-(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other)

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Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

E01/C)/3)

TRUCTEES OF BOSTON

PHILADELPHIA, PA 191045099

300

04-2102547

UNIVERSITY 595 COMMONWEATLH AVE STE 700 BOSTON, MA 02215	04-2103347	301(C)(3)	20,000		ORGANIZATION'S GENERAL CHARITABLE PURPOSES
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 2929 WALNUT STREET STE	23-1352685	501(C)(3)	25,000		FOR THE ORGANIZATION'S GENERAL CHARITABLE PURPOSES

26 0001

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization (book, FMV, appraisal, non-cash assistance if applicable grant cash or assistance or government assistance other) 501(C)(3) 6.000 FOR THE TYLER JUNIOR COLLEGE 75-6046816 FOUNDATION lorganization's GENERAL CHARITABLE

PURPOSES

PO BOX 9020 TYLER.TX 757119020 UT TYLER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

IPURPOSES 75-1396988 501(C)(3) 12.500 FOR THE 3900 UNIVERSITY BLVD LORGANIZATION'S TYLER. TX 75799 GENERAL CHARITABLE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

UC SANTA BARBARA	23-7314834	501(C)(3)	50,000		FOR THE
FOUNDATION					ORGANIZATION'S
4129 CHEADLE HALL					GENERAL CHARITABLE
SANTA BARBARA, CA					PURPOSES
931062013					

LORGANIZATION'S

PURPOSES

IGENERAL CHARITABLE

501(C)(3) 10,000 FOR THE UNITED WAY OF 75-6005352

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

METROPOLITAN DALLAS INC.

1800 N LAMAR ST

DALLAS, TX 75202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

UNIVERSITY OF MICHIGAN 610 UNIVERSITY AVE STE 1323 ANN ARBOR, MI 48109	38-6006309	501(C)(3)	75,500		FOR THE ORGANIZATION'S GENERAL CHARITABLE PURPOSES
UNIVERSITY OF NOTRE DAME	35-0868188	501(C)(3)	25,000		FOR THE

LORGANIZATION'S

PURPOSES

GENERAL CHARITABLE

NOTRE DAME, IN 46556

1100 GRACE HALL

DU LAC

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) UNIVERSITY OF WASHINGTON 94-3079432 501(C)(3) 30.000 FOR THE FOUNDATION lorganization's 4333 BROOKLYN AVE NE GENERAL CHARITABLE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SEATTLE. WA 981958045 VERBEM DEI HIGH SCHOOL

IPURPOSES 95-2225787 501(C)(3) 7.500l FOR THE 11100 S CENTRAL AVENUE LORGANIZATION'S LOS ANGELES, CA 90059 GENERAL CHARITABLE

PURPOSES

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization (book, FMV, appraisal, non-cash assistance if applicable grant cash or assistance or government assistance other) 30-0017808 501(C)(3) 10.000 FOR THE VIOLENCE INTERVENTION PROGRAM lorganization's GENERAL CHARITABLE

PURPOSES

1721 GRIFFITH AVE LOS ANGELES, CA 90031 38-1359262 501(C)(3) 35.000l VISTA MARIA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

IPURPOSES FOR THE 20651 W WARREN LORGANIZATION'S DEARBORN, MI 48127 GENERAL CHARITABLE

(a) Name and address of (b) EIN (e) Amount of non-(f) Method of valuation (c) IRC section (d) Amount of cash (a) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance arant cash or aovernment assistance other) WELLSPRING 94-3210971 501(C)(3) 30.000 FOR THE 845 OAK GROVE AVE 202 IORGANIZATION'S IGENERAL CHARITABLE

IPURPOSES

MENLO PARK, CA 94025 WESTMONT COLLEGE 95-1684793 501(C)(3) 50.000

Form 990. Schedule I. Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments.

IPURPOSES FOR THE 955 LA PAZ ROAD ORGANIZATION'S SANTA BARBARA, CA 93018 GENERAL CHARITABLE

(a) Name and address of (b) EIN (e) Amount of non-(f) Method of valuation (c) IRC section (d) Amount of cash (a) Description of (h) Purpose of grant non-cash assistance organization if applicable (book, FMV, appraisal, or assistance arant cash or aovernment assistance other) 04-2104847 501(C)(3) 256.000 FOR THE WILLIAMS COLLEGE 75 PARK STREET IORGANIZATION'S IGENERAL CHARITABLE

IPURPOSES

WILLIAMSTOWN, MA 01267 IPURPOSES WORLD ORPHAN FUND INC. 27-4389601 37.000l FOR THE

Form 990. Schedule I. Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3) N 7130 N LOST LAKE RD ORGANIZATION'S RANDOLPH, WI 53956 GENERAL CHARITABLE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government

IPURPOSES

91-0482890 501(C)(3) 10.000 FOR THE YWCA SEATTLE KING COUNTY SNOHOMISH COUNTY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SEATTLE, WA 98101

lorganization's GENERAL CHARITABLE 1118 FIFTH AVE

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Schedule L		Tran	sactio	ns with li	Interested Persons						OMB No. 1545-0047		
(Form 990 or 990-								5,	2019				
Department of the Trea Internal Revenue Servi	,	Go to <u>www.i</u>		m990 for inst			forma	tion.		(Open (Insp	to Pul ectio	
Name of the orga COMERICA CHARITA	anization ABLE TRUST							•	•	entifica	ation n		
	ss Benefit Tra						(29)	_	nization				
	ete if the organiza Name of disqual			Relationship be					rt V, III escript			Corro	ctod2
1 (a)	name or disquar	med person	(6)		organization	ililied person ai			ansacti		<u> </u>		No
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4958 3 Enter the an	nount of tax, if ar	ny, on line 2, a	 above, reim	bursed by the c		· · · · ·	<u>.</u>	: :	•	\$ — \$ —			
Com	ans to and/or aplete if the orgar orted an amount o	ization answe	red "Yes" o	n Form 990-EZ	, Part V, line 3	38a, or Form 99	90, Pa	rt IV,	line 26	; or if	the org	anizati	on
(a) Name of interested person	(b) Relationship	(c) Purpose	(d) Loan		(e) Original principal amount	(f) Balance due		(g) In (h) efault? Approved board or committee		ved by rd or	r´		
			То	From			Yes	No	Yes	No	Yes	N	0
 Total .	<u> </u>	<u> </u>		1	<u> </u> ▶ \$								
	nts or Assista		ing Inter										
	plete if the org												
(a) Name of interested person (b) Relationship betw interested person and organization		n and the			of assi	assistance (e) Purpose of assistance							
						1							

(a) Name of interested person	between interested person and the organization	transaction	(d) Description of transaction	organiz	of organization's revenues?	
				Yes	No	
(1) COMERICA BANK AND TRUST	INSTITUTIONAL TRUSTEE	286,735	INVESTMENT MANAGEMENT		No	

Explanation

Schedule I. (Form 990 or 990-F7) 2019

Provide additional information for responses to questions on Schedule L (see instructions).

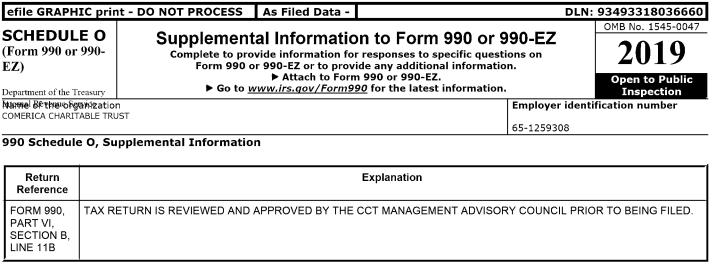
Return Reference

Part V

Supplemental Information

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493318036660 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** COMERICA CHARITABLE TRUST 65-1259308 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art-Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles **7** Boats and planes . . . 8 Intellectual property . . . Securities—Publicly traded . Χ 17 4,367,092 FAIR MARKET VALUE 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . Real estate—Other . . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ (___ 26 Other ▶ (______) 27 Other ▶ (______) Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2019)	Page 2
is reporting in Part I, co	nation. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization blumn (b), the number of contributions, the number of items received, or a combination of both. Also ny additional information.
Return Reference	Explanation
PART I, COLUMN (B):	GIFTS OF PUBLICLY TRADED STOCKS ARE REPORTED BASED ON THE NUMBER OF DONORS MAKING SUCH GIFTS.
	Schedule M (Form 990) (2019)



Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990,	MEMBERS OF THE MANAGEMENT ADVISORY COUNCIL ARE ASKED TO REPORT SUCH CONFLICTS, IF ANY, ON
PART VI,	AN ANNUAL BASIS. IF A CONFLICT WAS DISCLOSED AND THAT CONFLICT WAS PERTINENT TO A VOTING M
SECTION B,	ATTER, THAT COUNCIL MEMBER WOULD BE ASKED TO REFRAIN FROM VOTING. IF THE CONFLICT WAS NOT
LINE 12C	PERTINENT TO THE VOTING MATTER. THE COUNCIL MEMBER WOULD BE ALLOWED TO VOTE

Return Explanation

990 Schedule O, Supplemental Information

LINE 19

FORM 990, PART VI, SECTION C.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	GRANTS FROM DONOR DESIGNATED FUNDS 32,461. CONTRIBUTIONS FROM DONOR DESIGNATED FUNDS -6,463.