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Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

2009

Department of the Treasury
Internal Revenue Service

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements.

For calendar year 2009, or tax year beginning , and ending

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return
☐ Amended return ☐ Address change ☐ Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.	Name of foundation METRO HEALTH FOUNDATION		A Employer identification number 38-2100939
	Number and street (or P O box number if mail is not delivered to street address)	Room/suite	B Telephone number (313) 965-4220
	333 W FORT STREET		
	City or town, state, and ZIP code DETROIT, MI 48226		
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 6,592,149.		J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	
C If exemption application is pending, check here <input type="checkbox"/> D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received				N/A	
2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities		276,068.	276,068.		STATEMENT 1
5a Gross rents					
b Net rental income or (loss)					
6a Net gain or (loss) from sale of assets not on line 10		-227,823.			
b Gross sales price for all assets on line 6a		1,590,608.			
7 Capital gain net income (from Part IV, line 2)					
8 Net short-term capital gain					
9 Income modifications					
10a Gross sales less returns and allowances					
b Less Cost of goods sold					
c Gross profit or (loss)					
11 Other income		7,650.	1,113.		STATEMENT 2
12 Total. Add lines 1 through 11		55,895.	277,181.		
13 Compensation of officers, directors, trustees, etc		79,125.	15,825.		63,300.
14 Other employee salaries and wages		66,115.	13,223.		52,892.
15 Pension plans, employee benefits		158,555.	29,808.		28,747.
16a Legal fees STMT 3		4,745.	2,373.		2,372.
b Accounting fees STMT 4		12,300.	6,150.		6,150.
c Other professional fees					
17 Interest					
18 Taxes					
19 Depreciation and depletion					
20 Occupancy		20,222.	5,526.		14,696.
21 Travel, conferences, and meetings		10,989.	2,747.		8,242.
22 Printing and publications		3,494.	1,484.		2,010.
23 Other expenses STMT 5		47,550.	38,098.		9,452.
24 Total operating and administrative expenses. Add lines 13 through 23		403,095.	115,234.		187,861.
25 Contributions, gifts, grants paid		206,442.			178,595.
26 Total expenses and disbursements. Add lines 24 and 25		609,537.	115,234.		366,456.
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements		-553,642.			
b Net investment income (if negative, enter -0-)			161,947.		
c Adjusted net income (if negative, enter -0-)				N/A	

Part II Balance Sheets		Beginning of year (a) Book Value	End of year	
			(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing			
	2 Savings and temporary cash investments	132,003.	195,618.	195,618.
	3 Accounts receivable ▶ 39,982.		39,982.	39,982.
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	1,869.		
	10a Investments - U.S. and state government obligations STMT 7	245,817.	247,897.	247,897.
	b Investments - corporate stock STMT 8	3,355,793.	4,150,810.	4,150,810.
	c Investments - corporate bonds STMT 9	1,991,601.	1,954,135.	1,954,135.
Liabilities	11 Investments - land, buildings, and equipment basis ▶			
	Less accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other			
	14 Land, buildings, and equipment basis ▶			
	Less accumulated depreciation ▶			
	15 Other assets (describe ▶ STATEMENT 10)	2,470.	3,707.	3,707.
	16 Total assets (to be completed by all filers)	5,729,553.	6,592,149.	6,592,149.
	17 Accounts payable and accrued expenses	3,744.	3,715.	
	18 Grants payable	119,595.	147,442.	
Net Assets or Fund Balances	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶)	5,300.	125,000.	
	23 Total liabilities (add lines 17 through 22)	128,639.	276,157.	
	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	5,600,914.	6,315,992.	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg., and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 Total net assets or fund balances	5,600,914.	6,315,992.	
	31 Total liabilities and net assets/fund balances	5,729,553.	6,592,149.	

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	5,600,914.
2 Enter amount from Part I, line 27a	2	-553,642.
3 Other increases not included in line 2 (itemize) ▶ SEE STATEMENT 6	3	1,268,720.
4 Add lines 1, 2, and 3	4	6,315,992.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	6,315,992.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a PUBLICLY TRADED SECURITIES				
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a 1,590,608.		1,818,431.	-227,823.	
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a			-227,823.	
b				
c				
d				
e				
2 Capital gain net income or (net capital loss)		2		-227,823.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8		3		N/A

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2008	417,490.	7,028,227.	.059402
2007	460,231.	8,312,449.	.055366
2006	390,235.	8,039,924.	.048537
2005	395,546.	7,789,735.	.050778
2004	443,766.	7,530,625.	.058928
2 Total of line 1, column (d)			.273011
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			.054602
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5			5,785,307.
5 Multiply line 4 by line 3			315,889.
6 Enter 1% of net investment income (1% of Part I, line 27b)			1,619.
7 Add lines 5 and 6			317,508.
8 Enter qualifying distributions from Part XII, line 4			366,456.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.
See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	1,619.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0.
3 Add lines 1 and 2		3	1,619.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	1,619.
6 Credits/Payments:			
a 2009 estimated tax payments and 2008 overpayment credited to 2009	6a	4,916.	
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	4,916.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	3,297.	
11 Enter the amount of line 10 to be: Credited to 2010 estimated tax <input checked="" type="checkbox"/> 3,297. Refunded <input type="checkbox"/>	11	0.	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input checked="" type="checkbox"/> \$ 0. (2) On foundation managers. <input checked="" type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input checked="" type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input checked="" type="checkbox"/> MI		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

N/A

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Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>HTTP://SITEKREATOR.COM/METROHEALTHFOUNDATION</u>	13	X	
14	The books are in care of ► <u>THERESA L. SONDYS</u> Telephone no. ► <u>(313) 965-4220</u> Located at ► <u>333 W FORT ST, SUITE 1370, DETROIT, MI</u> ZIP+4 ► <u>48226</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year	► 15 N/A		

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here	N/A	1b
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?		1c X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? If "Yes," list the years ► _____, _____, _____, _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	N/A	2b
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► _____, _____, _____, _____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009)	N/A	3b
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?		4b X

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

N/A

5b

Organizations relying on a current notice regarding disaster assistance check here

☒

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

X

If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 11		79,125.	10,575.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
THERESA SONDYS 333 W. FORT STREET, DETROIT, MI 48226	SENIOR PROGRAM OFFICER 35.00	66,115.	0.	2,665.

Total number of other employees paid over \$50,000

0

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Part VIII**Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** (continued)**3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services

0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 N/A	
2	
3	
4	

Part IX-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0.

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	5,873,408.
b	Average of monthly cash balances	1b	
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	5,873,408.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	5,873,408.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	88,101.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	5,785,307.
6	Minimum investment return. Enter 5% of line 5	6	289,265.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	289,265.
2a	Tax on investment income for 2009 from Part VI, line 5	2a	1,619.
b	Income tax for 2009. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	1,619.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	287,646.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	287,646.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	287,646.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	366,456.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	366,456.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	1,619.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	364,837.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				287,646.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004	63,282.			
b From 2005	27,284.			
c From 2006	698.			
d From 2007	50,511.			
e From 2008	69,403.			
f Total of lines 3a through e	211,178.			
4 Qualifying distributions for 2009 from Part XII, line 4: ▶ \$ 366,456.				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2009 distributable amount				287,646.
e Remaining amount distributed out of corpus	78,810.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	289,988.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004 not applied on line 5 or line 7	63,282.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	226,706.			
10 Analysis of line 9:				
a Excess from 2005	27,284.			
b Excess from 2006	698.			
c Excess from 2007	50,511.			
d Excess from 2008	69,403.			
e Excess from 2009	78,810.			

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
SEE STATEMENT 13				
Total			▶ 3a	178,595.
b Approved for future payment				
Total SEE STATEMENT 14			▶ 3b	147,442.

Part XVII

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- | | | Yes | No |
|--|---|-----|----|
| 1 | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | |
| | a Transfers from the reporting foundation to a noncharitable exempt organization of: | | |
| | (1) Cash | | X |
| | (2) Other assets | | X |
| | b Other transactions: | | |
| | (1) Sales of assets to a noncharitable exempt organization | | X |
| | (2) Purchases of assets from a noncharitable exempt organization | | X |
| | (3) Rental of facilities, equipment, or other assets | | X |
| | (4) Reimbursement arrangements | | X |
| | (5) Loans or loan guarantees | | X |
| (6) Performance of services or membership or fundraising solicitations | | X | |
| c Sharing of facilities, equipment, mailing lists, other assets, or paid employees | 1c | | X |
| d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. | | | |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No
- b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		


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

Sign Here

Signature of officer or trustee

8/13/2010
Date

EXECUTIVE DIRECTOR
Title

Paid Preparer's Use Only	Preparer's signature	
	Firm's name (or yours if self-employed), address, and ZIP code	PLANTE & MORAN, PLLC P.O. BOX 307 SOUTHFIELD, MI 4803

Date 8/13/10

Check if self-employed ☐

Preparer's identifying number
POD170336

Phone no. (248) 352-2500

Form **990-PF** (2009)

FORM 990-PF	DIVIDENDS AND INTEREST FROM SECURITIES	STATEMENT	1
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SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
SCHWAB DIVIDENDS AND INTEREST	276,068.	0.	276,068.
TOTAL TO FM 990-PF, PART I, LN 4	276,068.	0.	276,068.

FORM 990-PF	OTHER INCOME	STATEMENT	2
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DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
MISCELLANEOUS INCOME	1,113.	1,113.	
EXCISE TAX BENEFIT	6,537.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	7,650.	1,113.	

FORM 990-PF	LEGAL FEES	STATEMENT	3
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	4,745.	2,373.		2,372.
TO FM 990-PF, PG 1, LN 16A	4,745.	2,373.		2,372.

FORM 990-PF	ACCOUNTING FEES	STATEMENT	4
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	12,300.	6,150.		6,150.
TO FORM 990-PF, PG 1, LN 16B	12,300.	6,150.		6,150.

FORM 990-PF	OTHER EXPENSES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
BANK CHARGES	29,196.	29,196.		0.	
OFFICE EQUIPMENT & SUPPLIES	2,748.	687.		2,061.	
MISCELLANEOUS	7,463.	4,035.		3,428.	
INSURANCE	4,224.	2,112.		2,112.	
TELEPHONE	2,111.	1,056.		1,055.	
PARKING	432.	324.		108.	
UTILITIES	1,376.	688.		688.	
TO FORM 990-PF, PG 1, LN 23	47,550.	38,098.		9,452.	

FORM 990-PF	OTHER INCREASES IN NET ASSETS OR FUND BALANCES	STATEMENT	6
DESCRIPTION		AMOUNT	
UNREALIZED GAIN ON INVESTMENT SECURITIES		1,268,720.	
TOTAL TO FORM 990-PF, PART III, LINE 3		1,268,720.	

FORM 990-PF	U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS			STATEMENT	7
DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE	
MUNICIPAL BONDS		X	247,897.	247,897.	
TOTAL U.S. GOVERNMENT OBLIGATIONS					
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS			247,897.	247,897.	
TOTAL TO FORM 990-PF, PART II, LINE 10A			247,897.	247,897.	

FORM 990-PF	CORPORATE STOCK	STATEMENT	8
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
COMMON STOCKS AND EQUITY FUNDS	4,150,810.	4,150,810.
TOTAL TO FORM 990-PF, PART II, LINE 10B	4,150,810.	4,150,810.

FORM 990-PF	CORPORATE BONDS	STATEMENT	9
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
BONDS	1,954,135.	1,954,135.
TOTAL TO FORM 990-PF, PART II, LINE 10C	1,954,135.	1,954,135.

FORM 990-PF	OTHER ASSETS	STATEMENT	10
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DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
REFUNDABLE EXCISE TAX	2,470.	3,707.	3,707.
TO FORM 990-PF, PART II, LINE 15	2,470.	3,707.	3,707.

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 11

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
LILLIE TABOR 333 WEST FORT STREET SUITE 1370 DETROIT, MI 48226	PRESIDENT 2.00	0.	0.	0.
CHERYL CHANDLER 333 WEST FORT STREET SUITE 1370 DETROIT, MI 48226	VICE PRESIDENT 1.00	0.	0.	0.
RAYMOND COCHRAN CPA 333 WEST FORT STREET SUITE 1370 DETROIT, MI 48226	TREASURER 1.00	0.	0.	0.
DORIS M. FELL 333 WEST FORT STREET SUITE 1370 DETROIT, MI 48226	TRUSTEE 1.00	0.	0.	0.
GLENN F. KOSSICK 333 WEST FORT STREET SUITE 1370 DETROIT, MI 48226	TRUSTEE 1.00	0.	10,575.	0.
GLORIA ROBINSON 333 WEST FORT STREET SUITE 1370 DETROIT, MI 48226	TRUSTEE 1.00	0.	0.	0.
RANDY WALAINIS 333 WEST FORT STREET SUITE 1370 DETROIT, MI 48226	EXECUTIVE DIRECTOR 24.00	79,125.	0.	0.
LAURA CHAMPAGNE 333 WEST FORT STREET SUITE 1370 DETROIT, MI 48226	TRUSTEE 1.00	0.	0.	0.
VALERIE HEROD BELAY 333 WEST FORT STREET SUITE 1370 DETROIT, MI 48226	TRUSTEE 1.00	0.	0.	0.
ROBERT DOLL 333 WEST FORT STREET SUITE 1370 DETROIT, MI 48226	TRUSTEE 1.00	0.	0.	0.
BARBARA JUSTICE 333 WEST FORT STREET SUITE 1370 DETROIT, MI 48226	TRUSTEE 1.00	0.	0.	0.

METRO HEALTH FOUNDATION

38-2100939

JUDITH BEAN PHD	TRUSTEE			
333 WEST FORT STREET SUITE 1370	1.00	0.	0.	0.
DETROIT, MI 48226				

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII	79,125.	10,575.	0.
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FORM 990-PF	GRANT APPLICATION SUBMISSION INFORMATION	STATEMENT 12
	PART XV, LINES 2A THROUGH 2D	

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

THERESA SONDYS
333 WEST FORT STREET SUITE 1370
DETROIT, MI 48226

TELEPHONE NUMBER

313-965-4220

FORM AND CONTENT OF APPLICATIONS

ALL GRANT PROPOSALS MUST BE SUBMITTED ON A REQUIRED MHF APPLICATION FORM

ANY SUBMISSION DEADLINES

DEADLINES FOR SUBMITTING GRANT APPLICATIONS ARE FEBRUARY 1 AND AUGUST 1

RESTRICTIONS AND LIMITATIONS ON AWARDS

GRANTS ARE BASED ON 3 GUIDING PRINCIPLES. FOR PRIMARY, PHYSICAL HEALTH CARE AND HEALTH-RELATED SERVICES; FOR UNDER-FUNDED PROJECTS RATHER THAN TO AUGMENT OTHERWISE WORTHY, BUT FUNDED, PROJECTS; FOR PROJECTS AND INSTITUTIONS THAT STRIVE TO 'DO A LOT WITH A LITTLE' - ENDEAVORS THAT ARE STRUGGLING WITH UNDER-FUNDED SITUATIONS.

FORM 990-PF

GRANTS AND CONTRIBUTIONS
PAID DURING THE YEAR

STATEMENT 13

RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
BEAUMONT CANCER INSTITUTE 3577 WEST THIRTEEN MILE ROAD ROYAL OAK, MI 480736769	NONE CANCER SCREENINGS FOR MINORITY POPULATIONS	PUBLIC	12,500.
JOY-SOUTHFIELD COMMUNITY DEVELOPMENT CORPORATION 18700 JOY ROAD DETROIT, MI 48228	NONE TO IMPROVE THE QUALITY OF CARE PROVIDED TO PATIENTS WITH HYPERTENSION	RELIGIOUS	9,000.
MICHIGAN AIDS COALITION 21700 NORTHWESTERN HWY STE 1150 SOUTHFIELD, MI 48075	NONE TO SUPPORT THE WORK OF THE 7-MEMBER AMERICORPS TEAM TO SERVE HIV/AIDS PREVEN	PUBLIC	10,000.
OPTOMETRIC INSTITUTE AND CLINIC 3044 WEST GRAND BOULEVARD, SUITE 1-253 DETROIT, MI 48202	NONE RETINAL SURGERY FOR LOW-INCOME UNINSURED CLIENTS	PUBLIC	15,000.
DETROIT RECEIVING HOSPITAL 4201 SAINT ANTOINE STREET DETROIT, MI 48201	NONE TO LAUNCH A HYPERTENSION SELF-MANAGEMENT CLINIC FOR SENIORS	PUBLIC	5,000.
NATIONAL KIDNEY FOUNDATION 1169 OAK VALLEY DRIVE ANN ARBOR, MI 48108	NONE FOR THE HEALTHY FAMILIES START WITH YOU PROGRAM WORKING WITH PRE-SCHOOL KIDS	PUBLIC	10,000.
CENTRAL UNITED METHODIST CHURCH 23 E. ADAMS DETROIT, MI 48226	NONE MEDICAL SUPPLIES TO SUPPORT THE PARISH NURSE	RELIGIOUS	6,000.
COALITION ON TEMPORARY SHELTER 26 PETERBORO DETROIT, MI 48201	NONE PRESCRIPTION MEDICATION, RESTOCK FIRST AID KIT	PUBLIC	1,875.

METRO HEALTH FOUNDATION

38-2100939

CROSSROADS OF MICHIGAN 4800 WOODWARD AVE DETROIT, MI 48201	NONE OBTAINING PRESCRIPTION MEDICATION NOT OTHERWISE AVAILABLE	PUBLIC	3,000.
FREEDOM HOUSE 2630 W LAFAYETTE DETROIT, MI 48216	NONE MISCELLANEOUS MEDICAL/DENTAL CARE AND ASSISTANCE	PUBLIC	2,500.
KARMANOS CANCER INSTITUTE 4100 JOHN R DETROIT, MI 48201	NONE UMBILICAL CORD BLOOD EDUCATION INITIATIVE FOR MINORITIES	PUBLIC	2,500.
OPTOMETRIC INSTITUTE AND CLINIC 3044 WEST GRAND BOULEVARD, SUITE 1-253 DETROIT, MI 48202	NONE RETINAL SURGERY FOR LOW-INCOME UNINSURED CLIENTS	PUBLIC	5,000.
BRIDGING COMMUNITIES 6900 MCGRAW STREET DETROIT, MI 48210	NONE HEALTHCARE TRANSPORTATION FOR THE ELDERLY IN SW DETROIT	PUBLIC	16,600.
COVENANT COMMUNITY CARE 559 WEST GRAND BOULEVARD DETROIT, MI 48226	NONE MEDICAL EQUIPMENT FOR USE AT WATERMAN CLINIC	RELIGIOUS	12,000.
HOPE MEDICAL CLINIC PO BOX 980311 YPSILANTI, MI 48198	NONE TO PAY A PORTION OF THE ASSISTANT MEDICAL DIRECTOR SALARY	PUBLIC	17,370.
LIGHTHOUSE EMERGENCY SERVICES 46156 WOODWARD AVE PONTIAC, MI 48343	NONE EMERGENGECY MEDICAL/PRESCRIPTION MEDICATION ASSISTANCE	PUBLIC	8,000.
LIONS HEARING CENTER 4201 SAINT ANTOINE STREET DETROIT, MI 48201	NONE TO PURCHASE HEARING AIDS FOR SENIORS	PUBLIC	6,250.
MACOMB COMMUNITY COLLEGE FOUNDATION 14500 EAST TWELVE MILE ROAD WARREN, MI 48088	NONE FIVE SCHOLARSHIPS FOR STUDENTS IN THE MCC NURSING PROGRAM	PUBLIC	10,000.

OAKWOOD HEALTHCARE FOUNDATION
23400 MICHIGAN AVE STE 301
DEARBORN, MI 48124

NONE
FOR NON-REIMBURSABLE
LAB SERVICES AND/OR
SUPPLIES AT THE
INKSTER TEEN HEALTH

PUBLIC

5,000.

ST. ALOYSIUS CHURCH/COMMUNITY
CENTER
1234 WASHINGTON BOULEVARD
DETROIT, MI 48226

FOR ASSISTANCE WITH
PRESCRIPTION AND
HEALTH PROFESSIONAL
FEES

RELIGIOUS

6,000.

WORLD MEDICAL RELIEF
11745 ROSA PARKS BLVD DETROIT,
MI 48206

NONE
SENIOR PRESCRIPTION
PROGRAM FOR THE
PURCHASE OF
MEDICATIONS

PUBLIC

15,000.

TOTAL TO FORM 990-PF, PART XV, LINE 3A

178,595.

FORM 990-PF

GRANTS AND CONTRIBUTIONS
APPROVED FOR FUTURE PAYMENT

STATEMENT 14

RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
CENTRAL UNITED METHODIST CHURCH 23 E. ADAMS DETROIT, MI 48226	NONE MEDICAL SUPPLIES TO SUPPORT THE PARISH NURSE	RELIGIOUS	6,000.
CROSSROADS OF MICHIGAN 4800 WOODWARD AVE DEARBORN, MI 48201	NONE EMERGENCY ASSISTANCE WITH PRESCRIPTION AND MEDICAL SUPPLIES	PUBLIC	6,000.
HOPE MEDICAL CLINIC PO BOX 980311 YPSILANTI, MI 481980311	NONE TO SUPPORT THE PART-TIME MEDICAL CLINIC COORDINATOR	PUBLIC	22,242.
INFANT MORTALITY PROGRAM 45 CANDLER STREET HIGHLAND PARK, MI 48203	NONE PURCHASE OF PACK AND PLAY CRIBS TO BE USED BY EACH CAREGIVER OF A CHILD	RELIGIOUS	2,500.
MACOMB COMMUNITY COLLEGE FOUNDATION 14500 EAST TWELVE MILE ROAD WARREN, MI 480889838	NONE FIVE SCHOLARSHIPS FOR STUDENTS IN THE MCC NURSING PROGRAM	PUBLIC	10,000.
WORLD MEDICAL RELIEF 11745 ROSA PARKS BLVD DETROIT, MI 48206	NONE TO SUPPORT THE PRESCRIPTION ASSISTANCE PROGRAM	PUBLIC	10,000.
LIONS HEARING CENTER 4201 ST ANTOINE, UNIVERSITY HEALTH CENTER, 5G DETROIT, MI 48201	NONE TO PURCHASE HEARING AIDS FOR SENIORS	PUBLIC	7,700.
ST. ALOYSIUS CHURCH/COMMUNITY CENTER 1234 WASHINGTON BOULEVARD DETROIT, MI 48226	NONE FOR ASSISTANCE WITH PRESCRIPTIONS AND PHYSICIAN VISITS AND DENTAL FEES	RELIGIOUS	3,000.

COMMUNITY HEALTH AND SOCIAL SERVICES 5635 WEST FORT STREET DETROIT, MI 48209	NONE TO FURNISH FOUR PROCEDURE ROOMS AND PURCHASE EQUIPMENT FOR CANCER SCREENING	PUBLIC	30,000.
COVENANT COMMUNITY CARE 559 WEST GRAND BOULEVARD DETROIT, MI 48216	NONE TO PILOT A CENTRALIZED PHARMACY PROGRAM TO PROVIDE PRESCRIPTION MEDICAL ASSI	PUBLIC	30,000.
MERCY PRIMARY CARE 5555 CONNER STREET DETROIT, MI 48213	NONE FOR DIABETIC EYE EXAMS FOR UNINSURED PATIENTS	PUBLIC	7,500.
STARFISH FAMILY SERVICES 30000 HIVELEY STREET INKSTER, MI 48141	NONE FOR THE PURCHASE OF MEDICAL EQUIPMENT FOR SIX HEAD START SITES	PUBLIC	4,500.
JOY-SOUTHFIELD COMMUNITY DEVELOPMENT CORPORATION 18700 JOY ROAD DETROIT, MI 48228	NONE TO IMPROVE THE QUALITY OF CARE PROVIDED TO PATIENTS WITH HYPERTENSION	RELIGIOUS	3,000.
OPTOMETRIC INSTITUTE AND CLINIC 3044 WEST GRAND BOULEVARD, SUITE 1-253 DETROIT, MI 48202	NONE RETINAL SURGERY FOR LOW-INCOME UNINSURED CLIENTS	PUBLIC	5,000.

TOTAL TO FORM 990-PF, PART XV, LINE 3B

147,442.

Account of METRO HEALTH FOUNDATION

Statement Period: December 1, 2009 through December 31, 2009

Investment Detail

Cash and Money Market Funds (Sweep)

Description	Quote Symbol	Quantity Long/Short	Latest Price	Total Market Value
CASH				\$ 15,801.48
SWH ADV CASH RESRV PREM	SWZXX	179,719.5500 L	\$ 1	179,719.55
Total Market Value of Cash and Money Market Funds (Sweep)				\$ 195,521.03

Investment Holdings

Fixed Income: Corporate Bonds

ABBOTT LABS 5.6%11 NOTES DUE 05/15 11		200,000 L	\$ 106.2500	\$ 212,500.00
A1/AA CURRENT YIELD 5.27058%				
AMER EXPRESS BK 5.55%12 NOTES DUE 10/17/12		100,000 L	106.6613	106,661.30
A2/BBB+ CURRENT YIELD 5.20338%				
BOEING CAP CORP 3.25%14 NOTES DUE 10/27/14		100,000 L	99.1002	99,100.20
A2/A CURRENT YIELD 3.2795%				
CAMPBELL SOUP CO 6.75%11 NT DUE 02/15/11		165,000 L	106.5753	175,849.25
A2/A CURRENT YIELD 6.33355%				
DUPONT CO 5.0%13 NOTES DUE 01/15 13		125,000 L	107.4898	134,362.25
A2/A CURRENT YIELD 4.6516%				

Account of METRO HEALTH FOUNDATION

Statement Period: December 1, 2009 through December 31, 2009

Investment Detail (continued)

Investment Holdings

Description	Quote Symbol	Quantity Long/Short	Latest Price	Market Value	Total Market Value
G T E NORTH INC 6.375%10 NOTES DUE 02/15/10		50,000 L	\$ 100.5778	\$ 50,288.90	
A3/A CURRENT YIELD 6.33837%					
GENENTECH INC 4.75%15 SNR NOTES DUE 07/15/15		50,000 L	106.8305	53,415.25	
WR/AA- CURRENT YIELD 4.4629%					
GENERAL ELEC CAP 5.45%13 NOTES DUE 01/15/13		100,000 L	106.6537	106,653.70	
AA2/AA+ CURRENT YIELD 5.10999%					
HEINZ H J FIN CO 6%12 GTD NT DUE 03/15/12		100,000 L	107.5767	107,576.70	
MULTI STEP CPN					
Baa2/BBB CURRENT YIELD 5.57741%					
HEWLETT PACKARD 6.50%12 NOTES DUE 07/01/12		150,000 L	111.0480	166,572.00	
A2/A CURRENT YIELD 5.85332%					
J P MORGAN CHASE 6.75%11 GLBL NT DUE 02/01/11		100,000 L	105.9129	105,912.90	
A1/A CURRENT YIELD 6.37316%					
LOWES 5.6%12 NOTES DUE 09/15/12		100,000 L	109.4476	109,447.60	
A1/A+ CURRENT YIELD 5.1166%					

G000002310312S

Schwab One® Account

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Account of METRO HEALTH FOUNDATION

Statement Period: December 1, 2009 through December 31, 2009

Investment Detail (continued)

Investment Holdings

Description	Quote Symbol	Quantity Long/Short	Latest Price	Total Market Value
NATI CITY BK LOU 6.35%11 FR DUE 02/15/11		175,000 L	\$ 103.9582	\$ 181,926.85
A2 A+ CURRENT YIELD 6.06012% TARGET CORP 6.35%11 COLL NOTES DUE 01/15/11		100,000 L	105.6017	105,601.70
A2 A+ CURRENT YIELD 6.01316% UTD III ALTR ARL 5.25%11 BONDS DUE 03/15/11		100,000 L	104.0477	104,047.70
Bear/A- CURRENT YIELD 5.04576% WACHOVIA CORP 5.7%13 NOTES DUE 08/01/13		125,000 L	107.3749	134,218.63
A1 AA- CURRENT YIELD 5.3085% Fixed Income: Municipal Bonds		100,000 L	\$ 103.3750	\$ 103,375.00
BROWARD CNTY FLA 6.5%10 RI-V DUE 10/01/10 ARPT SYS RIV TXB AMB AC		140,000 L	103.2300	144,522.00
A1 A+ CURRENT YIELD 6.28778% COOK CNTY ILL SCH 5.1%10 GO LIX DUE 12/01/10 DIST NO 123 OAK LXB FSA				
Aa3 AAA CURRENT YIELD 4.94042% Total Market Value of Fixed Income				\$ 2,202,031.93

Schwab One® Account

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Account of METRO HEALTH FOUNDATION

Statement Period: December 1, 2009 through December 31, 2009

Investment Detail (continued)

Investment Holdings (continued)

Description	Quote Symbol	Quantity Long/Short	Latest Price	Total Market Value
Equities				
A T & T INC NEW	T	1,100	\$ 28.0300	\$ 30,833.00
ACTUANT CORP CL A NEW	ATU	1,100	18.5300	20,383.00
AIRGAS INC	ARG	500	47.6000	23,800.00
ALBERTO CULVER CO NEW	ACV	800	29.2900	23,432.00
AMEDISYS INC	AMED	300	48.6000	14,580.00
AMERICAN ECOLOGY CP NEW	ECOL	910	17.0400	15,506.40
AMERICAN EXPRESS COMPANY	AXP	1,180	40.5200	47,813.60
AMERISAFE INC	AMSF	1,300	17.9700	23,361.00
AMERN ITALIAN PASTA CO CL A	AIPC	800	34.7900	27,832.00
APACHE CORP	APA	430	103.1700	44,363.10
AQUA AMERICA INC	WTR	900	17.5100	15,759.00
AUTO DATA PROCESSING	ADP	860	42.8200	36,825.20
BALL CORPORATION	BLL	500	51.7000	25,850.00
BANK OF AMERICA CORP	BAC	2,300	15.0600	34,638.00
BLACKBAUD INC	BLKB	600	23.6300	14,178.00
BORG WARNER INC	BWA	400	33.2200	13,288.00

G000002310412T

Investment Detail (continued)

Investment Holdings

Description	Quote Symbol	Quantity Long/Short	Latest Price	Total Market Value
BRIGHTPOINT INC NEW	CTL	2,100 L	\$ 7,3500	\$ 15,435.00
BRINKS CO	BKO	660 L	24,3400	16,064.40
BURGER KING HOLDINGS INC	BKC	1,590 L	18.8200	29,923.80
CVS CAREMARK CORP	CVS	600 L	32.2100	19,326.00
CHURCH & DWIGHT CO INC	CHD	300 L	60.4500	18,135.00
CISCO SYSTEMS INC	CSCO	3,550 L	23.9400	84,987.00
CONCHO RESOURCES INC	CXO	250 L	44.9000	11,225.00
CONOCOPHILLIPS	COP	1,145 L	51.0700	58,475.15
COPART INC	CPI	500 L	36.6200	18,310.00
CORRECTIONS CP AMER NEW	CXW	600 L	24.5500	14,730.00
DAVITA INC	DVA	500 L	58.7400	29,370.00
DELL INC	DELL	2,130 L	14.3600	30,586.80
DENBURY RES INC NEW	DNR	900 L	14.8000	13,320.00
DENTSPLY INTL INC	XRAY	500 L	35.1700	17,585.00
DEVON ENERGY CORP NEW	DVN	930 L	73.5000	68,355.00
DOLLAR FINANCIAL CORP	DLR	600 L	23.6400	14,184.00
DOVER CORPORATION	DVV	1,480 L	41.6100	61,582.80

Investment Detail (continued)

Investment Holdings

Description	Quote Symbol	Quantity Long/Short	Latest Price	Total Market Value
DOW CHEMICAL COMPANY	DOW	490 L	\$ 27.6300	\$ 13,538.70
DSP GROUP INC	DSNG	3,000 L	5.6300	16,890.00
DU PONT E I DE NEMOUR&CO	DD	1,980 L	33.6700	66,666.60
EVEREST RE GROUP LTD F	RE	200 L	85.6800	17,136.00
EXXON MOBIL CORPORATION	XOM	870 L	68.1900	59,325.30
F T I CONSULTING INC	FCN	500 L	47.1600	23,580.00
FOOT LOCKER INC	FL	2,550 L	11.1400	28,407.00
FRANKLIN ELECTRIC CO INC	FELE	560 L	29.0500	16,268.00
GENERAL DYNAMICS CORP	GD	630 L	68.1700	42,947.10
GENERAL ELECTRIC COMPANY	GE	3,380 L	15.1300	51,139.40
GRANITE CONSTRUCTION INC	GVA	500 L	33.6600	16,830.00
H C C INSURANCE HOLDINGS	HCC	700 L	27.9700	19,579.00
HEALTHCARE SVC GROUP INC	HCSG	900 L	21.4600	19,314.00
HHGREGG INC	HGG	700 L	22.0300	15,421.00
HIBBETT SPORTS INC	HIBB	700 L	21.9900	15,393.00
HORNBECK OFFSHORE SVCS	HOS	700 L	23.2800	16,296.00
IDEX CORP	IDEX	450 L	31.1500	14,017.50

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Account of METRO HEALTH FOUNDATION

Statement Period: December 1, 2009 through December 31, 2009

Investment Detail (continued)

Investment Holdings

Description	Quote Symbol	Quantity Long/Short	Latest Price	Total Market Value
ILLINOIS TOOL WORKS INC	ITW	1,310 L	\$ 47.9900	\$ 62,866.90
INTEL CORP	INTC	3,650 L	20.4000	74,460.00
INTERSH. CORP CL A CLASS A	ISIL	800 L	15.3400	12,272.00
INTEL BUSINESS MACHINES	IBM	580 L	130.9000	75,922.00
JABIL CIRCUIT INC	JBL	800 L	17.3700	13,896.00
JPMORGAN CHASE & CO	JPM	1,050 L	41.6700	43,753.50
KIMBERLY-CLARK CORP	KMB	1,060 L	63.7100	67,532.60
KOHL'S CORP	KSS	1,250 L	53.9300	67,412.50
13 COMMUNICATIONS HOLDINGS	111	250 L	86.9500	21,737.50
LACED GAS COMPANY NEW HOLDING COMPANY	IG	840 L	33.7700	28,366.80
LANDAUER INC	LDR	520 L	61.4000	31,928.00
LINEAR EDUCATIONAL SVCS	LINK	600 L	21.6600	12,996.00
LINEAR TECHNOLOGY CORP DELAWARE	LI TC	1,540 L	30.5600	47,062.40
IQ CORP	IKQX	800 L	19.5900	15,672.00
MODULAR RESOURCES GROUP	MDL	900 L	23.6000	21,240.00

Investment Detail (continued)

Investment Holdings

Description	Quote Symbol	Quantity Long/Short	Latest Price	Total Market Value
MANTECH INTL CORP CL A	MANT	310 L	\$ 48.3400	\$ 14,985.40
MASCO CORP	MAS	1,920 L	13.8100	26,515.20
MAXIM INTEGRATED PRODS	MXIM	1,420 L	20.3200	28,854.40
MCKESSON CORPORATION	MCK	730 L	62.5000	45,625.00
MEDTRONIC INC	MDT	1,480 L	43.9800	65,090.40
MENS WEARHOUSE INC	MW	1,000 L	21.0600	21,060.00
MICROCHIP TECHNOLOGY INC	MCHP	500 L	29.0500	14,525.00
MICROSOFT CORP	MSFT	2,560 L	30.4800	78,028.80
MIDDLEBURG FINL CORP	MBRG	1,100 L	12.1000	13,310.00
NETGEAR INC	NTGR	600 L	21.6900	13,014.00
NEUTRAL TANDEM INC	TNDM	600 L	22.7500	13,650.00
NEW YORK CMNTY BANCORP	NYB	2,020 L	14.5100	29,310.20
NIKE INC CLASS B	NKE	1,050 L	66.0700	69,373.50
OMNICARE INC	OCR	1,150 L	24.1800	27,807.00
OMNICOM GROUP INC	OMC	1,440 L	39.1500	56,376.00
ON SEMICONDUCTOR CORP	ONNN	1,300 L	8.8200	11,466.00
PEPSICO INCORPORATED	PEP	1,250 L	60.8000	76,000.00

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Schwab One® Account

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Account of METRO HEALTH FOUNDATION

Statement Period: December 1, 2009 through December 31, 2009

Investment Detail (continued)

Investment Holdings

Description	Quote Symbol	Quantity Long/Short	Latest Price	Total Market Value
UNITED PARCEL SERVICE B CLASS B	UPS	850 L	\$ 57.3700	\$ 48,764.50
UNITEDHEALTH GROUP INC	UNH	1,440 L	30.4800	43,891.20
VIACOM INC CL B NEW	VIAB	925 L	29.7300	27,500.25
WAL-MART STORES INC	WMT	800 L	53.4500	42,760.00
WATERS CORP	WAT	350 L	61.9600	21,686.00
WINDSTREAM CORPORATION	WIN	4,300 L	10.9900	47,257.00
WYNDHAM WORLDWIDE CORP	WYN	610 L	20.1700	12,303.70
ZOLL MEDICAL CORP	ZOLL	600 L	26.7200	16,032.00
Total Market Value of Equities				\$ 3,312,437.60

Other

BARCLAYS BANK 7.10% ADRF SPONSORED ADR	BCS+A	1,100 L	\$ 22.0900	\$ 24,299.00
1 ADR REP 1 PREF SER 3				
FIRST TR DJ INTERNET FD	FDN	1,700 L	25.1300	42,721.00
SPDR S&P BIOTECH ETF	XBI	990 L	53.6400	53,103.60
VANGUARD EMERGING MARKET	VWO	780 L	41	31,980.00

Investment Detail (continued)

Investment Holdings

Description	Quote Symbol	Quantity Long/Short	Latest Price	Total Market Value
VANGUARD EUROPE PAC ETF	VEA	13,360 L	\$ 34.2000	\$ 456,912.00
VANGUARD EUROPLAN	VGK	560 L	48.4800	27,148.80
VANGUARD FINANCIALS	VFI	3,570 L	29.0400	103,672.80
VANGUARD PACIFIC	VPI	1,920 L	51.3200	98,534.40
Total Market Value of Other				\$ 838,371.60

Total Account Value **\$ 6,548,362.16**



METRO HEALTH FOUNDATION

333 West Fort Street
Suite 1370
Detroit, Michigan
48226-3134
313/965-4220
313/965-3626 fax

Grant-Making Policies

Metro Health Foundation's priority is to support programs within the City of Detroit and the surrounding tri-county area. Grants are based on 3 guiding principles:

- For primary, physical health care and health-related services;
- For under-funded projects rather than to augment otherwise worthy, but funded, projects,
- For projects and institutions that strive to 'do a lot with a little' - endeavors that are struggling with under-funded situations.

The Foundation does not have a hard and fast rule regarding grants in full versus partial grants, seed money, or matching and challenge grants. MHF does not favor the funding of general operating or overhead costs; it will, however, make exceptions to this policy.

The MHF philosophy is for grants which basically satisfy the grantees' under-funded needs by means of a one-time grant. However, the Foundation will consider subsequent grant requests for the same project - depending on the trustees' assessment and the grantees' follow-through.

Generally, grants will not be made for more than \$30,000, except in special circumstances. In addition:

- There will be no brick and mortar grants.
- No grants will be made to municipalities, other government entities, any governmental departments or funds, except by specific Board action.
- MHF will not provide loans, support religious organizations; indulge in lobbying; or support organizations which discriminate because of age, race, ethnic origin, religion, sexual orientation, age, or handicap.

Areas of Program Interest

Areas of program interest to Metro Health Foundation include, by way of illustration:

- Teen-age pregnancy crisis. MHF will extend grants for prenatal care and education.
- Health-care transportation for the elderly and indigent
- In-home health-care assistance.
- Medically related assistance to the homeless.
- Health-care equipment and medical supplies in limited amounts, preferably for under-funded organizations.
- Medical education in special situations, in the tri-county area
- Start-up and support money for projects such as cancer, heart disease, epilepsy, leukemia and other major ills of substantial public concern. (Note: AIDS-related grants are made through the Michigan AIDS Fund.)

Proposals which directly serve the health-care needs of at-risk, urban groups are favored. New or demonstration projects are encouraged.

Collaborative efforts which combine the service resources of several organizations are the priority.

Proposal Review Process

Grant proposals received by February 1 are considered at the April Board meeting. Proposals received by August 1 are considered at the October Board meeting

All proposals are reviewed by MHF staff. Those consistent with the MHF mission and scope of interest are assigned to review teams composed of MHF Board Trustees.

Consensus recommendations are then considered by the full Board of Trustees which makes all final funding decisions. Grant awards are distributed approximately 30 days later at a group meeting of all grantees.

Grant Application Procedures

Organizations seeking a grant from Metro Health Foundation must be tax-exempt and not classified as a private foundation. *All grant proposals must be submitted on a required MHF application form.* Grant-seekers are encouraged to evaluate their needs against the scope of interest outlined. If they find their particular program to be within this framework, please contact:

Theresa L. Sondys,
Senior Program Officer
Metro Health Foundation
333 West Fort Street, Suite 1370
Detroit, Michigan 48226
(313) 965-4220
theresasondys@aol.com

Deadlines for submitting grant applications are February 1 and August 1.

Attachment "D"

METRO HEALTH FOUNDATION

What We Do Not Fund
(In no particular order)

Program Area	Rationale
<p>Bricks and Mortar (except in special circumstances, as defined by the Board)</p> <p>No grants to municipalities, other government entities, governmental departments or government funds (except in special circumstances, as defined by the Board)</p> <p>No loans</p> <p>No support for religious organizations (note: we <i>do</i> fund church programs, such as the NOAH Project, but we <i>do not</i> fund those that include/require specific church teachings or worship, prayer, etc. as a part of the program)</p> <p>We do not fund/indulge in lobbying</p> <p>We do not fund any organization that discriminates because of race, ethnic origin, religion, sexual orientation, handicap, or sex.</p> <p>Programming outside Wayne, Oakland and/or Macomb Counties (except in special circumstances, as defined by the Board)</p> <p>Requests strictly for operating costs. Operating costs related to specific programming will be considered. For example, while we will not make a grant of \$25,000 to an organization to be applied to overall salary costs, we may consider a grant in the same amount to fund a staff member position for a specific program that is either new or an expansion of services.</p>	<p>As described in MHP's Grant-Making Policies developed when the Foundation was first founded, and updated over time (see attached copy).</p> <p>(Revised in 1999 from "race, sex, creed or age.")</p>
Mental Health	Initially funded some mental health programs. When we began receiving numerous/ large requests from "mental health agencies," the Board decided MHP could not make a significant difference funding these programs, and they would be better served through governmental funding.
Research	Initially targeted for funding by Board. However, later decided MHP could not provide enough funds to be effective in this area and didn't have the expertise required to make grants in this area.

Program Area	Rationale
Conferences/Workshops	Mostly educational in nature, not primary physical health care. Many agencies seek sponsors for such events. MHF has not made grants as a sponsor.
Childhood Obesity Programs	MHF funding is usually targeted toward agencies/programs that are under-funded. When this issue emerged, it immediately became a "hot topic" for large amounts of funding from many other organizations.
Food/nutrition education programming, such as Meals on Wheels, etc. We will not replace funding lost due to cuts from other sources (i.e., United Way, state or other governmental entities)	Developed over time based on grant requests reviewed by the Board.
HIV/AIDS Programming	All HIV/AIDS funding made on a collaborative basis through Michigan AIDS Fund.