



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation

2009

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 APR 1, 2009, and ending MAR 31, 2010

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 THE CHELSEA HEALTH AND WELLNESS FOUNDATION		A Employer identification number 26-3040367
	Number and street (or P O box number if mail is not delivered to street address) 310 N. MAIN STREET, SUITE 203		B Telephone number 734-433-4599
City or town, state, and ZIP code CHELSEA, MI 48118		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"/>	
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		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"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ► \$ 38,431,808.	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	(Part I, column (d) must be on cash basis)	
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
1 Contributions, gifts, grants, etc., received		36,819,511.	
2 Check ► <input type="checkbox"/> if the foundation is not required to attach Sch. B			
3 Interest on savings and temporary cash investments		302.	302.
4 Dividends and interest from securities		189,014.	189,014.
5a Gross rents		434,316.	434,316.
b Net rental income or (loss)		357,765.	
6a Net gain or (loss) from sale of assets not on line 10			
b Gross sales price for all assets on line 6a			
7 Capital gain net income (from Part IV, line 2)			0.
8 Net short-term capital gain			
9 Income modifications			
Gross sales less returns and allowances		69,567.	
b Less Cost of goods sold		46,955.	
c Gross profit or (loss)		22,612.	22,612.
11 Other income		2,103,400.	2,103,400.
12 Total. Add lines 1 through 11		39,569,155.	623,632.
13 Compensation of officers, directors, trustees, etc		125,900.	25,180.
14 Other employee salaries and wages		1,113,620.	33,444.
15 Pension plans, employee benefits		4,270.	33.
16a Legal fees and accountants		23,190.	0.
b Other professional fees		10,963.	0.
c Other professional fees		160,010.	493.
17 Interest		5,176.	0.
18 Taxes		471,656.	0.
19 Depreciation and depletion		186,671.	38,134.
20 Total administrative expenses		8,830.	648.
21 Travel, conferences, and meetings		797.	32.
22 Printing and publications		368,931.	23,083.
23 Other expenses		2,480,014.	121,047.
24 Total operating and administrative expenses. Add lines 13 through 23		370,866.	2,062,730.
25 Contributions, gifts, grants paid		2,850,880.	121,047.
26 Total expenses and disbursements. Add lines 24 and 25			2,062,730.
27 Subtract line 26 from line 12:		36,718,275.	
a Excess of revenue over expenses and disbursements			502,585.
b Net investment income (if negative, enter -0-)			63,282.
c Adjusted net income (if negative, enter -0-)			

THE CHELSEA HEALTH AND WELLNESS
FOUNDATION

Form 990-PF (2009)

26-3040367

Page 2

Part II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of year
			(a) Book Value	(b) Book Value
	1 Cash - non-interest-bearing			263,215.
	2 Savings and temporary cash investments			1,324,014.
	3 Accounts receivable ► 133,950.			133,950.
	Less: allowance for doubtful accounts ►			133,950.
	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			15,102.
	9 Prepaid expenses and deferred charges			5,928.
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
	11 Investments land buildings, and equipment basis ►			
	Less accumulated depreciation ►			
	12 Investments - mortgage loans			
	13 Investments - other STMT 13		0.	25,287,742.
	14 Land, buildings, and equipment: basis ► 11,871,947.			25,287,742.
	Less accumulated depreciation STMT 12 ► 471,657.			11,400,290.
	15 Other assets (describe ► SECURITY DEPOSITS)		0.	1,567.
	16 Total assets (to be completed by all filers)		0.	38,431,808.
	17 Accounts payable and accrued expenses		93,814.	259,079.
	18 Grants payable			
	19 Deferred revenue			410,915.
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ►)			
	23 Total liabilities (add lines 17 through 22)		93,814.	669,994.
	Foundations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds		0.	0.
	28 Paid-in or capital surplus, or land, bldg., and equipment fund		0.	0.
	29 Retained earnings, accumulated income, endowment, or other funds		-93,814.	37,761,814.
	30 Total net assets or fund balances		-93,814.	37,761,814.
	31 Total liabilities and net assets/fund balances		0.	38,431,808.

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	-93,814.
2 Enter amount from Part I, line 27a	2	36,718,275.
3 Other increases not included in line 2 (itemize) ► UNREALIZED GAIN ON INVESTMENTS	3	1,137,353.
4 Add lines 1, 2, and 3	4	37,761,814.
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	37,761,814.

923511
02-02-10

Form 990-PF (2009)

13150812 099782 73430

2009.04010 THE CHELSEA HEALTH AND WELL 73430_1

THE CHELSEA HEALTH AND WELLNESS
FOUNDATION

Form 990-PF (2009)

26-3040367 Page 3

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					
b	NONE				
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					
b					
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) 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. (l) over col. (j), if any			
a					
b					
c					
d					
e					
2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2		
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		

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.

Yes No

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

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	0.	0.	.000000
2007			
2006			
2005			
2004			
2 Total of line 1, column (d)			.000000
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			.000000
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5			24,565,306.
5 Multiply line 4 by line 3			0.
6 Enter 1% of net investment income (1% of Part I, line 27b)			5,026.
7 Add lines 5 and 6			5,026.
8 Enter qualifying distributions from Part XII, line 4			720,345.

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.

THE CHELSEA HEALTH AND WELLNESS
FOUNDATION

Form 990-PF (2009)

26-3040367

Page 4

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.	1	5,026.
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	2	0.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)	3	5,026.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0.
3 Add lines 1 and 2	5	5,026.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		
5 Tax based on Investment Income. Subtract line 4 from line 3. If zero or less, enter -0-		
6 Credits/Payments:		
a 2009 estimated tax payments and 2008 overpayment credited to 2009	6a	
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	0.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	150.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	5,176.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11 Enter the amount of line 10 to be: Credited to 2010 estimated tax ►	11	
	Refunded ►	

Part VII-A Statements Regarding Activities

1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	Yes	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1a	X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.	1b	X
c Did the foundation file Form 1120-POL for this year?	1c	X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		
(1) On the foundation. ► \$ 0. (2) On foundation managers. ► \$ 0.	0.	
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	X
If "Yes," attach a detailed description of the activities.		
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	X
If "Yes," attach the statement required by General Instruction T.		
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		
• By language in the governing instrument, or	6	X
• 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?	7	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.		
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ►		
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	8b	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	9	X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	STMT 14	

Form 990-PF (2009)

923531
02-02-10

THE CHELSEA HEALTH AND WELLNESS
FOUNDATION

Form 990-PF (2009)

26-3040367

Page 6

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))?
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?
- (3) Provide a grant to an individual for travel, study, or other similar purposes?
- (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)?
- (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
 Yes No
 Yes No
 Yes No
 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)?

Organizations relying on a current notice regarding disaster assistance check here

N/A
►

5b

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

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

- Yes No

6b

X

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

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

- Yes No

N/A

7b

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

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

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 15		100,000.	25,900.	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
NONE				

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

►

0

Form 990-PF (2009)

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	
SEE STATEMENT 16	2,062,730.
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		
3		
Total. Add lines 1 through 3		0.

Form 990-PF (2009)

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 8,587,828.
b	Average of monthly cash balances	1b 13,659,902.
c	Fair market value of all other assets	1c 2,691,667.
d	Total (add lines 1a, b, and c)	1d 24,939,397.
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 24,939,397.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4 374,091.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5 24,565,306.
6	Minimum investment return. Enter 5% of line 5	6 1,228,265.

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 1,228,265.
2a	Tax on investment income for 2009 from Part VI, line 5	2a 5,026.
b	Income tax for 2009. (This does not include the tax from Part VI.)	2b
c	Add lines 2a and 2b	2c 5,026.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3 1,223,239.
4	Recoveries of amounts treated as qualifying distributions	4 0.
5	Add lines 3 and 4	5 1,223,239.
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 1,223,239.

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 629,539.
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 90,806.
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	4 720,345.
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 5,026.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6 715,319.

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.

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				1,223,239.
2 Undistributed income, if any, as of the end of 2009			0.	
a Enter amount for 2008 only				
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
b From 2005				
c From 2006				
d From 2007				
e From 2008				
f Total of lines 3a through e		0.		
4 Qualifying distributions for 2009 from Part XII, line 4: ► \$ 720,345.			0.	
a Applied to 2008, but not more than line 2a				
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				720,345.
e Remaining amount distributed out of corpus		0.		
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:		0.		
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
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				502,894.
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		0.		
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a		0.		
10 Analysis of line 9:				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009				

THE CHELSEA HEALTH AND WELLNESS FOUNDATION

Form 990-PF (2009)

26-3040367

Page 10

Part XIV | Private Operating Foundations (see instructions and Part VII-A, question 9)

N/A

- 1.a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling

- b** Check box to indicate whether the foundation is a private operating foundation described in section

4942(j)(3) or 4942(j)(5)

Part XV **Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see the instructions.)

1 Information Regarding Foundation Managers:

- a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

- b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ► if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

- a. The name, address, and telephone number of the person to whom applications should be addressed:**

SEE STATEMENT 17

- b The form in which applications should be submitted and information and materials they should include:

6 Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

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)				
<i>a Paid during the year</i>				
CHELSEA COMMUNITY HOSPITAL 775 SOUTH MAIN STREET CHELSEA, MI 48118	NONE	PUBLIC CHARITY	BRING ABOUT SUSTAINABLE IMPROVEMENTS IN HEALTH	370,866.
Total			► 3a	370,866.
<i>b Approved for future payment</i>				
NONE				
Total			► 3b	0.

THE CHELSEA HEALTH AND WELLNESS
FOUNDATION

Form 990-PF (2009)

26-3040367 Page 12

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

1 Program service revenue:

a **MEMBERSHIP FEES**

b _____

c _____

d _____

e _____

f _____

g Fees and contracts from government agencies

2 Membership dues and assessments

3 Interest on savings and temporary cash investments

4 Dividends and interest from securities

5 Net rental income or (loss) from real estate:

a Debt-financed property

b Not debt-financed property

6 Net rental income or (loss) from personal property

7 Other investment income

8 Gain or (loss) from sales of assets other than inventory

9 Net income or (loss) from special events

10 Gross profit or (loss) from sales of inventory

11 Other revenue:

a **MISCELLANEOUS**

b _____

c _____

d _____

e _____

12 Subtotal. Add columns (b), (d), and (e)

13 Total. Add line 12, columns (b), (d), and (e)

(See worksheet in line 13 instructions to verify calculations.)

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:					2,101,849.
a MEMBERSHIP FEES					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	302.	
4 Dividends and interest from securities			14	189,014.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property			16	357,765.	
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory			03	22,612.	
11 Other revenue:					
a MISCELLANEOUS					1,551.
b _____					
c _____					
d _____					
e _____					
12 Subtotal. Add columns (b), (d), and (e)		0.		569,693.	2,103,400.
13 Total. Add line 12, columns (b), (d), and (e)				13	2,673,093.

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
1A	FEES GENERATED FROM OPERATION OF MEDICALLY-INTEGRATED COMMUNITY
1A	WELLNESS CENTER
11A	REIMBURSEMENT FOR MISCELLANEOUS EXPENSES

923621
02-02-10

Form 990-PF (2009)

13150812 099782 73430

12 2009.04010 THE CHELSEA HEALTH AND WELL 73430_1

THE CHELSEA HEALTH AND WELLNESS FOUNDATION

Form 990-PF (2009)

26-3040367 Page 13

Page 13

Part XVII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

- 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**

- ## (2) Other assets

- b Other transactions:**

- (1) Sales of assets to a noncharitable exempt organization**

- (2) Purchases of assets from a noncharitable exempt organization**

- (3) Rental of facilities, equipment, or other assets**

- #### (4) Reimbursement arrangements

- (5) Loans or loan guarantees**

- (6) Performance of services or membership or fundraising solicitations**

- c Sharing of facilities, equipment, mailing lists, other assets, or paid employees**

- 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.

- 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. *[Signature]* **Executive**

Signature of officer or trustee		Date	Title	
		8/13/10	<input type="checkbox"/> Check if self-employed	
Paid Preparer's Use Only		Preparer's Identifying number P00239246		
Firm's name (or yours if self-employed), address, and ZIP code		PLANTE & MORAN, PLLC P.O. BOX 307 SOUTHFIELD, MI 48037-0307		
		EIN ► (248) 352-2500		
		Phone no.		

Form 990-PF (2009)

923622
02-02-10

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

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

OMB No 1545-0047

2009

Name of the organization

THE CHELSEA HEALTH AND WELLNESS
FOUNDATION

Employer identification number

26-3040367

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.

► \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions
for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

923451 02-01-10

13150812 099782 73430

14

2009.04010 THE CHELSEA HEALTH AND WELL 73430_1

Name of organization

THE CHELSEA HEALTH AND WELLNESS
FOUNDATION

Employer identification number

26-3040367

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ST. JOSEPH MERCY HEALTH SYSTEM/CHELSEA COMMUNITY HOSPITAL 775 S. MAIN STREET CHELSEA, MI 48118	\$ 25,200,839.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II if there is a noncash contribution.)</small>
2	ST. JOSEPH MERCY HEALTH SYSTEM/CHELSEA COMMUNITY HOSPITAL 775 S. MAIN STREET CHELSEA, MI 48118	\$ 13,114.	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <small>(Complete Part II if there is a noncash contribution.)</small>
3	ST. JOSEPH MERCY HEALTH SYSTEM/CHELSEA COMMUNITY HOSPITAL 775 S. MAIN STREET CHELSEA, MI 48118	\$ 4,008.	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <small>(Complete Part II if there is a noncash contribution.)</small>
4	ST. JOSEPH MERCY HEALTH SYSTEM/CHELSEA COMMUNITY HOSPITAL 775 S. MAIN STREET CHELSEA, MI 48118	\$ 11,601,550.	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <small>(Complete Part II if there is a noncash contribution.)</small>
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II if there is a noncash contribution.)</small>
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II if there is a noncash contribution.)</small>

Name of organization

THE CHELSEA HEALTH AND WELLNESS
FOUNDATION

Employer identification number

26-3040367

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	INVENTORY OF WELLNESS CENTER (PRO SHOP & CAFE)	\$ 13,114.	05/01/09
3	ACCOUNTS RECEIVABLE OF WELLNESS CENTER	\$ 4,008.	05/01/09
4	FIXED ASSETS - BUILDING AND LAND	\$ 11,601,550.	05/01/09
	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	AMOUNT
SAVINGS & TEMPORARY CASH INVESTMENTS	302.
TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A	302.

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
COMMONFUND POOLED INVESTMENTS	189,014.	0.	189,014.
TOTAL TO FM 990-PF, PART I, LN 4	189,014.	0.	189,014.

FORM 990-PF RENTAL INCOME STATEMENT 3

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
LAND LOCATED ON CHELSEA COMMUNITY HOSPITAL CAMPUS - U OF M FAMILY PRACTICE	1	36,208.
LAND LOCATED ON CHELSEA COMMUNITY HOSPITAL CAMPUS - PROFESSIONAL OFFICE BLDG	2	28,142.
ORTHO/PT OFFICE RENTAL, WELLNESS CENTER BUILDING	3	369,966.
TOTAL TO FORM 990-PF, PART I, LINE 5A		434,316.

FORM 990-PF RENTAL EXPENSES STATEMENT 4

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
RENTAL EXPENSE - SUPPLIES		819.	
RENTAL EXPENSE - REPAIRS & MAINTENANCE		7,610.	
RENTAL EXPENSE - UTILITIES		36,682.	
RENTAL EXPENSE - SALARIES & WAGES		31,440.	
- SUBTOTAL -	3		76,551.
TOTAL RENTAL EXPENSES			76,551.
NET RENTAL INCOME TO FORM 990-PF, PART I, LINE 5B			357,765.

FORM 990-PF

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 10

STATEMENT 5

INCOME

1. GROSS RECEIPTS	69,567
2. RETURNS AND ALLOWANCES	
3. LINE 1 LESS LINE 2	69,567
4. COST OF GOODS SOLD (LINE 15)	46,955
5. GROSS PROFIT (LINE 3 LESS LINE 4)	22,612
6. OTHER INCOME	
7. GROSS INCOME (ADD LINES 5 AND 6)	22,612

COST OF GOODS SOLD

8. INVENTORY AT BEGINNING OF YEAR	
9. MERCHANDISE PURCHASED	62,057
10. COST OF LABOR	
11. MATERIALS AND SUPPLIES	
12. OTHER COSTS	
13. ADD LINES 8 THROUGH 12	62,057
14. INVENTORY AT END OF YEAR	15,102
15. COST OF GOODS SOLD (LINE 13 LESS LINE 14) . .	46,955

THE CHELSEA HEALTH AND WELLNESS FOUNDATION

26-3040367

FORM 990-PF

OTHER INCOME

STATEMENT

6

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
MEMBERSHIP FEES	2,101,849.	0.	2,101,849.
MISCELLANEOUS	1,551.	0.	1,551.
TOTAL TO FORM 990-PF, PART I, LINE 11	2,103,400.	0.	2,103,400.

FORM 990-PF

LEGAL FEES

STATEMENT

7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	23,190.	0.	0.	76,855.
TO FM 990-PF, PG 1, LN 16A	23,190.	0.	0.	76,855.

FORM 990-PF

ACCOUNTING FEES

STATEMENT

8

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	10,963.	0.	0.	11,488.
TO FORM 990-PF, PG 1, LN 16B	10,963.	0.	0.	11,488.

FORM 990-PF

OTHER PROFESSIONAL FEES

STATEMENT

9

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OTHER	160,010.	493.	146,005.	11,376.
TO FORM 990-PF, PG 1, LN 16C	160,010.	493.	146,005.	11,376.

FORM 990-PF

TAXES

STATEMENT 10

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
2009 990PF EXCISE TAXES	5,176.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 18	5,176.	0.	0.	0.

FORM 990-PF

OTHER EXPENSES

STATEMENT 11

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT FEES	14,642.	14,642.	0.	0.
ADVERTISING	94,327.	0.	68,120.	25,732.
OFFICE EXPENSES	34,687.	0.	18,811.	15,967.
INSURANCE	34,063.	12.	0.	38,342.
MISCELLANEOUS	102,119.	0.	101,566.	621.
BAD DEBT	7,870.	0.	7,870.	0.
REPAIRS & MAINTENANCE	72,794.	0.	59,298.	6,220.
RENTAL EXPENSE - SUPPLIES	819.	819.		0.
RENTAL EXPENSE - REPAIRS & MAINTENANCE	7,610.	7,610.		0.
TO FORM 990-PF, PG 1, LN 23	368,931.	23,083.	255,665.	86,882.

FORM 990-PF

DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT

STATEMENT 12

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE	FAIR MARKET VALUE
LAND	3,101,000.	0.	3,101,000.	3,101,000.
BUILDINGS	8,075,000.	351,328.	7,723,672.	7,723,672.
BUILDING IMPROVEMENTS	23,193.	5,703.	17,490.	17,490.
MOVABLE EQUIPMENT	478,351.	95,257.	383,094.	383,094.
IT EQUIPMENT	164,355.	18,749.	145,606.	145,606.
IT SOFTWARE	30,048.	620.	29,428.	29,428.
TO 990-PF, PART II, LN 14	11,871,947.	471,657.	11,400,290.	11,400,290.

FORM 990-PF

OTHER INVESTMENTS

STATEMENT 13

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
CF MULTI-STRATEGY EQUITY INVESTORS LLC	FMV	7,916,498.	7,916,498.
CFI CORE EQUITY FUND	FMV	1,989,065.	1,989,065.
CFI ALL CAP FUND	FMV	1,076,561.	1,076,561.
CFI INTERNATIONAL EQUITY FUND	FMV	905,863.	905,863.
EMERGING MARKETS INVESTORS CO B	FMV	2,532,002.	2,532,002.
CFI HIGH QUALITY BOND FUND	FMV	3,588,756.	3,588,756.
CFI MULTI-STRATEGY COMMODITIES SERIES	FMV	729,004.	729,004.
CFI REAL RETURN BOND FUND	FMV	1,474,343.	1,474,343.
HEDGED INVESTORS COMPANY SERIES	FMV	2,610,000.	2,610,000.
GLOBAL ABSOLUTE ALPHA COMPANY SERIES	FMV	2,465,650.	2,465,650.
TOTAL TO FORM 990-PF, PART II, LINE 13		25,287,742.	25,287,742.

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS
PART VII-A, LINE 10

STATEMENT 14

NAME OF CONTRIBUTOR

ADDRESS

ST. JOSEPH MERCY HOSPITAL
SYSTEM/CHELSEA COMMUNITY HOSPITAL775 S. MAIN STREET
CHELSEA, MI 48118

FORM 990-PF

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

STATEMENT 15

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
AMY HEYDLAUFF 310 N. MAIN STREET, SUITE 203 CHELSEA, MI 48118	EXECUTIVE DIRECTOR 40.00	100,000.	25,900.	0.
JUDY NOLD 310 N. MAIN STREET, SUITE 203 CHELSEA, MI 48118	CHAIR 15.00	0.	0.	0.
JEFF HARDCastle 310 N. MAIN STREET, SUITE 203 CHELSEA, MI 48118	VICE CHAIR 8.00	0.	0.	0.
JOHN R.C. WHEELER 310 N. MAIN STREET, SUITE 203 CHELSEA, MI 48118	TREASURER 6.00	0.	0.	0.
PATRICK J CONLIN, JR. 310 N. MAIN STREET, SUITE 203 CHELSEA, MI 48118	SECRETARY 6.00	0.	0.	0.
DIANE HOWLAND 310 N. MAIN STREET, SUITE 203 CHELSEA, MI 48118	DIRECTOR 2.00	0.	0.	0.
ANN DAVIS 310 N. MAIN STREET, SUITE 203 CHELSEA, MI 48118	DIRECTOR 3.00	0.	0.	0.
SHAWN LEWIS-LAKIN 310 N. MAIN STREET, SUITE 203 CHELSEA, MI 48118	DIRECTOR 2.00	0.	0.	0.
GARRY FAJA 310 N. MAIN STREET, SUITE 203 CHELSEA, MI 48118	DIRECTOR 1.00	0.	0.	0.
RANDY FORSCH 310 N. MAIN STREET, SUITE 203 CHELSEA, MI 48118	DIRECTOR 2.00	0.	0.	0.
KATHLEEN GRIFFITHS 310 N. MAIN STREET, SUITE 203 CHELSEA, MI 48118	DIRECTOR 2.00	0.	0.	0.

THE CHELSEA HEALTH AND WELLNESS FOUNDATI

26-3040367

KENNETH GIETZEN 310 N. MAIN STREET, SUITE 203 CHELSEA, MI 48118	DIRECTOR 3.00	0.	0.	0.
JAMES F. WOODS 310 N. MAIN STREET, SUITE 203 CHELSEA, MI 48118	DIRECTOR 2.00	0.	0.	0.
ALISON POLLARD 310 N. MAIN STREET, SUITE 203 CHELSEA, MI 48118	DIRECTOR 3.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		100,000.	25,900.	0.

FORM 990-PF	SUMMARY OF DIRECT CHARITABLE ACTIVITIES	STATEMENT 16
-------------	---	--------------

ACTIVITY ONE

OVERSIGHT OF THE CHELSEA WELLNESS CENTER WHICH SERVES APPROXIMATELY 3,400 SERVICE AREA RESIDENTS. CHELSEA WELLNESS CENTER IS A MEDICALLY INTEGRATED WELLNESS FACILITY OPEN TO THE PUBLIC, AND INCLUDES ORTHOPEDIC AND PHYSICAL THERAPY SERVICES, THERAPY POOLS, AND FITNESS EQUIPMENT.

TO FORM 990-PF, PART IX-A, LINE 1	EXPENSES 2,062,730.
-----------------------------------	------------------------

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION
PART XV, LINES 2A THROUGH 2D

STATEMENT 17

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

AMY HEYDLAUFF
310 N. MAIN STREET, SUITE 203
CHELSEA, MI 48118

TELEPHONE NUMBER	NAME OF GRANT PROGRAM
734-433-4599	N/A

FORM AND CONTENT OF APPLICATIONS

ELECTRONIC SUBMISSION THROUGH THE "GRANTS" TAB ON WEBSITE. ALL INFORMATION RELATED TO GRANT APPLICATION IS POSTED ON WEBSITE. APPLICANTS WILL BE REQUIRED TO PROVIDE PROOF OF NON-PROFIT STATUS, RESPONSIBLE CONTACT, DEMONSTRATED NEED, PURPOSE, MISSION, BUDGET, METHOD OF MEASUREMENT, AND SUBSTAINABILITY PLAN.

ANY SUBMISSION DEADLINES

APRIL 30 AND SEPTEMBER 30. MINI-GRANTS ARE ISSUED QUARTERLY.

RESTRICTIONS AND LIMITATIONS ON AWARDS

GRANTS ARE LIMITED TO NON-PROFITS IN THE ORGANIZATION'S SERVICE AREA, INCLUDING CHELSEA, DEXTER, GRASS LAKE, MANCHESTER, AND STOCKBRIDGE. THE ORGANIZATION ONLY GRANTS TO NON-PROFITS RELATED TO THE ORGANIZATION'S VISION (EAT BETTER, MOVE MORE, AVOID UNHEALTHY SUBSTANCES, AND CONNECT WITH OTHERS IN HEALTHY WAYS).