Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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

▶ Information about Form 990-PF and its separate instructions is at *www.irs.gov/form990pf*

OMB No 1545-0052

2016

Open to Public Inspection

For calendar year 2016 or tax year beginning , and ending

Name of foundation		A Employer identification number
METRO HEALTH FOUNDATION		38-2100939
Number and street (or P O box number if mail is not delivered to street address)	Room/suite	B Telephone number
333 W FORT STREET	1405	(313)965-4220
City or town, state or province, country, and ZIP or foreign postal code		C If exemption application is pending, check here ▶ ☐
DETROIT, MI 48226		

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

D 1. Foreign organizations, check here ▶ ☐

2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

H Check type of organization: ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year *(from Part II, col (c), line 16)* ▶$ 6,816,537.

J Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) (Part I, column (d) must be on cash basis)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

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)
Revenue	1 Contributions, gifts, grants, etc , received	80,000.		N/A	
	2 Check ▶ ☐ if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	167,149.	167,149.		STATEMENT 1
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	106,975.			
	b Gross sales price for all assets on line 6a 2,347,350.				
	7 Capital gain net income (from Part IV, line 2)		106,975.		
	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				
	12 **Total.** Add lines 1 through 11	354,124.	274,124.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	95,778.	19,156.		76,622.
	14 Other employee salaries and wages	71,388.	14,278.		57,110.
	15 Pension plans, employee benefits	64,562.	12,912.		51,688.
	16a Legal fees STMT 2	850.	425.		505.
	b Accounting fees STMT 3	14,220.	7,110.		7,110.
	c Other professional fees				
	17 Interest				
	18 Taxes STMT 4	1,734.	0.		0.
	19 Depreciation and depletion				
	20 Occupancy	19,779.	5,104.		14,675.
	21 Travel, conferences, and meetings	7,542.	1,886.		5,381.
	22 Printing and publications	687.	344.		344.
	23 Other expenses STMT 5	45,898.	39,529.		6,462.
	24 **Total operating and administrative expenses.** Add lines 13 through 23	322,438.	100,744.		219,897.
	25 Contributions, gifts, grants paid	242,710.			206,710.
	26 **Total expenses and disbursements** Add lines 24 and 25	565,148.	100,744.		426,607.
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	-211,024.			
	b **Net investment income** (if negative, enter -0-)		173,380.		
	c **Adjusted net income** (if negative, enter -0-)			N/A	

RECEIVED
2017
OGDEN, UT

SCANNED MAY 24 2017

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only

		Beginning of year (a) Book Value	End of year (b) Book Value	End of year (c) Fair Market Value
Assets	1 Cash - non-interest-bearing		100.	100.
	2 Savings and temporary cash investments	16,998.	715,612.	715,612.
	3 Accounts receivable ▶ 15,996.			
	Less: allowance for doubtful accounts ▶	21,452.	15,996.	15,996.
	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	2,791.	2,751.	2,751.
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 6	4,555,751.	4,741,174.	4,741,174.
	c Investments - corporate bonds STMT 7	2,108,610.	1,338,318.	1,338,318.
	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 ▶ EXCISE TAX RECEIVAB)	2,038.	2,586.	2,586.
	16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	6,707,640.	6,816,537.	6,816,537.
Liabilities	17 Accounts payable and accrued expenses	4,777.	4,690.	
	18 Grants payable		36,000.	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶ DEFERRED EXCISE TA)	30,000.	30,000.	
	23 Total liabilities (add lines 17 through 22)	34,777.	70,690.	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ [X] and complete lines 24 through 26 and lines 30 and 31			
	24 Unrestricted	6,672,863.	6,745,847.	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ [ ] 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	6,672,863.	6,745,847.	
	31 Total liabilities and net assets/fund balances	6,707,640.	6,816,537.	

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	6,672,863.
2	Enter amount from Part I, line 27a	2	-211,024.
3	Other increases not included in line 2 (itemize) ▶ SEE STATEMENT 7	3	284,008.
4	Add lines 1, 2, and 3	4	6,745,847.
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	6,745,847.

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	P		
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	2,347,350.		2,240,375.	106,975.
b				
c				
d				
e				

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

	(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	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a				106,975.
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	106,975.
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 the 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))
2015	384,366.	6,921,869.	.055529
2014	375,490.	7,243,529.	.051838
2013	307,319.	6,598,219.	.046576
2012	414,256.	6,234,039.	.066451
2011	398,361.	6,404,888.	.062196

2 **Total** of line 1, column (d)	2	.282590
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	3	.056518
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	4	6,492,831.
5 Multiply line 4 by line 3	5	366,962.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	1,734.
7 Add lines 5 and 6	7	368,696.
8 Enter qualifying distributions from Part XII, line 4	8	426,607.

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 ▶ [ ] 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 ▶ [X] and enter 1% of Part I, line 27b		1	1,734.
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	1,734.
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	1,734.
6 Credits/Payments:			
a 2016 estimated tax payments and 2015 overpayment credited to 2016	6a 4,320.		
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	4,320.
8 Enter any **penalty** for underpayment of estimated tax. Check here [ ] 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	2,586.
11 Enter the amount of line 10 to be: **Credited to 2017 estimated tax** ▶ 2,586. **Refunded** ▶		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?	1a		X
b Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	1b		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			
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.			
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? N/A	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 • 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?	6	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*	7	X	
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 2016 or the taxable year beginning in 2016 (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	10		X

Part VII-A Statements Regarding Activities *(continued)*

			Yes	No
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 make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	

Website address ▶ N/A

14 The books are in care of ▶ THERESA SONDYS Telephone no. ▶ (313) 965-4220

Located at ▶ 333 W FORT ST, SUITE 1405, DETROIT, MI ZIP+4 ▶ 48226

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

			Yes	No
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶			

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?	☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	☐ Yes ☒ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	☐ Yes ☒ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	☒ Yes ☐ 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)?	☐ Yes ☒ 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.)	☐ Yes ☒ 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 instructions)?		1b		X
	Organizations relying on a current notice regarding disaster assistance check here	▶ ☐			
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 2016?		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 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016?	☐ Yes ☒ No			
	If "Yes," list the years ▶ ____, ____, ____, ____				
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?	☐ Yes ☒ No			
b	If "Yes," did it have excess business holdings in 2016 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 2016.)*	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 2016?		4b		X

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 4945(d)(4)(A)? (see instructions) ☐ 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 10		95,778.	29,632.	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, SUITE 1405, DETROIT, MI 48226	SENIOR PROGRAM OFFICER 35.00	71,388.	16,547.	0.

Total number of other employees paid over $50,000 ▶ 0

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.

Form **990-PF** (2016)

623561 11-23-16

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	6,363,754.
b	Average of monthly cash balances	1b	227,953.
c	Fair market value of all other assets	1c	
d	**Total** (add lines 1a, b, and c)	1d	6,591,707.
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	6,591,707.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	98,876.
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	6,492,831.
6	**Minimum investment return.** Enter 5% of line 5	6	324,642.

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	324,642.
2a	Tax on investment income for 2016 from Part VI, line 5 — 2a: 1,734.		
b	Income tax for 2016. (This does not include the tax from Part VI) — 2b:		
c	Add lines 2a and 2b	2c	1,734.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	322,908.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	322,908.
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	322,908.

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	426,607.
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	426,607.
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	1,734.
6	**Adjusted qualifying distributions** Subtract line 5 from line 4	6	424,873.

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 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				322,908.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			0.	
b Total for prior years: ____ , ____ , ____		0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011 83,125.				
b From 2012 105,334.				
c From 2013				
d From 2014 19,607.				
e From 2015 42,555.				
f Total of lines 3a through e	250,621.			
4 Qualifying distributions for 2016 from Part XII, line 4. ▶ $ 426,607.				
a Applied to 2015, 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 2016 distributable amount				322,908.
e Remaining amount distributed out of corpus	103,699.			
5 Excess distributions carryover applied to 2016 (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	354,320.			
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 2015. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2011 not applied on line 5 or line 7	83,125.			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	271,195.			
10 Analysis of line 9				
a Excess from 2012 105,334.				
b Excess from 2013				
c Excess from 2014 19,607.				
d Excess from 2015 42,555.				
e Excess from 2016 103,699.				

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 2016, 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)

	Tax year	Prior 3 years			
	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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 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 or e-mail address of the person to whom applications should be addressed:

SEE STATEMENT 11

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

c Any submission deadlines:

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

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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
a Paid during the year				
VARIOUS- SEE ATTACHED STATEMENT 12	NONE	PC	VARIOUS	206,710.
Total			▶ 3a	206,710.
b Approved for future payment				
VARIOUS - SEE ATTACHED STATEMENT 13	NONE	PC	VARIOUS	36,000.
Total			▶ 3b	36,000.

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelated business income (a) Business code	Unrelated business income (b) Amount	Excluded by section 512, 513, or 514 (c) Exclusion code	Excluded by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1 Program service revenue:					
a					
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			14	167,149.	
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			18	106,975.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)		0.		274,124.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	274,124.

(See worksheet in line 13 instructions to verify calculations)

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

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	1a(1)		X
	(2) Other assets	1a(2)		X
b	Other transactions:			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		X
	(3) Rental of facilities, equipment, or other assets	1b(3)		X
	(4) Reimbursement arrangements	1b(4)		X
	(5) Loans or loan guarantees	1b(5)		X
	(6) Performance of services or membership or fundraising solicitations	1b(6)		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.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		N/A	

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		

Sign Here

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

Signature of officer or trustee: Candy C. Watkins Date: 5/12/2017 Title: EXECUTIVE DIRECTOR

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
LYNNE HUISMANN	LYNNE HUISMANN	05/11/17		P00053811
Firm's name ▶ PLANTE & MORAN, PLLC			Firm's EIN ▶ 38-1357951	
Firm's address ▶ P.O. BOX 307 SOUTHFIELD, MI 48037-0307			Phone no. (248) 352-2500	

Form 990-PF (2016)

623622 11-23-16

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

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at *www.irs.gov/form990* .

OMB No 1545-0047

2016

Name of the organization

METRO HEALTH FOUNDATION

Employer identification number

38-2100939

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 foundation

Check 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, contributions totaling $5,000 or more (in money or property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

☐ For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990 EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled 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 Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling $5,000 or more during the year ▶ $ ____________

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization	Employer identification number
METRO HEALTH FOUNDATION	38-2100939

Part I **Contributors** (See instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ESTATE OF ESTER YAGER TRUST C/O COMERICA BANK, P.O. BOX 75000 DETROIT, MI 48226	$ 80,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)

Name of organization	Employer identification number
METRO HEALTH FOUNDATION	38-2100939

Part II **Noncash Property** (See instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

Name of organization	Employer identification number
METRO HEALTH FOUNDATION	38-2100939

Part III *Exclusively* **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e)** and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc , contributions of $1,000 or less for the year (Enter this info once) ▶ $

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 1

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME
SCHWAB DIVIDENDS AND INTEREST	167,149.	0.	167,149.	167,149.	
TO PART I, LINE 4	167,149.	0.	167,149.	167,149.	

FORM 990-PF LEGAL FEES STATEMENT 2

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	850.	425.		505.
TO FM 990-PF, PG 1, LN 16A	850.	425.		505.

FORM 990-PF ACCOUNTING FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	14,220.	7,110.		7,110.
TO FORM 990-PF, PG 1, LN 16B	14,220.	7,110.		7,110.

FORM 990-PF TAXES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAX	1,734.	0.		0.
TO FORM 990-PF, PG 1, LN 18	1,734.	0.		0.

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	33,993.	33,993.		0.
OFFICE EQUIPMENT & SUPPLIES	1,579.	395.		1,195.
MISCELLANEOUS	1,263.	632.		677.
INSURANCE	4,698.	2,349.		2,349.
TELEPHONE	2,766.	1,383.		1,418.
PARKING	76.	15.		61.
UTILITIES	1,368.	684.		684.
DUES & SUBSCRIPTIONS	155.	78.		78.
TO FORM 990-PF, PG 1, LN 23	45,898.	39,529.		6,462.

FORM 990-PF CORPORATE STOCK STATEMENT 6

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
COMMON STOCKS AND EQUITY FUNDS	4,741,174.	4,741,174.
TOTAL TO FORM 990-PF, PART II, LINE 10B	4,741,174.	4,741,174.

FORM 990-PF CORPORATE BONDS STATEMENT 7

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
BONDS	1,338,318.	1,338,318.
TOTAL TO FORM 990-PF, PART II, LINE 10C	1,338,318.	1,338,318.

FORM 990-PF OTHER ASSETS STATEMENT 8

DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
EXCISE TAX RECEIVABLE	2,038.	2,586.	2,586.
TO FORM 990-PF, PART II, LINE 15	2,038.	2,586.	2,586.

FORM 990-PF	OTHER LIABILITIES	STATEMENT 9

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
DEFERRED EXCISE TAX LIABILITY	30,000.	30,000.
TOTAL TO FORM 990-PF, PART II, LINE 22	30,000.	30,000.

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS STATEMENT 10

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
LILLIE M. TABOR 333 WEST FORT STREET SUITE 1405 DETROIT, MI 48226	PRESIDENT 2.00	0.	0.	0.
CHERYL L. CHANDLER 333 WEST FORT STREET SUITE 1405 DETROIT, MI 48226	VICE PRESIDENT 1.00	0.	0.	0.
RAYMOND COCHRAN 333 WEST FORT STREET SUITE 1405 DETROIT, MI 48226	TREASURER 2.00	0.	0.	0.
GLENN F. KOSSICK 333 WEST FORT STREET SUITE 1405 DETROIT, MI 48226	TRUSTEE 1.00	0.	0.	0.
GLORIA ROBINSON 333 WEST FORT STREET SUITE 1405 DETROIT, MI 48226	TRUSTEE 1.00	0.	0.	0.
RANDY WALAINIS 333 WEST FORT STREET SUITE 1405 DETROIT, MI 48226	EXECUTIVE DIRECTOR 32.00	95,778.	29,632.	0.
LAURA CHAMPAGNE 333 WEST FORT STREET SUITE 1405 DETROIT, MI 48226	TRUSTEE 1.00	0.	0.	0.
VALERIE HEROD BELAY 333 WEST FORT STREET SUITE 1405 DETROIT, MI 48226	TRUSTEE 1.00	0.	0.	0.
BARBARA JUSTICE 333 WEST FORT STREET SUITE 1405 DETROIT, MI 48226	TRUSTEE 1.00	0.	0.	0.
JUDITH BEAN, PHD 333 WEST FORT STREET SUITE 1405 DETROIT, MI 48226	TRUSTEE 1.00	0.	0.	0.

PATRICIA.MCCANN 333 WEST FORT STREET SUITE 1405 DETROIT, MI 48226	TRUSTEE 1.00	0.	0.	0.
RICHARD TEETS 333 WEST FORT STREET SUITE 1405 DETROIT, MI 48226	TRUSTEE 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		95,778.	29,632.	0.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 11
PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

RANDY WALAINIS
333 WEST FORT STREET SUITE 1405
DETROIT, MI 48226

TELEPHONE NUMBER

313-965-4220

FORM AND CONTENT OF APPLICATIONS

ALL FUNDING REQUESTS MUST BE DISCUSSED WITH FOUNDATION STAFF PRIOR TO PREPARATION AND SUBMISSION OF GRANT REQUESTS. FOUNDATION STAFF WILL DETERMINE IF A GRANT REQUEST LETTER OR FULL GRANT APPLICATION IS REQUIRED. THE FOUNDATION HAS SPECIFIC GRANT REQUEST LETTER AND GRANT APPLICATION FORMATS. IN ADDITION TO COMPLETING THE REQUIRED REQUEST DOCUMENT, GRANTSEEKERS WILL BE ASKED TO PROVIDE A COPY OF THEIR CURRENT IRS DETERMINATION LETTER INDICATING IRS 501(C)(3) TAX-EXEMPT STATUS; A LIST OF BOARD OF DIRECTORS, WITH AFFILIATIONS; THE ORGANIZATION'S CURRENT ANNUAL OPERATING BUDGET, INCLUDING EXPENSES AND REVENUE; MOST RECENT ANNUAL FINANCIAL STATEMENT (INDEPENDENTLY AUDITED, IF AVAILABLE; IF NOT AVAILABLE, THEY SHOULD ATTACH A COPY OF THEIR MOST RECENTLY COMPLETED IRS FORM 990); LETTERS OF SUPPORT SHOULD VERIFY PROJECT NEED AND COLLABORATION WITH OTHER ORGANIZATIONS, IF AVAILABLE.

ANY SUBMISSION DEADLINES

SCHOLARSHIP FUND REQUESTS FROM COLLEGES AND UNIVERSITIES DUE FEBRUARY 1 OF EACH YEAR.

RESTRICTIONS AND LIMITATIONS ON AWARDS

GRANTS ARE MADE TO ORGANIZATIONS WITH PROGRAMS SERVING RESIDENTS OF THE DETROIT, MICHIGAN METROPOLITAN AREA (WAYNE, OAKLAND AND MACOMB COUNTIES). THERE WILL BE NO GRANTS HIGHER THAN $50,000; NO BRICK AND MORTAR GRANTS; NO GRANTS WILL BE MADE TO MUNICIPALITIES, OTHER 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, HANDICAP OR SEX.

Metro Health Foundation (EIN #38-2100939) — Statement 12

Grants and Contributions Paid from 01/01/2016 to 12/31/2016

Organization	Amount
Bridging Communities Detroit, MI To provide educational outreach to older adults in southwest Detroit covering dual Medicare/Medicaid eligibility, pitfalls when changing providers and how to advocate for services supplied by their providers.	15,000
Central United Methodist Church of Detroit Community Development Corp NOAH Project Detroit, MI To support general operations (unrestricted use - Matching Gifts Program)	250
Council of Michigan Foundations Grand Haven, MI To support annual membership.	2,000
Covenant Community Care Detroit, MI To support salaries for new hires (Senior Nurse Care Manager, Community Health Worker, and a Health Homes Coordinator) in order to be adequately prepared for the Beyond the Walls Health Home Program starting April 1, 2016	30,000
To support general operations (unrestricted use - Matching Gifts Program)	400
Enroll America Washington, D C To fund its Michigan Get Covered Academy program, which will train and support community organizations to integrate health insurance enrollment outreach tactics, data tracking, and analytics in their daily work Grant funds will be expended on staff and training costs for Detroit-area agencies.	30,000
FernCare Free Clinic, Inc. Ferndale, MI To provide continuity of services for patients as they transition to insurance plans, support for those who do not qualify for coverage under the Healthy Michigan Plan, or who are unable to purchase policies on the insurance exchange.	9,000
Interfaith Health & Hope Coalition Brighton, MI To support a Detroit-area Health Literacy Workshop	500
Macomb Community College Foundation Warren, MI For six $2,000 scholarships for students in the MCC nursing program who successfully complete at least 12 credit hours of study in the nursing curriculum each term and demonstrate financial need.	12,000
Macomb County Interfaith Volunteer Caregivers Center Line, MI To expand transportation services in Macomb and Oakland Counties to respond to the unmet needs of low-income seniors, in order to improve access to medical care.	11,700
To support medical transportation for seniors (Matching Gifts Program)	200
Society of St. Vincent de Paul Detroit, MI To support staff salaries, dental consumables, and dental clinic-related expenses to enable the clinic to serve approximately 350 new patients in the next twelve (12) months	30,000

Metro Health Foundation (EIN #38-2100939) **Statement 12**

Grants and Contributions Paid from 01/01/2016 to 12/31/2016

Organization	Amount
Michigan League for Public Policy Lansing, MI To support annual membership.	250
Michigan Nonprofit Association Lansing, MI To support annual membership	160
Michigan Universal Health Care Access Network Farmington, MI To support annual membership	100
To support Detroit-area outreach programs (Matching Gifts Program)	150
Oakland Integrated Health Network Pontiac, MI To expand the health network's ACA Marketplace and Healthy Michigan Plan outreach and enrollment program.	30,000
Starfish Family Services Inkster, MI To support general operations (unrestricted use)	1,000
University of Detroit Mercy Detroit, MI For three $4,000 scholarships for nursing students who lack the financial resources to complete their undergraduate education.	12,000
University of Michigan - on behalf of Michigan Community Health Worker Alliance Ann Arbor, MI To develop, launch and evaluate a program to build capacity of a Community Health Worker curriculum training team to sustain CHW training	10,000
Wayne State University College of Nursing Detroit, MI For three $4,000 scholarships for students in the full-time nursing curriculum who can demonstrate the need for financial assistance	12,000
Total Grant and Contribution Payments	**206,710**

Metro Health Foundation (EIN #38-2100939) **Statement 13**

Grants Approved for Future Payment

Organization	Amount
Bridging Communities **Detroit, MI**	
To provide educational outreach to older adults in southwest Detroit covering dual Medicare/Medicaid eligibility, pitfalls when changing providers and how to advocate for services supplied by their providers	15,000
Macomb County Interfaith Volunteer Caregivers Center Line, MI	
To expand transportation services in Macomb and Oakland Counties to respond to the unmet needs of low-income seniors, in order to improve access to medical care.	11,000
University of Michigan - on behalf of Michigan Community Health Worker Alliance Ann Arbor, MI	
To develop, launch and evaluate a program to build capacity of a Community Health Worker curriculum training team to sustain CHW training	10,000
Total Grants Approved for Future Payment	36,000

DUPLICATE STATEMENT

Employer Identification Number
38-2100939

charles SCHWAB

Schwab One® Account of
METRO HEALTH FOUNDATION

Account Number
[redacted]

Statement Period
December 1-31, 2016

Income Summary	This Period: Federally Tax-Exempt	This Period: Federally Taxable	Year to Date: Federally Tax-Exempt	Year to Date: Federally Taxable
Money Funds Dividends	0.00	6.97	0.00	34.55
Cash Dividends	0.00	18,660.97	0.00	104,626.82
Partnership Distributions	0.00	0.00	0.00	410.40
Corporate Bond and Other Interest	0.00	6,631.94	0.00	64,242.86
Total Income	0.00	25,299.88	0.00	169,314.63
Accrued Interest Paid[4]	0.00	0.00	0.00	(7,032.78)

[4]Certain accrued interest paid on taxable bonds may be deductible; consult your tax advisor.

Investment Detail - Cash and Money Market Funds [Sweep]

Cash	Market Value
Cash	2,147.40
Total Cash	2,147.40

Money Market Funds [Sweep]	Quantity	Market Price	Market Value	Current Yield
SCHWAB GOVT MONEY FUND: SWGXX	713,465.4300	1.0000	713,465.43	0.01%
Total Money Market Funds [Sweep]			713,465.43	
Total Cash & Money Market [Sweep]			715,612.83	

Schwab has provided accurate gain and loss information wherever possible for most investments. Cost basis data may be incomplete or unavailable for some of your holdings. Please see "Endnotes for Your Account" section for an explanation of the endnote codes and symbols on this statement.

00167 3/15

Employer Identification Number
38-2100939

charles SCHWAB

Schwab One® Account of
METRO HEALTH FOUNDATION

Account Number [redacted]

Statement Period
December 1-31, 2016

Investment Detail - Fixed Income

Corporate Bonds	Par	Market Price	Market Value / *Cost Basis*	Adjusted Cost Basis	Unrealized Gain or (Loss)	Estimated Annual Income / Yield to Maturity
WELLS FARGO BK N 2.1%17	100,000.0000	100.2901	100,290.10	100,349.15	(59.05) [b]	2,100.00
DUE 05/08/17			*102,425.00*			1.39%
CUSIP: 94974BFD7						
MOODY'S: A2 S&P: A						***Accrued Interest: 309.17***
COMCAST CORPORATI 6.3%17	75,000.0000	104.2530	78,189.75	78,896.17	(706.42) [b]	4,725.00
DUE 11/15/17			*79,454.25*			1.06%
CUSIP: 20030NAU5						
MOODY'S: A3 S&P: A-						***Accrued Interest: 603.75***
CITIGROUP INC 6.125%17	50,000.0000	103.8418	51,920.90	52,421.33	(500.43) [b]	3,062.50
DUE 11/21/17			*53,007.50*			1.23%
CUSIP: 172967EM9						
MOODY'S: Baa1 S&P: BBB+						***Accrued Interest: 340.28***
GENERAL ELECTRIC 5.25%17	50,000.0000	103.5933	51,796.65	49,336.95	2,459.70 [b]	2,625.00
DUE 12/06/17			*52,140.00* [a]			4.59%
CUSIP: 369604BC6						
MOODY'S: A1 S&P: AA-						***Accrued Interest: 182.29***
JPMORGAN CHASE & CO 6%18	150,000.0000	104.3155	156,473.25	159,964.22	(3,490.97) [b]	9,000.00
DUE 01/15/18			*161,799.00*			1.50%
CUSIP: 46625HGY0						
MOODY'S: A3 S&P: A-						***Accrued Interest: 4,150.00***

Schwab has provided accurate gain and loss information wherever possible for most investments. Cost basis data may be incomplete or unavailable for some of your holdings.
Please see "Endnotes for Your Account" section for an explanation of the endnote codes and symbols on this statement.

DST 00111444W

Employer Identification Number 38-2100939

DUPLICATE STATEMENT

Schwab One® Account of
METRO HEALTH FOUNDATION

Account Number [redacted]

Statement Period
December 1-31, 2016

Investment Detail - Fixed Income (continued)

Corporate Bonds (continued)	Par	Market Price	Market Value / *Cost Basis*	Adjusted Cost Basis	Unrealized Gain or (Loss)	Estimated Annual Income / Yield to Maturity
GOLDMAN SACHS G 2.375%18	100,000.0000	100.5370	100,537.00	100,114.35	422.65 [b]	2,375.00
DUE 01/22/18			*100,366.00*			2.29%
CUSIP: 38141GRC0						
MOODY'S: A3 S&P: BBB+						***Accrued Interest: 1,048.96***
AMERICAN EXPRES 2.125%18	125,000.0000	100.4908	125,613.50	125,264.44	349.06 [b]	2,656.25
DUE 07/27/18			*125,640.00*			2.01%
CUSIP: 0258M0DJ5						***Accrued Interest: 1,136.28***
BB&T CORPORATION 2.25%19	125,000.0000	100.7441	125,930.13	126,759.26	(829.13) [b]	2,812.50
DUE 02/01/19			*127,765.00*			1.67%
CALLABLE 01/02/19 AT 100.00000						
CUSIP: 05531FAQ6						
MOODY'S: A2 S&P: A-						***Accrued Interest: 1,171.88***
CELGENE CORP 2.25%19	100,000.0000	100.0860	100,086.00	100,008.40	77.60 [b]	2,250.00
DUE 05/15/19			*100,015.00*			2.24%
CUSIP: 151020AN4						
MOODY'S: Baa2 S&P: BBB+						***Accrued Interest: 287.50***
TEXAS INSTRUMENT 1.65%19	100,000.0000	99.7438	99,743.80	100,369.51	(625.71) [b]	1,650.00
DUE 08/03/19			*100,815.00*			1.52%
CUSIP: 882508AU8						
MOODY'S: A1 S&P: A+						***Accrued Interest: 678.33***

Schwab has provided accurate gain and loss information wherever possible for most investments. Cost basis data may be incomplete or unavailable for some of your holdings. Please see "Endnotes for Your Account" section for an explanation of the endnote codes and symbols on this statement.

00146? 4/16

Employer Identification Number
38-2100939

charles SCHWAB

Schwab One® Account of
METRO HEALTH FOUNDATION

Account Number
[redacted]

Statement Period
December 1-31, 2016

Investment Detail - Fixed Income (continued)

Corporate Bonds (continued)	Par	Market Price	Market Value / *Cost Basis*	Adjusted Cost Basis	Unrealized Gain or (Loss)	Estimated Annual Income / Yield to Maturity
DEERE & CO 4.375%19	125,000.0000	106.2170	132,771.25	128,608.27	4,162.98 b	5,468.75
DUE 10/16/19			*134,176.25*			3.35%
CUSIP: 244199BC8						
MOODY'S: A2 S&P: A						***Accrued Interest: 1,139.32***
TOYOTA AUTO RECEI 4.5%20	100,000.0000	107.2411	107,241.10	102,250.20	4,990.90 b	4,500.00
DUE 06/17/20			*105,265.00*			3.80%
CUSIP: 89233P4C7						
MOODY'S: Aa3 S&P: AA-						***Accrued Interest: 175.00***
BLACKROCK INC 4.25%21	100,000.0000	107.7245	107,724.50	100,417.38	7,307.12 b	4,250.00
DUE 05/24/21			*100,831.00*			4.14%
CUSIP: 09247XAH4						
MOODY'S: A1 S&P: AA-						***Accrued Interest: 436.81***
Total Corporate Bonds	1,300,000.0000		1,338,317.93	1,324,759.63	13,558.30	47,425.00
		Total Cost Basis:	*1,343,898.00*			
						Total Accrued Interest for Corporate Bonds: 11,659.57
Total Fixed Income	1,300,000.0000		1,338,317.93	1,324,759.63	13,558.30	47,425.00
		Total Cost Basis:	*1,343,898.00*			

Accrued Interest represents the interest that would be received if the fixed income investment was sold prior to the coupon payment.
Estimated Annual Income ("EAI") and Estimated Yield ("EY") calculations are for informational purposes only. The actual income and yield might be lower or higher than the estimated amounts. EY is based upon EAI and the current price of the security and will fluctuate. For certain types of securities, the calculations could include a return of principal or capital gains in which case EAI and EY would be overstated. EY and EAI are not promptly updated to reflect when an issuer has missed a regular payment or announced changes to future payments, in which case EAI and EY will continue to display at a prior rate.

Schwab has provided accurate gain and loss information wherever possible for most investments. Cost basis data may be incomplete or unavailable for some of your holdings. Please see "Endnotes for Your Account" section for an explanation of the endnote codes and symbols on this statement.

charles SCHWAB

DUPLICATE STATEMENT

Employer Identification Number 38-2100939

Schwab One® Account of
METRO HEALTH FOUNDATION

Account Number
[redacted]

Statement Period
December 1-31, 2016

Investment Detail - Equities

Equities	Quantity	Market Price	Market Value / *Cost Basis*	Unrealized Gain or (Loss)	Estimated Yield	Estimated Annual Income
A T & T INC SYMBOL: T	380.0000	42.5300	16,161.40 *15,227.95*	933.45	4.51%	729.60
ACADIA HEALTHCARE CO SYMBOL: ACHC	680.0000	33.1000	22,508.00 *29,384.66*	(6,876.66)	N/A	N/A
ACTUANT CORP CLASS A SYMBOL: ATU	410.0000	25.9500	10,639.50 *11,197.36*	(557.86)	0.15%	16.40
ALIBABA GROUP HLDG F ADR 1 ADR REPS 1 ORD SHS SYMBOL: BABA	120.0000	87.8100	10,537.20 *13,202.29*	(2,665.09)	N/A	N/A
ALLERGAN PLC F SYMBOL: AGN	245.0000	210.0100	51,452.45 *69,374.82*	(17,922.37)	N/A	N/A
AMEDISYS INC SYMBOL: AMED	530.0000	42.6300	22,593.90 *23,243.01*	(649.11)	N/A	N/A
AMERICAN EXPRESS CO SYMBOL: AXP	440.0000	74.0800	32,595.20 *17,780.28* [a]	14,814.92	1.72%	563.20
AMERISAFE INC SYMBOL: AMSF	440.0000	62.3500	27,434.00 *9,734.09* [a]	17,699.91	1.15%	316.80
APACHE CORP SYMBOL: APA	1,100.0000	63.4700	69,817.00 *71,978.61* [a]	(2,161.61)	1.57%	1,100.00
APPLE INC SYMBOL: AAPL	960.0000	115.8200	111,187.20 *48,976.57*	62,210.63	1.96%	2,188.80

Schwab has provided accurate gain and loss information wherever possible for most investments. Cost basis data may be incomplete or unavailable for some of your holdings
Please see "Endnotes for Your Account" section for an explanation of the endnote codes and symbols on this statement.

00145 6/16

Employer Identification Number
38-2100939

charles SCHWAB

Schwab One® Account of
METRO HEALTH FOUNDATION

Account Number
[redacted]

Statement Period
December 1-31, 2016

Investment Detail - Equities (continued)

Equities (continued)	Quantity	Market Price	Market Value / *Cost Basis*	Unrealized Gain or (Loss)	Estimated Yield	Estimated Annual Income
ARTISAN PART ASSET CLASS A SYMBOL: APAM	450.0000	29.7500	13,387.50 / *18,282.63*	(4,895.13)	8.06%	1,080.00
AUTO DATA PROCESSING SYMBOL: ADP	770.0000	102.7800	79,140.60 / *37,085.11* [a]	42,055.49	2.06%	1,632.40
						Accrued Dividend: 438.90
BALL CORPORATION SYMBOL: BLL	300.0000	75.0700	22,521.00 / *11,684.34* [a]	10,836.66	0.69%	156.00
BANK OF AMER 6.375% PFD PFD SER 3 SYMBOL: BML+I	600.0000	25.0400	15,024.00 / *13,150.30* [a]	1,873.70	6.36%	956.25
BANK OF AMERICA CORP SYMBOL: BAC	5,240.0000	22.1000	115,804.00 / *73,307.48* [a]	42,496.52	1.35%	1,572.00
BLACKROCK INC SYMBOL: BLK	120.0000	380.5400	45,664.80 / *35,998.74*	9,666.06	2.40%	1,099.20
BOEING CO SYMBOL: BA	640.0000	155.6800	99,635.20 / *43,603.92*	56,031.28	2.80%	2,790.40
BORG WARNER INC SYMBOL: BWA	810.0000	39.4400	31,946.40 / *25,895.55* [a]	6,050.85	1.41%	453.60
CARLISLE COMPANIES SYMBOL: CSL	190.0000	110.2900	20,955.10 / *6,467.35*	14,487.75	1.26%	266.00
CENTURYLINK INC SYMBOL: CTL	640.0000	23.7800	15,219.20 / *20,462.41*	(5,243.21)	9.08%	1,382.40

Schwab has provided accurate gain and loss information wherever possible for most investments. Cost basis data may be incomplete or unavailable for some of your holdings. Please see "Endnotes for Your Account" section for an explanation of the endnote codes and symbols on this statement.

DST 00111444W

DUPLICATE STATEMENT

Employer Identification Number 38-2100939

charles SCHWAB

Schwab One® Account of
METRO HEALTH FOUNDATION

Account Number [redacted]

Statement Period
December 1-31, 2016

Investment Detail - Equities (continued)

Equities (continued)	Quantity	Market Price	Market Value / *Cost Basis*	Unrealized Gain or (Loss)	Estimated Yield	Estimated Annual Income
CHURCH & DWIGHT CO SYMBOL: CHD	560.0000	44.1900	24,746.40 *8,148.32* [a]	16,598.08	1.60%	397.60
CISCO SYSTEMS INC SYMBOL: CSCO	2,440.0000	30.2200	73,736.80 *46,555.25* [a]	27,181.55	3.44%	2,537.60
CONCHO RESOURCES INC SYMBOL: CXO	160.0000	132.6000	21,216.00 *6,147.81* [a]	15,068.19	N/A	N/A
COSTCO WHOLESALE CO SYMBOL: COST	500.0000	160.1100	80,055.00 *60,711.00*	19,344.00	1.12%	900.00
D S T SYSTEMS INC SYMBOL: DST	180.0000	107.1500	19,287.00 *16,249.84*	3,037.16	1.23%	237.60
DAVITA INC SYMBOL: DVA	230.0000	64.2000	14,766.00 *6,169.99* [a]	8,596.01	N/A	N/A
DELTA AIR LINES INC SYMBOL: DAL	1,580.0000	49.1900	77,720.20 *70,223.54*	7,496.66	1.64%	1,279.80
DENTSPLY SIRONA INC SYMBOL: XRAY	450.0000	57.7300	25,978.50 *7,990.77* [a]	17,987.73	0.53%	139.50
DOVER CORPORATION SYMBOL: DOV	760.0000	74.9300	56,946.80 *33,174.48* [a]	23,772.32	2.34%	1,337.60
EAST WEST BANCORP SYMBOL: EWBC	550.0000	50.8300	27,956.50 *9,199.83* [a]	18,756.67	1.57%	440.00
ENERGEN CORP SYMBOL: EGN	400.0000	57.6700	23,068.00 *19,643.85*	3,424.15	N/A	N/A

Schwab has provided accurate gain and loss information wherever possible for most investments. Cost basis data may be incomplete or unavailable for some of your holdings. Please see "Endnotes for Your Account" section for an explanation of the endnote codes and symbols on this statement.

Employer Identification Number
38-2100939

charles SCHWAB

Schwab One® Account of
METRO HEALTH FOUNDATION

Account Number
[redacted]

Statement Period
December 1-31, 2016

Investment Detail - Equities (continued)

Equities (continued)	Quantity	Market Price	Market Value / *Cost Basis*	Unrealized Gain or (Loss)	Estimated Yield	Estimated Annual Income
ESTEE LAUDERCO INC CLASS A SYMBOL: EL	470.0000	76.4900	35,950.30 *30,288.95*	5,661.35	1.77%	639.20
EVEREST RE GROUP LTD F SYMBOL: RE	130.0000	216.4000	28,132.00 *12,957.73*[a]	15,174.27	2.31%	650.00
EXLSERVICE HOLDINGS SYMBOL: EXLS	540.0000	50.4400	27,237.60 *26,306.94*	930.66	N/A	N/A
EXTENDED STAY AMER SYMBOL: STAY	850.0000	16.1500	13,727.50 *12,310.68*	1,416.82	4.70%	646.00
FORD MOTOR COMPANY SYMBOL: F	600.0000	12.1300	7,278.00 *8,720.37*	(1,442.37)	4.94%	360.00
GAMESTOP CORP CLASS A SYMBOL: GME	550.0000	25.2600	13,893.00 *15,775.72*	(1,882.72)	5.85%	814.00
GARMIN LTD ORDF SYMBOL: GRMN	140.0000	48.4900	6,788.60 *6,719.65*	68.95	4.20%	285.60
GENCOR INDUSTRIES SYMBOL: GENC	1,160.0000	15.7000	18,212.00 *12,833.56*	5,378.44	N/A	N/A
GENERAL ELECTRIC CO SYMBOL: GE	1,440.0000	31.6000	45,504.00 *35,214.07*	10,289.93	2.91%	1,324.80 *Accrued Dividend: 345.60*
GLOBAL PAYMENTS INC SYMBOL: GPN	440.0000	69.4100	30,540.40 *27,898.74*	2,641.66	0.05%	17.60

Schwab has provided accurate gain and loss information wherever possible for most investments. Cost basis data may be incomplete or unavailable for some of your holdings. Please see "Endnotes for Your Account" section for an explanation of the endnote codes and symbols on this statement.

DST 00111444W

Investment Detail - Equities (continued)

Equities (continued)	Quantity	Market Price	Market Value / *Cost Basis*	Unrealized Gain or (Loss)	Estimated Yield	Estimated Annual Income
GOLDMAN SACHS 6.2% PFD PFD SER B SYMBOL: GS+B	390.0000	25.4300	9,917.70 *9,212.73*	704.97	6.09%	604.50
HEALTHEQUITY INC SYMBOL: HQY	530.0000	40.5200	21,475.60 *12,922.10*	8,553.50	N/A	N/A
HEXCEL CORP SYMBOL: HXL	600.0000	51.4400	30,864.00 *15,238.54*	15,625.46	0.85%	264.00
HIBBETT SPORTS INC SYMBOL: HIBB	430.0000	37.3000	16,039.00 *16,151.52*[a]	(112.52)	N/A	N/A
IDEX CORP SYMBOL: IEX	290.0000	90.0600	26,117.40 *8,981.36*[a]	17,136.04	1.51%	394.40
ILLINOIS TOOL WORKS SYMBOL: ITW	240.0000	122.4600	29,390.40 *14,481.35*[a]	14,909.05	2.12%	624.00
INTEL CORP SYMBOL: INTC	1,470.0000	36.2700	53,316.90 *29,127.59*[a]	24,189.31	2.86%	1,528.80
JOHNSON & JOHNSON SYMBOL: JNJ	490.0000	115.2100	56,452.90 *38,978.46*[a]	17,474.44	2.77%	1,568.00
JPMORGAN CHASE & CO SYMBOL: JPM	1,310.0000	86.2900	113,039.90 *46,649.06*[a]	66,390.84	2.22%	2,515.20
KAR AUCTION SERVICES SYMBOL: KAR	570.0000	42.6200	24,293.40 *23,704.12*	589.28	2.72%	661.20
						Accrued Dividend: 182.40

Schwab has provided accurate gain and loss information wherever possible for most investments. Cost basis data may be incomplete or unavailable for some of your holdings. Please see "Endnotes for Your Account" section for an explanation of the endnote codes and symbols on this statement.

Employer Identification Number
38-2100939

charles SCHWAB

Schwab One® Account of
METRO HEALTH FOUNDATION

Account Number
[redacted]

Statement Period
December 1-31, 2016

Investment Detail - Equities (continued)

Equities (continued)	Quantity	Market Price	Market Value / *Cost Basis*	Unrealized Gain or (Loss)	Estimated Yield	Estimated Annual Income
KIMBERLY-CLARK CORP SYMBOL: KMB	530.0000	114.1200	60,483.60 *34,261.48*[a]	26,222.12	3.22%	1,950.40
						Accrued Dividend: 515.20
KINDER MORGAN INC SYMBOL: KMI	2,790.0000	20.7100	57,780.90 *83,520.31*	(25,739.41)	2.41%	1,395.00
KINDRED HEALTHCARE SYMBOL: KND	1,330.0000	7.8500	10,440.50 *10,092.61*	347.89	6.11%	638.40
KOHLS CORP SYMBOL: KSS	1,030.0000	49.3800	50,861.40 *46,868.96*[a]	3,992.44	4.05%	2,060.00
LKQ CORP SYMBOL: LKQ	700.0000	30.6500	21,455.00 *6,315.84*[a]	15,139.16	N/A	N/A
M D U RESOURCES GRP SYMBOL: MDU	700.0000	28.7700	20,139.00 *15,199.54*[a]	4,939.46	2.60%	525.00
						Accrued Dividend: 134.75
MACQUARIE INFRASTRUC SYMBOL: MIC	100.0000	81.7000	8,170.00 *5,909.06*	2,260.94	6.31%	516.00
MARATHON OIL CORP SYMBOL: MRO	2,810.0000	17.3100	48,641.10 *78,727.47*	(30,086.37)	1.15%	562.00
MASTERCARD INC SYMBOL: MA	1,060.0000	103.2500	109,445.00 *30,594.06*[a]	78,850.94	0.73%	805.60
MATTEL INCORPORATED SYMBOL: MAT	360.0000	27.5500	9,918.00 *9,944.95*	(26.95)	5.51%	547.20

Schwab has provided accurate gain and loss information wherever possible for most investments. Cost basis data may be incomplete or unavailable for some of your holdings.
Please see "Endnotes for Your Account" section for an explanation of the endnote codes and symbols on this statement.

DST 00111444W

DUPLICATE STATEMENT

Employer Identification Number 38-2100939

charles SCHWAB

Schwab One® Account of
METRO HEALTH FOUNDATION

Account Number
[redacted]

Statement Period
December 1-31, 2016

Investment Detail - Equities (continued)

Equities (continued)	Quantity	Market Price	Market Value / *Cost Basis*	Unrealized Gain or (Loss)	Estimated Yield	Estimated Annual Income
METLIFE INC SYMBOL: MET	1,490.0000	53.8900	80,296.10 *55,649.34* [a]	24,646.76	2.96%	2,384.00
MICROCHIP TECHNOLOGY SYMBOL: MCHP	420.0000	64.1500	26,943.00 *13,092.74* [a]	13,850.26	2.24%	605.64
MICROSOFT CORP SYMBOL: MSFT	1,120.0000	62.1400	69,596.80 *30,935.11* [a]	38,661.69	2.51%	1,747.20
NEW YORK CMNTY BANCO SYMBOL: NYCB	410.0000	15.9100	6,523.10 *6,541.47*	(18.37)	4.27%	278.80
NIKE INC CLASS B SYMBOL: NKE	1,350.0000	50.8300	68,620.50 *25,823.81* [a]	42,796.69	1.25%	864.00 ***Accrued Dividend: 243.00***
NORDSON CORP SYMBOL: NDSN	170.0000	112.0500	19,048.50 *14,790.45*	4,258.05	0.96%	183.60 ***Accrued Dividend: 45.90***
OMNICOM GROUP INC SYMBOL: OMC	720.0000	85.1100	61,279.20 *30,935.82* [a]	30,343.38	2.58%	1,584.00 ***Accrued Dividend: 396.00***
PACWEST BANCORP SYMBOL: PACW	520.0000	54.4400	28,308.80 *21,004.28*	7,304.52	3.67%	1,040.00
PALO ALTO NETWORKS SYMBOL: PANW	120.0000	125.0500	15,006.00 *17,742.88*	(2,736.88)	N/A	N/A

Schwab has provided accurate gain and loss information wherever possible for most investments. Cost basis data may be incomplete or unavailable for some of your holdings. Please see "Endnotes for Your Account" section for an explanation of the endnote codes and symbols on this statement.

00457 8/16

Employer Identification Number
38-2100939

Schwab One® Account of
METRO HEALTH FOUNDATION

Account Number
[redacted]

Statement Period
December 1-31, 2016

Investment Detail - Equities (continued)

Equities (continued)	Quantity	Market Price	Market Value / *Cost Basis*	Unrealized Gain or (Loss)	Estimated Yield	Estimated Annual Income
PEPSICO INCORPORATED SYMBOL: PEP	720.0000	104.6300	75,333.60 *44,399.42* [a]	30,934.18	2.87%	2,167.20
						Accrued Dividend: 579.43
PLANET FITNESS INC CLASS A SYMBOL: PLNT	1,110.0000	20.1000	22,311.00 *19,678.82*	2,632.18	N/A	N/A
PRAXAIR INC SYMBOL: PX	790.0000	117.1900	92,580.10 *73,952.85* [a]	18,627.25	2.55%	2,370.00
PRESTIGE BRANDS HOLD SYMBOL: PBH	620.0000	52.1000	32,302.00 *31,187.31*	1,114.69	N/A	N/A
PROSPERITY BANCSHARE SYMBOL: PB	380.0000	71.7800	27,276.40 *16,637.03* [a]	10,639.37	1.67%	456.00
						Accrued Dividend: 129.20
SCHLUMBERGER LTD F SYMBOL: SLB	490.0000	83.9500	41,135.50 *28,456.17* [a]	12,679.33	2.38%	980.00
						Accrued Dividend: 245.00
SKYWORKS SOLUTIONS SYMBOL: SWKS	260.0000	74.6600	19,411.60 *4,725.02* [a]	14,686.58	1.50%	291.20
STANDEX INTERNATL CO SYMBOL: SXI	260.0000	87.8500	22,841.00 *5,334.57* [a]	17,506.43	0.72%	166.40
STAPLES INC SYMBOL: SPLS	1,000.0000	9.0500	9,050.00 *8,356.36*	693.64	5.30%	480.00
						Accrued Dividend: 120.00

Schwab has provided accurate gain and loss information wherever possible for most investments. Cost basis data may be incomplete or unavailable for some of your holdings. Please see "Endnotes for Your Account" section for an explanation of the endnote codes and symbols on this statement.

Employer Identification
Number
38-2100939

Schwab One® Account of
METRO HEALTH FOUNDATION

Account Number
[redacted]

Statement Period
December 1-31, 2016

Investment Detail - Equities (continued)

Equities (continued)	Quantity	Market Price	Market Value / *Cost Basis*	Unrealized Gain or (Loss)	Estimated Yield	Estimated Annual Income
STARBUCKS CORP SYMBOL: SBUX	710.0000	55.5200	39,419.20 *38,654.82*	764.38	1.80%	710.00
STEEL DYNAMICS INC SYMBOL: STLD	550.0000	35.5800	19,569.00 *5,881.46* [a]	13,687.54	1.57%	308.00
STRYKER CORP SYMBOL: SYK	450.0000	119.8100	53,914.50 *17,726.53* [a]	36,187.97	1.26%	684.00
SYNOPSYS INC SYMBOL: SNPS	340.0000	58.8600	20,012.40 *12,117.98*	7,894.42	N/A	N/A
THERMO FISHER SCNTFC SYMBOL: TMO	590.0000	141.1000	83,249.00 *55,456.60*	27,792.40	0.42%	354.00 ***Accrued Dividend: 88.50***
TRACTOR SUPPLY COMP SYMBOL: TSCO	340.0000	75.8100	25,775.40 *8,303.11* [a]	17,472.29	1.26%	326.40
TUPPERWARE BRANDS CO SYMBOL: TUP	190.0000	52.6200	9,997.80 *10,327.95*	(330.15)	5.16%	516.80 ***Accrued Dividend: 129.20***
UNITED PARCEL SRVC CLASS B SYMBOL: UPS	500.0000	114.6400	57,320.00 *35,511.55* [a]	21,808.45	2.72%	1,560.00
UNITEDHEALTH GRP INC SYMBOL: UNH	420.0000	160.0400	67,216.80 *15,707.46* [a]	51,509.34	1.56%	1,050.00

Schwab has provided accurate gain and loss information wherever possible for most investments. Cost basis data may be incomplete or unavailable for some of your holdings. Please see "Endnotes for Your Account" section for an explanation of the endnote codes and symbols on this statement.

DUPLICATE STATEMENT

Employer Identification Number
38-2100939

charles SCHWAB

Schwab One® Account of
METRO HEALTH FOUNDATION

Account Number
[redacted]

Statement Period
December 1-31, 2016

Investment Detail - Equities (continued)

Equities (continued)	Quantity	Market Price	Market Value / *Cost Basis*	Unrealized Gain or (Loss)	Estimated Yield	Estimated Annual Income
VAIL RESORTS INC SYMBOL: MTN	180.0000	161.3100	29,035.80 *19,355.05*	9,680.75	2.00%	583.20
						Accrued Dividend: 145.80
WALT DISNEY CO SYMBOL: DIS	690.0000	104.2200	71,911.80 *23,124.50*	48,787.30	1.36%	979.80
						Accrued Dividend: 538.20
WATERS CORP SYMBOL: WAT	150.0000	134.3900	20,158.50 *5,695.87[a]*	14,462.63	N/A	N/A
WELLS FARGO BK 7.5% PFD SER LNV SYMBOL: WFC+L	10.0000	1,190.0000	11,900.00 *10,053.58[a]*	1,846.42	6.30%	750.00
WELLS FARGO BK N A SYMBOL: WFC	830.0000	55.1100	45,741.30 *39,086.84*	6,654.46	2.75%	1,261.60
ZIONS BANCORP SYMBOL: ZION	730.0000	43.0400	31,419.20 *16,761.25*	14,657.95	0.74%	233.60
Total Equities	65,555.0000	*Total Cost Basis:*	3,589,709.95 *2,369,157.67*	1,220,542.18		70,385.09

Total Accrued Dividend for Equities: 4,277.08

Estimated Annual Income ("EAI") and Estimated Yield ("EY") calculations are for informational purposes only. The actual income and yield might be lower or higher than the estimated amounts. EY is based upon EAI and the current price of the security and will fluctuate. For certain types of securities, the calculations could include a return of principal or capital gains in which case EAI and EY would be overstated. EY and EAI are not promptly updated to reflect when an issuer has missed a regular payment or announced changes to future payments, in which case EAI and EY will continue to display at a prior rate.

Schwab has provided accurate gain and loss information wherever possible for most investments. Cost basis data may be incomplete or unavailable for some of your holdings.
Please see "Endnotes for Your Account" section for an explanation of the endnote codes and symbols on this statement.

DST 00111444W

charles SCHWAB

DUPLICATE STATEMENT

Employer Identification Number
38-2100939

Schwab One® Account of
METRO HEALTH FOUNDATION

Account Number
[redacted]

Statement Period
December 1-31, 2016

Investment Detail - Other Assets

Other Assets	Quantity	Market Price	Market Value / *Cost Basis*	Unrealized Gain or (Loss)	Estimated Yield	Estimated Annual Income
APPLE HOSPITALITY R REIT SYMBOL: APLE	840.0000	19.9800	16,783.20 *15,479.90*	1,303.30	6.00%	1,008.00
BARCLAYS BANK 7.1% PFD PFD SER 3 SYMBOL: BCS+A	600.0000	25.3799	15,227.94 *14,753.37* [a]	474.57	N/A	N/A
COMPASS DIVERSIFIED LP SYMBOL: CODI	1,140.0000	17.9000	20,406.00 *19,272.63*	1,133.37	8.04%	1,641.60
FIRST TRUST INTERNET INDEX CF ETF SYMBOL: FDN	2,815.0000	79.8300	224,721.45 *108,682.72* [a]	116,038.73	N/A	N/A
IRON MOUNTAIN US HOL REIT SYMBOL: IRM	460.0000	32.4800	14,940.80 *15,027.95*	(87.15)	6.77%	1,012.00
ISHARES MSCI GERMANY ETF SYMBOL: EWG	750.0000	26.4800	19,860.00 *14,098.18* [a]	5,761.82	0.06%	13.55
JP MORGAN CHASE ALERIAN ETN SYMBOL: AMJ	410.0000	31.6100	12,960.10 *14,520.32*	(1,560.22)	N/A	N/A
REALTY INCM CORP REIT SYMBOL: O	250.0000	57.4800	14,370.00 *13,588.65*	781.35	4.21%	606.00
SPDR S&P BIOTECH ETF SYMBOL: XBI	890.0000	59.1900	52,679.10 *44,146.82*	8,532.28	0.12%	65.18
STARWOOD PPTY TRUST REIT SYMBOL: STWD	550.0000	21.9500	12,072.50 *12,372.40*	(299.90)	8.74%	1,056.00

Schwab has provided accurate gain and loss information wherever possible for most investments. Cost basis data may be incomplete or unavailable for some of your holdings. Please see "Endnotes for Your Account" section for an explanation of the endnote codes and symbols on this statement.

DUPLICATE STATEMENT

Employer Identification Number
38-2100939

Schwab One® Account of
METRO HEALTH FOUNDATION

Account Number
[redacted]

Statement Period
December 1-31, 2016

Investment Detail - Other Assets (continued)

Other Assets (continued)	Quantity	Market Price	Market Value / *Cost Basis*	Unrealized Gain or (Loss)	Estimated Yield	Estimated Annual Income
VANGUARD FTSE ALL WORLD EX US ETF SYMBOL: VEU	15,400.0000	44.1800	680,372.00 *679,965.80* [a]	406.20	3.39%	23,100.00
VANGUARD FTSE EMERGING MARKETS ETF SYMBOL: VWO	705.0000	35.7800	25,224.90 *28,758.85* [a]	(3,533.95)	1.90%	479.40
VANGUARD FTSE PACIFIC ETF SYMBOL: VPL	720.0000	58.1200	41,846.40 *44,368.52* [a]	(2,522.12)	5.18%	2,168.64
Total Other Assets	25,530.0000		1,151,484.39	120,428.28		31,150.37
		Total Cost Basis	*1,025,038.11*			

Estimated Annual Income ("EAI") and Estimated Yield ("EY") calculations are for informational purposes only. The actual income and yield might be lower or higher than the estimated amounts. EY is based upon EAI and the current price of the security and will fluctuate. For certain types of securities, the calculations could include a return of principal or capital gains in which case EAI and EY would be overstated. EY and EAI are not promptly updated to reflect when an issuer has missed a regular payment or announced changes to future payments, in which case EAI and EY will continue to display at a prior rate.

Total Investment Detail	5,795,106.00
Total Account Value	5,795,106.00
Total Cost Basis	*4,747,902.75*

Realized Gain or (Loss)

Short Term	Quantity/Par	Acquired/ Opened	Sold/ Closed	Total Proceeds	Cost Basis	Realized Gain or (Loss)
MCKESSON CORPORATION: MCK	210.0000	06/30/16	12/01/16	30,093.89	39,037.68	(8,943.79)

Schwab has provided accurate gain and loss information wherever possible for most investments. Cost basis data may be incomplete or unavailable for some of your holdings. Please see "Endnotes for Your Account" section for an explanation of the endnote codes and symbols on this statement.

DST 00111444W