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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491304002037

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 instructions is at *www.irs.gov/form990pf*.**

OMB No 1545-0052

2016

Open to Public Inspection

For calendar year 2016, or tax year beginning 04-01-2016 , and ending 03-31-2017

Name of foundation
BARTON MALOW COMPANY FOUNDATION

A Employer identification number
38-6088176

Number and street (or P O box number if mail is not delivered to street address)
26500 AMERICAN DRIVE

Room/suite

B Telephone number (see instructions)
(248) 436-5000

City or town, state or province, country, and ZIP or foreign postal code
SOUTHFIELD, MI 48034

C If exemption application is pending, check here ▶ ☐

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)* ▶$ 124,148

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) (see instructions))*

		(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 (attach schedule)	899,060			
	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				
	5a Gross rents				
	b Net rental income or (loss) _____				
	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				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 **Total.** Add lines 1 through 11	899,060	0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)	11,918	0		0
	b Accounting fees (attach schedule)	3,182	0		0
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	248,541	0		240,433
	24 **Total operating and administrative expenses.** Add lines 13 through 23	263,641	0		240,433
	25 Contributions, gifts, grants paid	522,325			473,325
	26 **Total expenses and disbursements.** Add lines 24 and 25	785,966	0		713,758
	27 Subtract line 26 from line 12				
	a **Excess of revenue over expenses and disbursements**	113,094			
	b **Net investment income** (if negative, enter -0-)		0		
	c **Adjusted net income**(if negative, enter -0-)				

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

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	30,709	114,148	114,148
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶			
	Less allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	Less allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges		10,000	10,000
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	15 Other assets (describe ▶)			
	16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	30,709	124,148	124,148
Liabilities	17 Accounts payable and accrued expenses		2,720	
	18 Grants payable		127,333	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)			
	23 **Total liabilities**(add lines 17 through 22)	0	130,053	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ ☑ and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted	30,709	-5,905	
	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** (see instructions)	30,709	-5,905	
	31 **Total liabilities and net assets/fund balances** (see instructions)	30,709	124,148	

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	30,709
2	Enter amount from Part I, line 27a	2	113,094
3	Other increases not included in line 2 (itemize) ▶	3	16,223
4	Add lines 1, 2, and 3	4	160,026
5	Decreases not included in line 2 (itemize) ▶	5	165,931
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	-5,905

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				

	(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 (i) 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) (see instructions) 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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☑ No
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2015	625,050	94,484	6 615406
2014	226,650	99,738	2 272454
2013	176,400	45,889	3 844058
2012	68,372	123,552	0 553386
2011	194,106	222,496	0 872402

2	**Total** of line 1, column (d)	2	14 157706
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	2 831541
4	Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	4	272,577
5	Multiply line 4 by line 3	5	771,813
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	0
7	Add lines 5 and 6	7	771,813
8	Enter qualifying distributions from Part XII, line 4	8	713,758

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 ▶ ☐ and enter 1% of Part I, line 27b	1	0
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	0
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	0
6	Credits/Payments		
a	2016 estimated tax payments and 2015 overpayment credited to 2016 — 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 ☐ 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	0
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 2017 estimated tax** ▶ **Refunded** ▶	11	

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		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?	1b		No
	*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		No
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? *If "Yes," attach a detailed description of the activities*	2		No
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		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
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? *If "Yes," attach the statement required by General Instruction T*	5		No
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	Yes	
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	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ FL, IL, MD, MI, NC, OH, PA, VA			
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	Yes	
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		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses*	10		No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ N/A

14 The books are in care of ▶ THE FOUNDATION Telephone no ▶ (248) 436-5000

Located at ▶ 26500 AMERICAN DRIVE SOUTHFIELD MI ZIP+4 ▶ 48034

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

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?		Yes	No
		16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 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		
	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		No
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 ▶ 20____ , 20____ , 20____ , 20____			
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)	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 ▶ 20____ , 20____ , 20____ , 20____			
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).*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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		No

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)?			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?	☐ 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	No
	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?			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 (see instructions).

(a) Name and address	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	Expense account, **(e)** other allowances
DOUGLAS MAIBACH 26500 AMERICAN DRIVE SOUTHFIELD, MI 48034	TRUSTEE 1 00	0	0	0
RYAN MAIBACH 26500 AMERICAN DRIVE SOUTHFIELD, MI 48034	TRUSTEE 1 00	0	0	0

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

(a) Name and address of each employee paid more than $50,000	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans and deferred compensation	Expense account, **(e)** other allowances
NONE				

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 (see instructions). 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	
2	
3	
4	

Part IX-B **Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions 3	
Total. Add lines 1 through 3 ▶	0

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	0
b	Average of monthly cash balances	1b	276,728
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	276,728
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	276,728
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	4,151
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	272,577
6	**Minimum investment return.** Enter 5% of line 5	6	13,629

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	13,629
2a	Tax on investment income for 2016 from Part VI, line 5	2a		
b	Income tax for 2016 (This does not include the tax from Part VI)	2b		
c	Add lines 2a and 2b		2c	0
3	Distributable amount before adjustments Subtract line 2c from line 1		3	13,629
4	Recoveries of amounts treated as qualifying distributions		4	0
5	Add lines 3 and 4		5	13,629
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	13,629

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	713,758
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	713,758
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 (see instructions)	5	0
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	713,758

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				13,629
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only.			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2016				
a From 2011. 194,105				
b From 2012. 68,372				
c From 2013. 176,400				
d From 2014. 226,650				
e From 2015. 625,050				
f **Total** of lines 3a through e.	1,290,577			
4 Qualifying distributions for 2016 from Part XII, line 4 ▶ $ 713,758				
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).	713,758			
d Applied to 2016 distributable amount.				0
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2016	13,629			13,629
(If an amount appears in column (d), the same amount must be shown in column (a).)				
6 **Enter the net total of each column as indicated below:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,990,706			
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 instructions			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 (see instructions) . . .	180,476			
9 **Excess distributions carryover to 2017.** Subtract lines 7 and 8 from line 6a	1,810,230			
10 Analysis of line 9				
a Excess from 2012. . . . 68,372				
b Excess from 2013. . . . 176,400				
c Excess from 2014. . . . 226,650				
d Excess from 2015. . . . 625,050				
e Excess from 2016. . . . 713,758				

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

1a 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 organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
2a 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 organization 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))

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

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

BARTON MALOW COMPANY FOUNDATION
26500 AMERICAN DRIVE
SOUTHFIELD, MI 48034
(248) 436-5000
FOUNDATION@BARTONMALOW COM

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

LETTER

c Any submission deadlines

NO DEADLINES

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

NONE

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* See Additional Data Table				
Total . . . . . ▶ **3a**				473,325
b *Approved for future payment* THOMAS NELSON COMMUNITY COLLEGE EDUCATIONAL FOUNDATION 100 MACK AVENUE DETROIT, MI 48244	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	4,000
DEACONNESS FOUNDATION 600 MARY STREET EVANSVILLE, IN 47747	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	40,000
AUTISM ALLIANCE OF MICHIGAN 26500 AMERICAN DRIVE SOUTHFIELD, MI 48034	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	5,000
Total . . . . . ▶ **3b**				49,000

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
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. . . .					
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			01	-240,433	
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		-240,433	0
13 **Total.** Add line 12, columns (b), (d), and (e).				13	-240,433

(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) (See instructions)

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)		No
(2) Other assets	1a(2)		No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
(3) Rental of facilities, equipment, or other assets	1b(3)		No
(4) Reimbursement arrangements	1b(4)		No
(5) Loans or loan guarantees	1b(5)		No
(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

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

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

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

******	2017-09-21	******
Signature of officer or trustee	Date	Title

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
JEFFREY JABLONSKI CPA				P01042685
Firm's name ▶ COLLINS BURI & MCCONKEY LLP				Firm's EIN ▶38-3212285
Firm's address ▶ 1450 W LONG LAKE ROAD SUITE 365 TROY, MI 48098				Phone no (248) 646-7440

Form 990PF Part XV Line 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*				
AGC EDUCATION AND RESEARCH FOUNDATION 2300 WILSON BLVD SUITE 400 ARLINGTON, VA 22201	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	5,000
SAINT JUDE CHILDRENS RESEARCH HOSPITAL 501 SAINT JUDE PLACE MEMPHIS, TN 38105	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	5,660
AMERICAN RED CROSS 100 MACK AVENUE DETROIT, MI 482440110	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	17,200
AMERICAN CANCER SOCIETY 20450 CIVIC CENTER DRIVE SOUTHFIELD, MI 48076	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	3,240
AMERICAN HEART ASSOCIATION 27777 FRANKLIN ROAD SUITE 1150 SOUTHFIELD, MI 48034	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	200
Total . . . . . ▶ 3a				473,325

Form 990PF Part XV Line 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*				
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVENUE DALLAS, TX 75231	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	48,380
AMERICAN HEART ASSOCIATION 27777 FRANKLIN ROAD SUITE 1150 SOUTHFIELD, MI 48034	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	2,500
BOY SCOUTS OF AMERICA 1776 WEST WARREN AVENUE DETROIT, MI 48208	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	6,000
BRIAN ZELEJI MEMORIAL FOUNDATION 15900 WAVERLY SOUTHGATE, MI 48195	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,520
CAPUCHIN SOUP KITCHEN 1820 MOUNT ELLIOT DETROIT, MI 48207	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	500
Total . . . . . ▶ 3a				473,325

Form 990PF Part XV Line 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*				
CHILDREN'S HOSPITAL OF MICHIGAN 3901 BEAUBIEN BLVD DETROIT, MI 48201	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	26,666
SUSAN G KOMEN FOUNDATION 1442 JOHNSTON WILLIS DRIVE RICHMOND, VA 23235	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	500
GREATER CHICAGO FOOD DEPOSITORY 4100 WEST ANN LURIE PLACE CHICAGO, IL 60632	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,000
GLEANERS COMMUNITY FOOD BANK 2131 BEAUFAIT DETROIT, MI 48207	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	5,080
HEART OF FLORIDA UNITED WAY 1940 TRAYLOR BLVD ORLANDO, FL 32804	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	2,430
Total . . . . . ▶ 3a				473,325

Form 990PF Part XV Line 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*				
LEADER DOGS FOR THE BLIND 1039 SOUTH ROCHESTER ROAD ROCHESTER, MI 483073115	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,344
MILWAUKEE SCHOOL OF ENGINEERING 1025 N BROADWAY MILWAUKEE, WI 53202	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	2,000
NAWIC BALTIMORE CHAPTER 135 300 EAST JOPPA ROAD BALTIMORE, MD 21286	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,500
SECOND CHANCE AT LIFE 32591 JUDY WESTLAND, MI 48185	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	520
SHRINERS HOSPITAL FOR CHILDREN 911 WEST 5TH AVENUE SPOKANE, WA 992102472	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	3,164
Total . . . . . ▶ 3a				473,325

Form 990PF Part XV Line 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*				
CHILDREN'S CENTER OF WAYNE COUNTY 79 WEST ALEXANDRINE DETROIT, MI 48201	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	10,800
UNITED WAY THOMAS JEFFERSON AREA 806 EAST HIGH STREET CHARLOTTESVILLE, VA 22902	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	3,210
WOUNDED WARRIOR PROJECT 4899 BELFORD ROADSUITE 300 JACKSONVILLE, FL 32256	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	4,096
YMCA OF METROPOLITAN DETROIT 1401 BROADWAY SUITE 3A DETROIT, MI 48226	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	12,000
UNITED WAY FOR SE MICHIGAN 660 WOODWARD AVE SUITE 300 DETROIT, MI 48226	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	29,440
Total . . . . . ▶ 3a				473,325

Form 990PF Part XV Line 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*				
GIVE KIDS THE WORLD INC 210 SOUTH BASS ROAD KISSIMMEE, FL 34746	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	10,000
ST JOSEPH'S HOSPITAL FOUNDATION 2700 W DR MARTIN LUTER KING BLVD STE 310 TAMPA, FL 33607	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	10,000
AMERICAN DIABETES ASSOCIATION 300 GALLERIA OFFICE CENTRE STE 111 SOUTHFIELD, MI 48034	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	2,240
BEAUMONT FOUNDATION 3771 WEST 13 MILE ROAD TROY, MI 48073	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	20,700
NATIONAL KIDNEY FOUNDATION OF MICHIGAN 1169 OAK VALLEY DRIVE ANN ARBOR, MI 48108	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	5,000
Total . . . . . ▶ 3a				473,325

Form 990PF Part XV Line 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*				
HABITAT FOR HUMANITY OAKLAND COUNTY 150 OSMUN STREET PONTIAC, MI 48342	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	11,950
JEWISH FEDERATION OF METRO DETROIT 6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,180
MAKE A WISH FOUNDATION 1020 NORTH ORLANDO STREET SUITE 100 MAITLAND, FL 32751	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	6,600
UNIVERSITY OF MARYLAND 110 SOUTH PACA STREET 9TH FLOOR BALTIMORE, MD 21201	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	20,000
AMERICAN HEART ASSOCIATION 4217 PARK PLACE GLEN ALLEN, VA 23060	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	5,000
Total . . . . . ▶ 3a				473,325

Form 990PF Part XV Line 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*				
AMERICAN HEART ASSOCIATION 4217 PARK PLACE GLEN ALLEN, MI 23060	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	5,160
SMPS FOUNDATION 123 NORTH PITT STREET 400 ALEXANDRIA, VA 22314	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,000
LEUKEMIA & LYMPHOMA SOCIETY INC 1311 MAMARONECK AVENUE SUITE 310 WHITE PLAINS, NY 106055223	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	600
ESD ENGINEERING SOCIETY OF DETROIT 20700 CIVIC CENTER DRIVE SUITE 450 SOUTHFIELD, MI 48076	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,000
AMERICAN CANCER SOCIETY 20450 CIVIC CENTER DRIVE SOUTHFIELD, MI 48076	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	600
Total . . . . . ▶ 3a				473,325

Form 990PF Part XV Line 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*				
ASHLEY INC 800 TYDINGS LANE HAVRE DE GRACE, MD 21078	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,100
FLORIDA HOSPITAL FOUNDATION 2710 NORTH ORANGE AVENUE SUITE 200 ORLANDO, FL 32804	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	10,000
THAW 535 GRISWOLD SUITE 200 DETROIT, MI 48226	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	10,650
ILLITCH CHARITIES 2211 WOODWARD AVENUE DETROIT, MI 482013400	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	25,000
SPECIAL OLYMPICS MICHIGAN INC PO BOX 795 MT PLEASANT, MI 48044	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,660
Total . . . . . ▶ 3a				473,325

Form 990PF Part XV Line 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*				
THOMAS NELSON COMMUNITY COLLEGE EDUCATIONAL FOUNDATION 100 MACK AVENUE DETROIT, MI 482440110	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,000
ONE ORLANDO FUND 400 SOUTH ORANGE AVENUE ORLANDO, FL 328013302	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	11,150
AUTISM ALLIANCE OF MICHIGAN 26500 AMERICAN DRIVE SOUTHFIELD, MI 48034	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	4,520
ORLANDO CITY SOCCER FOUNDATION INC 618 EAST SOUTH STREET SUITE 510 ORLANDO, FL 32801	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	630
HALIFAX HABITAT FOR HUMANITY INC 1030 W INTERNATIONAL SPEED FLOOR 2 DAYTONA BEACH, FL 32114	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	11,410
Total . . . . . ▶ 3a				473,325

Form 990PF Part XV Line 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*				
LIFE REMODELED 140 N SANDUSKY STREET DELE, OH 43015	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	9,740
TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIRCLE ROOM H149 TAMPA, FL 33606	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	5,000
ACE MENTOR PROGRAM OF AMERICA 2777 SUMMER STREET SUITE 401 STAMFORD, CT 06905	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	10,000
TEEN HYPE YOUTH DEVELOPMENT PROGRAM 453 MARTIN LUTHER KING JR BLVD DETROIT, MI 48201	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	92
BOYS & GIRLS CLUB OF ROYAL OAK 1545 E LINCOLN AVENUE ROYAL OAK, MI 48067	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,800
Total . . . . . ▶ 3a				473,325

Form 990PF Part XV Line 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*				
FIRST STEP WESTERN WAYNE COUNTY 44567 PINETREE DRIVE PLYMOUTH, MI 48170	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,300
CHRISTOPHER & DANA REEVE FOUNDATION 636 MORRIS TURNPIKE SUITE 3A SHORT HILLS, NJ 07078	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,000
SHEPPARD PRATT FOUNDATION INC 6501 NORTH CHARLES STREET BALTIMORE, MD 21204	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	2,500
HUMBLE DESIGN INC 180 NORTH SAGINAW STREET PONTIAC, MI 48342	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	3,000
SALVATION ARMY 3737 LAWTON DETROIT, MI 48208	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,500
Total . . . . . ▶ 3a				473,325

Form 990PF Part XV Line 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*				
CASEY CARES FOUNDATION INC 3918 VERO ROAD SUITE C BALTIMORE, MD 21227	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	4,000
INTERNATIONAL MOUNTAIN BICYCLING 4888 PEAR EAST CIRCLE STE 200E BOULDER, CO 80301	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	200
NATIONAL ASSOCIATION OF WOMEN IN CONSTRUCTION 29844 WOODWARD AVENUE 127 ROYAL OAK, MI 48073	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,000
EASTON CHURCH OF GOD 1401 VERMONT STREET DETROIT, MI 48216	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	520
COUNCIL OF MICHIGAN FOUNDATIONS 1 SOUTH HARBOR DRIVE SUITE 3 GRAND HAVEN, MI 49417	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	2,180
Total . . . . . ▶ 3a				473,325

Form 990PF Part XV Line 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*				
ORLANDO UNION RESCUE MISSION 1521 WEST WASHINGTON STREET ORLANDO, FL 32805	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	520
EMPOWERMENT PLAN 3450 WEST CENTRAL AVENUE SUITE 352 TOLEDO, OH 43606	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,780
AMERICAN FOUNDATION FOR SUICIDE PREVENTION 120 WALL STREET FLOOR 29 NEW YORK, NY 10005	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	520
TRINITY COMMUNITY CARE INC 47511 VAN DYKE SHELBY TOWNSHIP, MI 48317	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	260
DETROIT POLICE ATHLETIC LEAGUE INC 111 WEST WILLIS STREET DETROIT, MI 48201	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	25,000
Total . . . . . ▶ 3a				473,325

Form 990PF Part XV Line 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*				
GOODWILL INDUSTRIES OF MICHIGAN 3111 GRAND RIVER DETROIT, MI 48208	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,000
OUR LADY OF THE LAKES 5481 DIXIE HIGHWAY WATERFORD, MI 48329	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	2,000
FORGOTTEN HARVEST 21800 GREENFIELD OAK PARK, MI 48237	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	3,890
BETHEL COLLEGE 1001 BETHEL CIRCLE MISHAWAKA, IN 46545	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	2,000
NATIONAL MULTIPLE SCLEROSIS SOCIETY 21311 CIVIC CENTER DRIVE SOUTHFIELD, MI 48076	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,300
Total . . . . . ▶ 3a				473,325

Form 990PF Part XV Line 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*				
MARCH OF DIMES FOUNDATION 26261 EVERGREEN ROAD SUITE 290 SOUTHFIELD, MI 48076	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,000
FLYING SQUIRRELS CHARITIES 3001 NORTH BOULEVARD RICHMOND, VA 23230	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	500
HENRICO COUNTY VOCATIONAL 3751C NINE MILE ROAD HENRICO, VA 23227	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	5,000
OPERATION HOMEFRONT INC 4180 KELLER ROAD SUITE B HOLT, MI 48842	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,350
CHADTOUGH FOUNDATION PO BOX 907 SALINE, MI 48176	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,500
Total . . . . . ▶ 3a				473,325

Form 990PF Part XV Line 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*				
LEGAL AID AND DEFENDER ASSOCIATION INC 613 ABBOTT STREET DETROIT, MI 48226	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,150
OAKLAND COUNTY YOUTH ASSISTANCE 1200 N TELEGRAPH ROAD BLDG 14 EAST PONTIAC, MI 48341	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,150
MULTIPLE MYELOMA RESEARCH 383 MAIN AVENUE 5TH FLOOR NORWALK, CT 06851	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,040
HEART HAVENS INC 812 MOOREFIELD PARK DRIVE SUITE 301 NCHESTERFIELD, VA 23236	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	310
PENNSYLVANIA STATE UNIVERSITY 500 UNIVERSITY DRIVE HERSHEY, PA 17033	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	104
Total . . . . . ▶ **3a**				473,325

Form 990PF Part XV Line 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*				
ROBERTAS HOUSE INC 1900 NORTH BROADWAY SUITE 101 BALTIMORE, MD 21213	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	10,000
COALITION ON TEMPORARY SHELTER COTS 26 PETERBORO DETROIT, MI 483022722	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	600
SOUTH JACKSON COMMUNITY CHURCH 1024 WEST KIMMEL ROAD JACKSON, MI 49201	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	500
APOSTOLIC CHRISTIAN CHURCH 29575 WENTWORTH AVENUE LIVONIA, MI 48154	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,000
DE LASALLE COLLEGIATE HIGH SCHOOL 14600 COMMON ROAD WARREN, MI 48088	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	500
Total . . . . . ▶ 3a				473,325

Form 990PF Part XV Line 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*				
COOLEY PTO 2000 HIGHFIELD ROAD WATERFORD, MI 48329	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	2,000
MARCH OF DIMES FOUNDATION 26261 EVERGREEN ROAD SUITE 290 SOUTHFIELD, MI 48076	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	3,500
MENS COYOTE SOCCER BOOSTERS 14040 ELDORADO PARKWAY FRISCO, TX 75035	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	2,000
CROSSROADS PREGNANCY CENTER 3205 SOUTH BLVD AURBURN HILLS, MI 48326	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,600
LADY COYOTE SOCCER BOOSTER CLUB 14040 ELDORADO PARKWAY FRISCO, TX 75035	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	2,000
Total . . . . . ▶ 3a				473,325

Form 990PF Part XV Line 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*				
SAINT PETER & PAUL SYRIAN CHURCH 25566 LASHER ROAD SOUTHFIELD, MI 48033	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	500
SUE RYDER WHEATFIELDS HOSPICE FIRST FLOOR 16 UPPER WOBURN PLACE LONDON UK	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	500
MICHIGAN VETERANS FOUNDATION 2770 PARK AVENUE DETROIT, MI 48201	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	5,000
EVANS SCHOLARS FOUNDATION 1 BRIAR ROAD GOLF, IL 60029	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	2,500
STAGECRAFTERS 415 S LAFAYETTE AVENUE ROYAL OAK, MI 48067	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	250
Total . . . . . ▶ 3a				473,325

Form 990PF Part XV Line 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*				
DELAWARE COUNTY HABITAT FOR HUMANITY 305 CURTIX STREET DELAWARE, OH 43015	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,000
FRANCISCAN LIFE PROCESS CENTER 11650 DOWNES ST NE LOWELL, MI 49331	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,320
CENTRE COUNTY YOUTH SERVICE BUREAU 325 W AARON DRIVE STATE COLLEGE, PA 16803	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	825
MOTOR CITY YOUTH THEATRE 15498 MEADOWBROOK REDFORD, MI 48239	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	250
SOCIETY OF ST VINCENT DE PAUL 384 15TH STREET NORTH ST PETERSBURG, FL 33705	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	200
Total . . . . . ▶ 3a				473,325

Form 990PF Part XV Line 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*				
CAMP HOLIDAY TRAILS 400 HOLIDAY TRAILS LANE CHARLOTTESVILLE, VA 22903	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,000
RONALD MCDONALD HOUSE CHARITIES 39221 WOODWARD AVENUE BLOOMFIELD HILLS, MI 48303	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,250
NATIONAL MULTIPLE SCLEROSIS SOCIETY 21311 CIVIC CENTER DRIVE SOUTHFIELD, MI 48076	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	200
ORGANIZATION FOR BAT CONSERVATION 34039 ALGONQUIN STREET WESTLAND, MI 48185	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	260
HELPLINE OF DELAWARE & MORROW COUNTIES 140 N SANDUSKY STREET DELAWARE, OH 43015	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	200
Total . . . . . ▶ 3a				473,325

Form 990PF Part XV Line 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*				
BIG FLUFFY DOG RESCUE 1206 RUSSELL STREET NASHVILLE, TN 37206	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,560
SUSAN G KOMEN FOUNDATION 200 EAST JOPPA ROAD SUITE 407 TOWSON, MD 21286	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	5,000
MICHIGAN SCIENCE CENTER 5020 JOHN R STREET DETROIT, MI 48202	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	2,500
THE 410 BRIDGE INC 35 OLD CANTON STREET ALPHARETTA, GA 30009	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,200
MAKE A WISH FOUNDATION 7600 GRAND RIVER AVENUE SUITE 175 BRIGHTON, MI 48114	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	2,300
Total . . . . . ▶ 3a				473,325

Form 990PF Part XV Line 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*				
VILLAGE OF MILFORD 1100 ATLANTIC MILFORD, MI 48381	NONE	GOV	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,000
ALZHEIMERS ASSOCIATION 25200 TELEGRAPH ROAD SUITE 100 SOUTHFIELD, MI 48033	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,040
CAPTAIN CATHY FOUNDATION 7276 BLUEBILL CLAY, MI 48001	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	600
GREATER RICHMOND FIT4KIDS INC 2500 W BROAD STREET RICHMOND, VA 23220	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	500
WOODSIDE VISION FOUNDATION 6600 ROCHESTER ROAD TROY, MI 48085	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	5,000
Total . . . . . ▶ 3a				473,325

Form 990PF Part XV Line 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*				
ALS ASSOCIATION MICHIGAN CHAPTER 675 E BIG BEAVER SUITE 207 TROY, MI 48083	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,040
MARYLAND ACADEMY OF SCIENCES 601 LIGHT STREET BALTIMORE, MD 21230	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	2,500
YOGA MOVES MS PO BOX 250144 FRANKLIN, MI 48025	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	884
COMMUNITIES IN SCHOOLS RICHMOND 2922 W MARSHALL STREET SUITE 2 RICHMOND, VA 23230	NONE	GOV	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	2,500
4C OF SOUTHERN INDIANA 600 SE 6TH STREET EVANSVILLE, IN 47713	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	500
Total . . . . . ▶ 3a				473,325

Form 990PF Part XV Line 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*				
OPEN DOOR MINISTRY 300 EAST BELDEN AVENUE ELMHURST, IL 60126	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	2,000
PUG RESCUE NETWORK 21007 KENWOOD STREET FARMINGTON HILLS, MI 48336	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	250
ST RICHARD'S EPISCOPAL CHURCH 5151 LAKE HOWELL ROAD WINTER PARK, FL 32792	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	2,820
ALLEN D NEASE HIGH SCHOOL 10550 RAY ROAD PONTE VEDRA, FL 32081	NONE	GOV	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	2,500
PATHWAY TO ADVENTURE COUNCIL INC 1218 W ADAMS STREET CHICAGO, IL 60607	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,000
Total . . . . . ▶ 3a				473,325

Form 990PF Part XV Line 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*				
KINGSTON YOUTH ATHLETIC PROGRAM 5251 LOBDELL ROAD MAYVILLE, MI 48744	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	200
TEMPLE ISRAEL OF DETROIT 5725 WALNUT LAKE ROAD WEST BLOOMFIELD, MI 48323	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	224
WDET FM 4600 CASS AVENUE DETROIT, MI 48201	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	150
HENRICO POLICE ATHLETIC LEAGUE 8655 STAPLES MILL ROAD HENRICO, VA 23228	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	447
HABITAT FOR HUMANITY OAKLAND COUNTY 150 OSMUN STREET PONTIAC, MI 48342	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	10,015
Total . . . . . ▶ 3a				473,325

Form 990PF Part XV Line 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*				
LESS PAYMENTS ON PRIOR YEAR PLEDGES 26500 AMERICAN DRIVE SOUTHFIELD, MI 48034	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	-80,666
Total . . . . . ▶ 3a				473,325

TY 2016 Accounting Fees Schedule

Name: BARTON MALOW COMPANY FOUNDATION

EIN: 38-6088176

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	3,182	0		0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491304002037

TY 2016 Distribution from Corpus Election

Name: BARTON MALOW COMPANY FOUNDATION

EIN: 38-6088176

Election: THE FOUNDATION HEREBY ELECTS UNDER REG. 53.4942(A)-3(D)(2) TO TREAT QUALIFYING DISTRIBUTIONS AS MADE OUT OF CORPUS.

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491304002037

TY 2016 Legal Fees Schedule

Name: BARTON MALOW COMPANY FOUNDATION

EIN: 38-6088176

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL	11,918	0		0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491304002037

TY 2016 Other Decreases Schedule

Name: BARTON MALOW COMPANY FOUNDATION

EIN: 38-6088176

Description	Amount
CONVERSION TO ACCRUAL METHOD - ADJUST BEGINNING ACCOUNTS PAYABLE	6,932
CONVERSION TO ACCRUAL METHOD - ADJUST BEGINNING PLEDGESS PAYABLE	158,999

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491304002037

TY 2016 Other Expenses Schedule

Name: BARTON MALOW COMPANY FOUNDATION

EIN: 38-6088176

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
STATE LICENSING AND REGISTRATION FEES	2,767	0		0
OTHER EXPENSES	5,341	0		0
FUNDRAISING EVENT EXPENSES	240,433	0		240,433

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491304002037

TY 2016 Other Increases Schedule

Name: BARTON MALOW COMPANY FOUNDATION

EIN: 38-6088176

Description	Amount
CONVERSION TO ACCRUAL METHOD - ADJUST BEGINNING ACCOUNTS RECEIVABLE	6,223
CONVERSION TO ACCRUAL METHOD - ADJUST BEGINNING PREPAID EXPENSES	10,000

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491304002037

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
▶ 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
BARTON MALOW COMPANY FOUNDATION

Employer identification number
38-6088176

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 other 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 Do not 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 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 its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization	Employer identification number
BARTON MALOW COMPANY FOUNDATION	38-6088176

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
	See Additional Data Table	$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

Name of organization
BARTON MALOW COMPANY FOUNDATION

Employer identification number
38-6088176

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**
BARTON MALOW COMPANY FOUNDATION	38-6088176

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 information once. See instructions.) ▶ $** ____________

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

Additional Data

Software ID:
Software Version:
EIN: 38-6088176
Name: BARTON MALOW COMPANY FOUNDATION

Form 990 Schedule B, 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	BARTON MALOW COMPANY 26500 AMERICAN DRIVE SOUTHFIELD, MI48034	$ 394,521	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
2	PARTLAN LABADIE 12901 CLOVERDALE OAK PARK, MI48237	$ 11,600	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
3	JOHN E GREEN COMPANY 220 VICTOR AVENUE HIGHLAND PARK, MI48203	$ 45,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
4	IDEAL CONTRACTING LLC 2525 CLARK STREET DETROIT, MI48209	$ 22,700	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
5	IDEAL SHIELD 2525 CLARK STREET DETROIT, MI48209	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
6	MIDWEST STEEL 2525 E GRAND BLVD DETROIT, MI48211	$ 12,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

Form 990 Schedule B, 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
7	TROWBRIDGE LAW FIRM 1380 E JEFFERSON DETROIT, MI48207	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
8	GHAFARI ASSOCIATES 17101 MICHIGAN AVENUE DEARBORN, MI48126	$ 7,700	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
9	ANGELO IAFRATE CONSTRUCTION 26300 SHERWOOD AVENUE WARREN, MI48091	$ 12,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
10	CONTI ENTERPRISES INC 6417 CENTER DRIVE STERLING HEIGHTS, MI48312	$ 7,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
11	HOSLER MECHANICAL 10800 GALAXIE AVENUE FERNDALE, MI48220	$ 7,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
12	JACQUELINE ANDERSON 5335 WILLIAMSTON COURT COMMERCE TWP, MI48382	$ 7,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

Form 990 Schedule B, 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
13	LEIDAL & HART 12100 GLOBE STREET LIVONIA, MI48150	$ 7,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
14	LIBERTY MUTUAL GROUP 8044 MONTGOMERY ROAD SUITE 150E CINCINNATI, OH45236	$ 7,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
15	LIMBACH COMPANY 926 FEATHERSTONE ROAD PONTIAC, MI48342	$ 7,800	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
16	MJ ELECTRIC LLC 220 WEST FRANK PIPP DRIVE IRON MOUNTAIN, MI49801	$ 7,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
17	MADISON HEIGHTS GLASS 2020 BURDETTE FERNDALE, MI48220	$ 7,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
18	MOTOR CITY ELECTRIC 9440 GRINNELL STREET DETROIT, MI48213	$ 7,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

Form 990 Schedule B, 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
19	NATIONAL LADDER & SCAFFOLD 29350 JOHN R ROAD PO BOX 71721 MADISON HTS, MI48071	$ 7,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
20	RUBY & ASSOCIATES 30300 TELEGRAPH ROAD SUITE 400 BINGHAM FARMS, MI48025	$ 7,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
21	SCHUFF STEEL COMPANY 6701 WEST 64TH STREET STE 200 OVERLAND PARK, KS66202	$ 7,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
22	SUPERIOR ELECTRIC 264 EXECUTIVE DRIVE TROY, MI48083	$ 7,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
23	21 CENTURY SALVAGE 10750 MARTZ ROAD YPSILANTI, MI48197	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
24	ALTA CONSTRUCTION 56195 PONTIAC TRAIL NEW HUDSON, MI48165	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

Form 990 Schedule B, 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
25	ATLANTIC CONSTRUCTORS 1401 BATTERY BROOKE PARKWAY RICHMOND, VA23237	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
26	BARNSCO INC 975 LADD ROAD WALLED LAKE, MI48390	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
27	BOOMER CONSTRUCTION 1940 FORREST AVENUE DETROIT, MI48207	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
28	CENTERLINE ELECTRIC 26554 LAWRENCE AVENUE CENTERLINE, MI48015	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
29	CLOVERDALE EQUIPMENT 13133 CLOVERDALE AVENUE OAK PARK, MI48237	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
30	COASTAL MECHANICAL 394 EAST DRIVE MELBOURNE, FL32904	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

Form 990 Schedule B, 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
31	DIXON INC 15319 DALE STREET DETROIT, MI48223	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
32	HILTI WIRE 7250 DALLAS PARKWAY SUITE 1000 PLANO, TX75024	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
33	JOBSITE SUPPLY 1940 W OIVER AVE INDINAPOLIS, IN46221	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
34	JOHNSON CONTROLS 2875 HIGH MEADOW CIRCLE AUBURN HILLS, MI48326	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
35	MICHIGAN CAT 24800 NOVI ROAD NOVI, MI48375	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
36	MORELLI ENTERPRISES LLC 19890 STATE LINE ROAD SOUTH BEND, IN46637	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

Form 990 Schedule B, 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
37	POWER PROCESS PIPING 45780 PORT STREET PLYMOUTH, MI48170	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
38	RICHARD W LASCH 2436 PINE HOLLOW DRIVE EAST LANSING, MI488329782	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
39	SCHREIBER CORPORATION 29945 N BECK ROAD WIXOM, MI48393	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
40	SHAMBAUGH & SONS 21661 MELROSE AVENUE SOUTHFIELD, MI48075	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
41	STEPHEN FRANTZ 9440 GRINNELL STREET DETROIT, MI48213	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
42	SUPERIOR MATERIALS LLC 30701 WEST 10 MILE ROAD STE 500 FARMINGTON HILLS, MI48336	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

Form 990 Schedule B, 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
43	WALTER PAYTON POWER EQUIPMENT 25210 BREST ROAD TAYLOR, MI48180	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
44	WOLVERINE FIRE PROTECTION 8067 N DORT HIGHWAY PO BOX 219 MT MORRIS, MI48458	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
45	ZACHRY ENGINEERING 1400 THIRD AVENUE COLUMBUS, GA31901	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
46	DEE CRAMER INC 2383 CANTERWOOD HIGHLAND TWP, MI48357	$ 7,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)