

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.  
Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

OMB No 1545-0052

**2017**

Open to Public Inspection

For calendar year 2017 or tax year beginning

, and ending

Name of foundation

**METRO HEALTH FOUNDATION**

A Employer identification number

**38-2100939**

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

**333 W FORT STREET**

Room/suite

**1405**

B Telephone number

**(313) 965-4220**

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

**DETROIT, MI 48226**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 changeD 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 foundationE If private foundation status was terminated under section 507(b)(1)(A), check here ☐☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

I Fair market value of all assets at end of year

(from Part II, col. (c), line 16)

J Accounting method:

☐ Cash☒ Accrual☐ Other (specify)F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐\$ **7,370,168.** (Part I, column (d) must be on cash basis.)**Part I Analysis of Revenue and Expenses**

(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))

(a) Revenue and expenses per books

(b) Net investment income

(c) Adjusted net income

(d) Disbursements for charitable purposes (cash basis only)

1 Contributions, gifts, grants, etc., received

**16,390.****N/A**2 Check ☐ if the foundation is not required to attach Sch. B  
Interest on savings and temporary cash investments

4 Dividends and interest from securities

**169,395.****169,395.****STATEMENT 1**

5a Gross rents

b Net rental income or (loss)

**212,334.**

6a Net gain or (loss) from sale of assets not on line 10

b Gross sales price for all assets on line 6a **1,324,505.****212,334.**

7 Capital gain net income (from Part IV, line 2)

8 Net short-term capital gain

9 Income modifications

10a Gross sales less returns and allowances

b Less Cost of goods sold

c Gross profit or (loss)

**710.****710.****STATEMENT 2**

12 Total. Add lines 1 through 11

**398,829.****382,439.**

13 Compensation of officers, directors, trustees, etc

**97,926.****19,585.****78,341.**

14 Other employee salaries and wages

**72,288.****14,458.****57,830.**

15 Pension plans, employee benefits

**67,280.****13,456.****53,931.**16a Legal fees **STMT 3****1,073.****537.****195.**b Accounting fees **STMT 4****14,550.****7,275.****7,275.**

c Other professional fees

17 Interest

18 Taxes **STMT 5****2,767.****0.****0.**

19 Depreciation and depletion

**20,737.****5,497.****16,491.**

20 Occupancy

**14,232.****3,558.****12,790.**

21 Travel, conferences, and meetings

**711.****356.****356.**

22 Printing and publications

**48,239.****40,973.****9,074.**23 Other expenses **STMT 6**

24 Total operating and administrative expenses. Add lines 13 through 23

**339,803.****105,695.****236,283.**

25 Contributions, gifts, grants paid

**299,716.****200,716.**

26 Total expenses and disbursements. Add lines 24 and 25

**639,519.****105,695.****436,999.**

27 Subtract line 26 from line 12:

a Excess of revenue over expenses and disbursements

**-240,690.**

b Net investment income (if negative, enter -0-)

**276,744.**

c Adjusted net income (if negative, enter -0-)

**N/A**

<b>Part II</b>		<b>Balance Sheets</b>	Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of year	
				(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	1	Cash - non-interest-bearing		100.	100.	100.
	2	Savings and temporary cash investments		715,612.	175,948.	175,948.
	3	Accounts receivable ▶ 21,157.				
		Less: allowance for doubtful accounts ▶		15,996.	21,157.	21,157.
	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		2,751.	5,123.	5,123.
	10a	Investments - U.S. and state government obligations				
	b	Investments - corporate stock STMT 7		4,741,174.	5,199,425.	5,199,425.
	c	Investments - corporate bonds STMT 8		1,338,318.	1,968,415.	1,968,415.
<b>Liabilities</b>	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 ▶ <b>EXCISE TAX RECEIVAB</b> )		2,586.	0.	0.
	16	<b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I)		6,816,537.	7,370,168.	7,370,168.
	17	Accounts payable and accrued expenses		4,690.	912.	
	18	Grants payable		36,000.	135,000.	
<b>Net Assets or Fund Balances</b>	19	Deferred revenue				
	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable				
	22	Other liabilities (describe ▶)		30,000.	30,181.	
	23	<b>Total liabilities</b> (add lines 17 through 22)		70,690.	166,093.	
		<b>Foundations that follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 24 through 26, and lines 30 and 31.</b>				
	24	Unrestricted		6,745,847.	7,204,075.	
	25	Temporarily restricted				
	26	Permanently restricted				
		<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 27 through 31.</b>				
<b>Net Assets or Fund Balances</b>	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	<b>Total net assets or fund balances</b>		6,745,847.	7,204,075.	
	31	<b>Total liabilities and net assets/fund balances</b>		6,816,537.	7,370,168.	

**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	6,745,847.
2	Enter amount from Part I, line 27a	2	-240,690.
3	Other increases not included in line 2 (itemize) ▶ <b>UNREALIZED GAINS ON INVESTMENTS</b>	3	698,918.
4	Add lines 1, 2, and 3	4	7,204,075.
5	Decreases not included in line 2 (itemize) ▶	5	0.
6	<b>Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30</b>	6	7,204,075.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, 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.)
<b>1a PUBLICLY TRADED INVESTMENTS</b>		<b>P</b>		
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))
<b>a 1,324,505.</b>		<b>1,112,171.</b>	<b>212,334.</b>
b			
c			
d			
e			

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

(i) FMV 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))
<b>a</b>			<b>212,334.</b>
b			
c			
d			
e			

<b>2</b> 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	<b>2</b>	<b>212,334.</b>
<b>3</b> 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		<b>3</b>	<b>N/A</b>

**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 doesn't 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))
2016	424,873.	6,492,831.	.065437
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

<b>2</b> Total of line 1, column (d)	<b>2</b>	<b>.285831</b>
<b>3</b> Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>	<b>.057166</b>
<b>4</b> Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	<b>4</b>	<b>6,937,200.</b>
<b>5</b> Multiply line 4 by line 3	<b>5</b>	<b>396,572.</b>
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	<b>2,767.</b>
<b>7</b> Add lines 5 and 6	<b>7</b>	<b>399,339.</b>
<b>8</b> Enter qualifying distributions from Part XII, line 4	<b>8</b>	<b>436,999.</b>

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

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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	2,767.
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	2,767.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5 <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-		5	2,767.
6 Credits/Payments:			
a 2017 estimated tax payments and 2016 overpayment credited to 2017		6a	2,586.
b Exempt foreign organizations - tax withheld at source		6b	0.
c Tax paid with application for extension of time to file (Form 8868)		6c	0.
d Backup withholding erroneously withheld		6d	0.
7 Total credits and payments. Add lines 6a through 6d		7	2,586.
8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached		8	0.
9 <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>		9	181.
10 <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>		10	
11 Enter the amount of line 10 to be: <b>Credited to 2018 estimated tax</b> <input checked="" type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>		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?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition. If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file <b>Form 1120-POL</b> for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <b>\$ 0.</b> (2) On foundation managers. <b>\$ 0.</b>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <b>\$ 0.</b>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i>		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. <b>MI</b>		
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 <i>General Instruction G</i> ? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

**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		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		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <b>N/A</b>	X	
14 The books are in care of ► <b>THERESA SONDYS</b> Telephone no. ► <b>(313) 965-4220</b> Located at ► <b>333 W FORT ST, SUITE 1405, DETROIT, MI</b> ZIP+4 ► <b>48226</b>		
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 ► <b>15</b> <b>N/A</b>		
16 At any time during calendar year 2017, 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? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►		X

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

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

	Yes	No
1a During the year, did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here ► <input type="checkbox"/>	1b	X
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 2017?	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 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.) <b>N/A</b> c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► _____, _____, _____	2b	
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b If "Yes," did it have excess business holdings in 2017 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 2017.) <b>N/A</b>	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 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 2017?	4a	X
	4b	X

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**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year, did the foundation pay or incur any amount to:

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 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  
Organizations relying on a current notice regarding disaster assistance, check here

N/A

► ☐**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?  
If "Yes" to 6b, file Form 8870.

6b

X

**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, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 11		97,926.	30,377.	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 SONDIS - 333 W. FORT STREET, SUITE 1405, DETROIT, MI 48226	SENIOR PROGRAM OFFICER 35.00	72,288.	16,950.	0.

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

0

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		0

**Part IX-A** Summary of Direct Charitable Activities

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

**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	
All other program-related investments. See instructions.	
Total. Add lines 1 through 3	0.

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	6,911,814.
b	Average of monthly cash balances	1b	131,029.
c	Fair market value of all other assets	1c	
d	<b>Total</b> (add lines 1a, b, and c)	1d	7,042,843.
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	7,042,843.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	105,643.
5	<b>Net value of noncharitable-use assets</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	5	6,937,200.
6	<b>Minimum investment return</b> Enter 5% of line 5	6	346,860.

**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	346,860.
2a	Tax on investment income for 2017 from Part VI, line 5	2a	2,767.
b	Income tax for 2017. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	2,767.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	344,093.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	344,093.
6	Deduction from distributable amount (see instructions)	6	0.
7	<b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	344,093.

**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	436,999.
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	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	436,999.
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	2,767.
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	6	434,232.

**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.

Form 990-PF (2017)



**Part XIII** Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				344,093.
2 Undistributed income, if any, as of the end of 2017			0.	
a Enter amount for 2016 only				
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012	105,334.			
b From 2013				
c From 2014	19,607.			
d From 2015	42,555.			
e From 2016	103,699.			
f Total of lines 3a through e	271,195.			
4 Qualifying distributions for 2017 from Part XII, line 4: ▶ \$	436,999.			
a Applied to 2016, 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 2017 distributable amount				344,093.
e Remaining amount distributed out of corpus	92,906.			
5 Excess distributions carryover applied to 2017 (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	364,101.			
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 2016. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018				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 2012 not applied on line 5 or line 7	105,334.			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	258,767.			
10 Analysis of line 9:				
a Excess from 2013				
b Excess from 2014	19,607.			
c Excess from 2015	42,555.			
d Excess from 2016	103,699.			
e Excess from 2017	92,906.			

**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 2017, 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)

**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.

**3** Subtract line 2d from line 2c. 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., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

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

**SEE STATEMENT 12**

**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
<b>a Paid during the year</b>				
VARIOUS - SEE ATTACHED STATEMENT 13	NONE	PC	VARIOUS	200,716.
<b>Total</b>			<b>3a</b>	200,716.
<b>b Approved for future payment</b>				
VARIOUS - SEE ATTACHED STATEMENT 14	NONE	PC	VARIOUS	135,000.
<b>Total</b>			<b>3b</b>	135,000.

Form 990-PF (2017)





**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2017**

Name of the organization

Employer identification number

**METRO HEALTH FOUNDATION****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 foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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
<u>1</u>	<u>ESTATE OF ESTER YAGER TRUST</u> <u>C/O COMERICA BANK, P.O. BOX 75000</u> <u>DETROIT, MI 48226</u>	\$ <u>9,475.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>2</u>	<u>SALLY J. MANNS IRREVOCABLE TRUST</u> <u>C/O COMERICA BANK, P.O. BOX 75000</u> <u>DETROIT, MI 48226</u>	\$ <u>6,914.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Employer identification number

**38-2100939**

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

[illegible]



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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(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	169,395.	0.	169,395.	169,395.	
TO PART I, LINE 4	169,395.	0.	169,395.	169,395.	

FORM 990-PF		OTHER INCOME			STATEMENT 2
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	
SETTLEMENT ACTIVITY		710.	710.		
TOTAL TO FORM 990-PF, PART I, LINE 11		710.	710.		

FORM 990-PF		LEGAL FEES			STATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES		1,073.	537.		195.
TO FM 990-PF, PG 1, LN 16A		1,073.	537.		195.

FORM 990-PF		ACCOUNTING FEES			STATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES		14,550.	7,275.		7,275.
TO FORM 990-PF, PG 1, LN 16B		14,550.	7,275.		7,275.

## FORM 990-PF

## TAXES

## STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAX	2,767.	0.		0.
TO FORM 990-PF, PG 1, LN 18	2,767.	0.		0.

## FORM 990-PF

## OTHER EXPENSES

## STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BANK CHARGES	34,915.	34,915.		0.
OFFICE EQUIPMENT & SUPPLIES	2,205.	551.		1,653.
MISCELLANEOUS	1,322.	661.		612.
INSURANCE	4,645.	2,323.		2,323.
TELEPHONE	3,353.	1,677.		1,611.
PARKING	177.	35.		156.
UTILITIES	1,368.	684.		741.
DUES & SUBSCRIPTIONS	254.	127.		127.
GRANTS- OPERATING SUPPORT	0.	0.		1,851.
TO FORM 990-PF, PG 1, LN 23	48,239.	40,973.		9,074.

## FORM 990-PF

## CORPORATE STOCK

## STATEMENT 7

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
COMMON STOCKS AND EQUITY FUNDS	5,199,425.	5,199,425.
TOTAL TO FORM 990-PF, PART II, LINE 10B	5,199,425.	5,199,425.

FORM 990-PF	CORPORATE BONDS	STATEMENT 8
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
BONDS	1,968,415.	1,968,415.
TOTAL TO FORM 990-PF, PART II, LINE 10C	1,968,415.	1,968,415.

FORM 990-PF	OTHER ASSETS		STATEMENT 9
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
EXCISE TAX RECEIVABLE	2,586.	0.	0.
TO FORM 990-PF, PART II, LINE 15	2,586.	0.	0.

FORM 990-PF	OTHER LIABILITIES	STATEMENT 10
DESCRIPTION	BOY AMOUNT	EOY AMOUNT
DEFERRED EXCISE TAX LIABILITY	30,000.	30,000.
EXCISE TAX PAYABLE	0.	181.
TOTAL TO FORM 990-PF, PART II, LINE 22	30,000.	30,181.

FORM 990-PF

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

STATEMENT 11

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
LILLIE 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	97,926.	30,377.	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.

METRO HEALTH FOUNDATION38-2100939

RICHARD TEETS  
333 WEST FORT STREET SUITE 1405  
DETROIT, MI 48226

TRUSTEE  
1.00

0. 0. 0.

JEANINE C. HATCHER  
333 WEST FORT STREET SUITE 1405  
DETROIT, MI 48226

TRUSTEE  
1.00

0. 0. 0.

RUTH KALENIECKI  
333 WEST FORT STREET SUITE 1405  
DETROIT, MI 48226

TRUSTEE  
1.00

0. 0. 0.

MARK R. LEZOTTE  
333 WEST FORT STREET SUITE 1405  
DETROIT, MI 48226

TRUSTEE  
1.00

0. 0. 0.

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

97,926.	30,377.	0.
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FORM 990-PF

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

STATEMENT 12

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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

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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.

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ANY SUBMISSION DEADLINES

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SUBMISSIONS OF GRANT APPLICATIONS ARE DUE FEBRUARY 1 AND AUGUST 1.  
SCHOLARSHIP REQUESTS DUE FEB 1.

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RESTRICTIONS AND LIMITATIONS ON AWARDS

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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 \$30,000 (EXCEPT FOR GRANTS FOR COMMUNITY HEALTH CENTER EXPANSION); 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.

## Grants and Contributions Paid from 01/01/2017 to 12/31/2017

Organization	Amount
<b>Affirmations Lesbian and Gay Community Center</b>	
<b>Ferndale, MI</b>	
To facilitate trainings and educational programming to increase LGBT sensitivity throughout metro Detroit in healthcare settings and improve LGBT individuals' access to care	25,000
<b>Bridging Communities</b>	
<b>Detroit, MI</b>	
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
<b>Centro Multicultural La Familia</b>	
<b>Pontiac, MI</b>	
To improve health outcomes for minority populations by providing outreach, education and enrollment assistance in the Healthy Michigan Plan, and educational workshops in a culturally and linguistically appropriate manner.	25,000
<b>Council of Michigan Foundations</b>	
<b>Grand Haven, MI</b>	
To support annual membership	2,000
<b>Detroit Parent Network</b>	
<b>Detroit, MI</b>	
To increase screening for breast cancer, prostate cancer and diabetes by educating Detroit residents utilizing a cadre of parent volunteers who will facilitate peer-led workshops	10,000
<b>FernCare Free Clinic, Inc.</b>	
<b>Ferndale, MI</b>	
qualify for coverage under the Healthy Michigan Plan, or who are unable to purchase policies on the insurance exchange	9,000
<b>GenesisHOPE</b>	
<b>Detroit, MI</b>	
To support Young Sprouts health-related programming (Matching Gifts Program)	500
<b>Hope Medical Clinic, Inc.</b>	
<b>Ypsilanti, MI</b>	
To support the salary of the Clinic Coordinator for the Hope-Wayne Clinic.	20,000
To support general operations (unrestricted use - Matching Gifts Program)	100
<b>Macomb County Interfaith Volunteer Caregivers</b>	
<b>Center Line, MI</b>	
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
<b>Lions Hearing Center of Michigan</b>	
<b>Detroit, MI</b>	
To purchase screening and testing equipment to enable screening of more children, and provide hearing and testing services on site	6,800



## Grants and Contributions Paid from 01/01/2017 to 12/31/2017

Organization	Amount
<b>Macomb Community College Foundation</b>	
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
<b>Michigan League for Public Policy</b>	
Lansing, MI	
To support annual membership.	250
For health advocacy and programming in the Detroit area (Matching Gifts Program)	250
<b>Michigan Nonprofit Association</b>	
Lansing, MI	
To support annual membership	160
<b>Michigan Universal Health Care Access Network (MichUHCAN)</b>	
Farmington, MI	
To support Detroit-area outreach programs (Matching Gifts Program)	200
To support annual membership.	250
To develop and implement an education and advocacy program for the general public and community agencies on the ongoing health care reform debate and any changes impacting implementation of the Affordable Care Act	10,000
<b>Trinity Community Services and Educational Foundation d/b/a Cabrini Clinic</b>	
Detroit, MI	
To support a wellness program to improve the health of diabetic and hypertensive patients, and assist with Clinic operations.	15,000
<b>University of Detroit Mercy</b>	
Detroit, MI	
For three \$4,000 scholarships for nursing students who lack the financial resources to complete their undergraduate education.	12,000
<b>University of Detroit Mercy - McAuley Health Center</b>	
Detroit, MI	
To purchase a stand-alone freezer for the storage of vaccines.	4,206
<b>University of Michigan - on behalf of Michigan Community Health Worker Alliance</b>	
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
<b>Wayne State University College of Nursing</b>	
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
<b>Total Grant and Contribution Payments</b>	<b>200,716</b>

**Metro Health Foundation (EIN #38-2100939)**  
**Grants Approved for Future Payment**

**Statement 14**

<b>Organization</b>	<b>Amount</b>
<b>Covenant Community Care</b> Detroit, MI To support the purchase of dental equipment for the newly-built community health center to replace the Joy-Southfield Health Center.	50,000
<b>Detroit Central City Community Mental Health, Inc. d/b/a Central City Integrated Health</b> Detroit, MI To support the expansion of access to oral health to vulnerable populations served on Central City's new pediatric and dental floor at its Detroit health clinic through the purchase of two (2) dental chairs.	30,000
<b>Detroit Parent Network</b> Detroit, MI To increase screening for breast cancer, prostate cancer and diabetes by educating Detroit residents utilizing a cadre of parent volunteers who will facilitate peer-led workshops	10,000
<b>Health Emergency Assistance of Detroit/Health Emergency Lifeline Programs (HELP)</b> Detroit, MI To cover a portion of the costs for the Medical Director at the Corktown Health Center, who will provide medical care, supervise the medical staff, and provide overall leadership in the clinical aspects of the new health center.	30,000
<b>Trinity Community Services and Educational Foundation d/b/a Cabrini Clinic</b> Detroit, MI To support a wellness program to improve the health of diabetic and hypertensive patients, and assist with Clinic operations.	15,000
<b>Total Grants Approved for Future Payment</b>	<b><u>135,000</u></b>