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EXTENDED TO NOVEMBER 15, 2018

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 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: ETHEL AND JAMES FLINN FOUNDATION

A Employer identification number: 38-2143122

Number and street (or P O box number if mail is not delivered to street address): 333 W. FORT STREET — Room/suite: 1950

B Telephone number: 313-309-3436

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 change

D 1 Foreign organizations, check here ▶ ☐
2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

H Check type of organization: [X] 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) ▶$ 66,384,578.

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

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

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

		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc, received				
	2 Check ▶ [X] if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	2,149.	2,149.		STATEMENT 2
	4 Dividends and interest from securities	1,088,689.	1,088,689.		STATEMENT 3
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	2,436,700.			STATEMENT 1
	b Gross sales price for all assets on line 6a 7,651,241.				
	7 Capital gain net income (from Part IV, line 2)		2,869,314.		
	8 Net short-term capital gain			N/A	
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss)				
	11 Other income	242,540.	83,523.	0.	STATEMENT 4
	12 **Total** Add lines 1 through 11	3,770,078.	4,043,675.	0.	
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	356,000.	108,452.	0.	247,548.
	14 Other employee salaries and wages	76,500.	26,274.	0.	50,226.
	15 Pension plans, employee benefits	56,395.	17,567.	0.	38,828.
	16a Legal fees STMT 5	6,077.	1,893.	0.	4,184.
	b Accounting fees STMT 6	22,400.	6,978.	0.	15,422.
	c Other professional fees STMT 7	413,716.	56,463.	0.	357,252.
	17 Interest				
	18 Taxes STMT 8	40,303.	8,538.	0.	18,872.
	19 Depreciation and depletion				
	20 Occupancy	26,400.	8,224.	0.	18,176.
	21 Travel, conferences, and meetings	27,963.	4,953.	0.	23,010.
	22 Printing and publications	2,368.	738.	0.	1,630.
	23 Other expenses STMT 9	67,553.	23,229.	0.	44,324.
	24 **Total operating and administrative expenses** Add lines 13 through 23	1,095,675.	263,309.	0.	819,472.
	25 Contributions, gifts, grants paid	2,384,275.			2,384,275.
	26 **Total expenses and disbursements** Add lines 24 and 25	3,479,950.	263,309.	0.	3,203,747.
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	290,128.			
	b **Net investment income** (if negative, enter -0-)		3,780,366.		
	c **Adjusted net income** (if negative, enter -0-)			0.	

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723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2017)

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

		Beginning of year (a) Book Value	End of year (b) Book Value	End of year (c) Fair Market Value
Assets	1 Cash - non-interest-bearing	353,298.	322,272.	322,272.
	2 Savings and temporary cash investments	331,844.	498,498.	498,498.
	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			
	7 Other notes and loans receivable ▶			
	Less allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U S and state government obligations			
	b Investments - corporate stock STMT 10	21,526,247.	20,813,686.	26,878,635.
	c Investments - corporate bonds STMT 11	13,100,581.	14,105,643.	13,774,423.
	11 Investments - land, buildings, and equipment basis ▶			
	Less accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other STMT 12	19,092,981.	19,006,494.	24,112,161.
	14 Land, buildings, and equipment: basis ▶			
	Less accumulated depreciation ▶			
	15 Other assets (describe ▶ MINING AND GAS INTE)	939,057.	939,057.	798,589.
	16 Total assets (to be completed by all filers - see the instructions Also, see page 1, item I)	55,344,008.	55,685,650.	66,384,578.
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶)			
	23 Total liabilities (add lines 17 through 22)	0.	0.	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ [X] and complete lines 24 through 26, and lines 30 and 31.			
	24 Unrestricted	55,344,008.	55,685,650.	
	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	55,344,008.	55,685,650.	
	31 Total liabilities and net assets/fund balances	55,344,008.	55,685,650.	

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	55,344,008.
2	Enter amount from Part I, line 27a	2	290,128.
3	Other increases not included in line 2 (itemize) ▶ GRANTS RETURNED	3	51,514.
4	Add lines 1, 2, and 3	4	55,685,650.
5	Decreases not included in line 2 (itemize) ▶	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	55,685,650.

Form 990-PF (2017)

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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)
1a	SCHWAB REDEMPTIONS	P		
b	K-1 PARTNERSHIP INCOME	P		
c	CAPITAL GAIN	P		
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a	6,391,495.		4,781,927.	1,609,568.
b	432,614.			432,614.
c	827,132.			827,132.
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))
a				1,609,568.
b				432,614.
c				827,132.
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	2,869,314.
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8	3	2,869,314.

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	2,984,039.	59,877,278.	.049836
2015	3,121,006.	62,134,898.	.050230
2014	2,849,159.	64,110,600.	.044441
2013	2,603,482.	60,677,286.	.042907
2012	2,839,403.	57,342,777.	.049516

2	**Total** of line 1, column (d)	2	.236930
3	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	3	.047386
4	Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	63,908,668.
5	Multiply line 4 by line 3	5	3,028,376.
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	37,804.
7	Add lines 5 and 6	7	3,066,180.
8	Enter qualifying distributions from Part XII, line 4	8	3,203,747.

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: ________ (attach copy of letter if necessary-see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ [X] and enter 1% of Part I, line 27b		1	37,804.
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	37,804.
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	37,804.
6	Credits/Payments:			
a	2017 estimated tax payments and 2016 overpayment credited to 2017	6a 79,042.		
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	79,042.
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached		8	0.
9	**Tax due** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶		9	
10	**Overpayment** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶		10	41,238.
11	Enter the amount of line 10 to be: **Credited to 2018 estimated tax** ▶ 41,238. **Refunded** ▶		11	0.

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		X
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		X
	If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.			
c	Did the foundation file **Form 1120-POL** for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: **(1)** On the foundation ▶ $ 0. **(2)** On foundation managers. ▶ $ 0.			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities	2		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	3		X
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a	X	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b	X	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by *General Instruction T*	5		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?	6	X	
7	Did the foundation have at least $5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered See instructions ▶ MI			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G*? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X

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

			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	

Website address ▶ WWW.FLINNFOUNDATION.ORG

14 The books are in care of ▶ ANDREA M. COLE Telephone no ▶ 313-309-3436

Located at ▶ 333 W. FORT STREET, SUITE 1950, DETROIT, MI ZIP+4 ▶ 48226

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** - check here ▶ ☐

and enter the amount of tax-exempt interest received or accrued during the year ▶ 15 N/A

			Yes	No
16	At any time during calendar year 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?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of the foreign country ▶			

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

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

				Yes	No
1a	During the year, did the foundation (either directly or indirectly):				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	☐ Yes ☒ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	☐ Yes ☒ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	☒ Yes ☐ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	☐ Yes ☒ No			
	(6) Agree to pay money or property to a government official? (**Exception** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	☐ Yes ☒ No			
b	If any answer is "Yes" to 1a(1)-(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions		1b		X
	Organizations relying on a current notice regarding disaster assistance, check here	▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 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?	☐ Yes ☒ No			
	If "Yes," list the years ▶ ____, ____, ____, ____				
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement - see instructions.)	N/A	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here. ▶ ____, ____, ____, ____				
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	☐ Yes ☒ No			
b	If "Yes," did it have excess business holdings in 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)	N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?		4b		X

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

			Yes	No
5a	During the year, did the foundation pay or incur any amount to:			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No			
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No			
	(4) Provide a grant to an organization other than a charitable, etc, organization described in section 4945(d)(4)(A)? See instructions ☐ Yes ☒ No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance? See instructions N/A	5b		
	Organizations relying on a current notice regarding disaster assistance, check here ▶☐			
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? N/A ☐ Yes ☐ No			
	If "Yes," attach the statement required by Regulations section 53 4945-5(d)			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		X
	If "Yes" to 6b, file Form 8870			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No			
b	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? N/A	7b		

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

1 List all officers, directors, trustees, 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 14		356,000.	41,600.	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
ARNITA THORPE - 333 W. FORT STREET, SUITE 1950, DETROIT, MI 48226	EXECUTIVE ASSISTANT 40.00	74,500.	13,102.	0.

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

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
CC ENTERPRISES 4484 LAKE FOREST DRIVE, ANN ARBOR, MI 48226	MENTAL HEALTH TELEVISION PRODUCTIO	125,900.
SPIRITWORKS TELEPRODUCTONS 8647 BISHOP ROAD, BRIGHTON, MI 48116	MENTAL HEALTH TELEVISION PRODUCTIO	92,000.
METRO PARENT MAGAZINE 22041 WOODWARD AVENUE, FERNDALE, MI 48226	MENTAL HEALTH AWARENESS PRINT SERI	65,000.
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 THE FOUNDATION PARTNERED WITH THE MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES TO DEVELOP A STATEWIDE MEDIA CAMPAIGN TO RAISE MENTAL HEALTH AWARENESS AND EDUCATION.	340,748.
2	
3	
4	

Part IX-B **Summary of Program-Related Investments**

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

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	63,925,218.
b	Average of monthly cash balances	1b	956,678.
c	Fair market value of all other assets	1c	
d	**Total** (add lines 1a, b, and c)	1d	64,881,896.
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	64,881,896.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	973,228.
5	**Net value of noncharitable-use assets** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	63,908,668.
6	**Minimum investment return.** Enter 5% of line 5	6	3,195,433.

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	3,195,433.
2a	Tax on investment income for 2017 from Part VI, line 5	2a	37,804.		
b	Income tax for 2017. (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	37,804.
3	Distributable amount before adjustments Subtract line 2c from line 1			3	3,157,629.
4	Recoveries of amounts treated as qualifying distributions			4	51,514.
5	Add lines 3 and 4			5	3,209,143.
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	3,209,143.

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	3,203,747.
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	3,203,747.
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	37,804.
6	**Adjusted qualifying distributions** Subtract line 5 from line 4	6	3,165,943.

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 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				3,209,143.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only			0.	
b Total for prior years: ______ , ______ , ______		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012				
b From 2013				
c From 2014				
d From 2015				
e From 2016 26,007.				
f Total of lines 3a through e	26,007.			
4 Qualifying distributions for 2017 from Part XII, line 4: ▶ $ 3,203,747.				
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				3,203,747.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a).)	5,396.			5,396.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	20,611.			
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	0.			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	20,611.			
10 Analysis of line 9.				
a Excess from 2013				
b Excess from 2014				
c Excess from 2015				
d Excess from 2016 20,611.				
e Excess from 2017				

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)

	Tax year	Prior 3 years			
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 **Information Regarding Foundation Managers:**

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

NONE

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

NONE

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

Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc , 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 15

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

c Any submission deadlines:

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

Part XV Supplementary Information *(continued)*

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution **	Amount
a *Paid during the year*				
ADRIAN DOMINICAN SISTERS 1257 E SIENA HEIGHTS DR ADRIAN, MI 49221-1755		PC	MATCHING GIFT	500.
ADULT WELL-BEING SERVICES 1423 FIELD ST DETROIT, MI 48214-2321		PC	TO IMPLEMENT COGNITIVE ENHANCEMENT THERAPY (CET) INTO SERVICE DELIVERY.	50,000.
AMERICAN-UKRAINIAN MEDICAL FOUNDATION P.O. BOX 81397 ROCHESTER, MI 48308-1397		PC	MATCHING GIFT	200.
ASSOCIATION FOR CHILDREN'S MENTAL HEALTH 6017 W ST JOE HWY, STE 200 LANSING, MI 48917-4874		PC	FOR GENERAL OPERATING SUPPORT. ACMH PROVIDES ADVOCACY SUPPORT FOR INDIVIDUAL CHILDREN AND THEIR	10,000.
CHILDREN'S CENTER OF WAYNE COUNTY 79 W ALEXANDRINE ST DETROIT, MI 48201-2015		PC	TO EXPAND EVIDENCE-BASED APPLIED BEHAVIOR ANALYSIS THERAPY FOR CHILDREN WITH AUTISM SPECTRUM	75,000.
Total SEE CONTINUATION SHEET(S)			▶ 3a	2,384,275.
b *Approved for future payment* NONE				
Total			▶ 3b	0.

** SEE PURPOSE OF GRANT CONTINUATIONS

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income (a) Business code	(b) Amount	Excluded by section 512, 513, or 514 (c) Exclusion code	(d) Amount	(e) Related or exempt function income
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	2,149.	
4 Dividends and interest from securities			14	1,088,689.	
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	523000	-5,248.	15	247,788.	
8 Gain or (loss) from sales of assets other than inventory			18	2,436,700.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)		-5,248.		3,775,326.	0.

13 **Total.** Add line 12, columns (b), (d), and (e) 13 3,770,078.

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

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

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

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

			Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a	Transfers from the reporting foundation to a noncharitable exempt organization of:			
	(1) Cash	1a(1)		X
	(2) Other assets	1a(2)		X
b	Other transactions:			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		X
	(3) Rental of facilities, equipment, or other assets	1b(3)		X
	(4) Reimbursement arrangements	1b(4)		X
	(5) Loans or loan guarantees	1b(5)		X
	(6) Performance of services or membership or fundraising solicitations	1b(6)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

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

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule

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

Sign Here

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

Signature of officer or trustee: [signature] M. Cole | Date: 11-14-18 | Title: EXECUTIVE DIRECTOR

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
LYNNE M. HUISMANN	LYNNE M. HUISMANN	11/12/18		P00053811

Firm's name ▶ PLANTE & MORAN, PLLC — Firm's EIN ▶ 38-1357951

Firm's address ▶ 2601 CAMBRIDGE CT., STE. 500 AUBURN HILLS, MI 48326 — Phone no. (248) 375-7100

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
CHRIST CHILD SOCIETY OF DETROIT 15751 JOY RD DETROIT, MI 48228-2117		PC	TO IMPLEMENT TRAUMA-INFORMED PRACTICES THROUGHOUT AGENCY THAT SERVES YOUNG BOYS AGES 6 TO	75,000.
CHRIST CHURCH GROSSE POINTE 61 GROSSE POINTE BLVD. GROSSE POINTE FARM, MI 48236-3712		PC	MATCHING GIFT	200.
CHRIST CHURCH GROSSE POINTE 61 GROSSE POINTE BLVD. GROSSE POINTE FARM, MI 48236-3712		PC	MATCHING GIFT	5,000.
CITY CONNECT DETROIT, INC. 613 ABBOTT ST DETROIT, MI 48226-1348		PC	TO ENHANCE HOSPITAL-BASED DETROIT LIFE IS VALUABLE EVERYDAY (DLIVE) BY IMPLEMENTING TRAUMA	100,000.
COMMUNITY FDN FOR SOUTHEASTERN MICHIGAN 333 WEST FORT STREET, SUITE 2010 DETROIT, MI 48226		PC	MATCHING GIFT	250.
COMMUNITY SOCIAL SERVICES OF WAYNE COUNTY 9851 HAMILTON AVE DETROIT, MI 48202-1424		PC	MATCHING GIFT	200.
COVENANT COMMUNITY CARE, INC. 559 W GRAND BLVD DETROIT, MI 48216-2200		PC	TO SUPPORT A BEHAVIORAL HEALTH COUNSELOR IN OB-GYN FOCUSED CLINIC.	50,000.
DENISON UNIVERSITY PO BOX 734 GRANVILLE, OH 43023-0734		PC	MATCHING GIFT	100.
DETROIT INSTITUTE FOR CHILDREN (THE) 2075 E W MAPLE RD WALLED LAKE, MI 48390-3816		PC	MATCHING GIFT	200.
DETROIT INSTITUTE OF ARTS 5200 WOODWARD AVENUE DETROIT, MI 48208		PC	MATCHING GIFT	200.
Total from continuation sheets				2,248,575.

723631
04-01-17

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
DETROIT ROTARY FOUNDATION 241 MADISON ST DETROIT, MI 48226-2126		PC	MATCHING GIFT	200.
DETROIT SYMPHONY ORCHESTRA 3711 WOODWARD AVE DETROIT, MI 48201		PC	MATCHING GIFT	200.
DETROIT WAYNE MENTAL HEALTH AUTHORITY 707 W MILWAUKEE DETROIT, MI 48202-2943		PC	TO ADDRESS TRAUMA IN SCHOOL-BASED SETTINGS FOR CHILDREN AND YOUTH IN DETROIT AND WAYNE COUNTY.	75,000.
DETROIT ZOOLOGICAL SOCIETY 8450 W 10 MILE RD ROYAL OAK, MI 48067-3001		PC	MATCHING GIFT	200.
ENNIS CENTER FOR CHILDREN, INC. 129 EAST THIRD STREET FLINT, MI 48502-1728		PC	TO CREATE A THERAPEUTIC ARTS PROGRAM FOR CHILDREN IN FOSTER CARE.	70,000.
FOCUS: HOPE 1200 OAKMAN BLVD DETROIT, MI 48238		PC	MATCHING GIFT	200.
GROSSE POINTE ANIMAL ADOPTION SOCIETY 296 CHALFONTE ROAD GROSSE POINTE, MI 48236		PC	MATCHING GIFT	5,000.
GROSSE POINTE PARK FOUNDATION 15115 E JEFFERSON AVE GROSSE POINTE, MI 48230-1312		PC	MATCHING GIFT	200.
HEGIRA PROGRAMS, INC. 37450 SCHOOLCRAFT RD, STE 110 LIVONIA, MI 48150-1000		PC	TO IMPLEMENT COGNITIVE ENHANCEMENT THERAPY TREATMENT PROGRAM FOR SCHIZOPHRENIA AND RELATED SERIOUS MENTAL	81,000.
HENRY FORD HEALTH SYSTEM 1 FORD PL DETROIT, MI 48202-3450		PC	TO ENHANCE BEHAVIORAL HEALTH INTEGRATION ACROSS THE 27 PRIMARY CARE SITES OF HENRY FORD HEALTH SYSTEM	96,000.
Total from continuation sheets				

723631
04-01-17

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
HENRY FORD HEALTH SYSTEM 1 FORD PL DETROIT, MI 48202-3450		PC	TO DEVELOP A FULLY-INTEGRATED BEHAVIORAL HEALTH SERVICE DELIVERY MODEL FOR ALL HENRY FORD	75,000.
HENRY FORD HEALTH SYSTEM 1 FORD PL DETROIT, MI 48202-3450		PC	TO IMPLEMENT DIALECTICAL BEHAVIORAL THERAPY PROGRAM AT KINGSWOOD HOSPITAL.	100,000.
IMMACULATE CONCEPTION UKRAINIAN CATHOLIC SCHOOLS 2950 WESTBROOK WARREN, MI 28092		PC	MATCHING GIFT	1,000.
JUDSON CENTER 4410 W 13 MILE RD ROYAL OAK, MI 48073-6515		PC	TO DEVELOP A BEHAVIORAL HEALTH MODEL DEDICATED TO PROVIDE EVIDENCE-BASED TREATMENT AND	75,000.
JUVENILE ASSESSMENT CENTER 7310 WOODWARD AVE, STE 601 DETROIT, MI 48202-3165		PC	TO EXPAND ASSESSMENT, CASE MANAGEMENT AND MENTAL HEALTH TREATMENT SERVICES FOR AT RISK YOUNG ADULTS	50,000.
KIEVE-WAVUS EDUCATION, INC. P.O. BOX 169 NOBLEBORO, ME 04555-0169		PC	MATCHING GIFT	100.
LAHC- LEADERS ADVANCING AND HELPING COMMUNITIES 835 MASON ST, STE A-160 DEARBORN, MI 48124-2252		PC	TO EXPAND LAHC'S BEHAVIORAL HEALTH LIFE SKILLS PROGRAM TO HIGH SCHOOL STUDENTS IN DEARBORN.	50,000.
LUELLA HANNAN MEMORIAL FOUNDATION 4750 WOODWARD DETROIT, MI 48201-1300		POF	TO DEVELOP AND IMPLEMENT A PEER SUPPORT PROGRAM, SENIOR REACH, FOR OLDER ADULTS TO	50,000.
MACOMB COUNTY COMMUNITY MENTAL HEALTH 22550 HALL ROAD CLINTON TOWNSHIP, MI 48036 -1189		PC	TO INCREASE ASSISTED OUTPATIENT TREATMENT (AOT) CASE CAPACITY AND AWARENESS AND EDUCATION EFFORTS IN	25,000.
MARINERS INN 445 LEDYARD ST DETROIT, MI 48201-2641		PC	TO TRAIN MARINERS INN PEER COACHES TO HELP PEOPLE WITH CO-OCCURRING SUBSTANCE USE AND MENTAL HEALTH	30,000.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
MENTAL HEALTH ASSOCIATION IN MICHIGAN 2157 UNIVERSITY PARK DRIVE OKEMOS, MI 48864		PC	FOR GENERAL OPERATING SUPPORT FOR MENTAL HEALTH PUBLIC POLICY ADVOCACY	25,000.
MENTAL HEALTH ASSOCIATION IN MICHIGAN 2157 UNIVERSITY PARK DRIVE OKEMOS, MI 48864		PC	GENERAL OPERATING AND ANNUAL MEMBERSHIP DUES AND TO TRAIN FAMILY MEMBERS IN HOW TO SEEK USE OF ASSISTED	35,000.
MENTAL HEALTH ASSOCIATION IN MICHIGAN 2157 UNIVERSITY PARK DRIVE OKEMOS, MI 48864		PC	MATCHING GIFT	600.
MICHIGAN RADIO - WUOM 881 N UNIVERSITY DRIVE ANN ARBOR, MI 48109-1842		PC	MATCHING GIFT	200.
MICHIGAN WOMEN'S FOUNDATION 615 GRISWOLD, SUITE 1020 DETROIT, MI 48226		PC	MATCHING GIFT	100.
MICHIGAN WOMEN'S FOUNDATION 615 GRISWOLD, SUITE 1020 DETROIT, MI 48226		PC	MATCHING GIFT	200.
MICHIGAN'S CHILDREN 215 S. WASHINGTON SQUARE, SUITE 110 LANSING, MI 48933-1877		PC	FOR GENERAL OPERATING SUPPORT. TO BOLSTER THE PUBLIC POLICY ADVOCACY CAPACITY OF MENTAL HEALTH SERVICES	50,000.
NAMI METRO PO BOX 852 NORTHVILLE, MI 48167-0852		PC	FOR GENERAL OPERATING SUPPORT FOR CONSUMER AND FAMILY ADVOCACY IN WAYNE, OAKLAND AND MACOMB	10,000.
NAMI MICHIGAN 401 S WASHINGTON SQ, STE 104 LANSING, MI 48933-2146		PC	GENERAL OPERATING SUPPORT TO INCREASE AWARENESS AND EDUCATION TRAINING ABOUT ASSISTED	40,000.
NAMI MICHIGAN 401 S WASHINGTON SQ, STE 104 LANSING, MI 48933-2146		PC	FOR GENERAL OPERATING SUPPORT FOR STATE'S LARGEST ADVOCATE FOR PERSONS AFFECTED BY MENTAL ILLNESS AND THE	10,000.
Total from continuation sheets				

723631
04-01-17

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
NAMI WASHTENAW COUNTY 1100 N MAIN ST STE 201A ANN ARBOR, MI 48104-1087		PC	FOR GENERAL OPERATING SUPPORT FOR CONSUMER AND FAMILY MENTAL HEALTH ADVOCACY IN WASHTENAW COUNTY.	10,000.
NEIGHBORHOOD CLUB 17150 WATERLOO ST GROSSE POINTE, MI 48230-1201		PC	MATCHING GIFT	500.
OAKLAND COUNTY CMHA 2011 EXECUTIVE HILLS BLVD AUBURN HILLS, MI 48326		PC	TO INCREASE ASSISTED OUTPATIENT TREATMENT (AOT) AWARENESS IN OAKLAND COUNTY.	15,000.
OAKLAND FAMILY SERVICES 114 ORCHARD LAKE RD PONTIAC, MI 48341-2244		PC	TO IMPLEMENT TRAUMA FOCUSED-COGNITIVE BEHAVIOR THERAPY PROGRAM TO TREAT CHILDREN WITH TRAUMA	50,000.
PEDIATRIC FOUNDATION OF MICHIGAN, INC. 106 W ALLEGAN, STE 510 LANSING, MI 48933-1700		PC	TO TRAIN PRIMARY CARE PHYSICIANS AND THEIR CLINICS, TO IMPLEMENT EVIDENCE-BASED ASSESSMENT AND	60,000.
PENRICKTON CENTER FOR BLIND CHILDREN 26530 EUREKA RD TAYLOR, MI 48180-4918		PC	MATCHING GIFT	200.
PLANNED PARENTHOOD - MID & SOUTHEAST MICHIGAN 950 VICTORS WAY, STE 100 ANN ARBOR, MI 48108-5217		PC	MATCHING GIFT	200.
PLYMOUTH UNITED CHURCH OF CHRIST 600 E. WARREN DETROIT, MI 48201		PC	MATCHING GIFT	4,175.
REGENTS OF THE UNIVERSITY OF MICHIGAN 3005 S STATE ST, G395 WOLVERINE TOWER ANN ARBOR, MI 48109-0000		PC	MATCHING GIFT	100.
REGENTS OF THE UNIVERSITY OF MICHIGAN 3007 S STATE ST, G395 WOLVERINE TOWER ANN ARBOR, MI 48109-0000		PC	MATCHING GIFT	100.
Total from continuation sheets				

723631
04-01-17

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
REGENTS OF THE UNIVERSITY OF MICHIGAN 3006 S STATE ST, G395 WOLVERINE TOWER ANN ARBOR, MI 48109-0000		PC	MATCHING GIFT	100.
REGENTS OF THE UNIVERSITY OF MICHIGAN 3004 S STATE ST, G395 WOLVERINE TOWER ANN ARBOR, MI 48109-0000		PC	MATCHING GIFT	100.
REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 S STATE ST, G395 WOLVERINE TOWER ANN ARBOR, MI 48109-0000		PC	MATCHING GIFT	5,000.
REGENTS OF THE UNIVERSITY OF MICHIGAN 3008 S STATE ST, G395 WOLVERINE TOWER ANN ARBOR, MI 48109-0000		PC	TO SUPPORT ADVANCED PSYCHOPHARMACOLOGY TRAINING AND RELATED MANAGEMENT OF MAJOR PSYCHIATRIC DISORDERS	50,000.
REGENTS OF THE UNIVERSITY OF MICHIGAN 3007 S STATE ST, G395 WOLVERINE TOWER ANN ARBOR, MI 48109-0000		PC	TO INTEGRATE PEER PROGRAM BUDDY-TO-BUDDY INTO VETERAN COMMUNITY ACTION TEAMS (VCATS) IN MICHIGAN.	100,000.
REGENTS OF THE UNIVERSITY OF MICHIGAN 3006 S STATE ST, G395 WOLVERINE TOWER ANN ARBOR, MI 48109-0000		PC	TO INTEGRATE PEER PROGRAM BUDDY-TO-BUDDY INTO VETERAN COMMUNITY ACTION TEAMS (VCATS) IN MICHIGAN.	100,000.
REGENTS OF THE UNIVERSITY OF MICHIGAN 3005 S STATE ST, G395 WOLVERINE TOWER ANN ARBOR, MI 48109-0000		PC	TO INTEGRATE ADOLESCENT SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT (SBIRT) FOR	75,000.
REGENTS OF THE UNIVERSITY OF MICHIGAN 3004 S STATE ST, G395 WOLVERINE TOWER ANN ARBOR, MI 48109-0000		PC	TO DEVELOP AND IMPLEMENT A SCHOOL-BASED BEHAVIORAL HEALTHCARE MODEL THAT COULD	75,000.
REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 S STATE ST, G395 WOLVERINE TOWER ANN ARBOR, MI 48109-0000		PC	TO DEVELOP A SYSTEMATIC MODEL ENSURING CHILDREN RECEIVE BEST PRACTICE SCREENING, ASSESSMENT	75,000.
ROSE HILL FOUNDATION 5130 ROSE HILL BLVD HOLLY, MI 48442-9507		PC	MATCHING GIFT	500.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
ROTARY FOUNDATION OF ROTARY INTERNATIONAL (THE) 1560 SHERMAN, M AVE EVANSTON, IL 60201-4818		PC	MATCHING GIFT	200.
SEVEN PONDS NATURE CENTER, INC. 3854 CRAWFORD RD DRYDEN, MI 48428-9711		PC	MATCHING GIFT	100.
SISTERS OF ST. BASIL THE GREAT 710 FOX CHASE RD JENKINTOWN, PA 19046-4118		PC	MATCHING GIFT	500.
SPECTRUM JUVENILE JUSTICE SERVICES 28303 JOY RD WESTLAND, MI 48185-5524		PC	TO IMPLEMENT AND EVALUATE TRAUMA-FOCUSED COGNITIVE-BEHAVIORAL THERAPY TO MALE	58,000.
ST. JOSEPH MERCY ANN ARBOR 20555 VICTOR PARKWAY LIVONIA, MI 48152-7031		PC	TO EXPAND BEHAVIORAL HEALTH SERVICES TO OLDER ADULTS IN WASHTENAW COUNTY AND PROVIDE SUPPORT TO	75,000.
ST. JOSEPH MERCY OAKLAND 20555 VICTOR PARKWAY LIVONIA, MI 48152-7031		PC	TO DEVELOP A SHORT-TERM OUTPATIENT BEHAVIORAL HEALTH CONSULTATION MODEL TO SERVE AS A BRIDGE FOR	100,000.
ST. KENNETH CHURCH 14951 N. HAGGERTY ROAD PLYMOUTH, MI 48170		PC	MATCHING GIFT	200.
ST. KENNETH CHURCH 14951 N. HAGGERTY ROAD PLYMOUTH, MI 48170		PC	MATCHING GIFT	1,400.
STARFISH FAMILY SERVICES, INC. 30000 HIVELEY ST INKSTER, MI 48141-1089		PC	TO IMPLEMENT TRAUMA FOCUSED-COGNITIVE BEHAVIOR THERAPY (TF-CBT) FOR CHILDREN AND ADOLESCENTS.	66,000.
STARFISH FAMILY SERVICES, INC. 30000 HIVELEY ST INKSTER, MI 48141-1089		PC	TO IMPLEMENT CHILD PARENT PSYCHOTHERAPY ACROSS EARLY CHILDHOOD PROGRAMS FOR CHILDREN AGES 0 TO 5.	70,000.
Total from continuation sheets				

723631
04-01-17

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
STARR COMMONWEALTH 13725 STARR COMMWEALTH ALBION, MI 49224-0000		PC	MATCHING GIFT	250.
STRATFORD FESTIVAL OF AMERICA 55 QUEEN STREET, P.O. BOX 520 STRATFORD, ONTARIO, CANADA N5A 6V2 CANADA		PC	MATCHING GIFT	500.
STRATFORD FESTIVAL OF AMERICA 55 QUEEN STREET, P.O. BOX 520 STRATFORD, ONTARIO, CANADA N5A 6V2 CANADA		PC	MATCHING GIFT	200.
THE CENTER FOR MICHIGAN 136 E MICHIGAN AVE, STE 1201 KALAMAZOO, MI 49007-3918		PC	MATCHING GIFT	200.
THE HENRY FORD 20900 OAKWOOD BLVD DEARBORN, MI 48124-5029		PC	MATCHING GIFT	200.
THE TAFT SCHOOL 110 WOODBURY RD WATERTOWN, CT 06795-2130		PC	MATCHING GIFT	200.
TRIUMPH MISSIONARY BAPTIST CHURCH ATTN: BUSINESS OFFICE, P.O. BOX 2280 DETROIT, MI 48202		PC	MATCHING GIFT	1,000.
UKRAINIAN CATHOLIC EDUCATION FOUNDATION 2247 W CHICAGO AVE CHICAGO, IL 60622-8957		PC	MATCHING GIFT	1,000.
UKRAINIAN-AMERICAN ARCHIVES AND MUSEUM 11756 CHAREST ST HAMTRAMCK, MI 48212-3059		PC	MATCHING GIFT	200.
UNITED UKRAINIAN AMERICAN RELIEF COMMITTEE 1206 COTTMAN AVE PHILADELPHIA, PA 19111-3604		PC	MATCHING GIFT	300.
Total from continuation sheets				

723631
04-01-17

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
UNIVERSITY LIGGETT SCHOOL 1045 COOK RD GROSSE PT WDS, MI 48236-2509		PC	MATCHING GIFT	200.
WAYNE STATE UNIVERSITY 5700 CASS AVENUE STE 4900 DETROIT, MI 48202-3692		PC	TO DEVELOP TWO STAGE PROGRAM THAT WILL FIRST USE MASS SCREENING TO IDENTIFY YOUTHS AT RISK OF	65,000.
WEMU - EASTERN MICHIGAN PUBLIC RADIO P.O. BOX 980350 YPSILANTI, MI 48198-0350		PC	MATCHING GIFT	200.
WRCJ 90.9 FM 1 CLOVER CT WIXOM, MI 48393-2247		PC	MATCHING GIFT	100.
YALE UNIVERSITY P.O. BOX 208239 NEW HAVEN, CT 06520-8239		PC	MATCHING GIFT	100.
YALE UNIVERSITY P.O. BOX 208239 NEW HAVEN, CT 06520-8239		PC	MATCHING GIFT	200.
Total from continuation sheets				

723631
04-01-17

Part XV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - ASSOCIATION FOR CHILDREN'S MENTAL HEALTH

FOR GENERAL OPERATING SUPPORT. ACMH PROVIDES ADVOCACY SUPPORT FOR INDIVIDUAL CHILDREN AND THEIR FAMILIES ACROSS MICHIGAN.

NAME OF RECIPIENT - CHILDREN'S CENTER OF WAYNE COUNTY

TO EXPAND EVIDENCE-BASED APPLIED BEHAVIOR ANALYSIS THERAPY FOR CHILDREN WITH AUTISM SPECTRUM DISORDER.

NAME OF RECIPIENT - CHRIST CHILD SOCIETY OF DETROIT

TO IMPLEMENT TRAUMA-INFORMED PRACTICES THROUGHOUT AGENCY THAT SERVES YOUNG BOYS AGES 6 TO 16.

NAME OF RECIPIENT - CITY CONNECT DETROIT, INC.

TO ENHANCE HOSPITAL-BASED DETROIT LIFE IS VALUABLE EVERYDAY (DLIVE) BY IMPLEMENTING TRAUMA FOCUSED-COGNITIVE BEHAVIOR THERAPY (TF-CBT) INTO VIOLENCE INTERVENTION MODEL AT SINAI-GRACE HOSPITAL.

NAME OF RECIPIENT - HEGIRA PROGRAMS, INC.

TO IMPLEMENT COGNITIVE ENHANCEMENT THERAPY TREATMENT PROGRAM FOR SCHIZOPHRENIA AND RELATED SERIOUS MENTAL ILLNESSES.

NAME OF RECIPIENT - HENRY FORD HEALTH SYSTEM

TO ENHANCE BEHAVIORAL HEALTH INTEGRATION ACROSS THE 27 PRIMARY CARE SITES OF HENRY FORD HEALTH SYSTEM WITH IMPLEMENTATION OF TELEMEDICINE.

NAME OF RECIPIENT - HENRY FORD HEALTH SYSTEM

TO DEVELOP A FULLY-INTEGRATED BEHAVIORAL HEALTH SERVICE DELIVERY MODEL FOR ALL HENRY FORD HEALTH SYSTEM PEDIATRIC PRIMARY CARE SETTINGS.

Part XV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - JUDSON CENTER

TO DEVELOP A BEHAVIORAL HEALTH MODEL DEDICATED TO PROVIDE EVIDENCE-BASED TREATMENT AND OUTREACH.

NAME OF RECIPIENT - JUVENILE ASSESSMENT CENTER

TO EXPAND ASSESSMENT, CASE MANAGEMENT AND MENTAL HEALTH TREATMENT SERVICES FOR AT RISK YOUNG ADULTS (AGE 17) IN THE JUVENILE JUSTICE SYSTEM.

NAME OF RECIPIENT - LUELLA HANNAN MEMORIAL FOUNDATION

TO DEVELOP AND IMPLEMENT A PEER SUPPORT PROGRAM, SENIOR REACH, FOR OLDER ADULTS TO SUPPORT THEIR MENTAL HEALTH WELL-BEING.

NAME OF RECIPIENT - MACOMB COUNTY COMMUNITY MENTAL HEALTH

TO INCREASE ASSISTED OUTPATIENT TREATMENT (AOT) CASE CAPACITY AND AWARENESS AND EDUCATION EFFORTS IN THE COMMUNITY.

NAME OF RECIPIENT - MARINERS INN

TO TRAIN MARINERS INN PEER COACHES TO HELP PEOPLE WITH CO-OCCURRING SUBSTANCE USE AND MENTAL HEALTH DISORDERS.

NAME OF RECIPIENT - MENTAL HEALTH ASSOCIATION IN MICHIGAN

GENERAL OPERATING AND ANNUAL MEMBERSHIP DUES AND TO TRAIN FAMILY MEMBERS IN HOW TO SEEK USE OF ASSISTED OUTPATIENT TREATMENT (AOT) FOR MENTAL HEALTH TREATMENT.

NAME OF RECIPIENT - MICHIGAN'S CHILDREN

Part XV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

FOR GENERAL OPERATING SUPPORT. TO BOLSTER THE PUBLIC POLICY ADVOCACY CAPACITY OF MENTAL HEALTH SERVICES PROVIDERS, AND YOUTH AND FAMILIES.

NAME OF RECIPIENT - NAMI METRO

FOR GENERAL OPERATING SUPPORT FOR CONSUMER AND FAMILY ADVOCACY IN WAYNE, OAKLAND AND MACOMB COUNTY.

NAME OF RECIPIENT - NAMI MICHIGAN

GENERAL OPERATING SUPPORT TO INCREASE AWARENESS AND EDUCATION TRAINING ABOUT ASSISTED OUTPATIENT TREATMENT (AOT) IN WAYNE COUNTY AND TO NAMI AFFILIATE PROGRAM LEADERS STATEWIDE.

NAME OF RECIPIENT - NAMI MICHIGAN

FOR GENERAL OPERATING SUPPORT FOR STATE'S LARGEST ADVOCATE FOR PERSONS AFFECTED BY MENTAL ILLNESS AND THE LEADING PROPONENT ON CONSUMER AND FAMILY INVOLVEMENT IN CARE, TREATMENT AND RECOVERY.

NAME OF RECIPIENT - OAKLAND FAMILY SERVICES

TO IMPLEMENT TRAUMA FOCUSED-COGNITIVE BEHAVIOR THERAPY PROGRAM TO TREAT CHILDREN WITH TRAUMA AND/OR TOXIC STRESS.

NAME OF RECIPIENT - PEDIATRIC FOUNDATION OF MICHIGAN, INC.

TO TRAIN PRIMARY CARE PHYSICIANS AND THEIR CLINICS, TO IMPLEMENT EVIDENCE-BASED ASSESSMENT AND SCREENING TOOLS TO MORE COMPREHENSIVELY ASSESS AND TREAT YOUTH, 12-18 YEARS OLD, FOR BEHAVIORAL HEALTH AND SUBSTANCE ABUSE SUPPORT NEEDS.

NAME OF RECIPIENT - REGENTS OF THE UNIVERSITY OF MICHIGAN

Part XV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

TO SUPPORT ADVANCED PSYCHOPHARMACOLOGY TRAINING AND RELATED MANAGEMENT OF MAJOR PSYCHIATRIC DISORDERS FOR NURSE PRACTITIONERS.

NAME OF RECIPIENT - REGENTS OF THE UNIVERSITY OF MICHIGAN
TO INTEGRATE ADOLESCENT SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT (SBIRT) FOR SUBSTANCE USE AT THE UNIVERSITY OF MICHIGAN C.S. MOTT CHILDREN'S HOSPITAL.

NAME OF RECIPIENT - REGENTS OF THE UNIVERSITY OF MICHIGAN
TO DEVELOP AND IMPLEMENT A SCHOOL-BASED BEHAVIORAL HEALTHCARE MODEL THAT COULD POTENTIALLY BE REPLICATED STATEWIDE.

NAME OF RECIPIENT - REGENTS OF THE UNIVERSITY OF MICHIGAN
TO DEVELOP A SYSTEMATIC MODEL ENSURING CHILDREN RECEIVE BEST PRACTICE SCREENING, ASSESSMENT AND EVIDENCE BASED THERAPY FOR ADHD IN THE GENERAL PEDIATRICS CLINICS WITHIN THE MICHIGAN MEDICINE SYSTEM.

NAME OF RECIPIENT - SPECTRUM JUVENILE JUSTICE SERVICES
TO IMPLEMENT AND EVALUATE TRAUMA-FOCUSED COGNITIVE-BEHAVIORAL THERAPY TO MALE JUSTICE SYSTEM-INVOLVED TEENS.

NAME OF RECIPIENT - ST. JOSEPH MERCY ANN ARBOR
TO EXPAND BEHAVIORAL HEALTH SERVICES TO OLDER ADULTS IN WASHTENAW COUNTY AND PROVIDE SUPPORT TO PRIMARY CARE AND LONG-TERM CARE PROVIDERS WORKING WITH GERIATRIC PATIENTS.

NAME OF RECIPIENT - ST. JOSEPH MERCY OAKLAND
TO DEVELOP A SHORT-TERM OUTPATIENT BEHAVIORAL HEALTH CONSULTATION MODEL

Part XV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

TO SERVE AS A BRIDGE FOR PATIENTS TRANSITIONING FROM INPATIENT TO OUTPATIENT CARE AND BETWEEN MENTAL HEALTH PROVIDERS.

NAME OF RECIPIENT - WAYNE STATE UNIVERSITY

TO DEVELOP TWO STAGE PROGRAM THAT WILL FIRST USE MASS SCREENING TO IDENTIFY YOUTHS AT RISK OF DEVELOPING PSYCHOSIS AND THEN IMPLEMENT A CBT PROGRAM TO PREEMPT SCHIZOPHRENIA.

FORM 990-PF	GAIN OR (LOSS) FROM SALE OF ASSETS	STATEMENT 1

(A) DESCRIPTION OF PROPERTY	MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
SCHWAB REDEMPTIONS	PURCHASED		

(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
6,391,495.	4,781,927.	0.	0.	1,609,568.

(A) DESCRIPTION OF PROPERTY	MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
K-1 PARTNERSHIP INCOME	PURCHASED		

(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
432,614.	432,614.	0.	0.	0.

(A) DESCRIPTION OF PROPERTY	MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
CAPITAL GAIN	PURCHASED		

(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
827,132.	0.	0.	0.	827,132.

CAPITAL GAINS DIVIDENDS FROM PART IV	0.
TOTAL TO FORM 990-PF, PART I, LINE 6A	2,436,700.

FORM 990-PF	INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS	STATEMENT 2

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
MONEY MARKET	2,149.	2,149.	0.
TOTAL TO PART I, LINE 3	2,149.	2,149.	0.

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 3

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
DIVIDENDS & BOND FUNDS	1,088,689.	0.	1,088,689.	1,088,689.	0.
TO PART I, LINE 4	1,088,689.	0.	1,088,689.	1,088,689.	0.

FORM 990-PF OTHER INCOME STATEMENT 4

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
MINING INTERESTS	242,525.	242,525.	0.
MISCELLANEOUS INCOME	15.	15.	0.
K-1 PARTNERSHIP INCOME	0.	-160,034.	0.
ADJUSTMENT FOR DISALLOWED 965 DEDUCTION	0.	1,017.	0.
TOTAL TO FORM 990-PF, PART I, LINE 11	242,540.	83,523.	0.

FORM 990-PF LEGAL FEES STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	6,077.	1,893.	0.	4,184.
TO FM 990-PF, PG 1, LN 16A	6,077.	1,893.	0.	4,184.

FORM 990-PF ACCOUNTING FEES STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
AUDIT FEES	22,400.	6,978.	0.	15,422.
TO FORM 990-PF, PG 1, LN 16B	22,400.	6,978.	0.	15,422.

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OTHER FEES	19,471.	6,065.	0.	13,405.
INVESTMENT EXPENSES	50,398.	50,398.	0.	0.
MEDIA RELATIONS	343,847.	0.	0.	343,847.
TO FORM 990-PF, PG 1, LN 16C	413,716.	56,463.	0.	357,252.

FORM 990-PF TAXES STATEMENT 8

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PAYROLL TAXES	27,410.	8,538.	0.	18,872.
EXCISE TAXES	12,893.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 18	40,303.	8,538.	0.	18,872.

FORM 990-PF OTHER EXPENSES STATEMENT 9

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INSURANCE	5,516.	1,718.	0.	3,798.
TELEPHONE/INTERNET	7,140.	2,224.	0.	4,916.
SUPPLIES	7,422.	2,312.	0.	5,110.
EQUIPMENT	34,709.	10,812.	0.	23,897.
MISCELLANEOUS	6,968.	2,171.	0.	4,797.
TRANSITION EXPENSE	5,798.	3,992.	0.	1,806.
TO FORM 990-PF, PG 1, LN 23	67,553.	23,229.	0.	44,324.

FORM 990-PF CORPORATE STOCK STATEMENT 10

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
COMMON STOCK MUTUAL FUNDS	20,813,686.	26,878,635.
TOTAL TO FORM 990-PF, PART II, LINE 10B	20,813,686.	26,878,635.

FORM 990-PF CORPORATE BONDS STATEMENT 11

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
FIXED INCOME MUTUAL FUNDS	14,105,643.	13,774,423.
TOTAL TO FORM 990-PF, PART II, LINE 10C	14,105,643.	13,774,423.

FORM 990-PF OTHER INVESTMENTS STATEMENT 12

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MULTI-ASSET MUTUAL FUNDS	COST	5,753,849.	6,483,843.
MARKETABLE HEDGE FUNDS	COST	6,159,116.	7,049,325.
REAL ESTATE/HARD ASSETS	COST	3,999,278.	4,423,247.
PRIVATE EQUITY FUNDS	COST	3,094,251.	6,155,746.
TOTAL TO FORM 990-PF, PART II, LINE 13		19,006,494.	24,112,161.

FORM 990-PF OTHER ASSETS STATEMENT 13

DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
MINING AND GAS INTERESTS	939,057.	939,057.	798,589.
TO FORM 990-PF, PART II, LINE 15	939,057.	939,057.	798,589.

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS STATEMENT 14

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DR. LINDA HRYHORCZUK 333 W. FORT STREET, SUITE 1950 DETROIT, MI 48226	TRUSTEE 1.00	0.	0.	0.
LYNN SCHNEIDER 333 W. FORT STREET, SUITE 1950 DETROIT, MI 48226	TRUSTEE 1.00	0.	0.	0.
GEORGE A. NICHOLSON, III 333 W. FORT STREET, SUITE 1950 DETROIT, MI 48226	TRUSTEE 1.00	0.	0.	0.
FREDDIE G. BURTON, JR. 333 W. FORT STREET, SUITE 1950 DETROIT, MI 48226	TRUSTEE 1.00	0.	0.	0.
JACK KRESNAK 333 W. FORT STREET, SUITE 1950 DETROIT, MI 48226	TRUSTEE 1.00	0.	0.	0.
DUANE TARNACKI 333 W. FORT STREET, SUITE 1950 DETROIT, MI 48226	TRUSTEE 1.00	0.	0.	0.
LEONARD W. SMITH 333 W. FORT STREET, SUITE 1950 DETROIT, MI 48226	CHIEF INVESTMENT OFFICER 40.00	138,500.	14,845.	0.
ANDREA M. COLE 333 W. FORT STREET, SUITE 1950 DETROIT, MI 48226	CHIEF EXECUTIVE OFFICER 40.00	217,500.	26,755.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		356,000.	41,600.	0.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 15
PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

ANDREA M. COLE, EXECUTIVE DIRECTOR AND CEO
333 W. FORD STREET, SUITE 1950
DETROIT, MI 48266

TELEPHONE NUMBER

(313) 309-3436

EMAIL ADDRESS

ACOLE@FLINNFOUNDATION.ORG

FORM AND CONTENT OF APPLICATIONS

THE FOUNDATION ACCEPTS COMPETITVE PROPOSALS ONCE A YEAR THROUGH ITS ON-LINE GRANT APPLICATION SYSTEM.

ANY SUBMISSION DEADLINES

THE FDN ANNOUNCES RFPS ANNUALLY IN MAY, APPS ARE ACCEPTED THROUGH JULY AND ANNOUNCED IN SEPTEMBER.

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE FOUNDATION AWARDS GRANTS TO NON-PROFITS THAT DELIVER MENTAL HEALTH CARE AND SERVICES IN MICHIGAN.