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OMB No 1545-0052

2017

Department of the Treasury

Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

Open to Public Inspection

	calendar year 2017, or tax year beginning 01-01-2017 , and ending 12-31-201					
	e of foundation E LISA AND BRIAN MEER FOUNDATION A Employer identific	ation n	umber	•		
	38-3605133					
	per and street (or P O box number if mail is not delivered to street address) Room/suite O BRIAN MEER 3020 MIDDLEBELT ROAD B Telephone number (see ınstı	uction	s)		
C/	(248) 683-0001					
	or town, state or province, country, and ZIP or foreign postal code T BLOOMFIELD, MI 483231932 C If exemption applications are considered to the control of the control o	ation is n	endinc	ı checl	k here	
WES	BLOOMFIELD, MI 463251932	1011 13 p	criding	, спсс	N Here ▶	. Ц
G Ch	eck all that apply \square Initial return \square Initial return of a former public charity \square 1. Foreign organization	tions, ch	eck hei	re	•	
	Final return 2_Foreign occaniza	tions_me	etina t	he 85°	٠ س	_
_						
	<u> </u>					
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				200
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
11	Enter the amount of line 10 to be Credited to 2018 estimated tax ▶ Refunded ▶	11				
Pai	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did				Yes	No
	ıt participate or intervene in any political campaign?		. [1a		No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions	5				
	for definition)?			1 b		No
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials					
	published or distributed by the foundation in connection with the activities					
c	Did the foundation file Form 1120-POL for this year?			1c		No
d						
	(1) On the foundation ▶ \$ 0 (2) On foundation managers ▶ \$ 0					
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers > \$ 0					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		No
_	If "Yes," attach a detailed description of the activities		•			140
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? <i>If "Yes," attach a conformed copy of the changes</i>		.	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?		. [4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		. [5		No
	If "Yes," attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
	 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions 					
				6	Yes	
7	that conflict with the state law remain in the governing instrument?		•	-	res	
•	and Part XV		.	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)		·			
	▶ мі					
L	If the angular is "Ver" to line 7, has the foundation from the description of the Atlanta					
D	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	V	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(1)(3)		}	συ	Yes	
-	or 4942(1)(5) for calendar year 2017 or the taxable year beginning in 2017 (see instructions for Part XIV)?					
	If "Yes," complete Part XIV		.	9		No
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their na	mes	ļ			
	and addresses			10		No

orm 990-	PF (2017)			Page 2
Part II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash—non-interest-bearing	6,750		
2	Savings and temporary cash investments	25,598	23,850	23,850
3	Accounts receivable ▶			
	Less allowance for doubtful accounts ▶			
4	Pledges receivable ▶			
	Less allowance for doubtful accounts ▶			
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			
	disqualified persons (attach schedule) (see instructions)			
7	Other notes and loans receivable (attach schedule) ▶			
	_			

Page **3**

	(a) the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a 217 SHS OF HENRY SCH	EIN INC	Р	1998-08-03	2017-08-07	
b					
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	Gain o	h) r (loss)) minus (g)
a 3	9,573		1,636		37,937
b					
С					
d					
е					
Complete only for assets	s showing gain in column (h) and ow	ned by the foundation	on 12/31/69	(I)
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	(k) of col (ı) (j), ıf any	Gains (Col (col (k), but not	h) gain minus less than -0-) or om col (h))
a					37,937
b					
С					
d					
e					
If gain, also enter in Pa in Part I, line 8	gain or (loss) as defined in sections : rt I, line 8, column (c) (see instructi	ons) If (loss), enter -0	· }	3	37,937
_	Jnder Section 4940(e) for Reprivate foundations subject to the sec				
if section 4940(d)(2) applies, le	•	ction +940(a) tax on he	et investment meon	ie)	
if "Yes," the foundation does no	e section 4942 tax on the distributa ot qualify under section 4940(e) Do	not complete this part			es 🗹 No
• • • • • • • • • • • • • • • • • • • •	nount in each column for each year,	see instructions before	making any entrie		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	(d) Distribution rati (col (b) divided by c	
2016	46,669		15,030		3 105057
2015	59,590		20,201		2 949854
2014	53,237		27,951		1 904655
2013	81,928		33,683		2 432325
2012	92,346		51,989	ı	1 776260
2 Total of line 1, column (′		2		12 168151
number of years the four	o for the 5-year base period—divide indation has been in existence if less incharitable-use assets for 2017 fron	than 5 years			2 433630 18,994
5 Multiply line 4 by line 3		•	5		46,224
	ent income (1% of Part I, line 27b)		6		373
			 0		46,597
	ons from Part XII, line 4		8		48,474
	eater than line 7, check the box in Pa			g a 1% tax rate Se	

here and enter 1% of Part I, line 27b C All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b) Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) Add lines 1 and 2	Par	990-PF (2017)		Page 4
Date of ruling or determination letter		t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see in	struc	tions)
here All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b) Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) Add lines 1 and 2	1a			
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-) 3 Add lines 1 and 2	b		1	373
col (b) 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 3 Add lines 1 and 2		here ▶ ☑ and enter 1% of Part I, line 27b		
Add lines 1 and 2	С	• • • • • • • • • • • • • • • • • • • •		
Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	0
Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	3	Add lines 1 and 2	3	373
6 Credits/Payments a 2017 estimated tax payments and 2016 overpayment credited to 2017 b Exempt foreign organizations—tax withheld at source 6b c Tax paid with application for extension of time to file (Form 8868) 6c d Backup withholding erroneously withheld 6d 7 Total credits and payments Add lines 6a through 6d	4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	0
a 2017 estimated tax payments and 2016 overpayment credited to 2017 b Exempt foreign organizations—tax withheld at source	5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0	5	373
b Exempt foreign organizations—tax withheld at source	6	Credits/Payments		
c Tax paid with application for extension of time to file (Form 8868) 6c d Backup withholding erroneously withheld	а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 173		
d Backup withholding erroneously withheld	b	Exempt foreign organizations—tax withheld at source 6b		
7 Total credits and payments Add lines 6a through 6d	C	Tax paid with application for extension of time to file (Form 8868) 6c		
	d	Backup withholding erroneously withheld 6d 0		
8 Enter any panalty for undernayment of estimated tay Check here. I if Form 2000 is attached.	7	Total credits and payments Add lines 6a through 6d	7	173
· · · ·	8	Enter any papalty for undernayment of actimated tay. Check here. I if Form 2000 is attached	8	0

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

7b

D- 1 1/777	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees,
Part VIII	and Contractors

4 11 1 11 66 11 1 1			,	
1 List all officers, directors, truste	es, foundation managers a	nd their compensation		
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	
BRIAN MEER	PRES/TREAS		•	
	2 00	0		
3020 MIDDLEBELT ROAD	2 00			
WEST BLOOMFIELD, MI 48323				
LISA MEER	SECRETARY	0		D C
3020 MIDDLEBELT ROAD	2 00			
WEST BLOOMFIELD, MI 48323				
2 Compensation of five highest-pa	id employees (other than t	hose included on line 1	l—see instructions). If no	ne, enter "NONE."
	T		Contributions to	
(a) Name and address of each employee po more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
NONE				
	- 			
	 			
			+	
		<u> </u>		
Total number of other employees paid ov	er \$50,000		🕨	0
3 Five highest-paid independent of				
(a) Name and address of each perso	n paid more than \$50,000	(b) Typ	e of service	(c) Compensation
NONE				
		_		
		_		
	2000			
Total number of others receiving over \$50	0,000 for professional services	S		<u> </u>
Part IX-A Summary of Direct	Charitable Activities			
List the foundation's four largest direct charitable	activities during the tax year. Inc	lude relevant statistical inform	nation such as the number of	_
organizations and other beneficiaries served, cor				Expenses
1				
2				
3				
-				
4				
-				
-				
Part IX-B Summary of Program	m-Related Investments	(see instructions)		
Describe the two largest program-related invi	estments made by the foundation	during the tax year on lines 1	and 2	Amount
	eschients made by the roundation	during the tax year on lines 1	and 2	Amount
1				
2				
All other program-related investments	See instructions			
· •	See mad actions			
3				
Total. Add lines 1 through 3 .				
				· ·

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

1a

1b

2

3a 3h

4

5

48,474

48.474

48,101

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Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

1

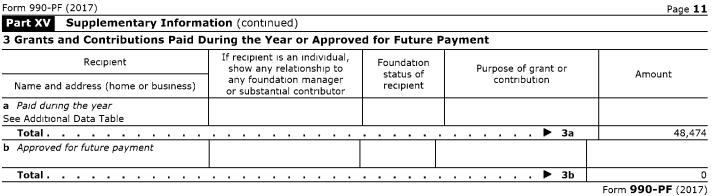
2

3

4

5

orı	m 990-PF (2017)					Page 10
	Part XIV Private Operating Found	ations (see ınstr	uctions and Part V	/II-A, question 9)		
1a	If the foundation has received a ruling or defoundation, and the ruling is effective for 20			rating	_	
b	Check box to indicate whether the organization	on is a private oper	ating foundation des	cribed in section L	」 4942(j)(3) or └	4942(j)(5)
2a	Enter the lesser of the adjusted net					
	income from Part I or the minimum investment return from Part X for each year listed	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
b	85% of line 2a					
С	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					
а	"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	(Compulate this	mout outs if the		d dE 000 au	
Pa	rt XV Supplementary Information assets at any time during th			organization na	a \$5,000 or more	e in
1	Information Regarding Foundation Man					
а	List any managers of the foundation who have before the close of any tax year (but only if BRIAN MEER					1
ь	List any managers of the foundation who owi	n 10% or more of th	ne stock of a corpora	tion (or an equally	arge portion of the	
	ownership of a partnership or other entity) of	of which the founda	tion has a 10% or gr	eater interest		
2	Information Regarding Contribution, Gr			_		
	Check here ► ☑ If the foundation only mak unsolicited requests for funds If the founda other conditions, complete items 2a, b, c, ai	tion makes gifts, gr	preselected charitabl ants, etc (see instru	e organizations and ictions) to individua	does not accept Is or organizations un	der
	The name, address, and telephone number of	or email address of	the person to whom	applications should	be addressed	
-	The name, address, and telephone namber of	or email address of	the person to whom	applications should	pe dudi esseu	
b	The form in which applications should be sul	omitted and informa	ation and materials th	ney should include		
c	Any submission deadlines					
d	Any restrictions or limitations on awards, su	ch as by geographic	tal areas, charitable f	fields, kinds of instit	utions, or other	
-	factors	, J9pin	,	,	,	



Enter gross amounts unless otherwise indicated		Unrelated bus	siness income	Excluded by section	512, 513, or 514	(e) Related or exemp	
. Program	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions	
	-						
-							
	and contracts from government agencies						
Intere	rship dues and assessments			14	162		
	ds and interest from securities						
	tal income or (loss) from real estate						
	financed property ebt-financed property						
	ntal income or (loss) from personal property						
	nvestment income						
Gain o	r (loss) from sales of assets other than						
	ory			18	-309		
	ome or (loss) from special events profit or (loss) from sales of inventory						
. Other r	evenue a						
d							
d e			0		-147		
d e			0	13	-147 3 _	-14	
de Subtota Total. A	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Orksheet in line 13 instructions to verify calcul	ations)					
d e Subtota Total. A (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplishi income is reporte	ment of Exemp	ot Purposes Part XVI-A contribu	ted importantly to	-147	
e Subtota Total. (See wo art XVI	Al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Orksheet in line 13 instructions to verify calculated in the color of activities to the color of activity for which	ations) e Accomplishi income is reporte	ment of Exemp	ot Purposes Part XVI-A contribu	ted importantly to	-14	
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orm 99	0-PF (2	2017)							Pa	ge 13
Part	XVII	Information Re Exempt Organiz		ransfers To	and Transactio	ns and R	Relationships With Nonchari	table		
							ganization described in section 501 political organizations?		Yes	No
a Tran	sfers f	rom the reporting foun	dation to a r	noncharitable ex	empt organization	of				
(1)	Cash.							1a(1)		No
(2)	Other	assets						1a(2)		No
b Othe	er trans	sactions								
(1)	Sales	of assets to a nonchari	itable exemp	ot organization.				1b(1)		No
(2)	Purcha	ases of assets from a n	oncharitable	e exempt organı	zation			1b(2)		No
(3)	Renta	l of facilities, equipmer	nt, or other a	issets				1b(3)		No
		oursement arrangemen						1b(4)		No
		or loan guarantees.						1b(5)		No
٠.		mance of services or m	•	=				1b(6)		No
	-			· ·			· · · · · · · · · · · · · · · · · · ·	1c		No
of th	ne good ny tran	ls, other assets, or ser	vices given b ngement, sh	y the reporting	foundation If the d) the value of the	foundation goods, oth	n received less than fair market valu her assets, or services received ription of transfers, transactions, and sha	ie	naemen	nts
<u>, , </u>		` , ,	, ,		, ,					
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desc	ribed ii	dation directly or indire n section 501(c) of the implete the following so (a) Name of organizatio	Code (other chedule	r than section 5		tion 527? .		☐ Yes	V	No
	of my		, it is true, c				ompanying schedules and statemen r (other than taxpayer) is based on			
Sign	*	****			2018-02-23	**		he IRS dı	scuss th	าเร
Here	\ _				2018-02-23	\	return	ı he prepai	rer shov	wn
	S	ignature of officer or t	rustee		Date	Tit	below		_	
		Print/Type preparer's	name	Preparer's Sig	nature	Date	PTIN			
				-			Check if self-	P00368	1792	
Paid		DOUGLAS THEOBA	LD				employed ▶ 🔲	700308	,/JL	

Sign Here	
Paid Prepa Use (

rer Firm's name ▶ THE MP GROUP PC Firm's EIN ▶04-3191789 nly Firm's address ▶ ONE MONARCH PLACE STE 900 Phone no (413) 739-1800 SPRINGFIELD, MA 011444011

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year AGBU ALEX & MARIE MANGOOGIAN N/A 501(C)(3) **GENERAL USE** 600 SCHOOLS

22001 NORTHWESTERN HWY SOUTHFIELD, MI 48075				
ALZHEIMER'S FOUNDATION OF AMERICA 322 8TH AVE 7TH FLOOR NEW YORK, NY 10001	N/A	501(C)(3)	GENERAL USE	100

AMERICA 322 8TH AVE 7TH FLOOR NEW YORK, NY 10001				
AMERICAN RED CROSSPO BOX 37839 BOONE, IA 50037	N/A	501(C)(3)	GENERAL USE	300
AMERICAN SPEECH LANGUAGE AND HEARING FOUNDATION 2200 RESEARCH BLVD	N/A	501(C)(3)	GENERAL USE	250

AMERICAN RED CROSSPO BOX 37839 BOONE, IA 50037	N/A	501(C)(3)	GENERAL USE	300
AMERICAN SPEECH LANGUAGE AND HEARING FOUNDATION 2200 RESEARCH BLVD ROCKVILLE, MD 20849	N/A	501(C)(3)	GENERAL USE	250
ARMENIA FUND USA	N/A	501(C)(3)	GENERAL USE	250

AMERICAN SPEECH LANGUAGE AND HEARING FOUNDATION 2200 RESEARCH BLVD ROCKVILLE, MD 20849	N/A	501(C)(3)	GENERAL USE	250
ARMENIA FUND USA 80 MAIDEN LANE SUITE 2205 NEW YORK, NY 10038	N/A	501(C)(3)	GENERAL USE	250

48,474

2200 RESEARCH BLVD ROCKVILLE, MD 20849				
ARMENIA FUND USA 80 MAIDEN LANE SUITE 2205 NEW YORK, NY 10038	N/A	501(C)(3)	GENERAL USE	2

Total . 3a

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business)

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

	or substantial contributor			
a Paid during the year				
ARMENIAN CONGRATIONAL CHURCH 26210 W 12 MILE RD SOUTHFIELD, MI 48034	N/A	501(C)(3)	GENERAL USE	50

ARMENIAN CONGRATIONAL CHURCH 26210 W 12 MILE RD SOUTHFIELD, MI 48034	N/A	501(C)(3)	GENERAL USE	
ARMENIAN EYE CARE PROJECT PO BOX 1160	N/A	501(C)(3)	GENERAL USE	1

ARMENIAN EYE CARE PROJECT PO BOX 1160 ROCKVILLE, MD 20849	N/A	501(C)(3)	GENERAL USE	100
BEAUMONT FOUNDATIONPO BOX 5802 TROY, MI 48007	N/A	501(C)(3)	GENERAL USE	500
BRILLIANT DETROIT	N/A	501(C)(3)	GENERAL USE	500

ROCKVILLE, MD 20849				
BEAUMONT FOUNDATIONPO BOX 5802 TROY, MI 48007	N/A	501(C)(3)	GENERAL USE	500
BRILLIANT DETROIT 5675 LARKINS STREET DETROIT, MI 48210	N/A	501(C)(3)	GENERAL USE	500
COALITION OF TEMPORARY SHELTERS	N/A	501(C)(3)	CENEDAL LISE	200

,				
BRILLIANT DETROIT 5675 LARKINS STREET DETROIT, MI 48210	N/A	501(C)(3)	GENERAL USE	500
COALITION OF TEMPORARY SHELTERS PO BOX 772889	N/A	501(C)(3)	GENERAL USE	200

BRILLIANT DETROIT 5675 LARKINS STREET DETROIT, MI 48210	N/A	501(C)(3)	GENERAL USE	500
COALITION OF TEMPORARY SHELTERS PO BOX 772889 CHICAGO. IL 60677	N/A	501(C)(3)	GENERAL USE	200

1					40 474
	COALITION OF TEMPORARY SHELTERS PO BOX 772889 CHICAGO, IL 60677	N/A	501(C)(3)	GENERAL USE	200
	DETROIT, MI 48210				

PO BOX 772889 CHICAGO, IL 60677		
Total	 	 48,474

Eorm	r 000 05 Post XV Line 3 Grante and (<u>Contributions</u> Paid D	uring the Veer or	Approved for Eutil	ro Doumont
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i					
		-			
	1 Contributions, gifts, grants, etc , receive	od (attach	39,882		
	1 Contributions, gifts, grants, etc , receive schedule)	tu (attatii	39,002		
	•				
	2 Check ► ☐ If the foundation is not req	uired to attach			
	Sch B				

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

	or substantial continuation			
a Paid during the year				
CRANBROOK INSTITUTE OF MUSIC 32106 TELEGRAPH RD SUITE 200	N/A	501(C)(3)	GENERAL USE	500

BINGHAM FARMS, MI 48025				
CRANBROOK INSTITUTE OF SCIENCE DEPT 77428 PO BOX 77000 DETROIT, MI 48227	N/A	501(C)(3)	GENERAL USE	345

DEPT 77428 PO BOX 77000 DETROIT, MI 48227		(-)(-)		
CRANBROOK MUSIC GUILDPO BOX 402 BLOOMFIELD HILLS, MI 48007	N/A	501(C)(3)	GENERAL USE	500
DETROIT CHAMBER WINCS & STRINGS	N/A	E01(C)(2)	CENEDALLICE	100

CRANBROOK MUSIC GUILDPO BOX 402 BLOOMFIELD HILLS, MI 48007	N/A	501(C)(3)	GENERAL USE	500
DETROIT CHAMBER WINGS & STRINGS 24901 NORTHWESTERN HWY QUITE 312 SOUTHFIELD, MI 48075	N/A	501(C)(3)	GENERAL USE	100

DETROIT CHAMBER WINGS & STRINGS 24901 NORTHWESTERN HWY QUITE 312 SOUTHFIELD, MI 48075	N/A	501(C)(3)	GENERAL USE	100
DETROIT INSTITUTE OF ARTS	N/A	501(C)(3)	GENERAL USE	2,000

24901 NORTHWESTERN HWY QUITE 312 SOUTHFIELD, MI 48075	,	, ,, ,		
DETROIT INSTITUTE OF ARTS 5200 WOODWARD AVENUE DETROIT MI 48202	N/A	501(C)(3)	GENERAL USE	2,000

3001HFIELD, MI 48073				l
DETROIT INSTITUTE OF ARTS 5200 WOODWARD AVENUE DETROIT, MI 48202	N/A	501(C)(3)	GENERAL USE	2,000

48,474

Total .

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year DETROIT PUBLIC TELEVISION N/A 501(C)(3) **GENERAL USE** 200 7441 SECOND AVE DETROIT, MI 48202 GENERAL USE 125 DETROIT RESUCE MISSION MINISTRIES N/A 501(C)(3) PO BOX 312087

DETROIT, MI 482//				
DETROIT SYMPHONY ORCHESTRA 3711 WOODWARD AVE DETROIT, MI 48201	N/A	501(C)(3)	GENERAL USE	2,000
DETROIT ZOOLOGICAL SOCIETY 8450 W 10 MILE ROAD ROYAL OAK, MI 48067	N/A	501(C)(3)	GENERAL USE	79

501(C)(3)

GENERAL USE

900

48,474

DISABLED AMERICAN VETERANS OF MI

4270 EAST BRISTOL RD BURTON, MI 48519

Total .

За

N/A

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
FRIENDS OF OAKLAND FAMILY SERVICES 114 ORCHARD LAKE ROAD PONTIAC, MI 48341	N/A	501(C)(3)	GENERAL USE	1,100
GILDA'S CLUB METRO DETROIT 3517 ROCHESTER RD ROYAL OAK, MI 48073	N/A	501(C)(3)	GENERAL USE	250
HORIZONS UPWARD BOUND - CRANBROOK PO BOX 801 BLOOMFIELD HILLS, MI 48303	N/A	501(C)(3)	GENERAL USE	1,000
HUMANE SOCIETY OF HURON VALLEY PO BOX 7026 LIBERTY STATION ANN ARBOR, MI 48107	N/A	501(C)(3)	GENERAL USE	100
JARCPO BOX 2053 SOUTHFIELD, MI 48037	N/A	501(C)(3)	GENERAL USE	1,100

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48,474

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

JVS29699 SOUTHFIELD RD SOUTHFIELD, MI 48075	N/A	501(C)(3)	GENERAL USE	12,000
KARMANOS CANCER INSTITUTE 4100 JOHN ROAD DETROIT, MI 48201	N/A	501(C)(3)	GENERAL USE	250

LICHTHOUSE OF OAKLAND COUNTY	N/A	E01/C\/2\	CENERAL LICE	250
KNIGHTS OF VARTAN CHARITABLE FUND 850 S OLD WOODWARD BIRMINGHAM, MI 48009	N/A	501(C)(3)	GENERAL USEGENERAL USE	100
4100 JOHN ROAD DETROIT, MI 48201				

KNIGHTS OF VARTAN CHARITABLE FUND 850 S OLD WOODWARD BIRMINGHAM, MI 48009	N/A	501(C)(3)	GENERAL USEGENERAL USE	100
LIGHTHOUSE OF OAKLAND COUNTY PO BOX 430508 PONTIAC, MI 48343	N/A	501(C)(3)	GENERAL USE	250
			·	

BIRMINGHAM, MI 48009				
LIGHTHOUSE OF OAKLAND COUNTY PO BOX 430508 PONTIAC, MI 48343	N/A	501(C)(3)	GENERAL USE	250
MICHIGAN OPERA THEATER 1526 BROADWAY	N/A	501(C)(3)	GENERAL USE	500

PO BOX 430508 PONTIAC, MI 48343	IN/A	501(C)(3)	GENERAL USE	250
MICHIGAN OPERA THEATER 1526 BROADWAY DETROIT, MI 48226	N/A	501(C)(3)	GENERAL USE	500

PONTIAC, MI 48343				
MICHIGAN OPERA THEATER 1526 BROADWAY	N/A	501(C)(3)	GENERAL USE	
DETROIT MI 48226		I		

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MICHIGAN OPERA THEATER 1526 BROADWAY DETROIT, MI 48226	N/A	501(C)(3)	GENERAL USE	500
Total				48,474

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year OAKLAND LITERACY COUNCIL N/A 501(C)(3) GENERAL USE 100 2550S TELEGRAPH RD BLOOMFIELD HILLS, MI 48302 OAKLAND UNIVERSITY N/A 501(C)(3) GENERAL USE 5,000 2200 NORTH SQUIRL RD ROCHESTER, MI 48309 PINE LAKE CC EMPLOYEE SCHOLARSHIP N/A GENERAL USE 100 501(C)(3) **FOUNDATION** 3300 PINE LAKE RD ORCHARD LAKE, MI 48324 PLANNED PARENTHOOD OF MID-SOUTH N/A 501(C)(3) GENERAL USE 200 **MICHIGAN** PO BOX 3673

ANN ARBOR, MI 48106 SISTER'S HOPEPO BOX 250732 N/A GENERAL USE

501(C)(3)

200

WEST BLOOMFIELD, MI 48325

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ST JOHNS ARMENIAN CHURCH N/A 501(C)(3) **GENERAL USE** 150 22001 NORTHWESTERN HGWY SOUTHFIELD, MI 48075

· ·				
ST JUDE'SPO BOX 50 MEMPHIS, TN 38101	N/A	501(C)(3)	GENERAL USE	200
THE HENRY FORD HEALTH SYSTEM ONE FORD PLACE 5A DETROIT, MI 48202	N/A	501(C)(3)	GENERAL USE	125

THE HENRY FORD HEALTH SYSTEM ONE FORD PLACE 5A DETROIT, MI 48202	N/A	501(C)(3)	GENERAL USE	125
THE JEWISH FEDERATION OF NORTH AMERICA 6735 TELEGRAPH RD BLOOMFIELD HILLS, MI 48301	N/A	501(C)(3)	GENERAL USE	10,000

DETROIT, MI 48202				
THE JEWISH FEDERATION OF NORTH AMERICA 6735 TELEGRAPH RD BLOOMFIELD HILLS, MI 48301	N/A	501(C)(3)	GENERAL USE	10,000
THE VILLAGE CLUB FOUNDATION	N/A	501(C)(3)	GENERAL USE	1,100

6735 TELEGRAPH RD BLOOMFIELD HILLS, MI 48301				
THE VILLAGE CLUB FOUNDATION 190 EAST LONG LAKE RD	N/A	501(C)(3)	GENERAL USE	1,100

48,474

THE VILLAGE CLUB FOUNDATION 190 EAST LONG LAKE RD	N/A	501(C)(3)	GENERAL USE	
BLOOMFIELD HILLS, MI 48304				

Total .

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual. Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year UMHS OFFICE OF MEDICAL N/A 501(C)(3) GENERAL USE 200 DEVELOPMENT 1000 OAKLAND DR SUITE 100 ANN ARBOR, MI 48104 UNIVERSITY OF MICHIGAN COLLEGE OF N/A 501(C)(3) GENERAL USE 1,300 L S AND A 500 STATE STREET STE 5000 ANN ARBOR, MI 48109 UNIVERSITY OF MICHIGAN RACKHAM N/A 501(C)(3) **GENERAL USE** 200 GRADUATE SCHOOL 915 E WASHINGTON ST ANN ARBOR, MI 48109 VARIETY THE CHILDRENS CHARITY N/A 501(C)(3) GENERAL USE 500 600 SOUTH ADAMS ROAD SUITE 230 BIRMINGHAM, MI 48009

501(C)(3)

GENERAL USE

100

48,474

WOUNDED WARRIOR PROJECT

Total

NPC PO BOX 758517 TOPEKA, KS 66675

3a

N/A

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Foundation Recipient If recipient is an individual, Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

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48,474

a Paid during the year				
WRCJ1 CLOVER CT	N/A	501(C)(3)	GENERAL USE	

or substantial contributor

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VIXOM, MI 48393		
Total	 	

efile GRAPHIC print - DO NOT P	ROCESS	As Filed Data	a -	D	LN: 93491065005058		
TY 2017 Accounting Fees Schedule							
	Name: THE LISA AND BRIAN MEER FOUNDATION						
	EIN: 38-3605133						
Accounting Fees Schedule							
Category	Amo	ount N	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		

838

1,675

ACCOUNTING FEES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	93491065005058	
TY 2017 Other Expenses Schedule					
Name: THE LISA AND BRIAN MEER FOUNDATION					
EIN:	EIN: 38-3605133				
Other Expenses Schedule					
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	

14

BANK FEES

Description		Amount	
EIN:	38-3605133		
Name: THE LISA AND BRIAN MEER FOUNDATION			
TY 2017 Other Increases Sche	edule		
efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491065005058

PRIOR PERIOD ADJUSTMENT TO ACCOUNT FOR UNDEPOSITED CHECKS

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		D	LN: 93491065005058
TY 2017 Other Liabilities Schedule				
Name: THE LISA AND BRIAN MEER FOUNDATION EIN: 38-3605133				
Description		Beginning of Year - Book Value	End of Year - Book Value	
DONATIONS PAYABLE			350	2,100

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DLI	N: 93491065005058
TY 2017 Taxes Schedule			_	
Name: THE LISA AND BRIAN MEER FOUNDATION				
EIN	: 38-3605133			
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MICHIGAN ANNUAL REPORT FEE	20	0		0

efile GRAPHIC print -	DO NOT PROCESS As Filed Data -		DLN: 93491065005058		
Schedule B (Form 990, 990-EZ,	Schedule of Contributors				
or 990-PF) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its www irs gov/form990	instructions is at	2017		
Name of the organization THE LISA AND BRIAN MI			lentification number		
Organization type (ch	eck one)	38-3605133			
Filers of:	Section:				
Form 990 or 990-EZ	501(c)() (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private	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 fou	4947(a)(1) nonexempt charitable trust treated as a private foundation			
501(c)(3) taxable private foundation					
	zation filing Form 990, 990-EZ, or 990-PF that received, during the year, or exprenents) from any one contributor. Complete Parts Land II. See instruc				
- -	<u></u>	-			
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Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Page 2 Name of organization Employer identification number THE LISA AND BRIAN MEER FOUNDATION 38-3605133 Part I Contributors (See instructions) Use duplicate copies of Part I if additional space is needed (d) (a) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 BRIAN MEER Person **Payroll** 3020 MIDDLEBELT ROAD \$ 39,882 Noncash WEST BLOOMFIELD, MI 48323 (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (c) (d) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)