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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491213000038

OMB No 1545-0052

2017

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

or amounts in columns (b). (c) and (c) may not necessarily equal the amounts in common (c) few amounts on bound (a) few amounts on columns (a) few amounts on columns (b) (c) and (c)	For	caler	ndar year 2017, or tax year beginning 04-01-20	017 , aı	nd ending 03-31-	2018	
Numer and other (per P O has hander of mails not delivered to street address) 2500 AMELICAN DROY Or Anters, these parameter, caretry, and AP or foreign petals case SOMMERED, MI 4003. G Check all that agreemy is final return in managed or foreign public chanty Farall return Impacts of the managed or foreign public chanty Farall return Impacts of the managed or foreign public chanty Farall return Impacts of the managed or foreign public chanty Farall return Impacts of the managed or foreign public chanty Farall return Impacts of the managed or foreign public chanty Farall return Impacts of the managed or foreign public chanty Farall return Impacts of the managed or foreign public chanty Farall return Impacts of the managed or foreign public chanty Farall return Impacts of the managed or foreign public chanty Farall return Impacts of the managed or foreign public chanty Farall return Impacts of the managed or foreign public chanty Farall return Impacts of the managed or foreign public chanty Farall return Impacts of the managed or foreign public chanty Farall return Impacts of the foreign public chanty Farall return Impacts of the managed of the managed or foreign public chanty Farall return Impacts of the foreign public chanty Farall return Im					A Employer id	entification numbe	r
Committee the following of the second of the following posted crops Committee the committee that the com			, Let 1 30, 17, 11, 1 30, 12, 1, 1		38-6088176		
C if exemption application is percent, and ZPP or foreign postal code G Check all that apply) Room/suite	B Telephone nu	ımber (see ınstructio	ns)
Contributions of Revenue and Expenses (in the solution of a former public chanty) Contributions of the foundation of a former public chanty Contributions of the solution of the solutio					(248) 436-5000)	
Final return					C If exemption	application is pendin	g, check here
Address change	G Ch	eck al	Il that apply \qed Initial return \qed Initial return of a	former public charity	D 1. Foreign or	ganızatıons, check he	ere 🕨 🔲
H Check type of organization							
## Check type of organization					·		· -
Far merket value of all assets at end place (peerly) Other (speerly) Other (sp	_						
of year (from Part II, col (c), lent (speech) (Part I, column (d) must be on cash basis) Analysis of Revenue and Expenses (the total of anounts in cultimits (b), (c), and (d) may not necessarily equal the anounts in cultimits (b), (c), and (d) may not necessarily equal the anounts in cultimits (b), (c), and (d) may not necessarily equal the anounts in cultimits (b), (c), and (d) may not necessarily equal the anounts in cultimits (b), (c), and (d) may not necessarily equal the anounts in cultimits (b), (c), and (d) may not necessarily equal to the control of the cont					- L F 16 th a 6 a cont	-t	
of amounts in columns (b), (c), and (c) may not necessarily expenses per equal the amounts in column (a) few amounts in co	of '	year <i>(f</i>	from Part II, col (c),				
## Capital gain net income (from Part IV, line 2) ## Cap	Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and			(d) Disbursements
schedule) 2 Check if the foundation is not required to attach Sin B Interests on savings and temporary cash investments				expenses per	` '		
2 Check		1		793,240			
Sch B		,	, 				
1			Sch B				
10		_					
December 2007 December 200		_					
100 200							
8 Net short-term capital gain	e		• ,				
8 Net short-term capital gain	enu	b	Gross sales price for all assets on line 6a				
8	Rev	7	Capital gain net income (from Part IV, line 2)	_	0		
10a Gross sales less returns and allowances							
B Less Cost of goods sold		9	Income modifications				
C Gross profit or (loss) (attach schedule) C C C C C C C C C		10a	Gross sales less returns and allowances				
11 Other income (attach schedule) 280,636 0		b					
12 Total. Add lines 1 through 11 1,073,876 0		C		95-1 200 626			
13 Compensation of officers, directors, trustees, etc 0 0 0			,				
14			<u> </u>				0
15							0
Total operating and administrative expenses. Add lines 13 through 23 343,789 0 308,31	Ş	15	Pension plans, employee benefits				
Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 24 Excess of revenue over expenses and disbursements 5 Net investment income (if negative, enter -0-) 7 Next investment income (if negati	nse	16a	Legal fees (attach schedule)	4,231	0		0
Total operating and administrative expenses. Add lines 13 through 23 343,789 0 308,31	×pe	b	Accounting fees (attach schedule)	27,451	0		0
23 Other expenses (attach schedule)		С	Other professional fees (attach schedule)				
23 Other expenses (attach schedule)	ativ	17	Interest				
23 Other expenses (attach schedule)	Str		, , , , , , , , , , , , , , , , , , , ,				
23 Other expenses (attach schedule)	Ē						
23 Other expenses (attach schedule)	Ac		• •				
23 Other expenses (attach schedule)	pu						
26 Total expenses and disbursements. Add lines 24 and 25 0 888,40 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-)	g 9		•	312,107	0		308,311
26 Total expenses and disbursements. Add lines 24 and 25 0 888,40 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-)	atın	24					
26 Total expenses and disbursements. Add lines 24 and 25 0 888,40 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-)	beč		Add lines 13 through 23	343,789	0		308,311
25 1,252,885 0 888,40 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-)	0	25	Contributions, gifts, grants paid	909,096			580,096
a Excess of revenue over expenses and disbursements b Net investment income (If negative, enter -0-) c Adjusted net income(If negative, enter -0-)		26		1,252,885	0		888,407
disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-)		27					
c Adjusted net income(ıf negatıve, enter -0-)		а	disbursements	-179,009			
			· -		0		
For Dangework Poduction Act Notice see instructions	Fo-		Adjusted net income(If negative, enter -0-)		Cat No 11289)		m 990-PF (2017)

Form 990-PF (2017)

Net Assets or Fund Balances

2

3

4

5

Other increases not included in line 2 (itemize)

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize) ▶

	1	Cash—non-interest-bearing	114,148	212,086	212,086
	2	Savings and temporary cash investments	,	,	, , , , , , , , , , , , , , , , , , ,
	3	Accounts receivable			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ►			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts ▶			
S	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges	10,000	10,000	10,000
As	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers—see the			
		ınstructions Also, see page 1, item I)	124,148	222,086	222,086
	17	Accounts payable and accrued expenses	2,720	5,000	
	18	Grants payable	127,333	402,000	
Sel	19	Deferred revenue			
Ĕ	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)			
-	22	Other liabilities (describe)			
	23	Total liabilities(add lines 17 through 22)	130,053	407,000	

Foundations that follow SFAS 117, check here ▶ and complete lines 24 through 26 and lines 30 and 31. Unrestricted -5,905 -184,914 24 Temporarily restricted

Permanently restricted . Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.

```
25
26
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
                                                                                              -5,905
30
       Total net assets or fund balances (see instructions) .
                                                                                                                 -184,914
                                                                                            124,148
                                                                                                                 222,086
31
       Total liabilities and net assets/fund balances (see instructions) .
```

Part III Analysis of Changes in Net Assets or Fund Balances Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with endof-year figure reported on prior year's return) -5,905

Enter amount from Part I, line 27a 2 -179,009

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

3

4

5

6

0

0

-184,914

-184,914 Form **990-PF** (2017)

instructions

Page **3**

		(a) he kınd(s) of property sold (e g , re house, or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a						
_						
_						
_						
_						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		(g) other basis pense of sale	Gain o	h) r (loss)) minus (g)
а						
b						
С.						
d						
е						
	Complete only for assets	showing gain in column (h) and ow	ned by the foundation			I)
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		(k) s of col (ı) ol (ʒ), ıf any	col (k), but not	h) gain minus less than -0-) or om col (h))
a						
b						
С						
d						
e						
3		ain or (loss) as defined in sections : t I, line 8, column (c) (see instruction	, , , , ,	· · · · · · }	3	
art	V Qualification U	nder Section 4940(e) for Re	educed Tax on Ne	t Investment Ir	come	
		nder Section 4940(e) for Re				
or op	tional use by domestic pr	rivate foundations subject to the sec				
or op sections as the "Yes,	tional use by domestic pr on 4940(d)(2) applies, lea e foundation liable for the " the foundation does not	ivate foundations subject to the sec ave this part blank e section 4942 tax on the distributal t qualify under section 4940(e) Do	tion 4940(a) tax on n ble amount of any yea not complete this pari	et investment incor ir in the base perioc t	ne)	es 🗸 No
sections as the "Yes,	tional use by domestic pron 4940(d)(2) applies, leader the foundation liable for the the foundation does not the the appropriate amount of the foundation does not the appropriate amount of the appropr	ivate foundations subject to the sec ave this part blank e section 4942 tax on the distributal	tion 4940(a) tax on n ble amount of any yea not complete this pari	et investment incor ir in the base perioc t	ne)	es 🔽 No
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sections the Yes, Base	tional use by domestic pron 4940(d)(2) applies, lead of the foundation liable for the the foundation does not the appropriate amount of the foundation does not the appropriate amount of the appropriate amount of the foundation of the foundation does not be foundationally appropriate amount of the foundation of the fo	ivate foundations subject to the sec ave this part blank e section 4942 tax on the distributal t qualify under section 4940(e) Do ount in each column for each year, (b) Adjusted qualifying distributions	tion 4940(a) tax on n ble amount of any yea not complete this part see instructions befor (c)	et investment incor ir in the base period t e making any entrie ble-use assets 272,577	ne) 2 Your Your Your Your Your Your Your Your	o ol (c)) 2 618555
sections the Yes, Base	tional use by domestic pron 4940(d)(2) applies, lead of the foundation liable for the the foundation does not	ave this part blank e section 4942 tax on the distributal t qualify under section 4940(e) Do ount in each column for each year, (b) Adjusted qualifying distributions 713,758 625,050	tion 4940(a) tax on n ble amount of any yea not complete this part see instructions befor (c)	et investment incor ir in the base period t e making any entrie ble-use assets 272,577 94,484	ne) 2 Your Your Your Your Your Your Your Your	o (c)) 2 618555 6 615406
sections the Yes, Base	tional use by domestic pron 4940(d)(2) applies, lead of the foundation liable for the the foundation does not	ave this part blank e section 4942 tax on the distributal t qualify under section 4940(e) Do ount in each column for each year, (b) Adjusted qualifying distributions 713,758 625,050 226,650	ble amount of any yea not complete this pari see instructions befor (c) Net value of noncharita	et investment incor ir in the base period t e making any entrie ble-use assets 272,577 94,484 99,738	ne) 2 Your Your Your Your Your Your Your Your	o (c)) 2 618555 6 615406 2 272454
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or op sections 'Yes, 1 Bass Bass	tional use by domestic pron 4940(d)(2) applies, lead of the foundation liable for the the foundation does not foun	ave this part blank e section 4942 tax on the distributal t qualify under section 4940(e) Do ount in each column for each year, (b) Adjusted qualifying distributions 713,758 625,050 226,650 176,400 68,372	ble amount of any yea not complete this pari see instructions befor (c) Net value of noncharita	et investment incor	ne) 2 Your Your Your Your Your Your Your Your	0 (c)) 2 618555 6 615406 2 272454 3 844058 0 553386
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Dr opporton	tional use by domestic pron 4940(d)(2) applies, lead of the foundation liable for the the foundation does not	ave this part blank e section 4942 tax on the distributal t qualify under section 4940(e) Do ount in each column for each year, (b) Adjusted qualifying distributions 713,758 625,050 226,650 176,400 68,372)	ble amount of any yea not complete this part see instructions before (c) Net value of noncharita	et investment incor ir in the base period t e making any entrie ble-use assets 272,577 94,484 99,738 45,889 123,552 2 5, or by the 3	ne) 2 Your Your Your Your Your Your Your Your	0 (c)) 2 618555 6 615406 2 272454 3 844058 0 553386 15 903859 3 180772
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Basic year (tional use by domestic pron 4940(d)(2) applies, leave foundation liable for the "the foundation does not Enter the appropriate among the period years Calendar (or tax year beginning in) 2016 2015 2014 2013 2012 Total of line 1, column (diverage distribution ration number of years the foundation of the period years the foundation of the period of the	ave this part blank e section 4942 tax on the distributal t qualify under section 4940(e) Do ount in each column for each year, (b) Adjusted qualifying distributions 713,758 625,050 226,650 176,400 68,372)	ble amount of any yea not complete this part see instructions before (c) Net value of noncharita the total on line 2 by 5 than 5 years Part X, line 5	et investment incor Ir in the base period t e making any entrie ble-use assets 272,577 94,484 99,738 45,889 123,552 2 5, or by the	ne) 2 Your Your Your Your Your Your Your Your	0 (c)) 2 618555 6 615406 2 272454 3 844058 0 553386 15 903859 3 180772 445,139 1,415,886
Basis A F E E E E E E E E E E E E E E E E E E	tional use by domestic pron 4940(d)(2) applies, lead of foundation liable for the "the foundation does not the "the foundation does not the "the foundation does not the the appropriate among the foundation of t	ave this part blank e section 4942 tax on the distributal t qualify under section 4940(e) Do ount in each column for each year, (b) Adjusted qualifying distributions 713,758 625,050 226,650 176,400 68,372)	ble amount of any year not complete this particle see instructions before (c) Net value of noncharita the total on line 2 by 5 than 5 years Part X, line 5	r in the base period t e making any entrie ble-use assets 272,577 94,484 99,738 45,889 123,552 2 5, or by the 4	ne) 2 Your Your Your Your Your Your Your Your	0 (c)) 2 618555 6 615406 2 272454 3 844058 0 553386 15 903859 3 180772 445,139

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

7b

Down WIII	Information About Officers,	Directors,	Trustees,	Foundation Managers,	Highly Paid Employees,
bart ATTI	and Contractors				

1 List all officers, directors, truste	es, f	oundation managers ar	nd their compensation	(see instructions).	
(a) Name and address		Title, and average hours per week b) devoted to position	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
DOUGLAS MAIBACH		STEE	0	0	0
26500 AMERICAN DRIVE	7 50				
SOUTHFIELD, MI 48034 RYAN MAIBACH	TRU	STEE	0	0	0
26500 AMERICAN DRIVE	1 00			U	٦
SOUTHFIELD, MI 48034					
DAWN LYMAN	FOUI 30 0	NDATION MANAGER 0	0	0	0
26500 AMERICAN DRIVE SOUTHFIELD, MI 48034					
2 Compensation of five highest-page	aid er	nployees (other than tl	nose included on line 1	—see instructions). If nor	ne, enter "NONE."
(a) Name and address of each employee p more than \$50,000	aıd	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
NONE					
Total number of other employees paid o	/er \$5	50,000			0
3 Five highest-paid independent of					E".
(a) Name and address of each perso	n pai	d more than \$50,000	(b) Typ	e of service	(c) Compensation
Total number of others receiving over \$5 Part IX-A Summary of Direct List the foundation's four largest direct charitable organizations and other beneficiaries served, co 1 2 3 4	Chai e activ	ritable Activities	ude relevant statistical inform		Expenses
Part IX-B Summary of Progra Describe the two largest program-related inv		elated Investments		and 2	Amount
1			g and take your off miles I	-	, arround
2					
All other program-related investments 3	See	instructions			
Total. Add lines 1 through 3 .			· · · · · · · · ·		С

2c

3

4

5

6

1a

1b

2

3a 3b

4

5

22.257

22.257

22.257

888,407

888.407

888.407

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Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the

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

3

4 5

6

1

2

3

4

5

Part XII

Distributable amount before adjustments Subtract line 2c from line 1.

Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . .

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

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

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.

22,257

22,257

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(d)

2017

Form 990-PF (2017)

2 Undistributed income, if any, as of the end of 2017 a Enter amount for 2016 only.

Excess distributions carryover, if any, to 2017

f Total of lines 3a through e.

c Treated as distributions out of corpus (Election

(If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . .

c Excess from 2015. . . .

d Excess from 2016. . .

e Excess from 2017. . .

b Excess from 2014. .

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b 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. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 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) 8 Excess distributions carryover from 2012 not

indicated below:

d Applied to 2017 distributable amount. . . . e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2017

same amount must be shown in column (a))

4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ a Applied to 2016, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions).

68.372 176,400

226.650

625.050 713,758

176,400 226,650

625.050

713,758

888.407

(a)

Corpus

9

1.810.230

888,407

22.257

2,676,380

46.115

2,630,265

(b)

Years prior to 2016

(c)

2016

ŀ	art XIII	Undistributed Income (see instruc	ctions)
1	Distributab	ole amount for 2017 from Part XI, line 7	

b Total for prior years

a From 2012.

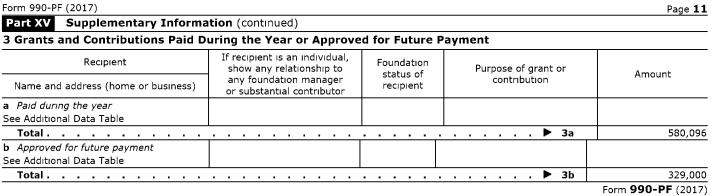
b From 2013. c From 2014. . .

d From 2015.

e From 2016.

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

factors NONE



nter gross	amounts unless otherwise indicated	Unrelated b	usiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
L Program	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
е						
_	and contracts from government agencies rship dues and assessments					
Intere invest	st on savings and temporary cash ments					
	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					
	r (loss) from sales of assets other than					
	ory			01	-27,676	
Gross p	profit or (loss) from sales of inventory					
L Other r	evenue a					
а						
е			0		-27,676	
e 2 Subtota 3 Total.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)		0	13	-27,676 3	
e Subtota Total. (See wo		ations)			•	
e Subtota Total. (See wo	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul	ations) e Accomplish income is report	nment of Exempled in column (e) of	pt Purposes F Part XVI-A contribu	ted importantly to	-27,676
e 2 Subtota 3 Total. (See wo art XVI ine No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul Belationship of Activities to th Explain below how each activity for which in the accomplishment of the foundation's ex	ations) e Accomplish income is report	nment of Exempled in column (e) of	pt Purposes F Part XVI-A contribu	ted importantly to	
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e Subtotal Total. (See wo art XVI ine No.	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 in the accomplishment of the foundation's ex	ations) e Accomplish income is report	nment of Exempled in column (e) of	pt Purposes F Part XVI-A contribu	ted importantly to	
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e 2 Subtota 3 Total. (See wo art XVI ine No.	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 in the accomplishment of the foundation's ex	ations) e Accomplish income is report	nment of Exempled in column (e) of	pt Purposes F Part XVI-A contribu	ted importantly to	
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Part :		Exempt Organi	zations				ationships With Non			
		anization directly or in ode (other than sectio					zation described in sectio cical organizations?	n 501	Yes	No
a Tran	sfers fr	om the reporting foun	dation to a non-	charitable exe	empt organization	of				
(1)	Cash.							. 1a(1)		No
		assets						. 1a(2)		No
		actions								
		of assets to a nonchari	•	-				. 1b(1)		No
		ases of assets from a n of facilities, equipmer						1b(2) 1b(3)		No No
		ursement arrangemen	•					. 1b(3)		No
		or loan guarantees.						. 1b(4)		No
		nance of services or m						. 1b(6)		No
			•	=				. 1c		No
of th in ar	ne good ny trans	s, other assets, or ser- saction or sharing arra	vices given by t ngement, show	the reporting to the in column (d	foundation If the i) the value of the	foundation rec goods, other i	d always show the fair m served less than fair mark assets, or services receiv	et value ed		
(a) Line	INO	(b) Amount involved	(c) Name of nor	ncharitable exer	mpt organization	(a) Description	on of transfers, transactions,	and snaring arra	ngemen	.ts
3 7 11					1.					
desc	ribed in	dation directly or indire n section 501(c) of the mplete the following so	Code (other th			•	-	. 🗌 Yes	✓	No
		(a) Name of organization	n	(E	Type of organization	on	(c) Description	of relationship		
	of my		, it is true, corre				anying schedules and sta ther than taxpayer) is ba			
Sign Here		****	meage		2018-07-25	****	**	May the IRS di return with the prepa		
	S	ignature of officer or ti	rustee		Date	Title		below (see instr)?	_	
		Print/Type preparer's	name Pr	reparer's Sigr	nature	Date	Check If self-	TIN P01042	2685	
Paid		JEFFREY JABLONS	KI CPA				employed ▶ ☐			
Prepa Use (Firm's name ► COLI	LINS BURI & MO	CONKEY LLP			F	irm's EIN ▶38	-32122	285
		Firm's address ▶ 14	50 W LONG LAI	KE ROAD SUI	TE 365					
		TR	OY MI 48098				P	hone no (248) 646-	7440

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						
4C OF SOUTHERN INDIANA 414 SE FOURTH ST STE 102 EVANSVILLE, IN 47713	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	500		
ACE MENTOR PROGRAM OF AMERICA 2777 SUMMER STREET SUITE 401 STAMFORD, CT 06905	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	10,000		
AGC EDUCATION AND RESEARCH FOUNDATION 2300 WILSON BLVD SUITE 400 ARLINGTON, VA 22201	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	5,000		
ALLEN COUNTY SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS 4914 S HANNA ST FT WAYNE, IN 46808	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	500		
ALS ASSOCIATION MICHIGAN CHAPTER 675 E BIG BEAVER SUITE 207 TROY, MI 48083	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,040		
Total				580,096		

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							
ALZHEIMERS ASSOCIATION 25200 TELEGRAPH ROAD SUITE 100 SOUTHFIELD, MI 48033	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,040			
AMERICAN HEART ASSOCIATION 27777 FRANKLIN ROAD SUITE 1150 SOUTHFIELD, MI 48034	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	67,030			
AMERICAN HEART ASSOCIATION 4217 PARK PLACE GLEN ALLEN, MI 23060	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	5,000			
AMERICAN CANCER SOCIETY 20450 CIVIC CENTER DRIVE SOUTHFIELD, MI 48076	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,180			

PC

TO MEET THE CHARITABLE

MISSION

NEEDS OF THE ORGANIZATION'S

AMERICAN CANCER SOCIETY

250 WILLIAMS ST

Total . 3a

ATLANTA, GA 30303

NONE

500

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						
AMERICAN DIABETES ASSOCIATION 300 GALLERIA OFFICE CENTRE STE 111 SOUTHFIELD, MI 48034	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	770		
AMERICAN RED CROSS100 MACK AVE DETROIT, MI 48244	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	23,300		
ANN & ROBERT H LURIE CHILDREN'S HOSPITAL OF CHICAGO 225 E CHICAGO AVE CHICAGO, IL 60611	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	500		
ASHLEY INC800 TYDINGS LANE HAVRE DE GRACE, MD 21078	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	2,000		
AUTISM ALLIANCE OF MICHIGAN 26500 AMERICAN DRIVE	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S	5,520		

SOUTHFIELD, MI 48034 MISSION

580,096

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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, 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							
BEAUMONT FOUNDATIONPO BOX 5802 TROY, MI 48073	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	12,500			
BEAUMONT SCHOOL 3301 NORTH PARK BLVD CLEVELAND HEIGHTS, OH 44118	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,000			
BETHEL COLLEGE1001 BETHEL CIRCLE MISHAWAKA, IN 46545	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	2,000			
BIG BROTHERS & BIG SISTERS 410 EAST SECOND ST FLINT, MI 48503	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	500			

PC

BOTTOMLESS TOY CHESTPO BOX 623

BLOOMFIELD HILLS, MI 48303

Total . . 3a NONE

TO MEET THE CHARITABLE

MISSION

NEEDS OF THE ORGANIZATION'S

500

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				
BOY SCOUTS OF AMERICA 1776 WEST WARREN AVENUE DETROIT, MI 48208	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	11,480
BOYS & GIRLS CLUB OF EVANSVILLE 700 BELLEMEADE AVE EVANSVILLE, IN 47713	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,500
BOYS & GIRLS CLUB OF ROYAL OAK 1545 E LINCOLN AVENUE ROYAL OAK, MI 48067	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,500
BRIAN ZELEJI MEMORIAL FOUNDATION 15900 WAVERLY SOUTHGATE, MI 48195	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,620
CAMP HOLIDAY TRAILS 400 HOLIDAY TRAILS LANE CHARLOTTESVILLE, VA 22903	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	2,000

580,096

EVANSVILLE, IN 47713			MISSION	
BOYS & GIRLS CLUB OF ROYAL OAK 1545 E LINCOLN AVENUE ROYAL OAK, MI 48067	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,50

Total . . За

Form 990PF Part XV Line 3 - Gran	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					
CAPTAIN CATHY FOUNDATION 7276 BLUEBILL CLAY, MI 48001	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	940	
CAPUCHIN SOUP KITCHEN 1820 MOUNT ELLIOT DETROIT, MI 48207	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,140	
CARE HOUSE OF OAKLAND COUNTY 44765 WOODWARD AVE PONTIAC, MI 48341	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	500	
CAREPO BOX 2934 HENRICO, VA 23228	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	520	

PC

TO MEET THE CHARITABLE

MISSION

NEEDS OF THE ORGANIZATION'S

5,000

580,096

CASEY CARES FOUNDATION INC

3918 VERO ROAD SUITE C

BALTIMORE, MD 21227

Total . . 3a NONE

Form 990PF Part XV Line 3 - Gran	ts 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				
CENTRAL VIRGINIA FOODBANK 1415 RHOADMILLER STREET RICHMOND, VA 23220	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,196
CHADTOUGH FOUNDATIONPO BOX 907 SALINE, MI 48176	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	10,000
CHERRY CREEK SCHOOL DISTRICT 5 4850 SOUTH YOSEMITE ST GREENVILLE VILLAGE, CO 80111	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	500
CHILDREN'S CENTER OF WAYNE COUNTY 79 WEST ALEXANDRINE DETROIT, MI 48201	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	16,880
CHILDREN'S HOSPITAL OF MICHIGAN 3901 BEAUBIEN BLVD DETROIT, MI 48201	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	13,333

580,096

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, 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				
CHILDREN'S MIRACLE NETWORK 5481 DIXIE HWY WATERFORD, MI 48329	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	200
CLAWSON LIONS INCPO BOX 64 CLAWSON, MI 48017	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	500
COALITION ON TEMPORARY SHELTER COTS 26 PETERBORO DETROIT, MI 483022722	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	640
COASTAL EDUCATIONAL FOUNDATION PO BOX 261954 CONWAY, SC 29258	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	200
COLLEGE OF WILLIAM & MARY FOUNDATION PO BOX 1693 WILLIAMSBURG, VA 23187	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	5,000

580,096

Total . 3a

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				
COMMUNITIES IN SCHOOLS RICHMOND 2922 W MARSHALL STREET SUITE 2 RICHMOND, VA 23230	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	500
CORNERSTONE HOSPICE FOUNDATION 2445 LANE PARK ROAD TAVARES, FL 32778	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	500
COUNCIL OF MICHIGAN FOUNDATIONS 1 S HARBOR DR STE 3 GRAND HAVEN, MI 49417	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,600
CUPIDS UNDIES 3457 RINGSBY COURT UNIT 205 DENVER, CO 80216	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	200
DEACONNESS FOUNDATION 600 MARY STREET EVANSVILLE, IN 47747	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	10,000

Total . . 3a

Form 990PF Part XV Line 3 - Grant	ts 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				
DELAWARE COUNTY HABITAT FOR HUMANITY 305 CURTIS STREET DELAWARE, OH 43015	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,000
DETROIT ACHIEVEMENT 7000 W OUTER DRIVE DETROIT, MI 48235	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	500
DETROIT EMPLOYMENT SOLUTIONS CORP 440 E CONGRESS STE 400 DETROIT, MI 48226	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	25,000
DETROIT HISPANIC DEVELOPMENT CORP 1211 TRUMBELL DETROIT, MI 48216	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	500
DETROIT POLICE ATHLETIC LEAGUE INC 111 WEST WILLIS STREET	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S	5,000

DETROIT, MI 48201 MISSION

Total .

580,096 За

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				
DETROIT PUBLIC SCHOOLS FOUNDATION 3011 WEST GRAND BLVD STE 1004 DETROIT, MI 48202	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	2,800
DETROIT RESCUE MISSION 150 STIMSON ST DETROIT, MI 48201	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,750
DIABLED AMERICA VETERANS 3725 ALEXANDRIA PIKE COLD SPRINGS, KY 41076	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	200
DISCOVERY SPACE OF CENTRAL PA INC 1224 N ALTHERTON ST STATE COLLEGE, PA 16803	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,000
EASTON CHURCH OF GOD 1401 VERMONT STREET DETROIT, MI 48216	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	520

DETROIT, MI 48216 MISSION

580,096

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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	Continuation	
a Paid during the year				
EMPOWERMENT PLAN 3450 WEST CENTRAL AVENUE SUITE 352 TOLEDO, OH 43606	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,000
ENGINEERS WITHOUT BORDERS USA INC 1031 33RD ST STE 210 DENVER, CO 80205	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	260
ESD ENGINEERING SOCIETY OF DETROIT 20700 CIVIC CENTER DRIVE SUITE 450 SOUTHFIELD, MI 48076	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,000
EVANS SCHOLARS FOUNDATION 1 BRIAR ROAD GOLF, IL 60029	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	500
FALLEN & WOUNDED SOLDIERS FUND 566 MAY RD ROCHESTER HILLS, MI 48307	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,000

Total . 3a

Recipient	If recipient is an individual,	Foundation	Purpose of grant or	Amount
	show any relationship to	status of	contribution	
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
FAMILIES AGAINST NARCOTICS INC 33000 GARFIELD FRASER, MI 48026	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,000
FLORIDA HOSPITAL FOUNDATION 2710 NORTH ORANGE AVENUE SUITE 200 ORLANDO, FL 32804	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	12,500
FLYING SQUIRRELS CHARITIES 3001 NORTH BOULEVARD RICHMOND, VA 23230	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	5,500
FORGOTTEN HARVEST 21800 GREENFIELD OAK PARK, MI 48237	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	3,040
FOUNDATION FOR FLINT 500 S SAGINAW ST STE 200 FLINT, MI 48502	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	500

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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, 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				
FRANCISCAN LIFE PROCESS CENTER 11650 DOWNES ST NE LOWELL, MI 49331	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,720
FRIENDS OF FOSTER KIDS 55196 MEADOW RIDGE CT SHELBY TWP, MI 48316	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	520
FRIENDS OF UNCLE MIKE CHILDRENS 3111 167 ST HAZEL CREST, IL 60429	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	500
GEORGE BUSH PRESIDENTIAL LIBRARY PO BOX 14141 COLLEGE STATION, TX 77841	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	10,000
GIVE KIDS THE WORLD INC	NONE	PC	TO MEET THE CHARITABLE	11,000

NEEDS OF THE ORGANIZATION'S

210 SOUTH BASS ROAD

MISSION

KISSIMMEE, FL 34746

Total . .

580,096 За

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				
GLEANERS COMMUNITY FOOD BANK 2131 BEAUFAIT DETROIT, MI 48207	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	4,500
GOODWILL INDUSTRIES OF MICHIGAN 3111 GRAND RIVER DETROIT, MI 48208	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,000
GREAT CHESAPEAKE BAY SWIM INC 20 COMMERCE STREET BALTIMORE, MD 21202	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	300
GROSSE ILE EDUCATIONALPO BOX 34 GROSSE ILE, MI 48138	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	500
GROSSE POINT ANIMAL ADOPTION	NONE	PC	TO MEET THE CHARITABLE	500

NEEDS OF THE ORGANIZATION'S

580,096

MISSION

GROSSE POINTE FARM, MI 48236

296 CHALFONTE AVE

Total . . 3a

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				
HABITAT FOR HUMANITY CAPITAL REGION 1941 BENJAMIN DR LANSING, MI 48906	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	500
HABITAT FOR HUMANITY OAKLAND COUNTY 150 OSMUN STREET PONTIAC, PR 48342	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	22,000
HABITAT FOR HUMANITY OF PR INC PMB 134 1357 AVE ASHLAND, PR 00907	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	732
HEARTLAND SMALL ANIMAL RESCUE INC PO BOX 6033 SOUTH BEND, IN 46660	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	260
HENRICO COUNTY VOCATIONAL	NONE	PC	TO MEET THE CHARITABLE	5,000

ASHLAND, PR 00907			MISSION	
HEARTLAND SMALL ANIMAL RESCUE INC PO BOX 6033 SOUTH BEND, IN 46660	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	260
HENRICO COUNTY VOCATIONAL	NONE	PC	TO MEET THE CHARITABLE	5,000

3751C NINE MILE ROAD HENRICO, VA 23227 NEEDS OF THE ORGANIZATION'S MISSION

580,096 Total .

3a

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				
HUMBLE DESIGN INC 180 NORTH SAGINAW STREET PONTIAC, MI 48342	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	6,000
JDRF INTERNATIONAL 26 BROADWAY 15TH FLOOR NEW YORK, NY 10004	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	6,000
JEWISH FEDERATION OF METRO DETROIT 6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	970
JUDSON CENTER4410 W 13 MILE ROAD ROYAL OAK, MI 48073	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,500
KADIMA JEWISH SUPPORT SERVICES 15999 W TWELVE MILE ROAD SOUTHFIELD, MI 48076	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	360

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orm 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				
KENSINGTON COMMUNITY CHURCH 1825 E SQUARE LAKE RD TROY, MI 48085	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	500
LADY COYOTE SOCCER BOOSTER CLUB 14040 ELDORADO PARKWAY FRISCO, TX 75035	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	500
LANSING CATHOLIC HIGH SCHOOL 501 MARSHALL ST LANSING, MI 48912	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	500
LAST DAY DOG RESCUE INC PO BOX 51935 LIVONIA, MI 48151	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	520
LEADER DOGS FOR THE BLIND	NONE	PC	TO MEET THE CHARITABLE	820

NEEDS OF THE ORGANIZATION'S

580,096

MISSION

1039 SOUTH ROCHESTER ROAD

ROCHESTER, MI 483073115

Total . . 3a

ts and Contributions Paid	During the	Year or Approved for Future	Payment
If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
any foundation manager or substantial contributor	recipient		
NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,250
NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	-54,333
NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	12,640
NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	6,000
NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,000
	If recipient is an individual, show any relationship to any foundation manager or substantial contributor NONE NONE NONE NONE	If recipient is an individual, show any relationship to any foundation manager or substantial contributor NONE PC NONE PC NONE PC NONE PC	Show any relationship to any foundation manager or substantial contribution NONE PC TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION NONE PC TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION NONE PC TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION NONE PC TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION NONE PC TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION NONE PC TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION NONE PC TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION NONE PC TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION

580,096

Form 990PF Part XV Line 3 - Gran	ts 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				
MAKE A WISH FOUNDATION OF GEORGIA 1775 THE EXCHANGE SE STE 200 ATLANTA, GA 30339	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	15,500
MAKE A WISH FOUNDATION 1020 NORTH ORLANDO STREET STE 100 MAITLAND, FL 32751	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	5,400
MAKE A WISH MIDDLE TENNESSEE 8119 ISABELL LANE STE 105A MIDDLE, TN 37027	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	2,200
MARCH OF DIMES FOUNDATION 175 W OSTEND ST STE C2 BALTIMORE, MD 21230	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	622

MARCH OF DIMES FOUNDATION NONE PC TO MEET THE CHARITABLE

2,000

26261 EVERGREEN ROAD SUITE 290 NEEDS OF THE ORGANIZATION'S

MISSION

SOUTHFIELD, MI 48076

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580,096 Total .

orm 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				
MARCH OF DIMES FOUNDATION 3450 W CENTRAL AVE STE 352 TOLEDO, OH 43606	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	300
MENS COYOTE SOCCER BOOSTERS 14040 ELDORADO PARKWAY FRISCO, TX 75035	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,000
METROPOLITAN AFFAIRS COALITION 1001 WOODWARD STE 1400 BLOOMFIELD HILLS, MI 48226	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	6,000
MICHIGAN AVIAN EXPERIENCE 11601 SHERIDAN RD MANCHESTER, MI 48158	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	2,300
MICHIGAN HUMANE SOCIETY	NONE	PC	TO MEET THE CHARITABLE	880

NEEDS OF THE ORGANIZATION'S 30300 TELEGRAPH STE 220 MISSION

BINGHAM FARMS, MI 48025

580,096

Total . . За

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	Contribution	
a Paid during the year				
MICHIGAN SCIENCE CENTER 5020 JOHN R STREET DETROIT, MI 48202	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	25,000
MICHIGAN THANKSGIVING PARADE FOUNDATION 9500 MT ELLIOT STUDIO A DETROIT, MI 48211	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,000
MICHIGAN WOMENS FOUNDATION 615 GRISWOLD STREET NO 1020 DETROIT, MI 48226	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	3,500
MIDNIGHT GOLF PROGRAM 30100 TELEGRAPH STE 404 BINGHAM FARMS, MI 48025	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	500
MOTOR CITY YOUTH THEATRE 15498 MEADOWBROOK REDFORD, MI 48239	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	140

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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				
MSOE1025 N BROADWAY MILWAUKEE, WI 53202	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	2,000
MSU FRIB SCHOLARSHIP FOUNDATION 640 S SHAW LN EAST LANSING, MI 48824	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	2,500
MULTIPLE SCLEROSIS FOUNDATION 6520 NORTH ANDREWS AVE FORT LAUDERDALE, FL 33309	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	520
NATIONAL KIDNEY FOUNDATION OF MICHIGAN 1169 OAK VALLEY DRIVE ANN ARBOR, MI 48108	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	5,000
NAWIC BALTIMORE CHAPTER 135 800 RED BROOK BOULEVARD STE 300 OWINGS MILLS, MD 21117	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,500

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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, 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				
NOLEN HILLS CHURCH OF CHRIST INC PO BOX 506 NASHVILLE, TN 37135	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	2,300
OAKLAND COUNTY YOUTH ASSISTANCE 1200 N TELEGRAPH ROAD BLDG 14 EAST PONTIAC, MI 48341	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,250
OPERATION HOMEFRONT INC 1355 CENTRAL PARKWAY S STE 100 SAN ANTONIO, TX 78232	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	2,000
ORLANDO CITY SOCCER FOUNDATION INC 618 EAST SOUTH STREET SUITE 510 ORLANDO, FL 32801	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	20,540
OUR LADY OF GOOD COUNSEL 1062 CHURCH ST PLYMOUTH, MI 48170	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,040

580,096

Total . 3a

Form 990PF Part XV Line 3 - Gran			Tour of Approved for Future	
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				
OUR LADY OF THE LAKES 205 WEST 700 SOUTH SALT LAKE CITY, UT 84101	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	5,508
OVARIAN CANCER RESEARCH FUND PO BOX 32141 NEW YORK, NY 10087	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	364
PARTNERS WORLDWIDE 6139 TAHOE DR SE GRAND RAPIDS, MI 49546	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	500
PENNSYLVANIA STATE UNIVERSITY 500 UNIVERSITY DRIVE HERSHEY, PA 17003	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,104
PROJECT SEMICOLON INC PO BOX 337134 GREELEY, CO 80633	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	780

Total . . 3a 580,096

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				
ROBERTAS HOUSE INC 1900 NORTH BROADWAY SUITE 101 BALTIMORE, MD 21213	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	5,000
ROMEO COMMUNITY SCHOOLS 316 NORTH MAIN STREET ROMEO, MI 48065	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	2,300
RONALD MCDONALD HOUSE CHARITIES 2330 MONUMENT AVENUE RICHMOND, VA 23220	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,520
SAILS ANGELS RICHMOND INC 18 SOUTH THOMPSON ST STE 181 RICHMOND, VA 23221	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	500
		1		

PC

TO MEET THE CHARITABLE

MISSION

NEEDS OF THE ORGANIZATION'S

1,000

580,096

SALVATION ARMY3737 LAWTON

DETROIT, MI 48208

Total . 3a NONE

If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
any foundation manager or substantial contributor	recipient		
NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	520
NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	500
NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	2,000
NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	900
NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	500
	show any relationship to any foundation manager or substantial contributor NONE NONE NONE NONE	show any relationship to any foundation manager or substantial contributor NONE PC NONE PC NONE PC NONE PC NONE PC	Show any relationship to any foundation manager or substantial contributor NONE PC TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION NONE PC TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION NONE PC TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION NONE PC TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION NONE PC TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION NONE PC TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION NONE PC TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION NONE PC TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION

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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, 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				
SPECIAL OLYMPICS MICHIGAN PO BOX 795 MT PLEASANT, MI 48859	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,000
SPECIAL OLYMPICS MICHIGAN E CAMPUS DR MT PLEASANT, MI 48859	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	2,100
ST IGNATIUS HIGH SCHOOL 1911 WEST 30TH STREET CLEVELAND, OH 44113	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,000
ST JOHNS EVANGELICALPO BOX 72 BURR OAK, MI 49030	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S	500

MT PLEASANT, MI 48859			MISSION	
ST IGNATIUS HIGH SCHOOL 1911 WEST 30TH STREET CLEVELAND, OH 44113	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,000
ST JOHNS EVANGELICALPO BOX 72 BURR OAK, MI 49030	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	500

	CLEVELAND, OH 44113			MISSION	
	ST JOHNS EVANGELICALPO BOX 72 BURR OAK, MI 49030	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	5
1					1

BURR OAK, MI 49030	NONE	FC	NEEDS OF THE ORGANIZATION'S MISSION	-
ST JOSEPH HOSPITAL FOUNDATION	NONE	PC	TO MEET THE CHARITABLE	20,0

•			MISSION	
ST JOSEPH HOSPITAL FOUNDATION 2700 W DR M L KING JR BLVD STE 310	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S	20,

TAMPA, FL 33607			MISSION	
2700 W DR M L KING JR BLVD STE 310			NEEDS OF THE ORGANIZATION'S	
SI JOSEI II IIOSI II AE I OONDA IION	NONE	1 C	TO MEET THE CHARTABLE	

Total . . 3a 580,096

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				
ST JUDE CHILDRENS RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	4,510
STAGECRAFTERS415 S LAFAYETTE AVE ROYAL OAK, MI 48067	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	500
STARFISH FAMILY SERVICES 300000 HIVELEY INKSTER, MI 48141	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,750
TARRANT AREA FOOD BANK 2525 CULLEN ST FORT WORTH, TX 76107	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,000

STARFISH FAMILY SERVICES 300000 HIVELEY INKSTER, MI 48141	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,750
TARRANT AREA FOOD BANK 2525 CULLEN ST FORT WORTH, TX 76107	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,000

300000 HIVELEY INKSTER, MI 48141			NEEDS OF THE ORGANIZATION'S MISSION	
TARRANT AREA FOOD BANK 2525 CULLEN ST	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S	1,
EODT WORTH TV 76107		1	MICCION	i

TARRANT AREA FOOD BANK 2525 CULLEN ST FORT WORTH, TX 76107	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,
			I	

500 TEAM GUTS INC1008 ORCHARD ST NONE PC TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S

FERNDALE, MI 48220 MISSION

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				
TEMPLE ISRAEL OF DETROIT 5725 WALNUT LAKE ROAD WEST BLOOMFIELD, MI 48323	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	200
THAW535 GRISWOLD SUITE 200 DETROIT, MI 48226	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	11,740
THE HENRY FORD 20900 OAKWOOD BLVD DEARBORN, MI 48124	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,000
THOMAS NELSON COMMUNITY COLLEGE EDUCATIONAL FOUNDATION 99 THOMAS NELSON DR HAMPTON, VA 23666	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,000
UNITED WAY FOR SE MICHIGAN 660 WOODWARD AVE SUITE 300 DETROIT, MI 48226	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	22,900

Total . . 3a 580,096

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					
UNIVERSAL ORLANDO FOUNDATION 1000 UNIVERSAL STUDIOS PLAZA ORLANDO, FL 32819	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	15,000	
UNIVERSITY OF MARYLAND 110 SOUTH PACA STREET 9TH FLOOR BALTIMORE, MD 21201	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	10,000	
VARITY THE CHILDRENS CHARITY 600 S ADAMS STE 230 BIRMINGHAM, MI 48009	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	500	
VISTA MARIA20651 W WARREN DEARBORN, MI 48127	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	500	
WATCHTOWER BIBLE AND TRACT SOCIETY 900 RED MILLS RD	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	4,190	

WALLKILL, NY 12589

580,096 3a

Form 990PF Part XV Line 3 - Gran	To and Conditionations Fait	- saring the	Tea. O. Approved for ruture i	ayinciic
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				
WDET4600 CASS AVE DETROIT, MI 48201	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	150
WELL CHURCH OF NELSON 7955 THOMAS NELSON HWY LOVINGSTON, VA 22949	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	520
WESTERN ALBEMARLE RESCUE SQUAD INC PO BOX 188 CROZET, VA 22932	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	520
WOODSIDE VISION FOUNDATION 6600 ROCHESTER RD TROY, MI 48085	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	2,000
WOUNDED WARRIOR PROJECT 4899 BELFORT RD SUITE 300 JACKSONVILLE, FL 32256	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	1,620

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580,096

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					
WYBL REVOLUTION DEDECK 101 OLD FIELD RD WILLIAMSBURG, VA 23188	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	500	
YMCA OF METROPOLITAN DETROIT 1401 BROADWAY ST STE 3A DETROIT, MI 48226	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	10,500	
YOUTH WRITERS CHALLENGE INC	NONE	PC	TO MEET THE CHARITABLE	750	

YMCA OF METROPOLITAN DETROIT 1401 BROADWAY ST STE 3A DETROIT, MI 48226	NONE	PC	TO MEET THE CHARITABLE NEEDS OF THE ORGANIZATION'S MISSION	10,500
YOUTH WRITERS CHALLENGE INC	NONE	PC	TO MEET THE CHARITABLE	750

1174 PELHAM WOOD RD NEEDS OF THE ORGANIZATION'S

MISSION

BALTIMORE, MD 21234

580,096 Total . . .

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TY 2017 Accounting Fees S	Schedule					
Name: BARTON MALOW COMPANY FOUNDATION EIN: 38-6088176						
Accounting Fees Schedule	III. 30-0000	170				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
ACCOUNTING FEES	27,451	0		0		



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TY 2017 Legal Fees Schedu	ule			
Nar	me: BARTON MA	LOW COMPANY FO	DUNDATION	
E	IN: 38-6088176			
Category	Amount	Net Investment	Adjusted Net	Disbursements
Category	Amount	Income	Income	for Charitable Purposes
LEGAL	4,231	0		0

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TY 2017 Other Expenses Sche	dule					
Name: BARTON MALOW COMPANY FOUNDATION						
EIN:	EIN: 38-6088176					
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
STATE LICENSING AND REGISTRATION FEES	1,662	0		0		

2,134

308,311

308,311

OTHER EXPENSES

FUNDRAISING EVENT EXPENSES

As Filed Data -

Name: BARTON MALOW COMPANY FOUNDATION

Expenses Per Books

280,636

20 0000170

GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS

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Description	Revenue And	Net Investment
Other Income Schedule		
EIN: 38-60	1881/6	

Income

Adjusted Net Income

280,636

DLN: 93491213000038

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Schedule B		Schedu	ule of Contributo	ors		OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Information a	about Schedule B (F	o Form 990, 990-EZ, or 990 Form 990, 990-EZ, or 990-F <u>ww <i>Irs gov/form</i>990</u>		ons is at	2017
Name of the organizati BARTON MALOW COMPAN					Employer id	dentification number
Organization type (che	ck one)				38-6088176	
Organization type (one	ck one)					
Filers of:	Section:					
Form 990 or 990-EZ	☐ 501(c)() (enter number) o	organization			
	☐ 4947(a)(1) nonexempt chai	ritable trust not treated a	s a private founda	tion	
527 political organization						
Form 990-PF	✓ 501(c)(3)) exempt private fo	undation			
4947(a)(1) nonexempt charitable trust treated as a private foundation						
501(c)(3) taxable private foundation						
			PF that received, during to complete Parts I and II S			
Special Rules						
under sections 5 received from ar	09(a)(1) and 170(b))(1)(A)(vı), that che luring the year, tota	g Form 990 or 990-EZ th scked Schedule A (Form al contributions of the gre plete Parts I and II	990 or 990-EZ), P	art II, line 13,	16a, or 16b, and that
during the year,	total contributions o	f more than \$1,000	or (10) filing Form 990 of the control of the contr	, charitable, scien		
during the year, If this box is che purpose Don't c	contributions <i>exclus</i> cked, enter here the omplete any of the i	sively for religious, e total contributions parts unless the G	or (10) filing Form 990 or charitable, etc., purpose that were received duril eneral Rule applies to the or more during the year	s, but no such con ng the year for an ns organization be	itributions tota exclusively re cause it recei	aled more than \$1,000 eligious, charitable, etc , ived <i>nonexclusively</i>
990-EZ, or 990-PF), but	ıt must answer "No	o" on Part IV, line 2	ile and/or the Special Ru t, of its Form 990, or che it it doesn't meet the filing	ck the box on line	H of its	
For Paperwork Reduction A for Form 990, 990-EZ, or 99		tructions	Cat No 30613X	Schedu	ıle B (Form 990	o, 990-EZ, or 990-PF) (2017)

Name of organization
BARTON MALOW COMPANY FOUNDATION

Employer identification number

	MALOW COMPANY FOUNDATION	38-60881	76
Part I	Contributors (See Instructions) Use duplicate copies of Part I if additional space	ce is needed	(4)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	See Additional Data Table	\$	Person Payroll Noncash
			(Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person Payroll Noncash
			(Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	Type of contribution
			Person Payroll Noncash
			(Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash
			(Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash
			(Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash
			(Complete Part II for noncash contribution)

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

Additional Data

Software ID:

Software Version:

EIN: 38-6088176

Name: BARTON MALOW COMPANY FOUNDATION

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	BARTON MALOW COMPANY		Person 🗸
<u>1</u>			Payroll 🗍
	26500 AMERICAN DRIVE	\$ 320,000	Noncash \square
	SOUTHFIELD, MI48034		
			(Complete Part II for not contribution)
	PARTLAN LABADIE		Person 🗸
2			Payroll 🗍
	12901 CLOVERDALE	\$ 10,000	
	OAK PARK, MI48237		Noncash \square
			(Complete Part II for noi contribution)
	JOHN E GREEN COMPANY		Person 🗸
3			Payroll 🗍
	220 VICTOR ST	\$ 65,000	
	HIGHLAND PARK, MI48203		Noncash \square
	, in the second of the second		(Complete Part II for noi contribution)
	IDEAL CONTRACTING LLC		Person 🗸
<u>4</u>			Payroll 🗌
	2525 CLARK STREET	<u> </u>	
	DETROIT, MI48209		Noncash \square
			(Complete Part II for noi contribution)
	IDEAL SHIELD		Person 🗸
<u>5</u>			Payroll 🗍
	2525 CLARK STREET	\$ 5,000	. :
	DETROIT, MI48209		Noncash \square
			(Complete Part II for noi contribution)
	MIDWEST STEEL		Person 🗸
<u>6</u>			Payroll
	2525 E GRAND BLVD	\$ 7,500	
	DETROIT, MI48211		Noncash \square
	,		(Complete Part II for no contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed. (a) (b) (d) Type of contribution Name, address, and ZIP + 4 Νo. Total contributions TMI CLIMATE SOLUTIONS Person **V** 7 Payroll 200 QUALITY WAY \$ 5,000 Noncash HOLLY, MI 48442 (Complete Part II for noncash contribution) GHAFARI ASSOCIATES Person ✓ 8 Payroll 17101 MICHIGAN AVENUE \$ 10,000 Noncash DEARBORN, MI48126 (Complete Part II for noncash contribution) CONTI ENTERPRISES INC Person Payroll 6417 CENTER DRIVE \$ 7,500 Noncash STERLING HEIGHTS, MI48312 (Complete Part II for noncash contribution) HOSLER MECHANICAL Person 10 Payroll 10800 GALAXIE AVENUE \$ 10,000 Noncash FERNDALE, MI48220 (Complete Part II for noncash contribution) LEIDAL & HART Person V 11 **Payroll** 12100 GLOBE STREET \$ 10,000 Noncash LIVONIA, MI48150 (Complete Part II for noncash contribution) LIBERTY MUTUAL GROUP Person 12 Payroll 34405 WEST 12 MILE ROAD 130 \$ 7,500 Noncash FARMINGTON HILLS, MI48331 (Complete Part II for noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed. (a) (b) (d) Type of contribution Name, address, and ZIP + 4 Νo. Total contributions LIMBACH COMPANY Person **V** 13 Payroll 926 FEATHERSTONE ROAD \$ 10,000 Noncash PONTIAC, MI48342 (Complete Part II for noncash contribution) MJ ELECTRIC LLC Person ✓ 14 Payroll 2271 XCELSIOR DR \$ 7,500 Noncash OXFORD, MI48371 (Complete Part II for noncash contribution) MADISON HEIGHTS GLASS Person 15 Payroll 2020 BURDETTE \$ 7,500 Noncash FERNDALE, MI 48220 (Complete Part II for noncash contribution) MOTOR CITY ELECTRIC Person <u>16</u> Payroll 8180 LYNCH ROAD \$ 7,500 Noncash DETROIT, MI 48234 (Complete Part II for noncash contribution) NATIONAL LADDER & SCAFFOLD Person V <u>17</u> **Payroll** 29350 JOHN R ROAD \$ 7,500 Noncash MADISON HTS, MI 48071 (Complete Part II for noncash contribution) **RUBY & ASSOCIATES** Person 18 Payroll 30300 TELEGRAPH ROAD SUITE 400 \$ 12,500 Noncash BINGHAM FARMS, MI48025 (Complete Part II for noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed. (a) (b) (d) Type of contribution Name, address, and ZIP + 4 Νo. Total contributions SCHUFF STEEL COMPANY Person **V** <u> 19</u> Payroll 6701 WEST 64TH STREET STE 200 \$ 7,500 Noncash OVERLAND PARK, KS66202 (Complete Part II for noncash contribution) SUPERIOR ELECTRIC Person ✓ 20 Payroll 10280 CAPITAL ST \$ 7,500 Noncash OAK PARK, MI48237 (Complete Part II for noncash contribution) ANGELO IAFRATE CONSTRUCTION Person 21 Payroll 26300 SHERWOOD AVENUE \$ 10,000 Noncash WARREN, MI48091 (Complete Part II for noncash contribution) BARNSCO INC Person 22 Payroll 975 LADD ROAD \$ 5,000 Noncash WALLED LAKE, MI48390 (Complete Part II for noncash contribution) BOOMER CONSTRUCTION Person V 23 **Payroll** 1940 FORREST AVENUE \$ 6,000 Noncash DETROIT, MI 48207 (Complete Part II for noncash contribution) CENTERLINE ELECTRIC Person 24 Payroll 26554 LAWRENCE AVENUE \$ 7,500 Noncash CENTERLINE, MI48015 (Complete Part II for noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed. (a) (b) (d) Type of contribution Name, address, and ZIP + 4 Νo. Total contributions CLOVERDALE EQUIPMENT Person **V** 25 Payroll 13133 CLOVERDALE AVENUE \$ 7,500 Noncash OAK PARK, MI48237 (Complete Part II for noncash contribution) DIXON INC Person ✓ 26 Payroll 15319 DALE STREET \$ 5,000 Noncash DETROIT, MI 48223 (Complete Part II for noncash contribution) HILTI WIRE Person 27 Payroll 25319 DEQUINDRE RD \$ 5,000 Noncash MADISON HTS, MI 48071 (Complete Part II for noncash contribution) JOBSITE SUPPLY Person 28 Payroll 624 S MISSOURI ST \$ 5,000 Noncash INDINAPOLIS, IN46225 (Complete Part II for noncash contribution) MICHIGAN CAT Person V 29 **Payroll** 24800 NOVI ROAD \$ 5,000 Noncash NOVI. MI48375 (Complete Part II for noncash contribution) MORELLI ENTERPRISES LLC Person 30 Payroll 902 RIVER BEND \$ 6,000 Noncash ROCHESTER HILLS, MI 48307 (Complete Part II for noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed. (a) (b) (d) Type of contribution Name, address, and ZIP + 4 Νo. Total contributions PROCESS PIPING Person **V** 31 Payroll 347 PARK DR \$ 5,000 Noncash TROY, MI48083 (Complete Part II for noncash contribution) Person ✓ 32 RICHARD W LASCH Payroll 2436 PINE HOLLOW DRIVE \$ 6,000 Noncash EAST LANSING, MI48832 (Complete Part II for noncash contribution) SCHREIBER CORPORATION Person 33 Payroll 29945 BECK ROAD \$ 5,000 Noncash WIXOM, MI48393 (Complete Part II for noncash contribution) SHAMBAUGH & SONS Person 34 Payroll 7614 OPPORTUNITY DR \$6,000 Noncash FORT WAYNE, IN46825 (Complete Part II for noncash contribution) SUPERIOR MATERIALS LLC Person V 35 **Payroll** 30701 WEST 10 MILE ROAD STE 500 \$ 6,000 Noncash FARMINGTON HILLS, MI48336 (Complete Part II for noncash contribution) WALTER PAYTON POWER EQUIPMENT Person 36 Payroll 25210 BREST ROAD \$ 5,000 Noncash TAYLOR, MI48180 (Complete Part II for noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed. (a) (b) (d) Type of contribution Name, address, and ZIP + 4 Νo. Total contributions WESTERN MECHANICAL Person **V** 37 Payroll 22630 15 MILE RD \$ 10,000 Noncash CLINTON TWP, MI48035 (Complete Part II for noncash contribution) GRANT THORNTON Person ✓ 38 Payroll 27777 FRANKLIN RD STE 800 \$ 5,000 Noncash SOUTHFIELD, MI48034 (Complete Part II for noncash contribution) DEE CRAMER INC Person 39 Payroll 4221 E BALDWIN RD \$ 10,000 Noncash HOLLY, MI48442 (Complete Part II for noncash contribution) AIS CONSTRUCTION Person <u>40</u> Payroll 56555 PONTIAC TRAIL \$6,000 Noncash NEW HUDSON, MI48165 (Complete Part II for noncash contribution) ALTA CONSTRUCTION Person V 41 **Payroll** 56195 PONTIAC TRAIL \$ 5,000 Noncash NEW HUDSON, MI48165 (Complete Part II for noncash contribution) AMERICAN GLOBAL Person 42 Payroll 45053 GRAND RIVER \$ 5,000 Noncash NOVI. MI 48375 (Complete Part II for noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed. (a) (b) (d) Type of contribution Name, address, and ZIP + 4 Νo. Total contributions CADILLAC ASPHALT LLC Person **V** 43 Payroll 2040 BARRET DR \$ 6,000 Noncash TROY, MI48084 (Complete Part II for noncash contribution) JNE CONSULTING Person ✓ 44 Payroll 176 SHAW \$ 5,000 Noncash HAMILTON, ONTARIOL8L3P7CA (Complete Part II for noncash contribution) LEIDOS Person <u>45</u> Payroll 39500 ORCHARD HILL PL 200 \$ 5,000 Noncash NOVI, MI 48375 (Complete Part II for noncash contribution) SHAW ELECTRIC Person <u>46</u> Payroll 22100 TELEGRAPH ROAD \$ 5,000 Noncash SOUTHFIELD, MI 48033 (Complete Part II for noncash contribution) MIDLAND EQUIPMENT Person V 47 **Payroll** 21610 MEYERS \$ 5,000 Noncash OAK PARK, MI48237 (Complete Part II for noncash contribution) NEXT GENERATION ENVIRONMENTAL Person 48 Payroll 10750 MARTZ RD \$ 6,000 Noncash YPSILANTI, MI 48197 (Complete Part II for noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Νo. Name, address, and ZIP + 4 Total contributions Type of contribution NORTH AMERICAN DISMANTLING Person **V** <u>49</u> Payroll 384 LAKE NEPESSING \$ 5,000 Noncash LAPEER, MI48446 (Complete Part II for noncash contribution) PLANTE MORAN Person 50 Payroll 27400 NORTHWESTERN HIGHWAY \$ 5,000 Noncash SOUTHFIELD, MI48034 (Complete Part II for noncash contribution) Person **V** <u>51</u> ROBERT THOMPSON Payroll PO BOX 6349 \$ 24,000 Noncash PLYMOUTH, MI48170 (Complete Part II for noncash contribution) Person 52 RYAN MAIBACH **Payroll** 27675 CHATSWORTH ST \$ 7.500 Noncash FARMINGTON HILLS, MI48334 (Complete Part II for noncash contribution) SUNBELT RENTALS Person **V** <u>53</u> Payroll 48595 GRAND RIVER AVE \$ 7,500 Noncash NOVI. MI48374 (Complete Part II for noncash contribution)