

For calendar year 2018, or tax year beginning 04-01-2018, and ending 03-31-2019

Name of foundation THE CHELSEA HEALTH AND WELLNESS FOUNDATION		A Employer identification number 26-3040367	
Number and street (or P O box number if mail is not delivered to street address) 14800 E OLD US 12		Room/suite	B Telephone number (see instructions) (734) 433-4599
City or town, state or province, country, and ZIP or foreign postal code CHELSEA, MI 48118		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 43,935,691	J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) <u>(Part I, column (d) must be on cash basis)</u>	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)				
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	479	479		
	4 Dividends and interest from securities	497,777	497,777		
	5a Gross rents	320,958	320,958		
	b Net rental income or (loss) 196,308				
	6a Net gain or (loss) from sale of assets not on line 10	446			
	b Gross sales price for all assets on line 6a 446				
	7 Capital gain net income (from Part IV, line 2)		1,781,567		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances 99,004				
Operating and Administrative Expenses	b Less Cost of goods sold 57,057				
	c Gross profit or (loss) (attach schedule)	41,947		41,947	
	11 Other income (attach schedule)	6,158,747	179,932	5,978,815	
	12 Total. Add lines 1 through 11	7,020,354	2,780,713	6,020,762	
	13 Compensation of officers, directors, trustees, etc	137,925	55,170	0	82,755
	14 Other employee salaries and wages	3,251,672	98,445	2,923,522	229,705
	15 Pension plans, employee benefits	56,153	1,295	0	54,858
	16a Legal fees (attach schedule)	326,301	0	0	326,301
	b Accounting fees (attach schedule)	48,816	4,882	0	43,934
	c Other professional fees (attach schedule)	429,785	0	184,369	245,416
	17 Interest	314,605	0	314,605	0
	18 Taxes (attach schedule) (see instructions)	135,555	30,986	0	86,569
	19 Depreciation (attach schedule) and depletion	965,843	0	960,351	
	20 Occupancy	21,772	0	0	21,772
	21 Travel, conferences, and meetings	19,382	0	12,100	7,282
	22 Printing and publications	49,759	0	0	863
	23 Other expenses (attach schedule)	1,576,249	309,882	1,114,205	526,470
	24 Total operating and administrative expenses. Add lines 13 through 23	7,333,817	500,660	5,509,152	1,625,925
	25 Contributions, gifts, grants paid	298,362			344,632
	26 Total expenses and disbursements. Add lines 24 and 25	7,632,179	500,660	5,509,152	1,970,557
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-611,825			
	b Net investment income (if negative, enter -0-)		2,280,053		
c Adjusted net income (if negative, enter -0-)				511,610	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	5,324	4,891	4,891
	2 Savings and temporary cash investments	310,286	382,640	382,640
	3 Accounts receivable ▶ <u>51,823</u>			
	Less allowance for doubtful accounts ▶ <u>1,250</u>	36,015	50,573	50,573
	4 Pledges receivable ▶ _____			
	Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____			
	Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use	21,234	18,723	18,723
	9 Prepaid expenses and deferred charges	12,576	17,458	17,458
	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)	24,168,837	23,176,124	23,176,124	
14 Land, buildings, and equipment basis ▶ <u>27,703,325</u>				
Less accumulated depreciation (attach schedule) ▶ <u>7,418,043</u>	20,591,985	20,285,282	20,285,282	
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	45,146,257	43,935,691	43,935,691	
Liabilities	17 Accounts payable and accrued expenses	188,168	155,309	
	18 Grants payable	48,354	3,642	
	19 Deferred revenue	447,168	496,000	
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)	9,838,188	9,297,995	
	22 Other liabilities (describe ▶ _____)	246,167	279,126	
	23 Total liabilities (add lines 17 through 22)	10,768,045	10,232,072	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	0	0	
	28 Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29 Retained earnings, accumulated income, endowment, or other funds	34,378,212	33,703,619	
30 Total net assets or fund balances (see instructions)	34,378,212	33,703,619		
31 Total liabilities and net assets/fund balances (see instructions) .	45,146,257	43,935,691		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	34,378,212
2 Enter amount from Part I, line 27a	2	-611,825
3 Other increases not included in line 2 (itemize) ▶ _____	3	454,482
4 Add lines 1, 2, and 3	4	34,220,869
5 Decreases not included in line 2 (itemize) ▶ _____	5	517,250
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	33,703,619

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a GAIN ON SALE OF FIXED ASSETS	P		
b FROM K-1 RUSSELL MULTI ASSET CORE PLUS FUND	P		
c FROM K-1 RUSSELL MULTI ASSET CORE PLUS FUND	P		
d FROM K-1 RUSSELL CORE BOND FUND	P		
e FROM K-1 RUSSELL CORE BOND FUND	P		

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 446			446
b 731,396			731,396
c 1,124,362			1,124,362
d		38,666	-38,666
e		35,971	-35,971

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

(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
a			446
b			731,396
c			1,124,362
d			-38,666
e			-35,971

2 Capital gain net income or (net capital loss)	2	1,781,567
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	1,088,391

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017	2,161,131	24,802,298	0 087134
2016	2,380,799	24,570,979	0 096895
2015	2,885,243	27,031,264	0 106737
2014	2,074,568	30,616,055	0 067761
2013	15,860,549	31,385,034	0 505354

2 Total of line 1, column (d)	2	0 863881
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	3	0 172776
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	23,293,574
5 Multiply line 4 by line 3	5	4,024,571
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	22,801
7 Add lines 5 and 6	7	4,047,372
8 Enter qualifying distributions from Part XII, line 4	8	2,634,367

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	45,601
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	45,601
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	45,601
6	Credits/Payments		
a	2018 estimated tax payments and 2017 overpayment credited to 2018	6a	26,604
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	0
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	26,604
8	Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	701
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9	19,698
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 2019 estimated tax ▶ Refunded ▶	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>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</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ _____ (2) On foundation managers ▶ \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2	No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <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	Yes
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	Yes
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ MI _____		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the taxable year beginning in 2018? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10	No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions.	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► WWW.5HEALTHYTOWNS.ORG	13	Yes	
14	The books are in care of ► AMY HEYDLAUFF Telephone no ► (734) 433-4599			

Located at ► 14800 E OLD US 12 CHELSEA MI ZIP+4 ► 48118


15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here	<input type="checkbox"/>		
	and enter the amount of tax-exempt interest received or accrued during the year	► 15		
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►			

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

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

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions.	1b		No
	Organizations relying on a current notice regarding disaster assistance check here.			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	If "Yes," list the years ► 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions).	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		No

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

5a	During the year did the foundation pay or incur any amount to		Yes	No
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.		5b	
c	Organizations relying on a current notice regarding disaster assistance check here. 	<input type="checkbox"/>		
	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If "Yes," attach the statement required by Regulations section 53.4945–5(d)			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6b	No
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
	If "Yes" to 6b, file Form 8870			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7b	
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
MATT PEGOUSKIE	COMMUNITY RESOURCE	60,975	8,178	0
14800 OLD US 12 CHELSEA, MI 48118	M 40 00			
ASHLEY TOMASI	COALITION	56,774	8,044	0
14800 OLD US 12 CHELSEA, MI 48118	COORDINATO 40 00			
Total number of other employees paid over \$50,000.				0

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

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
SCHIFF HARDIN LLP 350 S MAIN STREET SUITE 210 ANN ARBOR, MI 48104	ATTORNEY FEES	298,409
RUSSELL INVESTMENTS 1301 SECOND AVENUE SEATTLE, WA 98101	INVESTMENT MANAGEMENT FEES	185,196
Total number of others receiving over \$50,000 for professional services. ▶		0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 OVERSIGHT OF THE CHELSEA, DEXTER, MANCHESTER & STOCKBRIDGE WELLNESS CENTERS WHICH SERVE APPROXIMATELY 6,700 SERVICE AREA RESIDENTS. THE WELLNESS CENTERS ARE MEDICALLY INTEGRATED WELLNESS FACILITIES THAT INCLUDE ORTHOPEDIC AND PHYSICAL THERAPY SERVICES OPEN TO THE PUBLIC. THERAPY POOLS AND WORKOUT EQUIPMENT. THEY ALSO PROVIDE FREE CLASSES TO DEVELOPMENTALLY DISABLED ADULTS AND OTHER COMMUNITY MEMBERS PLUS FEE BASED CLASSES TO ANYONE IN THE COMMUNITY. HEALTH LECTURES ARE FREE FOR THE COMMUNITY. CHELSEA WELLNESS CENTER IS THE FIRST CERTIFIED MEDICAL INTEGRATION CENTER IN MI.	6,447,598
2 ESTABLISHED FIVE COMMUNITIES WELLNESS COALITIONS. OUR TECHNICAL SUPPORT INCLUDES IDENTIFYING LOCAL/ STATE & NATIONAL RESOURCES, IDENTIFYING PREVENTION BEST PRACTICES, PLANNING & FUNDING ACTIVITIES & MEETINGS, ARCHIVING DOCUMENTS, DEVELOPING MARKETING & EDUCATIONAL MATERIAL, PUBLICITY, EDUCATING ON THE ROLE OF COALITIONS & PROJECT DEVELOPMENT, HOSTING WORKSHOPS, PROBLEM SOLVING AND GENERAL SUPPORT OF VOLUNTEERS (COALITION MEMBERS). FUNDS ARE AVAILABLE FOR COMPREHENSIVE WELLNESS PLANS IN EACH OF THE FIVE COMMUNITIES IN THE SERVICE AREA.	186,261
3	
4	

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

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

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	23,283,325
b	Average of monthly cash balances.	1b	364,973
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	23,648,298
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	23,648,298
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	354,724
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	23,293,574
6	Minimum investment return. Enter 5% of line 5.	6	1,164,679

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	1,164,679
2a	Tax on investment income for 2018 from Part VI, line 5.	2a	45,601
b	Income tax for 2018 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	45,601
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	1,119,078
4	Recoveries of amounts treated as qualifying distributions.	4	950,955
5	Add lines 3 and 4.	5	2,070,033
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	2,070,033

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	1,970,557
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	663,810
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	2,634,367
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	2,634,367

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				2,070,033
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2018				
a From 2013. 13,639,331				
b From 2014. 549,326				
c From 2015. 1,574,343				
d From 2016. 1,159,235				
e From 2017. 942,405				
f Total of lines 3a through e.	17,864,640			
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ 2,634,367				
a Applied to 2017, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2018 distributable amount.				2,070,033
e Remaining amount distributed out of corpus	564,334			
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	18,428,974			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions).	13,639,331			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	4,789,643			
10 Analysis of line 9				
a Excess from 2014. 549,326				
b Excess from 2015. 1,574,343				
c Excess from 2016. 1,159,235				
d Excess from 2017. 942,405				
e Excess from 2018. 564,334				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

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

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

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

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

AMY HEYDLAUFF
14800 E OLD US 12
CHELSEA, MI 48118
(734) 433-4599

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

ELECTRONIC SUBMISSION THROUGH THE "GRANTS" TAB ON THE WEBSITE. ALL INFORMATION RELATED TO GRANT APPLICATION IS POSTED ON THE WEBSITE. APPLICANTS WILL BE REQUIRED TO PROVIDE PROOF OF NON-PROFIT STATUS, RESPONSIBLE CONTACT, DEMONSTRATED NEED, PURPOSE, MISSION, BUDGET, METHOD OF MEASUREMENT, AND SUSTAINABILITY PLAN

c Any submission deadlines

APPROXIMATELY THE FIRST OF FEBRUARY, APRIL, JUNE, AUGUST, OCTOBER & DECEMBER

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

GRANTS ARE LIMITED TO NON-PROFITS IN THE ORGANIZATION'S SERVICE AREA INCLUDING CHELSEA, DEXTER, GRASS LAKE, MANCHESTER, AND STOCKBRIDGE. THE ORGANIZATION ONLY GRANTS TO NON-PROFITS RELATED TO THE ORGANIZATION'S VISION (EAT BETTER, MOVE MORE, AVOID UNHEALTHY SUBSTANCES, AND CONNECT WITH OTHERS IN HEALTHY WAYS)

Part XV **Supplementary Information** (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i> See Additional Data Table				
Total ► 3a				
b <i>Approved for future payment</i> ST JOSEPH MERCY HOSPITAL 775 S MAIN STREET CHELSEA, MI 48118	NONE	PC	SJMHS RENTAL PAYMENTS	3,642
Total ► 3b				

Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2018)

Part XVII

	Yes	No
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1a(1)	No
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1a(2)	No
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1b(1)	No
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1b(2)	No
--------------	-----------

1b(3)		No
--------------	--	-----------

1b(4)		No
--------------	--	-----------

1b(5)		No
--------------	--	-----------

1b(6)		No
--------------	--	-----------

1c		No
----	--	----

value
ue

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations

described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

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

***** 2019-08-14 ***** May the IRS discuss this return with the preparer shown

Signature of officer or trustee _____ Date _____ Title _____

2019-08-14 ***** May the IRS discuss this return

***** May the IRS discuss this

May the IRS discuss this
return
with the preparer shown
below

(see instr)? ☒ Yes ☐ No

Paid Preparer Use Only	MARY R BROGLEY CPA		2019-08-12		
	Firm's name ► REHMANN ROBSON LLC				Firm's EIN ► 38-3635706

Print/Type preparer's name	Preparer's Signature	Date	PTIN
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MARY R BROGLEY CPA		2019-08-12	employed <input type="checkbox"/>
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Preparer's Signature	Date	PTIN
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Date	PTIN
------	------

2019-08-12	employed ▶ <input type="checkbox"/>	
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Check if self-employed ☐

PTIN

P00053778

Firm's name ▶	REHMANN ROBSON LLC	5	1	FIN 138 2635786
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Firm's EIN ▶ 38-3635706

Firm's address ▶	555 BRIARWOOD CIRCLE STE 300
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ANN ARBOR, MI 48108 Phone no (734) 761-2005

Phone no (734) 761-2005

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and 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	Expense account, (e) other allowances
AMY HEYDLAUFF	CEO 50 00	137,925	21,392	0
14800 OLD US 12 CHELSEA, MI 48118				
SCOTT BROSHAR	BOARD MEMBER 6 00	0	0	0
14800 OLD US 12 CHELSEA, MI 48118				
KASIE COUSINO	BOARD MEMBER 8 00	0	0	0
14800 OLD US 12 CHELSEA, MI 48118				
PATRICK CONLIN	SECRETARY 3 00	0	0	0
14800 OLD US 12 CHELSEA, MI 48118				
SALLY DEVOL	VICE CHAIR 10 00	0	0	0
14800 OLD US 12 CHELSEA, MI 48118				
KEVIN DOMBKOWSKI	BOARD MEMBER 6 00	0	0	0
14800 OLD US 12 CHELSEA, MI 48118				
CINDY DRESCH	TREASURER 10 00	0	0	0
14800 OLD US 12 CHELSEA, MI 48118				
NANCY GRAEBNER	BOARD MEMBER 3 00	0	0	0
14800 OLD US 12 CHELSEA, MI 48118				
ANNE KITTENDORF	BOARD MEMBER 4 00	0	0	0
14800 OLD US 12 CHELSEA, MI 48118				
DOUGLAS LANCE	BOARD MEMBER 4 00	0	0	0
14800 OLD US 12 CHELSEA, MI 48118				
NICOLE O'BRIEN	BOARD MEMBER 12 00	0	0	0
14800 OLD US 12 CHELSEA, MI 48118				
RUTH VANBOGELEN	BOARD MEMBER 6 00	0	0	0
14800 OLD US 12 CHELSEA, MI 48118				
COY VAUGHN	BOARD MEMBER 4 00	0	0	0
14800 OLD US 12 CHELSEA, MI 48118				
JEFF WALLACE	CHAIR 12 00	0	0	0
14800 OLD US 12 CHELSEA, MI 48118				

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BALLET CHELSEA-YDTPO BOX 591 CHELSEA, MI 48118	NONE	PC	ADAPTIVE MOVEMENT & LET'S GET MOVING SUPPORT	14,500
CANCER SUPPORT COMMUNITY OF GREATER ANN ARBOR 2010 HOGBACK RD STE 3 ANN ARBOR, MI 48105	NONE	PC	SPROUT LOVE YOGA FAMILY WELLNESS FESTIVAL	300
CHELSEA COMMUNITY KITCHEN 305 S MAIN ST STE 100 CHELSEA, MI 48118	NONE	PC	HEALTHY EATING ON A BUDGET SUPPORT	500
Total ▶ 3a				344,632

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
CHELSEA SCHOOL DISTRICT 500 WASHINGTON STREET CHELSEA, MI 48118	NONE	PC	CAMP GABIKA AND EDUCATIONAL SUPPORT	6,000
CHELSEA SENIOR CENTER 512 E WASHINGTON STREET CHELSEA, MI 48118	NONE	PC	FESTIVAL OF TABLES, SENIOR CENTER ACTIVITIES	10,500
DEXTER COALTION 14800 E OLD US HWY 12 CHELSEA, MI 48118	NONE	PC	DEXTER FARM TO SCHOOL	33,500
Total ▶ 3a				344,632

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DEXTER SENIOR CENTER 7720 DEXTER-ANN ARBOR RD DEXTER, MI 48130	NONE	PC	WINTER MARKET	4,860
DEXTER WELLNESS CENTER 2810 BAKER RD DEXTER, MI 48130	NONE	PC	STRIVE HEALTH AND FITNESS, YOGA IN THE PARK	7,140
GRASS LAKE CHARTER TOWNSHIP 373 LAKESIDE DR GRASS LAKE, MI 49240	NONE	PC	SPORTS & TRAILS HIP SHADE	17,800
Total ▶ 3a				344,632

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GRASS LAKE COMMUNITY SCHOOLS 899 UNION STREET GRASS LAKE, MI 49240	NONE	PC	PROJECT SAFE GRADUATION AND COMPOST BIN	1,500
GRASS LAKE FARMERS MARKET PO BOX 446 GRASS LAKE, MI 49240	NONE	PC	ROAD RUNNERS	1,500
GRASS LAKE WELLNESS COALITION 14800 E OLD US HWY 12 CHELSEA, MI 48118	NONE	PC	FRESH AIR FESTIVAL AND COMMUNITY EVENT SPONSORSHIPS	16,690
Total ► 3a				344,632

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GRASS LAKE WHISTLESTOP PARK ASSOCIATION 210 E MICHIGAN AVE GRASS LAKE, MI 49240	NONE	PC	WOLF LAKE WATER SKI CLUB	1,500
HWPI14800 E OLD US HWY 12 CHELSEA, MI 48118	NONE	PC	HWPI RENT PAYMENTS	7,572
JACKSON YMCA127 W WESLEY STREET GRASS LAKE, MI 49240	NONE	PC	SUMMER POUND SERIES	500
Total ▶ 3a				344,632

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MANCHESTER COALITION 14800 E OLD US HWY 12 CHELSEA, MI 48118	NONE	PC	MMLB TOPS SUPPORT, SAWC BOARD	13,000
MANCHESTER COMMUNITY SCHOOLS 410 CITY RD MANCHESTER, MI 48158	NONE	PC	SAFE ROUTES TO SCHOOL, MECC PLAY STRUCTURE AND EDUCATIONAL SUPPORT	37,600
MONITOR BASEBALL CLUB OF CHELSEA 130 S EAST STREET CHELSEA, MI 48118	NONE	PC	IRONCLAD VINTAGE BASEBALL FESTIVAL	1,000
Total ▶ 3a				344,632

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
PROGRAMS TO EDUCATE ALL CYCLISTS (PEAC) 32 N WASHINGTON STREET STE 1 YPSILANTI, MI 48197	NONE	PC	PEAC - DEXTER	4,000
RIVERFOLK MUSIC & ARTS ORGANIZATION PO BOX 133 MANCHESTER, MI 48104	NONE	PC	GAZEBO CONCERTS, DANCE FOR LIFE	4,000
RUN FOR THE ROLLS 112 E MIDDLE STREET CHELSEA, MI 48118	NONE	PC	RUN FOR THE ROLLS	2,000
Total ▶ 3a				344,632

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ST JOSEPH MERCY CHELSEA 775 S MAIN STREET CHELSEA, MI 48118	NONE	PC	CHELSEA FARMERS MARKET SUPPORT, HEART AND SOLE FUN RUN AND SRSLY SUPPORT	83,500
ST JOSEPH MERCY HOSPITAL 775 S MAIN STREET CHELSEA, MI 48118	NONE	PC	SJMHS RENTAL PAYMENTS	46,270
ST LOUIS CENTER 16195 OLD US HWY 12 CHELSEA, MI 48118	NONE	PC	23RD ANNUAL GOLF & GLORY	500
Total ► 3a				344,632

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
STOCKBRIDGE COMMUNITY OUTREACH PO BOX 682 STOCKBRIDGE, MI 49285	NONE	PC	COOKING LEARNING BY DOING	4,000
STOCKBRIDGE COMMUNITY SCHOOLS 305 W ELIZABETH STREET STOCKBRIDGE, MI 49285	NONE	PC	SMITH HEALTH SNACKS	7,400
STOCKBRIDGE WELLNESS CENTER 5116 S M-106 STOCKBRIDGE, MI 42985	NONE	PC	BRIDGE TO WELLNESS CHALLENGE	6,500
Total ► 3a				344,632

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UNITED METHODIST RETIREMENT COMMUNITY 805 W MIDDLE STREET CHELSEA, MI 48118	NONE	PC	FEASIBILITY OF ASSISTED YOGA	4,000
VILLAGE OF MANCHESTER912 CITY RD MANCHESTER, MI 48158	NONE	PC	MANCHESTER FARMERS MARKET	6,500
Total ▶ 3a				344,632

TY 2018 Accounting Fees Schedule

Name: THE CHELSEA HEALTH AND WELLNESS
FOUNDATION

EIN: 26-3040367

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	48,816	4,882	0	43,934

TY 2018 Investments - Other Schedule

Name: THE CHELSEA HEALTH AND WELLNESS
FOUNDATION

EIN: 26-3040367

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
RUSSELL INSTL FDS MULTI ASSET CORE PLUS FD	FMV	15,821,636	15,821,636
RUSSELL INSTL FDS LLC CORE BD FD	FMV	3,976,546	3,976,546
RUSSELL TTL RETURN Q CL B SRS 6	FMV	2,761,772	2,761,772
RUSSELL REAL ESTATE FUND	FMV	616,170	616,170

**TY 2018 Land, Etc.
Schedule**

Name: THE CHELSEA HEALTH AND WELLNESS
FOUNDATION

EIN: 26-3040367

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
LAND	3,101,000	0	3,101,000	3,101,000
BUILDINGS	21,039,367	5,582,196	15,457,171	15,457,171
BUILDING IMPROVEMENTS	1,453,125	376,060	1,077,065	1,077,065
MOVABLE EQUIPMENT	1,120,176	717,654	402,522	402,522
IT EQUIPMENT	447,445	333,433	114,012	114,012
IT SOFTWARE	37,216	34,792	2,424	2,424
FURNITURE AND FIXTURES	504,996	373,908	131,088	131,088

TY 2018 Legal Fees Schedule

Name: THE CHELSEA HEALTH AND WELLNESS
FOUNDATION

EIN: 26-3040367

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	326,301	0	0	326,301

TY 2018 Other Decreases Schedule

Name: THE CHELSEA HEALTH AND WELLNESS
FOUNDATION

EIN: 26-3040367

Description	Amount
INCOME FROM K-1 RUSSELL MULTI ASSET CORE PLUS FUND	467,646
INCOME FROM K-1 RUSSELL CORE BOND FUND	49,604

TY 2018 Other Expenses Schedule

Name: THE CHELSEA HEALTH AND WELLNESS
FOUNDATION

EIN: 26-3040367

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ADVERTISING	245,383	0	230,849	14,534
TELEPHONE	41,000	0	36,387	4,613
INSURANCE	49,465	0	12,859	36,606
POSTAGE AND SHIPPING	25,113	0	24,440	673
UTILITIES	351,783	36	351,066	681
LICENSES	67,616	0	67,616	0
COUPONS	21,587	0	21,587	0
BAD DEBT	12,343	0	12,343	0
REPAIRS AND MAINTENANCE	69,642	0	69,642	0
MISCELLANEOUS	138,109	0	133,149	4,960

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
SUPPLIES	156,778	0	154,267	2,511
INVESTMENT FEES	185,196	185,196	0	0
EXCESS OPERATING EXPENSES OVER REVENUE-CASH BASIS	0	0	0	374,308
COALITION PROJECT EXPENSE	87,584	0	0	87,584
RENTAL EXPENSES	73,516	73,516	0	0
RENTAL EXPENSE- DEXTER OCCUPANCY	1,028	1,028	0	0
RENTAL EXPENSE- DEXTER DEPRECIATION	4,894	4,894	0	0
RENTAL EXPENSE- DEXTER INTEREST EXPENSE	14,859	14,859	0	0
RENTAL EXPENSE- CHELSEA WELLNESS PROPERTY TAXES	30,353	30,353	0	0

TY 2018 Other Income Schedule

Name: THE CHELSEA HEALTH AND WELLNESS
FOUNDATION

EIN: 26-3040367

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
MEMBERSHIP FEES	4,989,576		4,989,576
PROGRAM SERVICES	94		94
MAGAZINE ADVERTISING REVENUE	38,190		38,190
K-1 OTHER INCOME RUSSELL MULTI ASSET CORE FUND	49,903	49,903	0
K-1 OTHER INCOME RUSSELL CORE BOND FUND	556	556	0
PROPERTY TAX REFUNDS	950,955		950,955
INTEREST PAID ON PROPERTY TAX REFUNDS	129,473	129,473	0

TY 2018 Other Increases Schedule

Name: THE CHELSEA HEALTH AND WELLNESS
FOUNDATION

EIN: 26-3040367

Description	Amount
UNREALIZED GAIN	454,482

TY 2018 Other Liabilities Schedule

Name: THE CHELSEA HEALTH AND WELLNESS
FOUNDATION

EIN: 26-3040367

Description	Beginning of Year - Book Value	End of Year - Book Value
ACCRUED WAGES	38,955	42,866
OTHER ACCRUED LIABILITIES	207,212	236,260

TY 2018 Other Professional Fees Schedule

Name: THE CHELSEA HEALTH AND WELLNESS
FOUNDATION

EIN: 26-3040367

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MANAGEMENT FEES	194,078	0	0	194,078
OUTSIDE CONTRACT SERVICES	235,707	0	184,369	51,338

TY 2018 Taxes Schedule

Name: THE CHELSEA HEALTH AND WELLNESS
FOUNDATION

EIN: 26-3040367

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PROPERTY TAXES	86,390	0	0	86,390
EXCISE TAX	18,000	0	0	0
FOREIGN TAXES PAID	30,986	30,986	0	0
PERSONAL PROPERTY TAXES	179	0	0	179