Form 990-PF

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.

Department of the Treasury

			Nevenue Service		gov/roimssorrioi ilisut				22
	_			or tax year beginning	<u> </u>	, 2019	, and ending		, 20
		Name of foundation						A Employer identifi	
				ARITABLE TRUST			+		3047073
	Ñ	umber	and street (or PO box n	umber if mail is not delivered t	o street address)		Room/suite	B Telephone numbe	er (see instructions)
	_		. BOX 75000					31	3-222-3085
	c	ity or t	own, state or province, or	ountry, and ZIP or foreign poste	el code			C If exemption applicat	tion is
		DET	ROIT, MI 482	75-7874				pending, check here	
	_		ck all that apply:	Initial return	Initial return	of a former p	ublic charity	D 1 Foreign organizati	ons check here
				Final return	Amended ret	turn		2 Foreign organizati	ions meeting the
				Address change	Name change	e		85% test, check h	
	H	I Che	ck type of organiza	tion: X Section 501			\sim	7	
	[nexempt charitable trust	Other taxable pri		ion ()+	E If private foundation	status was terminated (1)(A), check here
	1			all assets at J Acco			rual	i	
A.	•		of year (from Part	 	ther (specify)	J		I	n a 60-month termination)(1)(B), check here .
_1/.					column (d), must be on ca	ach hasis l		-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
INU				nue and Expenses (The	I				(d) Disbursements
VÕ	· L	rail	total of amounts in	columns (b), (c), and (d)	(a) Revenue and expenses per books	(b) Net inve		(c) Adjusted net income	for chantable purposes (cash basis only)
	-	T.		•					(0000 0000 000)
_	_	1		etc , received (attach schedule) . foundation is not required to					i
Missim	1	2	attach	Sch B					STMT 1
<u>S</u>		3	•	temporary cash investments.	100 401	1.0	2 401		
		4		st from securities	182,481.	18	2,481.		STMT 2
Š		5a	Gross rents						
Ě	Ç	b	Net rental income or (lo				<u> </u> [DIATE	
چ	9-1-2020 Revenue 20	6a	Net gain or (loss) from	sale of assets not on line 10	11,848.			RECEIV	-1)
	ر <u>ة</u>	D	Gross sales price for all assets on line 6a	1,511,747					
,		7	Capital gain net inco	me (from Part IV, line 2) .		1	1,848.	3 111 2 2 2	120 19
~		8	Net short-term capita	al gain				5 005 2 2 5	720 , ,
\geq	DEC	9	Income modification	- \$					<u> </u>
\Rightarrow	\Box	10a	Gross sales less returns and allowances				1	OGDEN.	UT !
\geq		h	Less Cost of goods sole						
JOSTWAMK	Ш	-		(attach schedule)					,
	Z	11	•	schedule)	~ -				STMT 3
\sim	4	12	· · · · · · · · · · · · · · · · · · ·	rough 11 · · · · · · ·	194,356.	19	4,329.		
<u></u>	SCANNED	13		rs, directors, trustees, etc.	CO 3C1		2,425.		6,936
	က်လ	14	•				NONE	NONE	
	356		• •	ries and wages			NONE	NONE	
(F)				oyee benefits			NONE	NONE	
//z\	X	16a		hedule)					
(g)	9	Ь		ach schedule)		-			
11-1	· : :	C	•	es (attach schedule)		•			
1121	tra	17			15 215		2 204		
15	- Si	18		ile) (see instructions). 4.	15,315.		3,084.		
19	and Administrative Expe	19	•	schedule) and depletion .					
igwedge	P	20	Occupancy						
<u>د ق</u>	7	21	Travel, conferences,	and meetings			NONE	<u> </u>	
7 P	, [22	• .	tions			NONE	NONE	
2,4e	ָבָּ בָּ	23	Other expenses (atta	ch schedule) STMT. 5 .	12.		12.		
8.5		24	Total operating and	administrative expenses.				_	
Fleceived in Ratching Ogden	era	23 24 25		1 23	84,688.	6	5,521.	NONE	6,936
2.		25	_	grants paid	326,000.	_			326,000
د >		26		rsements Add lines 24 and 25	410,688.	6	5,521.	NONE	
		27	Subtract line 26 from		120,000.		-1		
		1		expenses and disbursements	-216,332.				•
		1			-210,332.	10	0 000		
		1		ome (if negative, enter -0-)		12	8,808.		
			- Adjusted Bet income	e ili negativo ontor "(1.1).	1				

JSA For Paperwork Reduction Act Notice, see instructions.
9E1410 1 000 BF0948 656P 06/14/2020 14:58:53

Form **990-PF** (2019)

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Part II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	<u>En</u>	d of year
	<u> </u>	emounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bear	ng			
2	Savings and temporary	cash investments	392,913.	351,50	9. 351,509
3	Accounts receivable ▶				
	Less: allowance for doul	otful accounts >			
4	Pledges receivable ▶_				
	Less: allowance for doul	otful accounts -			
5	Grants receivable				
6	Receivables due from	officers, directors, trustees, and other			
		ach schedule)`(see instructions)			
7		eceivable (attach schedule)			
	Less allowance for doub	otful accounts ► NONE			
8 IX	Inventories for sale or us	se			
Assets	Prepaid expenses and d	eferred charges			
₹ 10a	Investments - U S and state	e government obligations (attach schedule)			
Ь		stock (attach schedule) . STMT .6	3,574,455.	3,384,32	2. 4,312,810
c	Investments - corporate	bonds (attach schedule) . STMT .7]	2,415,051.	2,431,52	5. 2,432,189
11	Investments - land, building and equipment basis	JS, •			
1	Less accumulated deprecia (attach schedule)	ation >			
12	Investments - mortgage	loans			
13	Investments - other (atta	ach schedule)			
14	Lend, buildings, and equipment basis				
	Less accumulated deprecia (attach schedule)	ation			
15	Other assets (describe	>) <u> </u>			
16		completed by all filers - see the			
	instructions. Also, see p	age 1, (tem l)	6,382,419.	6,167,35	6. 7,096,508
17	Accounts payable and a	ocrued expenses			
18	Grants payable				
မ် 19	Deferred revenue				
三 20	Loans from officers, directo	rs, trustees, and other disqualified persons			1
Liabilities 20 21 22 22 22 22 22 22 22 22 22 22 22 22	Mortgages and other no	otes payable (attach schedule)			
<u>ت</u> ا	Other liabilities (describe	e ▶)			1
1			,		
23	Total liabilities (add line	es 17 through 22)		NC	NE
S	Foundations that follow	v FASB ASC 958, check here		•	!
Balances 25	and complete lines 24,				
E 24	Net assets without done	or restrictions			i
œ 25		estrictions • • • • • • • • • • • • • • • • • • •			1
힏		ollow FASB ASC 958, check here 🕨 🗓	,		l i
콘	and complete lines 26 thr	ough 30			
or Fund	Capital stock, trust princ	cipal, or current funds	6,382,419.	6,167,35	6.
		r land, bldg , and equipment fund		-	j
Net Assets 28 30 30	Retained earnings, accumu	lated income, endowment, or other funds			9
X 29	Total net assets or fund	d balances (see instructions)	6,382,419.	6,167,35	6.
절 30	Total liabilities and	net assets/fund balances (see			1
2	instructions)		6,382,419.	6,167,35	6.
Part II	Analysis of Cha	nges in Net Assets or Fund Balar	nces		
		balances at beginning of year - Part I		nust agree with	
		d on prior year's return)			16,382,419.
2 Ente	er amount from Part I,	line 27a			2 -216,332.
		ded in line 2 (itemize) ▶ DIFFERENCE IN			1,269.
4 Add	l lines 1, 2, and 3				6,167,356.
	reases not included in				5
		alances at end of year (line 4 minus li	ne 5) - Part II, column (b), line 29	6 6,167,356.
					Form 990-PF (2019)

Part IVo

,	(a) List and des	cribe the kind(s) of property sold (for rick warehouse; or common stock, 200	example, real estate,	(b) How acquired P - Purchase		(d) Date sold (mo , day, yr)
1 a	PUBLICLY TRADED		<u></u> `	D - Donation		
<u>`</u>						
q			<u> </u>		_	
<u>e</u>				ļ	<u> </u>	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (los ((e) plus (f) minu	
<u>a</u>	1,511,747.		1,499,899.			11,848.
<u>p</u>						
c				 		<u>.</u> .
<u>d</u>			<u> </u>			
<u>e</u>		owing gain in column (h) and owned	by the foundation on 12/21/69	-		
	Complete only for assets sit		(k) Excess of col. (i)		Gains (Col (h) ga (k), but not less the	
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	over col. (j), if any		Losses (from col	. (h))
a			 	 		11,848.
<u>_</u> ь	· -		 	 		
_ <u>c</u>				 		
<u>d</u> e			 	 	<u> </u>	
2 3	Capital gain net income Net short-term capital ga If gain, also enter in Pa	or (net capital loss) {	structions. If (loss), enter -0- in $\}$	2		11,848.
Pai			duced Tax on Net Investment I	ncome	-	
Was	es," the foundation doesn'	the section 4942 tax on the distri t qualify under section 4940(e)	 			Yes No
1		nount in each column for each ye	ar, see the instructions before maki	ng any en		
Cale	(a) Base period years andar year (or tex year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution rat (col (b) divided by	
	2018					
	2017					
	2016		-	<u> </u>		
—-	2015			 	 ,	
	2014					
2				2		_
3	-	•	de the total on line 2 by 5 0, or by if less than 5 years	3		
4	Enter the net value of no	oncharitable-use assets for 2019 f	from Part X, line 5	4	 	
5	Multiply line 4 by line 3.			5		
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)	6		
7	Add lines 5 and 6			7		
8	Enter qualifying distribut If line 8 is equal to or generated to the Part VI instructions.	tions from Part XII, line 4 reater than line 7, check the box	x in Part VI, line 1b, and complete	8 that part	using a 1% tax	rate. See the
JSA					F	990-PE (2019)

Capital Gains and Losses for Tax on Investment Income

Part	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	nstru	ction	s)
1a (Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1]			Į
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			اليري
ъ (Domestic foundations that meet the section 4940(e) requirements in Part V, check		2,5	76.
ŀ	here and enter 1% of Part I, line 27b			- 1
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of		-	
	Part I, line 12, ∞I(b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			ONE
3 /	Add lines 1 and 2		2,5	
4 5	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			ONE
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		2,5	76.
6 (Credits/Payments:			ļ
a :	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 8 , 052 .			
Ь	Exempt foreign organizations - tax withheld at source			j
c ·	Tax paid with application for extension of time to file (Form 8868) 6c NONE			
d l	Backup withholding erroneously withheld			
7 .	Total credits and payments. Add lines 6a through 6d		8,0	<u> 52.</u>
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached <u>8</u>			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10 (Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			76.
11 [Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶ 2,576. Refunded ▶ 11		2,9	<u>00.</u>
Part	VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		X
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			ĩ
	published or distributed by the foundation in connection, with the activities			
c l	Did the foundation file Form 1120-POL for this year?	1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		-	
((1) On the foundation ▶ \$ (2) On foundation managers ▶ \$			
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers. \$			
	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities			
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
	If "Yes," attach the statement required by General Instruction T.		•	
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that 			
	conflict with the state law remain in the governing instrument?	6	X	
	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	
	Enter the states to which the foundation reports or with which it is registered. See instructions.	Ė		
8 a	MI			
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
		8b	X	
	(or designate) of each state as required by General Instruction G7 If "No," attach explanation	35		
	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 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes,"			Х
	complete Part XIV	9		^
10 I	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	10		Х
	names and addresses			

Part	t VII-A Statements Regarding Activities (continued)			
	•		Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
•	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified		ł	
	person had advisory privileges? If "Yes," attach statement. See instructions	12		<u> </u>
13		13	X	
	Website address ► N/A			
14	The books are in care of ► COMERICA BANK Telephone no ► (313) 222	-356	8	
	Located at ► 411 WEST LAFAYETTE M/C 3420, DETROIT, MI ZIP+4 ► 48226			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		▶	· 🔲
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of]
	the foreign country			;
Par	t 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.	<u> </u>	Yes	No
1a	During the year, did the foundation (either directly or indirectly):)
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		İ	
	(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)?]
	(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		ŀ	1
	termination of government service, if terminating within 90 days.)		i	
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in			
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b_		X
	Organizations relying on a current notice regarding disaster assistance, check here]	
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			لسيسا
	were not corrected before the first day of the tax year beginning in 2019?	1c		X,
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			'
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			1
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
	6d and 6e) for tax year(s) beginning before 2019?			
_	If "Yes," list the years			
Þ	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		ļ	'
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	3h^	 -	
	all years listed, answer "No" and attach statement - see instructions.)	2b	<u> </u>	,
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		1	
	District of the latter of the second of the		1	
<i>3</i> a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	١ ،		
D	of "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or			i
	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 Form 4720, Schedule C, to determine if the	3b		
4.	foundation had excess business holdings in 2019)	4a		X
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		-	_
D	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	4b		- <u>x</u>
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	40		

Par	t VII-B Statements Regarding Activities	or Which Form 4	1720 May Be Rec	juired (contii	nuea)			
5a	During the year, did the foundation pay or incur any ame	ount to:					Yes	No
	(1) Carry on propaganda, or otherwise attempt to influe	nce legislation (sectio	n 4945(e))?	. Yes	X No			
•	(2) Influence the outcome of any specific public el	ection (see section	4955); or to carry o	n,				
	directly or indirectly, any voter registration drive?			. Yes	X No			
	(3) Provide a grant to an individual for travel, study, or o	ther similar purposes	?	. Yes	X No			
	(4) Provide a grant to an organization other than a	chantable, etc., org	janization described	ın				
	section 4945(d)(4)(A)? See instructions			. X Yes	No			
	(5) Provide for any purpose other than religious, c							. !
	purposes, or for the prevention of cruelty to children	or animals?		. Yes	X No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the	transactions fail to	qualify under the e	xceptions desc	rıbed ın			
	Regulations section 53.4945 or in a current notice rega	rding disaster assistar	ce? See instructions.			5b_	Х	
	Organizations relying on a current notice regarding disa-	ster assistance, check	here		▶			ì
c	If the answer is "Yes" to question 5a(4), does the	foundation claim e	xemption from the	tax				
	because it maintained expenditure responsibility for the	grant?		. Yes	X No			
	If "Yes," attach the statement required by Regulations se	ection 53 4945-5(d).						
6a	Did the foundation, during the year, receive any fu	nds, directly or indir	ectly, to pay premiu	ms				
	on a personal benefit contract?			Yes	X No			
b	Did the foundation, during the year, pay premiums, direct	tly or indirectly, on a	personal benefit contra	act?		6b		X
	If "Yes" to 6b, file Form 8870.							{
7a	At any time during the tax year, was the foundation a pa	rty to a prohibited tax	shelter transaction?	. Yes	X No			
ь	If "Yes," did the foundation receive any proceeds or have	any net income attri	outable to the transact	ion?		7b		
8	Is the foundation subject to the section 4960 tax on pay	ment(s) of more than	\$1,000,000 in		_			[
	remuneration or excess parachute payment(s) during the				No		L	{
Par	Information About Officers, Directors	rs, Trustees, Fou	ındation Manageı	rs, Highly Pa	id Employ	/ees,		
1	List all officers, directors, trustees, and foundation	n managers and t	heir compensation.	See instruction	ons.			
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contribution	ns to) Expens	e acco	ınt,
		devoted to position	enter -0-)	and deferred comp	ensation	other all	owance	es
	ICA BANK	TRUSTEE						_
P.O.	BOX 75000, DETROIT, MI 48275-7874	1	69,361.		-0-			-0-
					-+			
	· · · · · · · · · · · · · · · · · · ·							
	 							
	Compensation of five highest-paid employees	/athor than the	o included on lin	. 1 in	otructions)	16 -		omtor
2		torner man mos	e mauueu on m	e i - see iii	Structions)	. 11 114	one,	enter
	"NONE."							
		(b) Title, and average		(d) Contributio) Evnens	:0 90001	
(a)	Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee be plans and def	nefit (e erred	e) Expens		
(a)				employee be	nefit (e erred			
	Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee be plans and defi compensati	nefit (e erred ion	other all	owance	
	Name and address of each employee paid more than \$50,000	hours per week		employee be plans and def	nefit (e erred ion	other all		
	Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee be plans and defi compensati	nefit (e erred ion	other all	owance	
(a)	Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee be plans and defi compensati	nefit (e erred ion	other all	owance	
	Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee be plans and defi compensati	nefit (e erred ion	other all	owance	
	Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee be plans and defi compensati	nefit (e erred ion	other all	owance	
	Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee be plans and defi compensati	nefit (e erred ion	other all	owance	
	Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee be plans and defi compensati	nefit (e erred ion	other all	owance	
	Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee be plans and defi compensati	nefit (e erred ion	other all	owance	
NON	Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation NONE	employee be plans and defi compensate NONE	nefit (e erred	Other all	owance	

	ive highest-paid independent contractors for professional services. See instructions. If none, enter "NONE.	17
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		NONE
otal n	umber of others receiving over \$50,000 for professional services ▶	NONE
Part I	X-A Summary of Direct Charitable Activities	
List th	ne foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of izations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1N/R		
_	<u> </u>	
2		
·		
4		
Part I	X-B Summary of Program-Related Investments (see instructions)	
	be the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 <u>N / P</u>	<u>*</u>	
2		
2		
2	ner program-related investments See instructions	
All oth		

Par	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ıgn found	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
	Average monthly fair market value of securities	1a	6,597,728.
	Average of monthly cash balances	1b	248,726.
	Fair market value of all other assets (see instructions),	1c	NONE
	Total (add lines 1a, b, and c)	1d	6,846,454.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	_	
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	6,846,454.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	102,697.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	6,743,757.
6	Minimum investment return. Enter 5% of line 5	6	337,188.
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here ▶ and do not complete this part.)	ndations	
1	Minimum investment return from Part X, line 6	1	337,188.
2a	Tax on investment income for 2019 from Part VI, line 5 2a 2,576.		
ь	Income tax for 2019. (This does not include the tax from Part VI) 2b]	
c	Add lines 2a and 2b	2c	2,576.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	334,612.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	334,612.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII,		
•	line 1	7	334,612.
Par	t XII Qualifying Distributions (see instructions)	1 - 1	3317011.
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
·	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	332,936.
	Program-related investments - total from Part IX-B		
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	10	
~	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:	2	NONE
-	Suitability test (prior IRS approval required)		NONE
	Cash distribution test (attach the required schedule)	3a	NONE
	•	3b	332,936.
4 5	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	4	332,936.
9	Enter 1% of Part I, line 27b. See instructions	5	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	332,936.
-	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca		
	qualifies for the section 4940(e) reduction of tax in those years		

Form **990-PF** (2019)

Page 9

	n 990-₽F (2019) rt XIII Undistributed Income (see ınstru	uctions)			Page 9
,	Z AM.	(a)	(b)	(c)	(d)
1	Distributable amount for 2019 from Part XI,	Corpus	Years prior to 2018	2018	2019
	line 7				334,612.
2	Undistributed income, if any, as of the end of 2019				
	Enter amount for 2018 only			NONE	
	Total for prior years 20,20,20		NONE		1
	Excess distributions carryover, if any, to 2019:				
8	From 2014				
ŧ	From 2015				
	From 2016 180, 472.				
	From 2017 NONE			, .	;
	From 2018 NONE				
	Total of lines 3a through e	437,349.			
	Qualifying distributions for 2019 from Part XII,				,
	line 4 ▶ \$332,936.	,			
8	Applied to 2018, but not more than line 2a			NONE	I
	Applied to undistributed income of prior years				
•	(Election required - see instructions)		NONE		•
	Treated as distributions out of corpus (Election				
•	required - see instructions)	NONE			,
	Applied to 2019 distributable amount	-			332,936.
	Remaining amount distributed out of corpus	NONE		, , , , , , , , , , , , , , , , , , , ,	
	Excess distributions carryover applied to 2019				
	(If an amount appears in column (d), the same amount must be shown in column (a))	1,676.			1,676.
6	Enter the net total of each column as				
0	indicated below:				
ē	Corpus Add lines 3f, 4c, and 4e. Subtract line 5	435,673.			•
	Prior years' undistributed income. Subtract				
•	line 4b from line 2b		NONE		
•	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		NONE		
	Subtract line 6c from line 6b. Taxable				
	amount - see instructions		NONE		· · · · · · · · · · · · · · · · · · ·
•	Undistributed income for 2018 Subtract line				
	4a from line 2a. Taxable amount - see instructions			NONE	
	Undistributed income for 2019 Subtract lines				
'	4d and 5 from line 1. This amount must be				
	distributed in 2020				NONE
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)	NONE		_	
8	Excess distributions carryover from 2014 not				
	applied on line 5 or line 7 (see instructions)	20,243.			
9	Excess distributions carryover to 2020.				İ
	Subtract lines 7 and 8 from line 6a	415,430.			J
10	Analysis of line 9:				
á	Excess from 2015 234, 958.				
t	Excess from 2016 180, 472.				
•	Excess from 2017 NONE				
•	Excess from 2018 NONE				
6	Excess from 2019 NONE				Form 990-PF (2019)

Form **990-PF** (2019)

Pai	t XIV Private Ope	erating Foundations	s (see instructions a	<u>nd Part VII-A, questi</u>	on 9)		NOT A	APPLICABL.
1 a	If the foundation has	-			atıng			
	foundation, and the ruling		-		▶∟	1		
	Check box to indicate		is a private operating		n section	4942(j)(:	3) or	4942(j)(5)
28	Enter the lesser of the ad- justed net income from Part	Tax year	/h) 2018	Pnor 3 years (c) 2017	(d) 20	16	(0	e) Total
	or the minimum investment	(a) 2019	(b) 2018	(c) 2017	(0) 20	10		
	return from Pert X for each							
ь.	year listed							
·	Qualifying distributions from Part XII, line 4, for each year listed .							
d	Amounts included in line 2c not used directly for active conduct							
	Overlythme distributions made							
-	Qualifying distributions made directly for active conduct of							
	exempt activities Subtract line 2d from line 2c							
3	Complete 3a, b, or c for the							
а	*Assets* alternative test - enter							
Ū	(1) Value of all assets- · · ·							
	(2) Value of assets qualifying				J			
	under section 4942(j)(3)(B)(i)							
b	"Endowment" alternative test-							
	enter 2/3 of minimum invest- ment return shown in Part X,							
	line 6 for each year listed				<u> </u>			
C	*Support* elternative test - enter							
	(1) Total support other than gross investment income							
	(interest, dividends, rents,)		
	payments on securities loans (section 512(a)(5)),							
	or royalties)				1			
	(2) Support from general public and 5 or more							
	exempt organizations as provided in section 4942							
	(j)(3)(B)(iii)				ļ			\longrightarrow
	(3) Largest amount of sup- port from an exempt							\
	organization							
Dai	(4) Gross investment income . t XV Supplement	ntary Information (Complete this part	only if the found:	ation had \$	5 000 or	more	in assets at
I UI	any time d	uring the year - see	instructions.)	omy in the reality	¥	0,000 0.		455515 41
1	Information Regarding							-
а	List any managers of						d by th	e foundation
	before the close of any	y tax year (but only if th	ney have contributed r	nore than \$5,000). (S	ee section 50)7(d)(2))		
	N/A							
b	List any managers of					an equally	large p	ortion of the
	ownership of a partner	rship or other entity) o	f which the foundation	has a 10% or greater	interest			
_	N/A Information Regarding	O manifestation O mana	O'4 I Cabalanaki	A- D				
2	Č ,			•				
	Check here ▶ if t unsolicited requests f	the foundation only						
	complete items 2a, b,			ints, etc., to individua	als of Organia	ations un	set offic	ii conditions,
	The name, address, an	·		nerson to whom ann	lications shou	ıld he addı	essed	
a	SEE STATEMENT	•	or errian address or the	person to whom app	incations snot	ila be audi	63364	
_ <u>_</u>	The form in which app	o Jucations should he su	bmitted and information	on and materials they	should includ	e:		
-	SEE ATTACHED S'							
							<u>. </u>	_
C	Any submission deadli							
	SEE ATTACHED S'	TATEMENT FOR L	INE 2					
d	Any restrictions or lifactors	imitations on awards	, such as by geogra	aphical areas, charit	able fields,	kınds of ı	nstitutio	ns, or other
	SEE ATTACHED S'	TATEMENT FOR I	INE 2					

Par	990-PF (2019) t XV. Supplementary Information (c	continued)			Page 11
3	Grants and Contributions Paid Durin Recipient Name and address (home or business)	g the Year or App	roved for	Future Payment	
·	Recipient	If recipient is an individual,	Foundation	Purpose of great or	
	Name and address (home or business)	any foundation manager	status of recipient	Purpose of grant or contribution	Amount
а	Paid during the year	Of Substantial Contributor			<u>. </u>
	, , , , , , , , , , , , , , , , , , , ,				
	SEE STATEMENT 21				326,000.
					·
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	V				
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			}		
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	•				
				[
	:				
	Total	 		▶ 3a	326,000.
b	Approved for future payment				
				[
	,				
			}		
			,		
	Total			> 3b	

Part XVI-A Analysis of Income-Produ	ucing Act	ivities			
Enter gross amounts unless otherwise indicated.	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e) Related or exempt
Program service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					<u> </u>
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments -					
4 Dividends and interest from securities			14	182,481.	
5 Net rental income or (loss) from real estate	<u> </u>		ļ		
a Debt-financed property					
b Not debt-financed property · · · · · · · ·			 		
6 Net rental income or (loss) from personal property					
7 Other investment income	<u> </u>		10	11 040	•
8 Gain or (loss) from sales of assets other than inventory			18	11,848.	
9 Net income or (loss) from special events \cdots					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a			1.14	27	
ь _FEDERAL TAX REFUND			14	27.	
c					
d			<u> </u>		
92 Cultotal Add calumna (b) (d) and (a)			1	194,356.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)					194,356.
(See worksheet in line 13 instructions to verify calculations)					134,330.
Part XVI-B Relationship of Activities		ccomplishment of Fo	remnt Pur	nocac	·
Line No. Explain below how each activity					
accomplishment of the foundation	on's exemp	t purposes (other than l	by providing	funds for such purposes	s). (See instructions)
				<u>.</u>	
			_		
		NOT APPLICABL	E	. <u>. </u>	
			<u> </u>		
					·
			· · · · · · · · · · · · · · · · · · ·		

Part	XVII	Information Re Organizations	egarding	Transfers	to and	Transactio	ns and	Relationship	s With	Nonchari	itable	Exe	mpt
1	Did the	organization direct	ly or indir	ectly engag	e in any c	of the followi	ng with a	any other orga	nızatıon (described		Yes	No
٠		tion 501(c) (other zations?	than sec	ction 501(d	c)(3) orga	inizations) o	r in sec	ction 527, rel	ating to	political			
a Transfers from the reporting foundation to a noncharitable exempt organization of:													
-		sh									1a(1)		Х
		ner assets									1a(2)		Х
b	Other t	ransactions.											
		es of assets to a non									1b(1)		<u> X</u>
		chases of assets from									1b(2)		X
	(3) Rental of facilities, equipment, or other assets												X
	(4) Reimbursement arrangements												X
											1b(5)		X
		formance of services g of facilities, equipm											X
		g of facilities, equipm answer to any of th										air m	
u		of the goods, other											
		n any transaction of											
(a) L	ne no	(b) Amount involved	(c) Na	me of nonchar	table exempt	organization	(d) D	escription of transf	ers, transact	tions, and shan	ng arran	geme	nts
										_			
	=.												
			_							-			
						•	 						
					•		1						
	ĺ												
	describ	foundation directly led in section 501(c)	(other tha	n section 5							Ye	s X	No
	11 103,	(a) Name of organizatio		1410.	(b) Type	of organization		T (c) Descripti	on of relations	hip	•	
	Upd	peralties of perjury, I declar		e examined this	return, include	ing accompanying	schedules a	nd statements, and t	o the best o	of my knowledge	and be	ilief, it	ıs true,
Sigr Here	. 7 _'	Velthow			06/14	_	TRU		IC	with the prej	discuss parer sh	own L	oelow?
	Sigi	nature of officer or trustee . ጥጥ ロマなり ここ アカロマ		1	Date		Title			See instructions	· L	Yes	ΧNο
		TTHEW CLEARY Print/Type preparer's na	me	Prz	eparer's atom	ature / //		Date	Che	P	TIN		
Paid	l	BRADLEY N SP		1/2	ريد المدر	AV DUL		06/14/2		~~ □ "	20064	1256	:1
Prep	arer		MG LLP		7	· • 2 /6/		100/14/2	Firm's EIN		5652		
	Only			ENTRAL A	VE, ST	E 700				, 10			
	•		OENIX,	AZ	_,		5004		Phone no	855-80	7-34	123	
											n 990		(2019)

FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

REVENUE AND EXPENSES PER BOOKS

DESCRIPTION

OTHER INTEREST

TOTAL

N

)

38-3047073

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

NET INVESTMENT INCOME	182 481		182,481. ===========
REVENUE AND EXPENSES PER BOOKS	187 781	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	182,481.
DESCRIPTION	DIVIDENDS AND INTEDEST RDOM SECTIBITIES		TOTAL

FORM	99	90F	F,	P	AF	T]		-	(TC	HE	R		IN	1C	0	M	Е
=====	===	===	==	==	==	=	==	==	=	= :	==	==	=	=	==	==	=	=	=

REVENUE AND EXPENSES PER BOOKS DESCRIPTION 27. FEDERAL TAX REFUND TOTALS 27. 38-3047073

- TAXES	
•	ii
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⊢	ii
弦	ii
PART	Ш
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片	ii
<u>ب</u>	ii
ш	"

NET INVESTMENT INCOME	1,666. 1,418. 3,084.
REVENUE AND EXPENSES FER BOOKS	4,179. 8,052. 1,666. 1,418. 15,315.
DESCRIPTION	FEDERAL TAX PAYMENT - PRIOR YE FEDERAL ESTIMATES - INCOME FOREIGN TAXES ON QUALIFIED FOR FOREIGN TAXES ON NONQUALIFIED

Ŋ

38-3047073

-	NET INVESTMENT INCOME	12.	12.
	REVENUE AND EXPENSES PER BOOKS	12.	12.
FORM 990PF, PART I - OTHER EXPENSES	DESCRIPTION .	OTHER EXPENSE (NON-DEDUCTIBLE	TOTALS

BFO948 656P 06/14/2020 14:58:53

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TRUST
CHARITABLE
. KAY
HELEN L

38-3047073

FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION

VARIOUS CORPORATE STOCKS

ING	VALUE
H	BOOK

4,312,810. ENDING FMV

3,384,322.

4,312,810.

TOTALS

21

38-3047073

FORM 990PF, PART II - CORPORATE BONDS

HELEN L. KAY CHARITABLE TRUST

DESCRIPTION

VARIOUS CORPORATE BONDS

ENDING BOOK VALUE

ENDING FMV

2,431,525. 2,431,525.

TOTALS

22

HELEN L. KAY CHARITABLE TRUST FORM 990PF, PART XV - LINES 2a - 2d

RECIPIENT NAME:

RACHEL GULLEDGE

ADDRESS:

411 WEST LAFAYETTE DETROIT, MI 48226

RECIPIENT'S PHONE NUMBER: 313-222-3568

FORM, INFORMATION AND MATERIALS:

No forms are needed.

A letter explaining the need and use of funds is required SUBMISSION DEADLINES:

No deadlines are imposed

RESTRICTIONS OR LIMITATIONS ON AWARDS:

No restrictions are placed on the awarding of grants.

PURPOSE OF GRANT:

RESEARCH AND DEVELOP IMMUNOTHERAPY PROJECTS FOUNDATION STATUS OF RECIPIENT:

EXEMPT

CANCER RESEARCH INSTITUTE

NEW YORK, NY 10006

1 EXCHANGE PLAZA, 55 BROADWAY

RECIPIENT NAME:

RELATIONSHIP:

ADDRESS:

NONE

AMOUNT OF GRANT PAID 7,500.

RECIPIENT NAME:

THE SALVATION ARMY

ADDRESS:

LEGAL DEPARTMENT

HOFFMAN ESTATES, IL 60192

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

CHARITABLE

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

RECIPIENT NAME:

AMERICAN HEART ASSOCIATION

ADDRESS:

7272 GREENVILLE AVE

DALLAS, TX 72531

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

CHARITABLE

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

RECIPIENT NAME:

SUMMER CAMP SCHOLARSHIPS

ADDRESS:

4033 S. MICHAEL RD.

ANN ARBOR, MI 48103

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

TO SUPPORT 4TH & 5TH GRADERS TO ATTEND CAMP

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

AMOUNT OF GRANT PAID

5,000.

N/A

EXEMPT

PURPOSE OF GRANT: CHARITABLE

FOUNDATION STATUS OF RECIPIENT:

RECIPIENT NAME:

CORNERSTONE EDUCATION GROUP

ADDRESS:

306 E 4TH STREET

ROYAL OAK, MI 48067

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

CHARITABLE

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

RECIPIENT NAME:

EDEN GARDENS BLOCK CLUB

ADDRESS:

12155 GLENFIELD ST

DETROIT, MI 48213

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

CHARITABLE

FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID 2,000.

RECIPIENT NAME:

DETROIT PUBLIC SCHOOLS FOUNDATION

ADDRESS:

FISHER BLDG, STE 1004 3011

DETROIT, MI 48202

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

CHARITABLE

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

AMOUNT OF GRANT PAID 5,000.

38-3047073 HELEN L. KAY CHARITABLE TRUST FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID _____ RECIPIENT NAME: CHILDRENS HOSPITAL MEDICAL CENTER ADDRESS: 3333 BURNET AVE MLC 9002 CINCINNATI, OH 45229 RELATIONSHIP: NONE PURPOSE OF GRANT: CHARITABLE FOUNDATION STATUS OF RECIPIENT: EXEMPT AMOUNT OF GRANT PAID 10,000. RECIPIENT NAME: AVENGERS YOUTH MENTORING ADDRESS: PO BOX 5013 DETROIT, MI 48205 RELATIONSHIP: N/A PURPOSE OF GRANT: CHARITABLE FOUNDATION STATUS OF RECIPIENT: EXEMPT 1,000. AMOUNT OF GRANT PAID RECIPIENT NAME: SHRINERS HOSPITAL ADDRESS: 2900 N ROCKY POINT DRIVE TAMPA, FL 33607 RELATIONSHIP: NONE

AMOUNT OF GRANT PAID

PURPOSE OF GRANT: CHARITABLE

EXEMPT

FOUNDATION STATUS OF RECIPIENT:

25,000.

RECIPIENT NAME:

BEAUMONT HEALTH FOUNDATION

ADDRESS:

26901 BEAUMONT BOULEVARD

SOUTHFIELD, MI 48033

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

CHARITABLE

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

RECIPIENT NAME:

HIGHER HOPES

ADDRESS:

8898 COMMERCE

COMMERCE, MI 48382

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

CHARITABLE

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

RECIPIENT NAME:

JUDSON CENTER, INC

ADDRESS:

30301 NORTHWESTERN HIGHWAY

FARMINGTON HILLS, MI 48334

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

CHARITABLE

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

38-3047073 HELEN L. KAY CHARITABLE TRUST FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID . RECIPIENT NAME: DETROIT INSTITUTE FOR CHILDREN ADDRESS: 2075 E. WEST MAPLE WALLED LAKE, MI 48390 RELATIONSHIP: NONE PURPOSE OF GRANT: CHARITABLE FOUNDATION STATUS OF RECIPIENT: EXEMPT AMOUNT OF GRANT PAID 5,000. RECIPIENT NAME: STARR COMMONWEALTH ADDRESS: 13725 STARR COMMONWEALTH ROAD ALBION, MI 49224 RELATIONSHIP: NONE PURPOSE OF GRANT: AUTISM CENTER RENOVATIONS FOUNDATION STATUS OF RECIPIENT: EXEMPT AMOUNT OF GRANT PAID 25,000. RECIPIENT NAME: UNIVERSITY OF DETROIT MERCY ADDRESS:

AMOUNT OF GRANT PAID

STATEMENT 15

4001 W MCNICHOLS RD DETROIT, MI 48221

FOUNDATION STATUS OF RECIPIENT:

RELATIONSHIP: NONE

EXEMPT

PURPOSE OF GRANT: CHARITABLE

7,500.

38-3047073 HELEN L. KAY CHARITABLE TRUST FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID _____ RECIPIENT NAME: EPILEPSY FOUNDATION ADDRESS: 25200 TELEGRAPH ROAD. SUITE 110 Southfield, MI 48033 RELATIONSHIP: NONE PURPOSE OF GRANT: SUPPORT CAMP DISCOVERY NORTH STAR REACH FOUNDATION STATUS OF RECIPIENT: EXEMPT AMOUNT OF GRANT PAID 3,000. RECIPIENT NAME: GOODWILL INDUSTRIES ADDRESS: 1357 DIVISION ST ADRIAN, MI 49221 RELATIONSHIP: N/A PURPOSE OF GRANT: ASST IN PURCHASE OF 24 FOOT DIESEL TRUCK FOUNDATION STATUS OF RECIPIENT: 25,000. AMOUNT OF GRANT PAID RECIPIENT NAME: NORTHEAST GUIDANCE CENTER ADDRESS: 2900 CONNER AVENUE BUILDING A Detroit, MI 48215 **RELATIONSHIP:** NONE PURPOSE OF GRANT: CHARITABLE FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID

EXEMPT

10,000.

RECIPIENT NAME: MICHIGAN PHILHARMONIC ADDRESS: 774 N. SHELDON RD PLYMOUTH, MI 48170 RELATIONSHIP: N/A PURPOSE OF GRANT: CHARITABLE

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

AMOUNT OF GRANT PAID

RECIPIENT NAME: NEIGHBORHOOD HOUSE ADDRESS: 1720 S LIVERNOIS ROCHESTER HILLS, MI 48307 RELATIONSHIP: NONE PURPOSE OF GRANT: CHARITABLE

FOUNDATION STATUS OF RECIPIENT:

EXEMPT AMOUNT OF GRANT PAID 5,000.

RECIPIENT NAME: MARINERS INN ADDRESS: 445 DEDYARD STREET DETROIT, MI 48201 RELATIONSHIP:

N/A PURPOSE OF GRANT:

CHARITABLE FOUNDATION STATUS OF RECIPIENT:

EXEMPT

AMOUNT OF GRANT PAID 3,000. HELEN L. KAY CHARITABLE TRUST 38-3047073 FORM 990PF, PART XV, LINE '3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: OAKLAND COMMUNITY COLLEGE FOUNDATION ADDRESS: 2480 OPDYKE RD BLOOMFLD HLS, MI 48304 RELATIONSHIP: NONE PURPOSE OF GRANT: CHARITABLE FOUNDATION STATUS OF RECIPIENT: **EXEMPT** RECIPIENT NAME: FRIENDS IN DEED ADDRESS: 1196 ECORSE RD YPSILANTI, MI 48198 RELATIONSHIP: N/APURPOSE OF GRANT: FURNITURE PROGRAM FOUNDATION STATUS OF RECIPIENT: EXEMPT AMOUNT OF GRANT PAID 5,000. RECIPIENT NAME: FORGOTTEN HARVEST ADDRESS: 21800 GREENFIELD OAK PARK, MI 48237 RELATIONSHIP: NONE PURPOSE OF GRANT: CHARITABLE FOUNDATION STATUS OF RECIPIENT: **EXEMPT**

AMOUNT OF GRANT PAID

5,000.

RECIPIENT NAME: LIONS VISUALLY IMPAIRED YOUTH CAMP INC

ADDRESS:

3409 N FIVE LAKES RD

LAPEER, MI 48446

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

CHARITABLE

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

AMOUNT OF GRANT PAID 5,000.

RECIPIENT NAME:

NATIONAL BONE MARROW

ADDRESS:

20411 W 12 MILE RD

SOUTHFIELD, MI 48076

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

CHARITABLE

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

AMOUNT OF GRANT PAID 5,000.

RECIPIENT NAME:

WELLSPRING

ADDRESS:

16742 LAMPHERE ST

DETROIT, MI 48219

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

ACADEMIC & YOUTH DEVELOPMENT

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

AMOUNT OF GRANT PAID 5,000.

38-3047073 HELEN L. KAY CHARITABLE TRUST FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID ______ RECIPIENT NAME: ON MY OWN ADDRESS: 1250 KIRTS BLVD STE 300 TROY, MI 48084-4855 RELATIONSHIP: N/A PURPOSE OF GRANT: ASSISTING ADULTS W/MILD INTELLECTUAL DEVELOPM FOUNDATION STATUS OF RECIPIENT: EXEMPT AMOUNT OF GRANT PAID 5,000. RECIPIENT NAME: SPRINGHILL CAMPS ADDRESS: PO BOX 100 EVART, MI 49631 RELATIONSHIP: NONE PURPOSE OF GRANT: CHARITABLE FOUNDATION STATUS OF RECIPIENT:

GROSSE POINTE ROTARY FOUNDATION
ADDRESS:
PO BOX 36366
GROSS POINTE, MI 48236
RELATIONSHIP:
N/A

PURPOSE OF GRANT: CHARITABLE

RECIPIENT NAME:

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

EXEMPT

AMOUNT OF GRANT PAID

7,500.

HELEN L. KAY CHARITABLE TRUST 38-3047073 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID _______ RECIPIENT NAME: GOODWILL INDUSTRIES ADDRESS: 15810 INDIANOLA DRIVE ROCKVILLE, MD 20855 RELATIONSHIP: NONE PURPOSE OF GRANT: CHARITABLE FOUNDATION STATUS OF RECIPIENT: EXEMPT AMOUNT OF GRANT PAID 5,000. RECIPIENT NAME: LITTLE HEROES LEAGUE ADDRESS: 2032 N CLIFTON AVE CHICAGO, IL 60614 RELATIONSHIP: NONE PURPOSE OF GRANT: CHARITABLE FOUNDATION STATUS OF RECIPIENT: EXEMPT 10,000. AMOUNT OF GRANT PAID RECIPIENT NAME: MIRACLE FLIGHTS FOR KIDS ADDRESS: 2764 N GREEN VALLEY PKWY STE 115 GREEN VALLEY, NV 89014 RELATIONSHIP: N/A PURPOSE OF GRANT: FLIGHTS FOR KID IN PITTSBURG & SE MICHIGAN FOUNDATION STATUS OF RECIPIENT: EXEMPT AMOUNT OF GRANT PAID 4,000.

TOTAL GRANTS PAID:

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326,000.

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