Form **990-PF** Department of the Treasury Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990PF for instructions and the latest information.

В

	For calendar year 2017 or tax year beginning			, and ending		
•	Name of foundation				A Employer identification	number
ું હું	FLAGSTAR FOUNDATION 1	NC.			82-1812075	
()	Number and street (or P O box number if mail is not delive	ered to street	address)	Room/suite	B Telephone number	
Θī	_5151 CORPORATE DRIVE				248-312-54	70
.=-1	City or town, state or province, country, and ZIF	or foreign i	postal code	<del></del>	C If exemption application is p	
<u> </u>	TROY, MI 48098				The exemption application is p	ending, check here
	G Check all that apply: X Initial return		Initial return of a f	ormer public charity	D 1. Foreign organizations	check here
<u>C</u>	Final return		Amended return		İ	
<u> </u>	X Address cha		Name change		2 Foreign organizations me check here and attach co	eting the 85% test, mputation
ANNED	H Check type of organization: X Section	501(c)(3) e	xempt private foundation	040	E If private foundation sta	
K	Section 4947(a)(1) nonexempt charitable		Other taxable private foundate		under section 507(b)(1)	
S	· ·	_	ing method: Cash	X Accrual	F If the foundation is in a	
U)	(from Part II, col. (c), line 16)		ther (specify)		under section 507(b)(1)	
1			mn (d) must be on cash basi	S.)		
- 1	Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and necessarily equal the amounts in column (a))	d) may not	(a) Revenue and expenses per books	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
, .				income	income	(cash basis only)
X	1 Contributions, gifts, grants, etc., receiv 2 Check I if the foundation is not required to		560,505.		N/A	
<i>y</i> •	3 Interest on savings and temporary cash investments	ttach och b				
	4 Dividends and interest from securities					
	5a Gross rents				<del></del>	
	b Net rental income or (loss)					
	6a Net gain or (loss) from sale of assets not on line	10				
	Gross sales price for all assets on line 6a					
	b dross sales price for all assets on line 6a  7 Capital gain net income (from Part IV, line 2)			0.		
	o ivet short-term capital gain					
	9 Income modifications Gross sales less returns 10a and allowances					
	b Less Cost of goods sold					
	c Gross profit or (loss)					
	11 Other income					
	12 Total Add lines 1 through 11		560,505.	0.		
	13 Compensation of officers, directors, trustees, e	tc	0.	0.		0.
	14 Other employee salaries and wages					
	15 Pension plans, employee benefits	em 1	0 515			
	STI Accounting tree VED STI		9,517. 3,995.	0.		0.
		11 Z 1T 3	8,044.	0.		0.
	Other professional fees STI STI Interest Y 2 2 2018 STI Taxes		0,044.			0.
	interest 2 2 2018					
	19_Demecationabilide bienton					
	20 Occupancy					
	21 Travel, conferences, and meetings					
	22 Printing and publications					
	23 Other expenses ST	IT 4	21,500.	0.		0.
	24 Total operating and administrative expenses. Add lines 13 through 23		13 056	•		_
	25 Contributions, gifts, grants paid		43,056. 193,800.	0.		0.
	26 Total expenses and disbursements.		155,000.			193,800.
_	Add lines 24 and 25		236,856.	0.		193,800.
_	27 Subtract line 26 from line 12:					193,000.
	a Excess of revenue over expenses and disburser		323,649.			
	b Net investment income (If negative, enter-	0-)		0.		
_	c Adjusted net income (if negative, enter -0-)				N/A	
72	723501 01-03-18 LHA For Paperwork Reduction	1 Act Notice	, see instructions.			Form <b>990-PF</b> (2017)

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	ł	0.
2	Enter amount from Part I, line 27a	2	Γ	323,649.
3	Other increases not included in line 2 (itemize)	3_		0.
4	Add lines 1, 2, and 3	4	Γ	323,649.
5	Decreases not included in line 2 (itemize)	5_	$oxed{\Box}$	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6		323,649.

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FLAGSTAR FOUNDATION INC.

_	990-PF (2017) FLAGSTAR FOUNDATION INC.	0(a) 4040/5 4040/5		82-1812			age 4
	rt VI Excise Tax Based on Investment Income (Section 494		), or 49	48 - see ii	nstruc	tions	<u>)                                    </u>
1a	Exempt operating foundations described in section 4940(d)(2), check here and		) [				
	Date of ruling or determination letter: (attach copy of letter if ne						اللبيا
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	and enter 1%	<b>}</b>	1			0.
	of Part I, line 27b						
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4	% of Part I, line 12, col. (b).	ノ				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, o	thers, enter -0-)		2			0.
3	Add lines 1 and 2			3			0.
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	-		0.
6	Credits/Payments:		1				
	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	0.				
	Exempt foreign organizations - tax withheld at source	6b	0.	Ì			
	Tax paid with application for extension of time to file (Form 8868)	6c	0.				
	Backup withholding erroneously withheld	6d	0.				
	Total credits and payments. Add lines 6a through 6d		<del>- •</del>	<del>,</del>			0.
		tached	}	7			0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is att	acrieu	_	8			0.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			9			<u> </u>
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	1	. ▶	10			
	Enter the amount of line 10 to be: Credited to 2018 estimated tax  rt VII-A Statements Regarding Activities	Refur	nded 🚩				
		<del> </del>			-	<b>V</b> I	NI-
1a	During the tax year, did the foundation attempt to influence any national, state, or local legi	slation or did it participate or	intervene	ın	<b> </b>	Yes	No
	any political campaign?				1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purp	oses? See the instructions for	the defini	tion	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies	of any materials published or					
	distributed by the foundation in connection with the activities.						
C	Did the foundation file Form 1120-POL for this year?				1c		<u>X</u>
ď	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during th	e year:			1		
	(1) On the foundation. > \$ 0 . (2) On foundation manager	rs. ► \$	0.				1
е	Enter the reimbursement (if any) paid by the foundation during the year for political expend	titure tax imposed on foundat	ion		1 1		Ì
	managers. ► \$ 0.	·					Ì
2	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.						$\overline{}$
3	Has the foundation made any changes, not previously reported to the IRS, in its governing	instrument articles of incorn	oration or				ļ
•	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	mon among articles of moorp	oracion, or		3		X
Aa	Did the foundation have unrelated business gross income of \$1,000 or more during the ye	22.2					X
	If "Yes," has it filed a tax return on Form 990-T for this year?	ai '		N/A	4a		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year	2		IV / IX	4b		X
J		:			5	<del>                                     </del>	
c	If "Yes," attach the statement required by General Instruction T.	s Albania					- 1
0	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied (	entrier.					- }
	By language in the governing instrument, or     Divide legislates that affectively assessed at the second at						ļ
	By state legislation that effectively amends the governing instrument so that no mandato	ry directions that conflict with	the state	law	<u> </u>	<b>⊢</b> ,	
_	remain in the governing instrument?				6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," com	plete Part II, col. (c), and Part	XV		7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instruct	ons		<del> </del>			
					i l	l 1	
	MI						
b	MI  If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	Attorney General (or designate	e)				
b		Attorney General (or designate	e)		8b	Х	
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the of each state as required by <i>General Instruction G?</i> If "No," attach explanation		•	ndar	8b	Х	 
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the of each state as required by <i>General Instruction G?</i> If "No," attach explanation is the foundation claiming status as a private operating foundation within the meaning of s	ection 4942(j)(3) or 4942(j)(5	•	ndar	8b	Х	
9	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the of each state as required by <i>General Instruction G?</i> If "No," attach explanation	ection 4942(j)(3) or 4942(j)(5 mplete Part XIV	5) for caler	ndar STMT 5		X	X

<u>.                                    </u>	otatements negaring Activities (continued)			
			Yes	No
11	At agy time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			1
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		Х
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	İ	Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address WWW.FLAGSTAR.COM			
14	Telephone no 248 – 1	12-5	580	
4-	Located at ► 5151 CORPORATE DRIVE, TROY, MI ZIP+4 ►4	8098		
15	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_		$\overline{\Box}$
40	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
10	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	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			
Ρź	foreign country ►  art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required			
1.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
16	During the year, did the foundation (either directly or indirectly):  (1) Engage in the sale or exchange, or leaves of except with a directly or indirectly.	1		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?  (2) Borrow money from lead money to or otherwise standard works.			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	ł		
	(A) Furnish and the second of			
	(A) Day components to			ļ
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  (5) Transfer any income or assets to a disqualified person (or make any of either available	1		
	for the handle and a second of the second of			
	(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	İ		
	towns at a second secon			
b	If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations			
	control E2 4044/4\ 0 ===================================			
	Organizations relying on a current notice regarding disaster assistance, check here	1b		
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			1
	before the first day of the tax year beginning in 2017?	<u> </u>		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	1c		_X
	defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	ł		
	before 2017?  Yes X No			
	If "Yes," list the years \	İ		ĺ
þ	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect		ĺ	
	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.		1	
	<b></b>			,
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
þ	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			1
	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 4/20, to determine if the foundation had excess business holdings in 2017.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
D	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
_	had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		X
	F0	rm <b>99</b> 0	-PF (	2017)

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Part VII-B   Statements Regarding Activities for Which Fo	orm 4720 May Be R	equired <sub>(contini</sub>	ued)	13.0		
5a During the year, did the foundation pay or incur any amount to:				Ye	s No	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	• • •		s X No	İ	1 1	
(2) Influence the outcome of any specific public election (see section 4955); or	to carry on, directly or indire	• •	(T)			
any voter registration drive?			es X No		1 1	
(3) Provide a grant to an individual for travel, study, or other similar purposes?		Ye	s X No		1 1	
(4) Provide a grant to an organization other than a charitable, etc., organization	described in section		s X No		1 1	
4945(d)(4)(A)? See instructions	or advectional purposes, or f	<del></del>	S LAL NO	- 1	1 1	
(5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals?	or educational purposes, or r		s X No		1 1	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ler the exceptions described i		:S [25] NU	- 1	1 1	
section 53.4945 or in a current notice regarding disaster assistance? See instru	· · · · · · · · · · · · · · · · · · ·	ii negulations	N/A	5b	<del>                                     </del>	
Organizations relying on a current notice regarding disaster assistance, check h				<del>"</del>		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from		ned				
expenditure responsibility for the grant?  N/A Yes No						
If "Yes," attach the statement required by Regulations section 53.4945-5(d).				1	1 1	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	oav premiums on		ļ		1 1	
a personal benefit contract?	,	Ye	s X No		1 1	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a pi	ersonal benefit contract?	<del></del>		6b	X	
If "Yes" to 6b, file Form 8870.			Γ			
7a At any time during the tax year, was the foundation a party to a prohibited tax sl	helter transaction?	Ye	es X No			
b If "Yes," did the foundation receive any proceeds or have any net income attribute	table to the transaction?	. <u> </u>	N/A	7b	<u> </u>	
Part VIII Information About Officers, Directors, Truste Paid Employees, and Contractors	es, Foundation Mar	nagers, Highly				
1 List all officers, directors, trustees, and foundation managers and th	eir compensation.					
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) E accou allov	xpense nt, other vances	
				}		
			_	}	_	
SEE STATEMENT 6		0.	0.	<u> </u>	0.	
		<u> </u>		<del> </del>	<del></del>	
			ļ	1		
	<del></del>	<del> </del>	<del></del>	<del> </del>		
				{		
2 Compensation of five highest-paid employees (other than those incl	uded on line 1). If none,	enter "NONE."	<u> </u>			
(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	accou	xpense nt, other vances	
NONE	22.7.2.10 poorties.	<del>                                     </del>		† <del></del>		
			ļ	}		
	<u> </u>	<u> </u>		<u>L</u> .		
			]			
			L			
			[			
	L <u></u>	<del></del>	<u> </u>	<u></u>		
Total number of other employees paid over \$50,000					0	

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Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, ent	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<del></del>		<del></del>
	<u></u>	
Total number of others receiving over \$50,000 for professional services  Part IX-A.   Summary of Direct Charitable Activities	<u> </u>	. • 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant state number of organizations and other beneficiaries served, conferences convened, research papers pro-	tistical information such as the	Expenses
1 N/A	oduced, etc.	<del></del>
2	· · · · · · · · · · · · · · · · · · ·	
3		
4		<del></del>
Part IX-B   Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year of N/A	on lines 1 and 2.	Amount
1		
2		
·		
All other program-related investments. See instructions.		
3		
Total Add lines 1 through 3		0.

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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

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

,	(a) Corpus	(b) Years prior to 2016	<b>(c)</b> 2016	( <b>d)</b> 2017
1 Distributable amount for 2017 from Part XI,				3,024.
2 Undistributed income, if any, as of the end of 2017				7,7227
a Enter amount for 2016 only			0.	
b Total for prior years:				
b rotal for prior years.		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012				
b From 2013				
c From 2014				
d From 2015	:			
e From 2016				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2017 from				
Part XII, line 4: ►\$ 193,800.				
a Applied to 2016, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount				3,024.
e Remaining amount distributed out of corpus	190,776.			
5 Excess distributions carryover applied to 2017	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a) )				
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	190,776.		1	
b Prior years' undistributed income. Subtract	130,770			
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		٥.		
e Undistributed income for 2016. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2018				0.
7 Amounts treated as distributions out of	-			
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2012				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2018.				
Subtract lines 7 and 8 from line 6a	190,776.			
10 Analysis of line 9:				
a Excess from 2013				
b Excess from 2014				
c Excess from 2015				
d Excess from 2016				
e Excess from 2017 190,776.		1		

	R FOUNDATIO				312075 Page 10
Part XIV   Private Operating Fo			I-A, question 9)	N/A	
1 a If the foundation has received a ruling or	r determination letter that	it is a private operating			
foundation, and the ruling is effective for	•	•	▶ ∟		
<b>b</b> Check box to indicate whether the found		g foundation described		4942(j)(3) or4	1942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2017	<b>(b)</b> 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for					
each year listed					/
<b>b</b> 85% of line 2a				4	
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			<u> </u>	′	
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:		l	/		
a "Assets" alternative test - enter:		}	/		
(1) Value of all assets			<i>!</i>		
(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			1		
c "Support" alternative test - enter:		<i>[</i>			
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)	<i>,</i>				
(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					<u> </u>
(4) Gross investment income				<u> </u>	<u> </u>
Part XV Supplementary Info			if the foundation	had \$5,000 or mo	ore in assets
at any time during the	ne year-see instr	uctions.)			
1 Information Regarding Foundation	•				
a List any managers of the foundation who	o have contributed more	than 2% of the total conf	tributions received by the	e foundation before the clo	ose of any tax
year (but only if they have contributed m	iore man 45,000). (See S	ection 507(u)(2).)			
NONE					
b List any managers of the foundation who other entity) of which the foundation has			(or an equally large port	ion of the ownership of a j	partnership or
NONE	sa 1076 or greater interes	)			
		0 1 1 1 1 5			
2 Information Regarding Contribution					
Check here  if the foundation of the foundation makes gifts, grants, etc.,					uests for funds. If
a The name, address, and telephone number SONIA PLATA, 248-312		ie person to whom appir	cations should be addres	sseo.	
5151 CORPORATE DRIVE		48098			
b The form in which applications should b			hould include:		
SEE ATTACHMENTS	e submitted and imormal	non and materials they s	noula include:		
c Any submission deadlines: SEE ATTACHMENTS					
d Any restrictions or limitations on awards	s, such as by geographic	al areas, charitable fields	, kınds of institutions, or	other factors:	- <del> </del>
SEE ATTACHMENTS					

3 Grants and Contributions Paid During th	ne Year or Approved for Future	Payment		
Recipient	If recipient is an individual,		Durnosa of grant or	
Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient	**	
a Paid during the year		1		
AFFIRMATIONS	NONE	PC	AFFIRMATIONS HAS	
290 W. NINE MILE ROAD	NONE	•	PARTNERED WITH BILL	
FERNDALE, MI 48220		Ì	HUFFAKER, GLOBAL	
I BINDADE, MI 40220			DIRECTOR OF TALENT	
			MANAGEMENT AND TALENT	10,000.
		-		
CAUGHT UP	NONE	PC	TO INSPIRE, MOLD AND	
5811 GRAYTON			EMPOWER TEENAGERS TO	
DETROIT, MI 48224			BE PRODUCTIVE MEMBERS	
•			IN THEIR SOCIETY.	
			GIVING THEM TOOLS AND	1,000.
CRANBROOK INSTITUTE OF SCIENCE	NONE	PC	SUPPORT OF THE	
39221 WOODWARD AVE.			CHOCOLATE EXHIBIT,	
BLOOMFIELD HILLS, MI 48303	İ		WHICH RUNS FROM SEPT	
			23, 2017 - JAN 7,	
			2017. THE EXHIBIT WAS	50,000.
DETROIT ARTIST'S MARKET	NONE	PC	THE OVERALL GOAL OF	
4719 WOODWARD AVENUE			LEARN, COLLECT,	
DETROIT, MI 48201		ļ	CONNECT IS TO GROOM	
			NEW COLLECTORS OF	
		<u> </u>	DETROIT ART BY	5,400.
DEMPOTE HIGHODICAL COCTEMY	NONE	PC	THE MUSEUM IS CREATING	
DETROIT HISTORICAL SOCIETY	NONE		A DETROIT 67 EXHIBIT	
5401 WOODWARD AVENUE			THAT MARKS THE 50 YEAR	
DETROIT, MI 48202	ļ		ANNIVERSARY OF THE	
			TUMULTUOUS SUMMER OF	25,000.
Total SEE	CONTINUATION SHEE	रण(S)	→ 3a	193,800.
b Approved for future payment		1		
2 Approved for lattire payment		1		
NONE				
			İ	
			1	
			•	
Total			▶ 3b	0.

Form 990-PF (2017) FLAGSTAR 1	FOUNDATION INC	•	_	82-1	L812075 Page 12
Part XVI-A . Analysis of Income	e-Producing Activities	S			
Enter gross amounts unless otherwise indicated.	Unrelated t	usiness income		oy section 512, 513, or 514	(e)
	(a) Business	(b)	(c) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a			<del>                                     </del>		
b					
c					<u> </u>
d					
e		<del></del>	+		
†					
g Fees and contracts from government agence	les		<del>                                     </del>		
2 Membership dues and assessments					<del></del>
3 Interest on savings and temporary cash					
Investments 4 Dividends and interest from securities	<del></del>		+ + -		
5 Net rental income or (loss) from real estate:			+		
a Debt-financed property			+		
b Not debt-financed property			<del>                                      </del>		
6 Net rental income or (loss) from personal			<del>                                     </del>	<u>-</u> :	
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other		-			
than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					<u> </u>
b					
C					
d	<u>`</u>				
e					
12 Subtotal. Add columns (b), (d), and (e)		0	•	0.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	0.
(See worksheet in line 13 instructions to verify cale	culations.)				
Part XVI-B Relationship of Ac	tivities to the Accom	plishment of E	xempt Pu	ırposes	
The state of the s			A t - t t -		-1-1
Line No Explain below how each activity fo the foundation's exempt purposes			-A contribute	a importantly to the accord	ipiisnment of
the foundation's exempt purposes	tother than by providing funds	s for such purposes).			
-		<u></u>			
		<del></del>			
			-		
<u> </u>					
		<del></del>			
	-	••			-

Form 990-PF (2017) FLAGSTAR FOUNDATION INC. Page 13 Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of:

(1) Cash 1a(1) (2) Other assets 1a(2) b Other transactions: (1) Sales of assets to a noncharitable exempt organization 1b(2) (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets 1b(3) 1b(4) (4) Reimbursement arrangements (5) Loans or loan quarantees (6) Performance of services or membership or fundraising solicitations 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (c) Name of noncharitable exempt organization (a) Line no (b) Amount involved (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described Yes X No in section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge ry, I declare that I have examined this return, including accompanying schools.

ect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge FOUNDATION. return with the preparer shown below? See instr Sign Here 5/15/2018 PRESIDENT X Yes Signature of officer or trustee Date Title Check [ Print/Type preparer's name Preparer's signature Date self- employed PATRICK D. Paid 5/14/18 FUELLING, CPA P00530005 Preparer Firm's name ► DOEREN MAYHEW Firm's EIN ► 38-2492570 **Use Only** Firm's address ▶ 305 WEST BIG BEAVER ROAD

Form 990-PF (2017)

Phone no. 248-244-3000

TROY,

MI 48084

FLAGSTAR FOUNDATION INC.

3 Grants and Contributions Paid During the Year (Continua	
Recipient If recipient show any	ship to Foundation Purpose of grant or
Name and address (home or business) any found or substar	lariager states of contribution
DETROIT REGIONAL CHAMBER FOUNDATION NONE	PC THE CHAMBER IS SEEKING
FORWARD DETROIT	FUNDING FROM THE
ONE WOODWARD AVENUE	BUSINESS AND
DETROIT, MI 48232	PHILANTHROPIC
	COMMUNITIES FOR 25,00
GROW DETROIT'S YOUNG TALENT NONE	PC SUPPORT FOR 6 SUMMER
440 E. CONGRESS	JOBS THROUGH THE GDYT
DETROIT, MI 48226	PROGRAM. GDYT WILL
	MANAGE STUDENT
	RECRUITMENT, PAYROLL, 3,40
MACOMB COUNTY ROTATING EMERGENCY NONE	PC TO PROVIDE HOMELESS
SHELTER TEAM (MCREST)	AND DISPLACED
20415 ERIN	INDIVIDUALS THE
ROSEVILLE, MI 48066	OPPORTUNITY FOR
_	SUCCESSFUL TRANSITION 3,00
MCLAREN OAKLAND FOUNDATION NONE	PC MCLAREN OAKLAND
50 N. PERRY STREET	FOUNDATION IS SEEKING
PONTIAC, MI 48342	TO OBTAIN A MOBILE
	CLININC IN ORDER TO
	EXPAND ACCESS TO 50,00
NEW DETROIT NONE	PC THE MINORITY SMALL
535 GRISWOLD	BUSINESS EDUCATION
DETROIT, MI 48226	SERIES IS A PRACTICAL
	OVERVIEW OF ESSENTIAL
	BUSINESS TOPICS 10,00
PROMISE HOUSE NONE	PC SUPPORTING HOMELESS
224 W. PAGE AVENUE	AND RUNAWAY YOUTH.
DALLAS, TX 75208	5,00
OPEN DOOR NONE	PC TO PROVIDE EMERGENCY
7170 COOLEY LAKE ROAD	SERVICES (FOOD,
WATERFORD, MI 48327	CLOTHING, AND REFERRAL
,	INFORMATION) TO
	FAMILIES IN NEED. 1,00
PURPLE MARTIN FOR KIDS NONE	PC THE PURPLE MARTIN WAS
33816 JEFFERSON AVENUE	FOUNDED IN 2011 WITH
ST. CLAIR SHORES, MI 48082	THE DETERMINATION TO
, and the second	TRANSFORM THE LIVES OF
	FOSTER CHILDREN AND 5,00
Total from continuation sheets	102,40

#### Part XV Supplementary Information

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

#### NAME OF RECIPIENT - AFFIRMATIONS

AFFIRMATIONS HAS PARTNERED WITH BILL HUFFAKER, GLOBAL DIRECTOR OF

TALENT MANAGEMENT AND TALENT ACQUISITION AT GM, TO PROVIDE MID-CAREER

LGBTQ PROFESSIONALS WITH THE EDUCATION, TRAINING, NETWORKING AND

MENTORING OPPORTUNITIES TO ENHANCE THEIR OWN PERSONAL AND PROFESSIONAL

LEADERSHIP DEVELOPMENT, BUILD INTERPERSONAL NETWORKS AND IMPROVE THEIR

POSITION FOR A LEADERSHIP ROLE WITHIN FOR-PROFIT, PUBLIC SECTOR AND

NONPROFIT ORGANIZATIONS IN THE METRO DETROIT AREA. THIS PROGRAM TRAINS

25-30 INDIVIDUALS EACH YEAR. THIS GRANT REQUEST IS TO SUPPORT THE

PROGRAM FROM JULY, 2017 - JUNE, 2018.

### NAME OF RECIPIENT - CAUGHT UP

TO INSPIRE, MOLD AND EMPOWER TEENAGERS TO BE PRODUCTIVE MEMBERS IN

THEIR SOCIETY. GIVING THEM TOOLS AND RESOURCES TO SUCCEED AS THEY ENTER

INTO MANHOOD.

# NAME OF RECIPIENT - CRANBROOK INSTITUTE OF SCIENCE

SUPPORT OF THE CHOCOLATE EXHIBIT, WHICH RUNS FROM SEPT 23, 2017 - JAN

7, 2017. THE EXHIBIT WAS CREATED BY THE FIELD MUSEUM IN CHICAGO, IL

AND REVEALS ALL OF THE FACETS OF CHOCOLATE - THE PLANT, THE PRODUCT,

THE HISTORY, AND THE CULTURE THROUGH THE LENSES OF BOTANY AND ECOLOGY,

ANTHROPOLOGY AND ECONOMICS, CONSERVATION AND POPULAR CULTURE. THE

MUSEUM WILL WORK WITH FLAGSTAR TO MODIFY THEIR EXISTING MONEY ON THE GO

FINANCIAL LITERACY PROGRAM TO INCLUDE A CHOCOLATE THEME AND FLAGSTAR

EMPLOYEES WILL HAVE THE ABILITY TO DELIVER THE PROGRAM IN CLASSROOMS

ACROSS THE STATE. THE MUSEUM WILL ALSO OFFER FREE ADMISSION TO SCHOOL

STUDENTS FROM PONTIAC.

#### Part XV | Supplementary Information

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

NAME OF RECIPIENT - DETROIT ARTIST'S MARKET

THE OVERALL GOAL OF LEARN, COLLECT, CONNECT IS TO GROOM NEW COLLECTORS

OF DETROIT ART BY EDUCATING PEOPLE ON THE FUNDAMENTALS. SECONDLY, WE

WANT TO BE A RESOURCE FOR THOSE INTERESTED IN PURCHASING AND COLLECTING

ART. DAM'S ART BUYING RESOURCES ARE ABUNDANT AND INCLUDE: SIX VARIED

EXHIBITIONS A YEAR; A SUMMER GARDEN PARTY AND ART SALE AND A WINTER ART

FOR THE HOLIDAYS EVENT; A YEAR-ROUND ELEMENTS SALES GALLERY, WHICH

CONTAINS THOUSANDS OF WORKS; AND, AN ANNUAL ART AUCTION FUNDRAISING

EVENT FEATURING WORK FROM MORE THAN 30 DETROIT ARTISTS; AND AN ART

PLACEMENT SERVICE IN WHICH WE CURATE AND INSTALL ART COLLECTIONS FOR

INDIVIDUALS AND ORGANIZATIONS. WHAT WILL WE MEASURE? WE WILL COLLECT

KEY INFORMATION ABOUT THE ATTENDEES AND FOLLOW UP WITH THEM VIA E-MAIL

SURVEY FOR FEEDBACK (RATE THEIR EXPERIENCE, FUTURE TOPICS, ETC.) AND TO

SEE IF WE CAN BE OF FURTHER ASSISTANCE. THE INFORMATION WE GATHER WILL

FORM THE BASIS OF OUR MARKETING OF FUTURE LCC EVENTS.

NAME OF RECIPIENT - DETROIT HISTORICAL SOCIETY

THE MUSEUM IS CREATING A DETROIT 67 EXHIBIT THAT MARKS THE 50 YEAR

ANNIVERSARY OF THE TUMULTUOUS SUMMER OF 1967. THE EXHIBIT WILL REFLECT

ON THE HISTORY AND EVENTS LEADING UP TO THE SUMMER OF 1967 AND ENGAGE

THE COMMUNITY TO LOOK FORWARD AT WHAT IS TO COME IN THE NEXT 50 YEARS.

THE GRANT REQUEST FROM THE MUSEUM PROVIDES UP TO 25 FLAGSTAR EMPLOYEES

TO SERVE AS DOCENTS FOR THE DETROIT 67 EZHIBIT. FLAGSTAR VOLUNTEERS

WILL ATTEND A HALF-DAY DOCENT TRAINING SESSION AND THE MUSEUM WILL

RESERVE 5 DAYS IN 2017 FOR FLAGSTAR VOLUNTEERS.

NAME OF RECIPIENT - DETROIT REGIONAL CHAMBER FOUNDATION FORWARD DETROIT
THE CHAMBER IS SEEKING FUNDING FROM THE BUSINESS AND PHILANTHROPIC

Part XV	Suppl	ementary	Int	ormation
---------	-------	----------	-----	----------

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

COMMUNITIES FOR FORWARD DETROIT TO DRIVE ECONOMIC DEVELOPMENT AND HELP

THE REGION ACHIEVE LONG-TERM PROSPERITY. THE INITIATIVE'S GOAL IS TO

RAISE \$20 MILLION BY THE CONCLUSION OF 2021. FORWARD DETROIT IS

REQUESTING THAT FLAGSTAR RENEW AT THE PACESETTER LEVEL.

NAME OF RECIPIENT - GROW DETROIT'S YOUNG TALENT

SUPPORT FOR 6 SUMMER JOBS THROUGH THE GDYT PROGRAM. GDYT WILL MANAGE
STUDENT RECRUITMENT, PAYROLL, WORK READINESS TRAINING AND MATCH THE
YOUNG PERSON TO THE RIGHT JOB OPPORTUNITY.

NAME OF RECIPIENT - MACOMB COUNTY ROTATING EMERGENCY SHELTER TEAM
(MCREST)

TO PROVIDE HOMELESS AND DISPLACED INDIVIDUALS THE OPPORTUNITY FOR SUCCESSFUL TRANSITION TO INDEPENDENCE.

NAME OF RECIPIENT - MCLAREN OAKLAND FOUNDATION

MCLAREN OAKLAND FOUNDATION IS SEEKING TO OBTAIN A MOBILE CLINING IN

ORDER TO EXPAND ACCESS TO ESSENTIAL HEALTHCARE SERVICES THROUGHOUT

PONTIAC AND OAKLAND COUNTY. THE MOBILE CLINIC AIMS TO REDUCE THE RATE

OF UNVACCINATED SCHOOL-AGED CHILDREN IN PONTIAC AND INCREASE THE NUMBER

OF ADULTS WHO ARE SCREENED FOR CANCER, HEART DISEASE, STROKE, DIABETES,

HEPATITIS, HIV AND AIDS.

NAME OF RECIPIENT - NEW DETROIT

THE MINORITY SMALL BUSINESS EDUCATION SERIES IS A PRACTICAL OVERVIEW OF

ESSENTIAL BUSINESS TOPICS CREATED FOR MINORITY AND NON-MINORITY SMALL

BUSINESSES OPERATING IN RECOGNIZED METROPOLITAN DETROIT "LOW TO

MODERATE INCOME" NEIGHBORHOODS. THE SERIES IS OPEN TO ALL TYPES OF

### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Name of the organization

Employer identification number

	FLAGSTAR FOUNDATION INC.	82-1812075
Organization type (chec	k one).	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
•	on is covered by the <b>General Rule</b> or a <b>Special Rule</b> .  1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special I	Rule See instructions.
General Rule		
=	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions total any one contributor. Complete Parts I and II. See instructions for determining a contribut	-
Special Rules		
sections 509(a) any one contrib	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16 outor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the arr EZ, line 1. Complete Parts I and II	6a, or 16b, and that received from
year, total cont	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fro tributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educately to children or animals. Complete Parts I, II, and III	
year, contributi is checked, ent purpose Don't	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sexclusively for religious, chantable, etc., purposes, but no such contributions totalecter here the total contributions that were received during the year for an exclusively religions complete any of the parts unless the <b>General Rule</b> applies to this organization because table, etc., contributions totaling \$5,000 or more during the year.	d more than \$1,000 If this box ious, chantable, etc ,
but it must answer "No"	on that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule E " on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on it set the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	·

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Employer identification number

アドスペペのカン	FOUNDATION	TNIC
T. HWITO I MV	PUNNINA I INN	1 144

82-1812075

Part 1	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FLAGSTAR BANK  5151 CORPORATE DRIVE  TROY, MI 48098	\$ <u>510,166.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) <u>N</u> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

### FLAGSTAR FOUNDATION INC.

82-1812075

Part'll*	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$	·		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			

me of organiz	zation		Employer identification number		
LAGSTAI	R FOUNDATION INC.		82-1812075		
art <u>:</u>   ] <u>:</u>	Exclusively religious, charitable, etc., contribute year from any one contributor. Complete completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	olumns (a) through (e) and the follow chantable, etc., contributions of \$1,000 or le	n section 501(c)(7), (8), or (10) that total more than \$1,000 for ring line entry. For organizations sess for the year (Enter this info once) \$		
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee		
) No. rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
_   _					
		(e) Transfer of gift			
	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee		
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee		
n) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
_   -					
	(e) Transfer of gift				
_	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee		
-					

FORM 990-PF	LEGAL	FEES	Sr.	ratement 1
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
	9,517.	0.		0.
TO FM 990-PF, PG 1, LN 16A =	9,517.	0.		0.
FORM 990-PF	ACCOUNTI	NG FEES	S	TATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
	3,995.	0.		0.
TO FORM 990-PF, PG 1, LN 16B	3,995.	0.		0.
	(A) EXPENSES	(B) NET INVEST-	(C) ADJUSTED	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C)	(D) CHARITABLE PURPOSES
DESCRIPTION	(A) EXPENSES PER BOOKS 8,044.	(B) NET INVEST- MENT INCOME	(C) ADJUSTED	(D) CHARITABLE PURPOSES
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED	(D) CHARITABLE PURPOSES
DESCRIPTION	(A) EXPENSES PER BOOKS 8,044.	(B) NET INVEST- MENT INCOME  0.	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
DESCRIPTION  MANAGEMENT FEES  TO FORM 990-PF, PG 1, LN 16C	(A) EXPENSES PER BOOKS 8,044.	(B) NET INVEST- MENT INCOME  0.	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES  0.  0.  TATEMENT 4
DESCRIPTION  MANAGEMENT FEES  TO FORM 990-PF, PG 1, LN 16C  FORM 990-PF	(A) EXPENSES PER BOOKS  8,044.  8,044.  OTHER E  (A) EXPENSES	(B) NET INVEST- MENT INCOME  0.  0.  XPENSES  (B) NET INVEST-	(C) ADJUSTED NET INCOME  S  (C) ADJUSTED	(D) CHARITABLE PURPOSES  0.  0.  TATEMENT 4  (D) CHARITABLE

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT 5
NAME OF CONTRIBUTOR	ADDRESS	
FLAGSTAR BANK	5151 CORPORATE DRIVE TROY, MI 48098	

FORM 990-PF PART VIII - LI TRUSTEES AN	ST OF OFFICERS, D D FOUNDATION MANA	STATEMENT 6		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ELIZABETH CORREA 5151 CORPORATE DRIVE TROY, MI 48098	PRESIDENT 3.00	0.	0.	0.
PAUL BORJA 5151 CORPORATE DRIVE TROY, MI 48098	SECRETARY 3.00	0.	0.	0.
JOHN PEARCH 5151 CORPORATE DRIVE TROY, MI 48098	TREASURER 3.00	0.	0.	0.
ALESSANDRO DINELLO 5151 CORPORATE DRIVE TROY, MI 48098	TRUSTEE 2.00	0.	0.	0.
CYNTHIA MYERS 5151 CORPORATE DRIVE TROY, MI 48098	TRUSTEE 2.00	0.	0.	0.
MATTHEW ALLEN 5151 CORPORATE DRIVE TROY, MI 48098	TRUSTEE 2.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII	0.	0.	0.