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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](http://www.irs.gov/Form990PF) for instructions and the latest information.

OMB No. 1545-0052

2020

Open to Public Inspection

For calendar year 2020, or tax year beginning 01-01-2020, and ending 12-31-2020

Name of foundation  
FLAGSTAR FOUNDATION INC

Number and street (or P.O. box number if mail is not delivered to street address)  
5151 CORPORATE DRIVE

City or town, state or province, country, and ZIP or foreign postal code  
TROY, MI 48098

A Employer identification number  
82-1812075

B Telephone number (see instructions)  
(248) 312-5470

C If exemption application is pending, check here

D 1. Foreign organizations, check here.....  
2. Foreign organizations meeting the 85% test, check here and attach computation ...

E If private foundation status was terminated under section 507(b)(1)(A), check here .....

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here .....

G Check all that apply:  

Initial return

Initial return of a former public charity

Final return

Amended return

Address change

Name change

H Check type of organization:  

Section 501(c)(3) exempt private foundation

Section 4947(a)(1) nonexempt charitable trust

Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 3,456,588

J Accounting method:  

Cash

Accrual

Other (specify)

(Part I, column (d) must be on cash basis.)

Part I

Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)

(a) Revenue and expenses per books

(b) Net investment income

(c) Adjusted net income

(d) Disbursements for charitable purposes (cash basis only)

Revenue

1 Contributions, gifts, grants, etc., received (attach schedule)

2 Check if the foundation is not required to attach Sch. B

3 Interest on savings and temporary cash investments

4 Dividends and interest from securities

5a Gross rents

b Net rental income or (loss)

6a Net gain or (loss) from sale of assets not on line 10

b Gross sales price for all assets on line 6a

7 Capital gain net income (from Part IV, line 2)

8 Net short-term capital gain

9 Income modifications

10a Gross sales less returns and allowances

b Less: Cost of goods sold

c Gross profit or (loss) (attach schedule)

11 Other income (attach schedule)

12 Total. Add lines 1 through 11

3,974,467

3,840

3,840

0

3,978,307

3,840

Operating and Administrative Expenses

13 Compensation of officers, directors, trustees, etc.

14 Other employee salaries and wages

15 Pension plans, employee benefits

16a Legal fees (attach schedule)

b Accounting fees (attach schedule)

c Other professional fees (attach schedule)

17 Interest

18 Taxes (attach schedule) (see instructions)

19 Depreciation (attach schedule) and depletion

20 Occupancy

21 Travel, conferences, and meetings

22 Printing and publications

23 Other expenses (attach schedule)

24 Total operating and administrative expenses. Add lines 13 through 23

25 Contributions, gifts, grants paid

26 Total expenses and disbursements. Add lines 24 and 25

12,147

24,132

2,190

38,469

2,210,910

2,249,379

27 Subtract line 26 from line 12:

a Excess of revenue over expenses and disbursements

b Net investment income (if negative, enter -0-)

c Adjusted net income (if negative, enter -0-)

1,728,928

3,840

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11289X

Form 990-PF (2020)

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing . . . . .	1,727,660	3,456,588	3,456,588
	2 Savings and temporary cash investments . . . . .			
	3 Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	5 Grants receivable . . . . .			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use . . . . .			
	9 Prepaid expenses and deferred charges . . . . .			
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule) . . . . .			
	c Investments—corporate bonds (attach schedule) . . . . .			
	11 Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans . . . . .			
	13 Investments—other (attach schedule) . . . . .			
	14 Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)				
16 <b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)	1,727,660	3,456,588	3,456,588	
Liabilities	17 Accounts payable and accrued expenses . . . . .			
	18 Grants payable . . . . .			
	19 Deferred revenue . . . . .			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule) . . . . .			
	22 Other liabilities (describe ▶ _____)			
	23 <b>Total liabilities</b> (add lines 17 through 22) . . . . .		0	
Net Assets or Fund Balances	<b>Foundations that follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/></b> <b>and complete lines 24, 25, 29 and 30.</b>			
	24 Net assets without donor restrictions . . . . .	1,727,660	3,456,588	
	25 Net assets with donor restrictions . . . . .			
	<b>Foundations that do not follow FASB ASC 958, check here ▶ <input type="checkbox"/></b> <b>and complete lines 26 through 30.</b>			
	26 Capital stock, trust principal, or current funds . . . . .			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
	29 <b>Total net assets or fund balances</b> (see instructions) . . . . .	1,727,660	3,456,588	
	30 <b>Total liabilities and net assets/fund balances</b> (see instructions) .	1,727,660	3,456,588	

Part III Analysis of Changes in Net Assets or Fund Balances		
1 Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) . . . . .	1	1,727,660
2 Enter amount from Part I, line 27a . . . . .	2	1,728,928
3 Other increases not included in line 2 (itemize) ▶ _____	3	
4 Add lines 1, 2, and 3 . . . . .	4	3,456,588
5 Decreases not included in line 2 (itemize) ▶ _____	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	3,456,588

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a</b>			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss) $\left\{ \begin{array}{l} \text{If gain, also enter in Part I, line 7} \\ \text{If (loss), enter -0- in Part I, line 7} \end{array} \right\}$	<b>2</b>	
	<b>3</b>	
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8		

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income****SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE**

1 Reserved			
(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
2 Reserved . . . . .	2		
3 Reserved. . . . .	3		
4 Reserved . . . . .	4		
5 Reserved . . . . .	5		
6 Reserved . . . . .	6		
7 Reserved . . . . .	7		
8 Reserved , . . . .	8		

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

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Reserved.	<b>1</b>	53
<b>c</b>	All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	
<b>3</b>	Add lines 1 and 2.	<b>3</b>	53
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-.	<b>5</b>	53
<b>6</b>	Credits/Payments:		
<b>a</b>	2020 estimated tax payments and 2019 overpayment credited to 2020	<b>6a</b>	
<b>b</b>	Exempt foreign organizations—tax withheld at source	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868)	<b>6c</b>	
<b>d</b>	Backup withholding erroneously withheld	<b>6d</b>	
<b>7</b>	Total credits and payments. Add lines 6a through 6d.	<b>7</b>	
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	<b>8</b>	
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> .	<b>9</b>	53
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> .	<b>10</b>	
<b>11</b>	Enter the amount of line 10 to be: <b>Credited to 2021 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>11</b>	

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	<b>1a</b>	No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>	<b>1b</b>	No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year?	<b>1c</b>	No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <b>(1)</b> On the foundation. <b>(2)</b> On foundation managers.		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers.		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>	<b>2</b>	No
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	<b>3</b>	No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year?	<b>4a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	<b>4b</b>	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>	<b>5</b>	No
<b>6</b> 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?	<b>6</b>	Yes
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) <b>MI</b>		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation.</i>	<b>8b</b>	Yes
<b>9</b> 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 2020 or the taxable year beginning in 2020? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>	<b>9</b>	No
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	<b>10</b>	No

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	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. . . . .	<b>11</b>		<b>No</b>
<b>12</b>	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 . . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>WWW.FLAGSTAR.COM</u>	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of ► <u>SONIA PLATA</u> Telephone no. ► <u>(248) 312-5470</u>			

Located at ► 5151 CORPORATE DRIVE TROY MIZIP+4 ► 48098

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . . ► <input type="checkbox"/>			
	and enter the amount of tax-exempt interest received or accrued during the year . . . . . ► <b>15</b>			
<b>16</b>	At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . .	<b>16</b>	<b>Yes</b>	<b>No</b>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►			

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required****File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

		<b>Yes</b>	<b>No</b>
<b>1a</b>	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</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 section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions . . . . . <input type="checkbox"/>	<b>1b</b>	
<b>c</b>	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020? . . . . .	<b>1c</b>	<b>No</b>
<b>2</b>	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)):		
<b>a</b>	At the end of tax year 2020, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2020? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20____, 20____, 20____, 20____		
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions.) . . . . .	<b>2b</b>	
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ► 20____, 20____, 20____, 20____		
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If "Yes," did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period?(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2020.) . . . . .	<b>3b</b>	
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>	<b>No</b>
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020?	<b>4b</b>	<b>No</b>

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

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

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

<b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
<b>Total number of other employees paid over \$50,000.</b>				

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

**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation

**Total** number of others receiving over \$50,000 for professional services. . . . . ►

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
<b>1</b> N/A	0
<b>2</b>	
<b>3</b>	
<b>4</b>	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
<b>1</b> N/A	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	

**Total.** Add lines 1 through 3 . . . . . ►

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	0
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	1,772,204
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	1,772,204
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	1,772,204
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) . . . . .	<b>4</b>	26,583
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	1,745,621
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	87,281

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

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	87,281
<b>2a</b>	Tax on investment income for 2020 from Part VI, line 5. . . . .	<b>2a</b>	53
<b>b</b>	Income tax for 2020. (This does not include the tax from Part VI.). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	53
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b>	87,228
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	87,228
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . .	<b>7</b>	87,228

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26 . . . . .	<b>1a</b>	2,210,910
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	2,210,910
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions. . . . .	<b>5</b>	
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	2,210,910

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



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
<b>1</b> Distributable amount for 2020 from Part XI, line 7				87,228
<b>2</b> Undistributed income, if any, as of the end of 2020:				
<b>a</b> Enter amount for 2019 only. . . . .				
<b>b</b> Total for prior years: 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2020:				
<b>a</b> From 2015. . . . .				
<b>b</b> From 2016. . . . .				
<b>c</b> From 2017. . . . .				190,776
<b>d</b> From 2018. . . . .				924,160
<b>e</b> From 2019. . . . .				2,224,902
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	3,339,838			
<b>4</b> Qualifying distributions for 2020 from Part XII, line 4: ► \$ <u>2,210,910</u>				
<b>a</b> Applied to 2019, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .				
<b>d</b> Applied to 2020 distributable amount. . . . .				87,228
<b>e</b> Remaining amount distributed out of corpus	2,123,682			
<b>5</b> Excess distributions carryover applied to 2020. (If an amount appears in column (d), the same amount must be shown in column (a).)				
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	5,463,520			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b. . . . .				
<b>c</b> 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. . . . .				
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions. . . . .				
<b>e</b> Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions. . . . .				
<b>f</b> Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020. . . . .				0
<b>7</b> 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). . . . .				
<b>8</b> Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions). . . . .				
<b>9</b> <b>Excess distributions carryover to 2021.</b> Subtract lines 7 and 8 from line 6a. . . . .	5,463,520			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2016. . . . .				
<b>b</b> Excess from 2017. . . . .				190,776
<b>c</b> Excess from 2018. . . . .				924,160
<b>d</b> Excess from 2019. . . . .				2,224,902
<b>e</b> Excess from 2020. . . . .				2,123,682

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

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling. . . . . ▶

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

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

	Tax year	Prior 3 years			(e) Total
	(a) 2020	(b) 2019	(c) 2018	(d) 2017	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					

**3** Complete 3a, b, or c for the alternative test relied upon:

**a** "Assets" alternative test—enter:

(1) Value of all assets . . . . .

(2) Value of assets qualifying under section 4942(j)(3)(B)(i)

**b** "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .

**c** "Support" alternative test—enter:

(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .

(3) Largest amount of support from an exempt organization

(4) Gross investment income

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

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) NONE

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE

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

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

**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:  
SONIA PLATA  
5151 CORPORATE DRIVE  
TROY, MI 48098  
(248) 312-5470

**b** The form in which applications should be submitted and information and materials they should include:  
SEE APPLICATION

**c** Any submission deadlines:  
SEE APPLICATION

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

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . .			<b>3a</b>	2,210,910
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .			<b>3b</b>	

Enter gross amounts unless otherwise indicated.

	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) (See instructions.)
<b>1</b> Program service revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> _____					
<b>g</b> Fees and contracts from government agencies					
<b>2</b> Membership dues and assessments. . . . .					
<b>3</b> Interest on savings and temporary cash investments . . . . .			14	3,840	
<b>4</b> Dividends and interest from securities. . . . .					
<b>5</b> Net rental income or (loss) from real estate:					
<b>a</b> Debt-financed property. . . . .					
<b>b</b> Not debt-financed property. . . . .					
<b>6</b> Net rental income or (loss) from personal property					
<b>7</b> Other investment income. . . . .					
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .					
<b>9</b> Net income or (loss) from special events:					
<b>10</b> Gross profit or (loss) from sales of inventory					
<b>11</b> Other revenue: <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>12</b> Subtotal. Add columns (b), (d), and (e). . .				3,840	
<b>13 Total.</b> Add line 12, columns (b), (d), and (e). . . . . (See worksheet in line 13 instructions to verify calculations.)			<b>13</b>		3,840

[illegible]

**Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

<b>1</b> 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?			<b>Yes</b>	<b>No</b>
<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of:				
<b>(1)</b> Cash. . . . .		<b>1a(1)</b>		<b>No</b>
<b>(2)</b> Other assets. . . . .		<b>1a(2)</b>		<b>No</b>
<b>b</b> Other transactions:				
<b>(1)</b> Sales of assets to a noncharitable exempt organization. . . . .		<b>1b(1)</b>		<b>No</b>
<b>(2)</b> Purchases of assets from a noncharitable exempt organization. . . . .		<b>1b(2)</b>		<b>No</b>
<b>(3)</b> Rental of facilities, equipment, or other assets. . . . .		<b>1b(3)</b>		<b>No</b>
<b>(4)</b> Reimbursement arrangements. . . . .		<b>1b(4)</b>		<b>No</b>
<b>(5)</b> Loans or loan guarantees. . . . .		<b>1b(5)</b>		<b>No</b>
<b>(6)</b> Performance of services or membership or fundraising solicitations. . . . .		<b>1b(6)</b>		<b>No</b>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .		<b>1c</b>		<b>No</b>
<b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</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 <b>(d)</b> the value of the goods, other assets, or services received.				

[illegible]

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? . . . . . ☐ Yes ☒ No

**b** If "Yes," complete the following schedule.

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

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	*****	2021-08-04	*****
	_____ Signature of officer or trustee	_____ Date	_____ Title

May the IRS discuss this return with the preparer shown below  
 (see instr.) ☒ **Yes** ☐ **No**

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	GREGORY TERRELL		2021-08-04		P00621950
	Firm's name ▶ GREGORY TERRELL & COMPANY				Firm's EIN ▶
	Firm's address ▶ 613 ABBOTT STREET SUITE 320 DETROIT, MI 48226				Phone no. (313) 965-0500

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
ELIZABETH CORREA	MANAGING DIRECTOR 003.00	0		
5151 CORPORATE DRIVE TROY, MI 48098				
PAULA BORJA	SECRETARY 003.00	0		
5151 CORPORATE DRIVE TROY, MI 48098				
LAURIE MCPECK	TREASURER 003.00	0		
5151 CORPORATE DRIVE TROY, MI 48098				
GARY WOLF	TRUSTEE 003.00	0		
5151 CORPORATE DRIVE TROY, MI 48098				
DONNA KRALL	TRUSTEE 003.00	0		
5151 CORPORATE DRIVE TROY, MI 48098				
MATTHEW ALLEN	TRUSTEE 003.00	0		
5151 CORPORATE DRIVE TROY, MI 48098				
MIKE DOYLE	TRUSTEE 003.00	0		
5151 CORPORATE DRIVE TROY, MI 48098				
SONIA PLATA	PRESIDENT 040.00	0		
5151 CORPORATE DRIVE TROY, MI 48098				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
ABHI SHAH FOUNDATION 25843 SHORELINE DR NOVI, MI 48374		PC	See Attached General Explanation	5,000
ACCOUNTING AID SOCIETY 3031 W GRANDS BLVD DETROIT, MI 48202		PC	See Attached General Explanation	40,000
AFFIRMATIONS LESBIAN GAY COMMUNITY CENTER INC 290 W NINE MILE RD FERNDALE, MI 48220		PC	See Attached General Explanation	15,000
<b>Total . . . . . ▶ 3a</b>				2,210,910

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
AMANI FAMILY SERVICES INC 2456 LAKE AVE FORTWAYNE, IN 46805		PC	See Attached General Explanation	5,000
AMERICAN INDIAN HEALTH AND FAMILY SERVICES 4880 LAWNDAL ST DETROIT, MI 48210		PC	See Attached General Explanation	5,000
AMERICA'S CHARITIES 14150 NEWBROOK DR CHANTILLY, VA 20151		PC	See Attached General Explanation	165,000
<b>Total . . . . . ▶ 3a</b>				2,210,910



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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ATLANTA HABITAT FOR HUMANITY 824 MEMORIAL DR SE ATLANTA, GA 30316		PC	See Attached General Explanation	5,000
BEAUMONT HEALTH FOUNDATION 26901 BEAUMONT BLVD SOUTHFIELD, MI 48033		PC	See Attached General Explanation	20,000
BIG BROTHERS BIG SISTERS OF JACKSON COUNTY INC 536 N JACKSON ST JACKSON, MI 48901		PC	See Attached General Explanation	10,000
<b>Total . . . . . ▶ 3a</b>				2,210,910

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BOYS HOPE GIRLS HOPE DETROIT P O BOX 21085 DETROIT, MI 48221		PC	See Attached General Explanation	5,000
CARE SHARE FOOD PANTRY 101 MAIN ST GILLET, WI 54124		PC	See Attached General Explanation	500
CASS COMMUNITY SOCIAL SERVICES INC 11745 ROSA PARKS BLVD DETROIT, MI 48206		PC	See Attached General Explanation	5,000
<b>Total . . . . . ▶ 3a</b>				2,210,910

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CATHERINE'S HEALTH CENTER 1211 LAFAYETTE AVE NE GRAND RAPIDS, MI 49505		PC	See Attached General Explanation	5,000
CENTER FOR HIGHER EDUCATIONAL ACHIEVEMENT 1920 MARYLAND AVE FLINT, MI 48506		PC	See Attached General Explanation	5,000
CENTER FOR THE HOMELESS 813 S MICHIGAN ST SOUTH BEND, IN 46601		PC	See Attached General Explanation	5,000
<b>Total . . . . . ▶ 3a</b>				2,210,910

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CENTRO MULTICULTURAL LA FAMILIA 35 W HURON ST PONITIAAC, MI 48342		PC	See Attached General Explanation	3,000
CHAMBER MUSIC SOCIETY OF DETROIT 5470 CHENE ST DETROIT, MI 48211		PC	See Attached General Explanation	5,000
CHARITABLE UNION85 CALHOUN ST BATTLE CREEK, MI 49017		PC	See Attached General Explanation	5,000
<b>Total . . . . . ▶ 3a</b>				2,210,910

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CHILD AND FAMILY CHARITIES 4287 FIVE OAKS DR LANSING, MI 48911		PC	See Attached General Explanation	5,000
CITY RESCUE MISSION 426 S McDUFF AVE JACKSONVILLE, FL 32254		PC	See Attached General Explanation	5,000
CLARA WHITE MISSION 613 W ASHLEY ST JACKSONVILLE, FL 32202		PC	See Attached General Explanation	5,000
<b>Total . . . . . ▶ 3a</b>				2,210,910

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
COMMUNITY FOUNDATION FOR SOUTHEAST MICHIGAN 333 W FORT ST DETROIT, MI 48226		PC	See Attached General Explanation	100,000
COMMUNITY FOUNDATION OF MARQUETTE COUNTY 228 W WASHINGTON ST MARQUETTE, MI 49855		PC	See Attached General Explanation	30,000
COMMUNITY HARVEST FOOD BANK OF NORTHEAST INDIANA 999 E TILLMAN RD FORT WAYNE, IN 46816		PC	See Attached General Explanation	5,000
<b>Total . . . . . ▶ 3a</b>				2,210,910

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
COMMUNITY SOLUTIONS 9015 MURRAY AVE GILROY, CA 95020		PC	See Attached General Explanation	5,000
COVENANT HOUSE OF MICHIGAN 26 ANTOINE ST SW GRAND RAPIDS, MI 49507		PC	See Attached General Explanation	5,000
DETROIT ACTOR'S THEATRE COMPANY 18106 ROSELAWN ST DETROIT, MI 48221		PC	See Attached General Explanation	15,000
<b>Total . . . . . ▶ 3a</b>				2,210,910

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
DETROIT CRISTO REY HIGH SCHOOL 5679 W VERNOR HWY DETROIT, MI 48209		PC	See Attached General Explanation	5,000
DETROIT HISPANIC DEVELOPMENT CORPORATION 1211 TRUMBULL ST DETROIT, MI 48216		PC	See Attached General Explanation	5,000
DETROIT HORSE POWER 8425 W McNICHOLS DETROIT, MI 48221		PC	See Attached General Explanation	3,000
<b>Total . . . . . ▶ 3a</b>				2,210,910



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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
DETROIT REGIONAL LGBT CHAMBER FUND INC P O BOX 32446 DETROIT, MI 48232		PC	See Attached General Explanation	2,500
DETROIT SYMPHONY ORCHESTRA 3711 WOODWARD AVE DETROIT, MI 48201		PC	See Attached General Explanation	25,000
DICKINSON COUNTY SALVATION ARMY 145 ROSELAND ST KINGSFORD, MI 49802		PC	See Attached General Explanation	5,000
<b>Total . . . . . ▶ 3a</b>				2,210,910

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
DOWNTOWN BOXING GYM YOUTH PROGRAM 6445 E VERNOR HIGHWAY DETROIT, MI 48207		PC	See Attached General Explanation	10,000
DUTTON FARM2290 DUTTON RD ROCHESTER, MI 48306		PC	See Attached General Explanation	10,000
FAMILY PROMISEBRANCH INTERFAITH HOSPITALITY 63 W WASHINGTON ST COLDWATER, MI 49036		PC	See Attached General Explanation	3,000
<b>Total . . . . . ▶ 3a</b>				2,210,910

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FAMILY SERVICE AND CHILDREN'S AID 306 W MICHIGAN AVE JACKSON, MI 49201		PC	See Attached General Explanation	3,000
FORGOTTEN HARVEST 21800 GREENFIELD OAK PARK, MI 48237		PC	See Attached General Explanation	25,000
FORTWAYNE CIVIC THEATRE 303 E MAIN ST FORTWAYNE, IN 46802		PC	See Attached General Explanation	5,000
<b>Total . . . . . ▶ 3a</b>				2,210,910

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FORT WAYNE DANCE COLLECTIVE INC 437 E BERRY ST FORT WAYNE, IN 46802		PC	See Attached General Explanation	15,000
FRANKLIN WRIGHT SETTLEMENTS 3360 CHARLEVOIX DETROIT, MI 48207		PC	See Attached General Explanation	5,000
GLEANERS FOOD BANK2131 BEAUFIT DETROIT, MI 48207		PC	See Attached General Explanation	5,000
<b>Total . . . . . ▶ 3a</b>				2,210,910

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HONEYWELL FOUNDATION INC 275 W MARKET ST WABASH, IN 46992		PC	See Attached General Explanation	5,000
HOUSING SERVICES MID MICHIGAN 319 S COCHRAN CHARLOTTE, MI 49938		PC	See Attached General Explanation	3,000
HUBBARFD HOUSEP O BOX 4909 JACKSONVILLE, FL 32201		PC	See Attached General Explanation	5,000
<b>Total . . . . . ▶ 3a</b>				2,210,910

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
INIDANA COUNCIL FOR ECONOMIC EDUCATION 128 MEMORIAL MALL W LAFAYETTE, IN 47907		PC	See Attached General Explanation	5,000
INNER CITY CHRISTIAN FEDERATION 920 CHERRY ST SE GRAND RAPIDS, MI 49506		PC	See Attached General Explanation	5,000
INSIDEOUT LITERARY ARTS PROJECT 5143 CASS AVE DETROIT, MI 48202		PC	See Attached General Explanation	20,000
<b>Total . . . . . ▶ 3a</b>				2,210,910

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
INVEST DETROIT 600 RENAAISSANCE CENTER DETROIT, MI 48243		PC	See Attached General Explanation	500,000
JACKSON FRIENDLY HOME 435 W NORTH ST JACKSON, MI 49202		PC	See Attached General Explanation	3,000
JOHN GEORGE HOME 1501 E GANSON ST JACKSON, MI 49202		PC	See Attached General Explanation	5,000
<b>Total . . . . . ▶ 3a</b>				2,210,910

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
JUNIOR ACHIEVEMENT OF NORTHERN INDIANA 550 E WALLEN RD FORT WAYNE, IN 46825		PC	See Attached General Explanation	10,000
JUST NEIGHBORS INTERFAITH HOMELESS NETWORK 2925 E STATE BLVD FORT WAYNE, IN 46805		PC	See Attached General Explanation	5,000
KADIMA JEWISH SUPPORT SERVICES FOR ADULTS WITH MENTAL ILLNESS 15999 W TWELVE MILE RD SOUTHFIELD, MI 48076		PC	See Attached General Explanation	20,000
<b>Total . . . . . ▶ 3a</b>				2,210,910



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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
KENT COUNTY HABITAT FOR HUMANITY 425 PLEASANT ST SW GRAND RAPIDS, MI 49503		PC	See Attached General Explanation	5,000
LaGRANGE COUNTY HABITAT FOR HUMANIT INC 205 E WAYNE ST LaGRANGE, IN 46761		PC	See Attached General Explanation	5,000
LATINO FAMILY SERVICES 1145 LAWNDALE ST DETROIT, MI 48209		PC	See Attached General Explanation	5,000
<b>Total . . . . . ▶ 3a</b>				2,210,910

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
LIGHTHOUSE OF MICHIGAN 46156 WOODWARD PONTIAC, MI 48342		PC	See Attached General Explanation	10,000
LIVING ARTS8701 W VERNOR HWY DETROIT, MI 48209		PC	See Attached General Explanation	3,000
LOCAL INITIATIVES SUPPORT CORPORATION 501 SEVENTH AVE NEW YORK, NY 10018		PC	See Attached General Explanation	500,000
<b>Total . . . . . ▶ 3a</b>				2,210,910

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MACOMB COUNTY ROTATING EMERGENCY SHELTER TEAM 20415 ERIN ROSEVILLE, MI 48066		PC	See Attached General Explanation	20,000
MARQUETTE WOMEN'S CENTER 1310 FRONT ST MARQUETTE, MI 49855		PC	See Attached General Explanation	5,000
MIAMI COUNTY HELPING HANDS INC 176 N BROADWAY PERU, IN 46970		PC	See Attached General Explanation	5,000
<b>Total . . . . . ▶ 3a</b>				2,210,910

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MICHIGAN COUNCIL OF WOMEN IN TECHNOLOGY FOUNDATION 24800 DENSO DR SOUTHFIELD, MI 48033		PC	See Attached General Explanation	5,000
MICHIGAN CROSSROADS COUNCIL INC BOY SCOUTS OF AMERICA 1176 W WARREN AVE DETROIT, MI 48208		PC	See Attached General Explanation	2,500
MICHIGAN HISPANIC COLLABORATIVE 1420 WASHINGTON BLVD DETROIT, MI 48226		PC	See Attached General Explanation	19,000
<b>Total . . . . .</b>			<b>3a</b>	2,210,910

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MICHIGAN HUMANE SOCIETY 30300 TELEGRAPH RD BINGHAM FARMS, MI 48025		PC	See Attached General Explanation	5,000
MICHIGAN ROUNDTABLE FOR DIVERSITY AND INCLUSION 525 NEW CENTER ONE DETROIT, MI 48202		PC	See Attached General Explanation	10,000
MILLENNIALS MATTER USA 17310 WOODBINE ST DETROIT, MI 48219		PC	See Attached General Explanation	3,000
<b>Total . . . . .</b> ► <b>3a</b>				2,210,910

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MOJAVE VALLEY UNITED FUND INC 210 E WILLIAMS ST BARSTOW, CA 92311		PC	See Attached General Explanation	5,000
MONROE COUNTY OPPORTUNITY PROGRAM 1140 S TELEGRAPH RD MONROE, MI 48161		PC	See Attached General Explanation	10,000
NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE 4805 MT HOPE DR BALTIMORE, MD 21201		PC	See Attached General Explanation	15,000
<b>Total . . . . . ▶ 3a</b>				2,210,910

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NATIONAL AMERICAN ARAB NURSES ASSOCIATION 18000 W 9 MILE RD SOUTHFIELD, MI 48075		PC	See Attached General Explanation	500
NEW DEVELOPMENT CORPORATION 205 CARRIER ST NE GRAND RAPIDS, MI 49505		PC	See Attached General Explanation	10,000
NORTHEAST INDIANA FUND 200 E MAIN ST FORT WAYNE, IN 46802		PC	See Attached General Explanation	10,000
<b>Total . . . . . ▶ 3a</b>				2,210,910

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
OAKLAND YOUTH ORCHESTRA 371 VARNER DR ROCHESTER, MI 48309		PC	See Attached General Explanation	2,500
PAINT CREEK CENTER FOR THE ARTS 407 PINE ST ROCHESTER, MI 48307		PC	See Attached General Explanation	3,000
PENRICKSTON CENTER FOR BLIND CHILDREN 26530 EUREKA RD TAYLOR, MI 48180		PC	See Attached General Explanation	5,000
<b>Total . . . . . ▶ 3a</b>				2,210,910



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
RUSH COUNTY 4-H101 E SECOND ST RUSHVILLE, IN 46173		PC	See Attached General Explanation	5,000
RUSH MEMORIAL HOSPITAL FOUNDATION 1300 N MAIN ST RUSHVILLE, IN 46173		PC	See Attached General Explanation	5,000
RUTH ELLIS CENTER INC77 VICTOR ST HIGHLAND PARK, MI 48203		PC	See Attached General Explanation	10,000
<b>Total . . . . . ▶ 3a</b>				2,210,910

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SAUGATUCK CENTER FOR THE ARTS INC 400 CULVERT ST SAUGATUCK, MI 49453		PC	See Attached General Explanation	10,000
SECOND HARVEST OF SILICON VALLEY 4001 N FIRST ST SAN JOSE, CA 95134		PC	See Attached General Explanation	10,000
SERVICES TO ENHANCE POTENTIAL 2941 S GULLEY RD DEARBORN, MI 48124		PC	See Attached General Explanation	10,000
<b>Total . . . . . ▶ 3a</b>				2,210,910

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SIMPLE KINDNESS FOR YOUTH 809 HECLA ST HANCOCK, MI 49930		PC	See Attached General Explanation	5,000
SME EDUCATION FOUNDATION 1000 TOWN CENTER SOUTHFIELD, MI 48075		PC	See Attached General Explanation	100,000
SOLDIER'S ANGELS 2895 NEW LOOP 410 SAN ANTONIO, TX 78218		PC	See Attached General Explanation	10,000
<b>Total . . . . . ▶ 3a</b>				2,210,910

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ST MARY MEDICAL CENTER FOUNDATION 18300 HIGHWAY 18 APPLE VALLEY, CA 90307		PC	See Attached General Explanation	5,000
ST VINCENT DePAUL SOCIETY 108 S MARQUETTE ST IRONWOOD, MI 49938		PC	See Attached General Explanation	500
STRATEGIES TO OVERCOME OBSTACLES & AVOID RECIDIVISM 1211 SOUTH ST BELLEVILLE, MI 48111		PC	See Attached General Explanation	10,000
<b>Total . . . . .</b> ► <b>3a</b>				2,210,910

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SUPERIOR ARTS YOUTH THEATER 15 HORSESHOE LAKE CIRCLE NEGAUNEE, MI 49866		PC	See Attached General Explanation	3,000
THE CARR CENTER15 E KIRBY DETROIT, MI 48202		PC	See Attached General Explanation	5,000
THE FORT WAYNE RESCUE MISSION 301 W SIPERIOR ST FORT WAYNE, IN 46802		PC	See Attached General Explanation	5,000
<b>Total . . . . . ▶ 3a</b>				2,210,910

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE ORDER OF THE FISHERMAN MINISTRY HEAD START 10047 GRAND RIVER AVE DETROIT, MI 48204		PC	See Attached General Explanation	5,000
THE PAX CENTER (STATE ST COMMUNITY CHURCH) 605 WASHINGTON ST LAPORTE, IN 46350		PC	See Attached General Explanation	5,000
THE RAINBOW HOUSE1530 MAIN ST MARINETTE, WI 54143		PC	See Attached General Explanation	5,000
<b>Total . . . . . ▶ 3a</b>				2,210,910

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE SALVATION ARMY OF BATTLE CREEK 400 CAPITAL AVE NE BATTLE CREEK, MI 49017		PC	See Attached General Explanation	10,000
THREE PILLARS - AN EDUCATIONAL SERVICES PROVIDER 6861 E NEVADA DETROIT, MI 48234		PC	See Attached General Explanation	20,000
TODD MARTIN YOUTH LEADERSHIP 200 N FOSTER LANSING, MI 48912		PC	See Attached General Explanation	6,900
<b>Total . . . . . ▶ 3a</b>				2,210,910


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
TRI-CITY UNITED WAY1812 HALL AVE MARINETTE, WI 54143		PC	See Attached General Explanation	5,000
UP CHILDREN'S THERAPY600 US 41 NEGAUNEE, MI 49866		PC	See Attached General Explanation	6,900
VENTURE INC196 CESAR E CHAVEZ AVE PONTIAC, MI 48343		PC	See Attached General Explanation	10,000
<b>Total . . . . . ▶ 3a</b>				2,210,910



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
VICTOR VALLEY COLLEGE DISTRICT FOUNDATION INC 18422 BEAR VALLEY RD VICTORVILLE, CA 92395		PC	See Attached General Explanation	5,000
VICTOR VALLEY COMMUNITY SERVICES COUNCIL 16692 MOJAVE DR VICTORVILLE, CA 92395		PC	See Attached General Explanation	5,000
VICTOR VALLEY DOMESTIC VIOLENCE INC 14114 HESPERIA RD VICTORVILLE, CA 92395		PC	See Attached General Explanation	14,000
<b>Total . . . . .</b>			<b>3a</b>	2,210,910

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
VISTA MARIA20651 W WARREN AVE DEARBORN HGTS, MI 48127		PC	See Attached General Explanation	10,000
WAYNE METROPOLITAN COMMUNITY ACTION AGENCY 7310 WOODWARD AVE DETROIT, MI 48202		PC	See Attached General Explanation	10,000
WHITINGTON HOMES & SERVICES FOR CHILDREN AND FAMILIES 2423 FAIRFIELD AVE FORT WAYNE, IN 46807		PC	See Attached General Explanation	5,000
<b>Total . . . . . ▶ 3a</b>				2,210,910

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
WINNING FUTURES27500 COSGROVE WARREN, MI 48092		PC	See Attached General Explanation	5,000
YMCA OF METROPOLITAN DETROIT 1401 BROADWAY DETROIT, MI 48226		PC	See Attached General Explanation	5,000
YMCA OF GREATER FLINT 801 S SAGINAW ST FLINT, MI 48501		PC	See Attached General Explanation	3,000
<b>Total . . . . . ▶ 3a</b>				2,210,910

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FLAGSTAR BANK - JEANS DAY FUND 5151 CORPORATE DR TROY, MI 48098		PC	See Attached General Explanation	22,110
<b>Total</b> . . . . .  <b>3a</b>				2,210,910

**TY 2020 Accounting Fees Schedule****Name:** FLAGSTAR FOUNDATION INC**EIN:** 82-1812075**Software ID:** 20011406**Software Version:** 20.0.2.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	12,147			

## TY 2020 General Explanation Attachment

**Name:** FLAGSTAR FOUNDATION INC

**EIN:** 82-1812075

**Software ID:** 20011406

**Software Version:** 20.0.2.0

Identifier	Return Reference	Explanation
	<p>ABHI SHAH FOUNDATION To provide lunches and/or dinners every quarter along with school supplies, basic</p>	<p>ABHI SHAH FOUNDATION To provide lunches and/or dinners every quarter along with school supplies, basic hygiene products, board games, coloring books, puzzles and other educational items to Detroit Public School children. ACCOUNTING AID SOCIETY To support critical and emerging expenses related to COVID-19 with the intent of assisting urgent human service needs in your geographical service area. Specifically, helping meet the needs of those most vulnerable during the crisis, including children, women, veterans, the disabled, LGBTQ and racial and ethnic groups who need food, families facing loss of income due to unemployment and health issues, business closures, and those currently experiencing a housing crisis. AFFIRMATIONS LESBIAN GAY COMMUNITY CENTER, INC. To support critical and emerging expenses related to COVID-19 with the intent of assisting urgent human service needs in your geographical service area. Specifically, helping meet the needs of those most vulnerable during the crisis, including children, women, veterans, the disabled, LGBTQ and racial and ethnic groups who need food, families facing loss of income due to unemployment and health issues, business closures, and those currently experiencing a housing crisis. AMANI FAMILY SERVICES, INC. To support critical and emerging expenses related to COVID-19 with the intent of assisting urgent human service needs in your geographical service area. Specifically, helping meet the needs of those most vulnerable during the crisis, including children, women, veterans, the disabled, LGBTQ and racial and ethnic groups who need food, families facing loss of income due to unemployment and health issues, business closures, and those currently experiencing a housing crisis. AMERICAN INDIAN HEALTH AND FAMILY SERVICES To support critical and emerging expenses related to COVID-19 with the intent of assisting urgent human service needs in your geographical service area. Specifically, helping meet the needs of those most vulnerable during the crisis, including children, women, veterans, the disabled, LGBTQ and racial and ethnic groups who need food, families facing loss of income due to unemployment and health issues, business closures, and those currently experiencing a housing crisis. AMERICAS CHARITIES To support in administering the Employee Assistance Fund EAF, including performing reviews and application determinations. The EAFs purpose is to support employees and their immediate families during times of significant financial hardship following a federally-declared Qualified Disaster. It serves to aid those who meet eligibility requirements and are unable to meet certain expense obligations due to the impact of a qualifying event or disaster. ATLANTA HABITAT FOR HUMANITY To support COVID-19 needs and/or financial capability programs serving low to moderate income individuals in Atlanta and Fulton County. BEAUMONT HEALTH FOUNDATION To continue to support the Project SEARCH program at Beaumont Hospital, Troy. Specifically, fund the part-time Program Assistant position which supports the Project SEARCH instructor, department leaders, and current and former interns of the program who are now employed at Beaumont Health. The Program Assistant provides day-to-day support to the hospital department managers who host interns and oversee job coaches. Project Search objectives include 1 preparing students with disabilities in their last year of school eligibility 18-26 years of age for employment through total workplace immersion 2 providing classroom instruction in employability skills, functional academics, and independent living skills 3 providing hospital internship rotations for career exploration and job skills training and 4 supporting interns and hiring managers in the workplace setting to ensure the success rate of placements and encourage future employment opportunities. The anticipated outcomes include an increase in project research intern participants an increase in departments providing internship rotations at the hospital, and an increase in new graduates Beaumont employs and retains through the years. BIG BROTHERS BIG SISTERS OF JACKSON COUNTY, INC To support a part time Quality Assurance and Program Specialist, who provides support to the Enrollment Specialist and Match Specialist. The Quality Assurance and Program Specialist will be able to ensure the focus areas of academic success, financial literacy and physical health are quantifiable. The Quality Assurance and Program Specialist is a vital part of the safety procedures and standards put in to place by BBBS of America BBBSA. This position is vital to the growth and capacity of BBBSJC. The evaluation will include 1. the assessment of the number of strong and enduring matches sustained 2. the assistance provided to the Enrollment Specialist to increase the timeliness of the mentor review process 3. the monitoring of the achievement of the Matches goals 4. the assessment of the Match Specialists in finding</p>

Identifier	Return Reference	Explanation
	<p>ABHI SHAH FOUNDATION To provide lunches and/or dinners every quarter along with school supplies, bas</p>	<p>urther education and activities for the Matches to use 5. helping the Match Specialists create and obtain a system for meeting the contact and supervisory schedule put in place by BBBS of America 6. the number of Match records they are able to Audit on a quarterly basis and 7. assisting the Enrollment and Match Specialists with identifying their areas of opportunity to improve intake, processing, case management and child safety standards. BOYS HOPE GIRLS HOPE DETROIT The funds are to support workforce readiness and financial capability programs along with the work that help strengthen communities through the vital services the organization provides. CARE SHARE FOOD PANTRY The mission of the care share food pantry is to provide food to the hungry and need people of the Gillet Suring area. To support the work that help strengthen communities through the vital services the organization provides, and that aligns with Flagstars commitment to invest in its communities. CASS COMMUNITY SOCIAL SERVICES, INC. To support critical and emerging expenses related to COVID-19 with the intent of assisting urgent human service needs in your geographical service area. Specifically, helping meet the needs of those most vulnerable during the crisis, including children, women, veterans, the disabled, LGBTQ and racial and ethnic groups who need food, families facing loss of income due to unemployment and health issues, business closures, and those currently experiencing a housing crisis. CATHERINES HEALTH CENTER To support critical and emerging expenses related to COVID-19 with the intent of assisting urgent human service needs in your geographical service area. Specifically, helping meet the needs of those most vulnerable during the crisis, including children, women, veterans, the disabled, LGBTQ and racial and ethnic groups who need food, families facing loss of income due to unemployment and health issues, business closures, and those currently experiencing a housing crisis. CENTER FOR HIGHER EDUCATIONAL ACHIEVEMENT To support critical and emerging expenses related to COVID-19 with the intent of assisting urgent human service needs in your geographical service area. Specifically, helping meet the needs of those most vulnerable during the crisis, including children, women, veterans, the disabled, LGBTQ and racial and ethnic groups who need food, families facing loss of income due to unemployment and health issues, business closures, and those currently experiencing a housing crisis. CENTER FOR THE HOMELESS To support critical and emerging expenses related to COVID-19 with the intent of assisting urgent human service needs in your geographical service area. Specifically, helping meet the needs of those most vulnerable during the crisis, including children, women, veterans, the disabled, LGBTQ and racial and ethnic groups who need food, families facing loss of income due to unemployment and health issues, business closures, and those currently experiencing a housing crisis. CENTRO MULTICUTURAL LA FAMILIA The funds are to support the organizations COVID-19 needs and/or workforce readiness and financial capability programs serving low to moderate income individuals. CHAMBER MUSIC SOCIETY DETROIT The funds are to support the organizations COVID-19 needs and/or arts and culture programs. CHARITABLE UNION To support Charitable Unions program that serves low to moderate income individuals residing in Calhoun County, MI to overcome hurdles by providing the essentials, such as uniforms of employment. In this case, fitting 45 newly employed individuals in manufacturing with steel toed work boots. Charitable Union utilizes a software called Refer4Help to record all client demographics, specific service provided. For example, in 2018, the following demographic information was collected on those served 18 are homeless, 46 are female, 71 are between the ages of 20 and 44, 34 are African American, 2 are Asian, 3 are Hispanic, 2 are Native American, and 7 identify</p>



**TY 2020 Legal Fees Schedule****Name:** FLAGSTAR FOUNDATION INC**EIN:** 82-1812075**Software ID:** 20011406**Software Version:** 20.0.2.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
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**TY 2020 Other Expenses Schedule****Name:** FLAGSTAR FOUNDATION INC**EIN:** 82-1812075**Software ID:** 20011406**Software Version:** 20.0.2.0**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK SERVICE CHARGES	2,062			
MISCELLANEOUS EXPENSES	128			

**TY 2020 Other Professional Fees Schedule****Name:** FLAGSTAR FOUNDATION INC**EIN:** 82-1812075**Software ID:** 20011406**Software Version:** 20.0.2.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MANAGEMENT FEES	24,132			

<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	<b>Schedule of Contributors</b>  ▶ <b>Attach to Form 990, 990-EZ, or 990-PF.</b> ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.	OMB No. 1545-0047
		<b>2020</b>
Name of the organization FLAGSTAR FOUNDATION INC		Employer identification number 82-1812075

Organization type (check one):

<b>Filers of:</b>	<b>Section:</b>
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)( ) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  
FLAGSTAR FOUNDATION INC

Employer identification number  
82-1812075

**Part I**

**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	<div>FLAGSTAR BANK</div> <div>5151 CORPORATE DRIVE</div> <div>TROY, MI 48098</div>	\$ 3,775,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
2	<div>TAVANT TECHNOLOGIES</div> <div>5151 CORPORATE DRIVE</div> <div>TROY, MI 48098</div>	\$ 15,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
3	<div>JAMES CIROLI</div> <div>5151 CORPORATE DRIVE</div> <div>TROY, MI 48098</div>	\$ 13,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
4	<div>MATHEW ALLEN</div> <div>5151 CORPORATE DRIVE</div> <div>TROY, MI 48098</div>	\$ 7,484	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
5	<div>PAUL BRISTOL</div> <div>5151 CORPORATE DRIVE</div> <div>TROY, MI 48098</div>	\$ 5,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization FLAGSTAR FOUNDATION INC	Employer identification number 82-1812075
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Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given <small>(see instructions). Use duplicate copies of Part II if additional space is needed.</small>	(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
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

Name of organization FLAGSTAR FOUNDATION INC	Employer identification number 82-1812075
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Part III

**Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_**

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>