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Short Form  
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-1150

2008

Open to Public  
Inspection

## A For the 2008 calendar year, or tax year beginning

and ending

## B Check if applicable

Please use IRS label or print or type. See Specific Instructions

 Address change Name change Initial return Termination Amended return Application pending

TED LINDSAY FOUNDATION

D Employer identification number

38-3597256

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

1819 E BIG BEAVER ROAD

E Telephone number

248-433-2573

City or town, state or county, and ZIP + 4

F Group Exemption

TROY, MI 48083-2015

Number ►

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method  Cash  Accrual  
Other (specify) ►

I Website ► WWW.TEIDLINDSAY.COM

H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)J Organization type (check only one) —  501(c) ( 3 ) ◀ (insert no)  4947(a)(1) or  527K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ 451,065.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

1	Contributions, gifts, grants, and similar amounts received	1	265,921.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	2,904.
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	6a	182,240.
a	Gross revenue (not including \$ 199,073. of contributions reported on line 1)	6b	213,151.
b	Less direct expenses other than fundraising expenses	6c	<30,911. >
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	
7a	Gross sales of inventory, less returns and allowances	7b	
b	Less cost of goods sold	7c	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	
8	Other revenue (describe ► RECEIVED )	9	237,914.
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	10	199,050.
10	Grants and similar amounts paid (attach Schedule D) DEC 28 2009	11	
11	Benefits paid to or for members	12	
12	Salaries, other compensation, and employee benefits	13	
13	Professional fees and other payments to independent contractors	14	2,310.
14	Occupancy, rent, utilities, and maintenance	15	6,641.
15	Printing, publications, postage, and shipping	16	21,014.
16	Other expenses (describe ► SEE STATEMENT 1 )	17	229,015.
17	Total expenses. Add lines 10 through 16	18	8,899.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	19	274,152. >
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	20	<14,118. >
20	Other changes in net assets or fund balances (attach explanation)	21	268,933.
21	Net assets or fund balances at end of year Combine lines 18 through 20		

## Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II )

	(A) Beginning of year	(B) End of year
22	256,615.	226,504.
23		23
24	17,537.	42,429.
25	274,152.	268,933.
26	0.	0.
27	274,152.	268,933.

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12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Form 990-EZ (2008)

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**Part III Statement of Program Service Accomplishments (See the Instructions for Part III )**

What is the organization's primary exempt purpose? **SEE STATEMENT 7**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

**Expenses**  
(Required for 501(c)(3)  
and (4) organizations and  
4947(a)(1) trusts, optional  
for others )

28 RAISE FUNDS THROUGH FUNDRAISING ACTIVITIES TO MAKE  
CONTRIBUTIONS TO 501(C)(3) ORGANIZATIONS SPECIFICALLY  
RELATED TO AUTISM AND GENERAL DISABILITIES

(Grants \$ 199,050. ) If this amount includes foreign grants, check here

A black triangle pointing right, representing the next button in a sequence.

199,050.

29

**31 Other program services (attach schedule)**

**32 Total program service expenses (add lines 28a through 31a)**

1

199,050.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV)

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## Part V Other Information (Note the statement requirements in the instructions for Part VI.)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity  
 34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes  
 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T

	Yes	No
33		X
34		X

a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?

35a		X
35b	N/A	

b If "Yes," has it filed a tax return on Form 990-T for this year?  
 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch N

► 37a 0.

36		X
37b		X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions  
 b Did the organization file Form 1120-POL for this year?  
 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?

38a		X
38b	N/A	

39 Section 501(c)(7) organizations Enter

39a	N/A	
39b	N/A	

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 0. , section 4912 ► 0. , section 4955 ► 0.

40b		X
40c	0.	

b Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  
 ► 0.

40d		X
40e	0.	

d Enter amount of tax on line 40c reimbursed by the organization

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

41 List the states with which a copy of this return is filed ► MI

42a The books are in care of ► JOHN CZARNECKI Telephone no ► 248-619-1733  
 Located at ► 1819 E BIG BEAVER ROAD, TROY, MI ZIP + 4 ► 48083-2015

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

	Yes	No
42b		X
42c		X

If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ►

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year

► 43 N/A

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ

44		X
45		X

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ

Form 990-EZ (2008)

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Yes  No  46

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47  X

48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48  X

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a  X

b If "Yes," was the related organization(s) a section 527 organization? 49b

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" 12051026 792026 5320

(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Total number of other employees paid over \$100,000 ►				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" 12051026 792026 5320

(a) Name and address of each independent contractor paid more than \$100,000 NONE	(b) Type of service	(c) Compensation
Total number of other independent contractors each receiving over \$100,000 ►		

<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 officer) is based on all information of which preparer has any knowledge		
	Signature of officer ► <i>Stewart Lindsay</i>	Date ► 11-3-09	Preparer's Identifying Number (See instr.)
<b>Paid Preparer's Use Only</b>	Preparer's signature ► <i>Stewart Frank</i>	Date ► 10/26/09	Check if self-employed ► <input type="checkbox"/>
	Firm's name (or yours if self-employed, address, and ZIP + 4) ► STEWART FRANK, CPA PC 30700 TELEGRAPH RD., STE 3655 BINGHAM FARMS, MI 48025-4524		EIN ► <input type="checkbox"/> Phone ► <input type="checkbox"/> no (248) 540-8228

May the IRS discuss this return with the preparer shown above? See instructions

►  Yes  No

Form 990-EZ (2008)

**SCHEDULE A**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Public Charity Status and Public Support**To be completed by all section 501(c)(3) organizations and section 4947(a)(1)  
nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

**2008**  
Open to Public  
Inspection

Name of the organization

TED LINDSAY FOUNDATION

Employer identification number

38-3597256

**Part I Reason for Public Charity Status** (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  
 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  
 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)  
 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)  
 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  
 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)  
 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  
 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete the Part III.)  
 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)  
 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
 a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other  
 e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).  
 f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box   
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  
 (ii) A family member of a person described in (i) above?  
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?  
 h Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►

	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	284,924.	339,640.	217,373.	251,905.	265,921.	1359763.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	284,924.	339,640.	217,373.	251,905.	265,921.	1359763.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						216,095.
6 Public Support. Subtract line 5 from line 4						1143668.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►

	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	284,924.	339,640.	217,373.	251,905.	265,921.	1359763.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	188.	729.	712.	1,942.	2,904.	6,475.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						1366238.
12 Gross receipts from related activities, etc. (see instructions)					12	695,680.

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► **Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	83.71	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	77.24	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

**Part III | Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 - 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

**19a 33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

**2008**  
Open To Public  
Inspection

Name of the organization

**TED LINDSAY FOUNDATION**

**Employer identification number**  
**38-3597256**

**Part 1 Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

**a**  Mail solicitations      **e**  Solicitation of non-government grants  
**b**  Email solicitations      **f**  Solicitation of government grants  
**c**  Phone solicitations      **g**  Special fundraising events  
**d**  In-person solicitations

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

**Total**

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

**Part II**

**Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1 GOLF OUTING (event type)	(b) Event #2 EASEL PROGRAM (event type)	(c) Other Events 2 (total number)	(d) Total Events (Add col. (a) through col. (c))
Revenue				
1 Gross receipts	224,248.	153,340.	3,725.	381,313.
2 Less: Charitable contributions	199,072.			199,072.
3 Gross revenue (line 1 minus line 2)	25,176.	153,340.	3,725.	182,241.
Direct Expenses				
4 Cash prizes				
5 Non-cash prizes				
6 Rent/facility costs				
7 Other direct expenses	93,347.	116,913.	2,891.	213,151.
8 Direct expense summary. Add lines 4 through 7 in column (d)				► ( 213,151. )
9 Net income summary. Combine lines 3 and 8 in column (d)				► <30,910. >

**Part III**

**Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Non-cash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				► ( )
8 Net gaming income summary. Combine lines 1 and 7 in column (d)				►

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," Explain:

	Yes	No
9a		
10a		
11		
12		

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

13 Indicate the percentage of gaming activity operated in:

	Yes	No
13a	%	
13b	%	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.

c If "Yes," enter name and address:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

15a		
-----	--	--

17a		
-----	--	--

FORM 990-EZ

OTHER EXPENSES

STATEMENT 1

DESCRIPTION	AMOUNT
BANK AND CREDIT CARD FEES	5,775.
FOOD AND ENTERTAINMENT	6,283.
PRIZES	1,489.
SALES TAX	7,467.
<b>TOTAL TO FORM 990-EZ, LINE 16</b>	<b>21,014.</b>

FORM 990-EZ

OTHER ASSETS

STATEMENT 2

DESCRIPTION	BEG. OF YEAR	END OF YEAR
INVENTORIES	2,640.	29,842.
OTHER DEPRECIABLE ASSETS	14,897.	12,587.
<b>TOTAL TO FORM 990-EZ, LINE 24</b>	<b>17,537.</b>	<b>42,429.</b>

FORM 990-EZ

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

STATEMENT 3

DESCRIPTION	AMOUNT
ADDITIONAL 2007 NET EXPENSES NOT INCLUDED IN 2007 FORM 990 EASEL PROGRAM EXPENSE \$13,250, TRAVEL EXPENSE \$436, ENTERTAINMENT EXPENSE \$700, BANK CHARGES \$9, INTEREST EARNED \$277	<14,118.>
<b>TOTAL TO FORM 990-EZ, LINE 20</b>	<b>&lt;14,118.&gt;</b>

FORM 990-EZ

OCCUPANCY, RENT, UTILITIES AND MAINTENANCE

STATEMENT 4

DESCRIPTION	AMOUNT
DEPRECIATION	2,310.
<b>TOTAL TO FORM 990-EZ, LINE 14</b>	<b>2,310.</b>

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 5

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
FOR THE KIDS FOUNDATION 3219 ELM ST BIRMINGHAM, MI 48009	NONE	3,500.
THOUGHTFUL HOUSE CENTER 3001 BEE CAVES ROAD, STE 120 AUSTIN, TX 78746	NONE	189,000.
RED WING ALUMNI ASSOCIATION 600 CIVIC CENTER DRIVE DETROIT, MI 48226	NONE	800.
HENRY FORD HEALTH SYSTEM 1 FORD PLACE, 5A DETROIT, MI 48202	NONE	1,150.
ATHLETES UNLIMITED P O BOX 250942 W BLOOMFIELD, MI 48325	NONE	1,000.
LARIONOV CHARITABLE WINES 1819 BIG BEAVER TROY, MI 48083	NONE	1,000.
THERAPEUTIC RIDING 4715 E JOY ROAD ANN ARBOR, MI 48105	NONE	2,000.
DETROIT COURAGE HOUSE 222 REPUBLIC DRIVE ALLEN PARK, MI 48101	NONE	600.
<b>TOTAL INCLUDED ON FORM 990-EZ, LINE 10</b>		<b>199,050.</b>

**FORM 990-EZ**

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

**STATEMENT 6**

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . . [ ] YES [X] NO

RAISING FUNDS TO CONTRIBUTE TO OTHER 501(C)(3) ORGANIZATIONS

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

<b>Type or print</b>  <b>File by the extended due date for filing the return. See instructions</b>	Name of Exempt Organization  <b>TED LINDSAY FOUNDATION</b>		<b>Employer identification number</b>  <b>38-3597256</b>
	Number, street, and room or suite no. If a P.O. box, see instructions.  <b>1819 E BIG BEAVER ROAD</b>		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  <b>TROY, MI 48083-2015</b>		

**Check type of return to be filed** (File a separate application for each return):

Form 990     Form 990-EZ     Form 990-T (sec. 401(a) or 408(a) trust)     Form 1041-A     Form 5227     Form 8870  
 Form 990-BL     Form 990-PF     Form 990-T (trust other than above)     Form 4720     Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

JOHN CZARNECKI

- The books are in the care of ► **1819 E BIG BEAVER ROAD, TROY, MI - 48083-2015**

Telephone No. ► **248-619-1733**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ► . If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2009**.

5 For calendar year **2008**, or other tax year beginning , and ending .

6 If this tax year is for less than 12 months, check reason:  Initial return     Final return     Change in accounting period

7 State in detail why you need the extension

**REVIEW OF THE ENTITY'S BOOKS IS NOT YET COMPLETED. ADDITIONAL EXTENSION WILL ALLOW FOR COMPLETION OF REVIEW AND PREPARATION OF TAX RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c <b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$
		N/A

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ►

Title ►

Date ►

Form 8868 (Rev 4-2009)