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Form **990-PF**

Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

2008

For	calen	dar year 2008, or tax ye	ar beginning	·	, and e	nding		
<u>G</u>	Check	all that apply:	Initial return	Final return	Amended retu	ırn	Address change	Name change
Us	e the l	Name of foundation	t				A Employer identificatio	n number
	labei.							_
0t				CHT FOUNDATIO	N		38-6056173	3
_	print	,	O box number if mail is not o	lelivered to street address)		Room/suite	8 Telephone number	
	r type	PROPERTY OF TERM	EGRAPH ROAD		<u></u>	220	248.646.06	527
	tructio	ine City or town, state, a		_			C if exemption application is	
		BIRMINGHAL					1. Foreign organization 2. Foreign organizations m	s, check here
H	_		X Section 501(c)(3) e				Foreign organizations m check here and attach c	omputation
<u> </u>		ction 4947(a)(1) nonexen		Other taxable private found			E If private foundation sta	itus was terminated
		rket value of all assets at	· —	ing method: Cash	X Accr	uai	under section 507(b)(1	• •
	rom F ►\$	Part II, col. (c), line 16)	170 L U	ther (specify) umn (d) must be on cash i	hacie I		F If the foundation is in a under section 507(b)(1	
_	art I	Analysis of Revenue at						(d) Disbursements
	art r	(The total of amounts in colunecessarily equal the amoun	umns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net in inco		(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, gran			,		N/A	
	2	Check X if the foundation			<u> </u>		<u> </u>	
	3	Interest on savings and temp cash investments	orary			4 000		
	4	Dividends and interest fro	om securities	51,092.	5	<u>1,092.</u>		STATEMENT 1
		Gross rents .	•				-	-
	1 _	Net rental income or (loss)		3,388.	1 ,			
e	ba	Net gain or (loss) from sale of Gross sales price for all	141,665.	3,300.				
Revenue	"	assets on line 6a Capital gain net income (from				3,388.		
æ	′	Net short-term capital ga	•			<u> </u>		
2	9	Income modifications		- ' '			 	
<i>)</i>	40-	Gross sales less returns and allowances	1		, r			
3	1 .	Less. Cost of goods sold						
á		Gross profit or (loss)						, = 161
j	11	Other income	·	22.		22.		STATEMENT 2
<u> </u>	12	Total, Add lines 1 throug	ıh 11 .	54,502.	5.	4,502.		, , , , , , , , , , , , , , , , , , , ,
	13	Compensation of officers, dire	ectors, trustees, etc	11,000.		0.		0.
4	14	Other employee salaries a	and wages		_			
ລ ຜ	15	Pension plans, employee	benefits					
enses	16a	Legal fees .			-	2 000		
§ §	b	Accounting fees	STMT 3	5,775.		2,888.		0.
ũ		Other professional fees	STMT 4	15,981.		7,991.	<u> </u>	0.
ati v		Interest	STMT 5	1,691.		0.		0.
and Administrative		Taxes Depreciation and depletio	• ••	1,031.		<u> </u>		
Ē	ı	Occupancy	л					
Ą			meetimes			_		
2	22	Travel, conferences, and Printing and publications	AER 1					-
<u> </u>		Other expenses	S					
atir	24	Total poerating and alim	inistrative 191					
Operating	:	expenses. Add lines 13 ti		34,447.	1.0	7,879.		0.
ō	25	Contributions, grits, grant	ts gaid 17	100,900.				100,900.
	26	Total expense and dist	urselments.			ļ		
		Add lines 24 and 25		135,347.	1(879.		100,900.
	27	Subtract line 26 from line	12:			l	-	, · · · · · · · · · · · · · · · · · · ·
		Excess of revenue over expens	1	-80,845.				
		Net investment income @			43	623.	37/3	
	C	Adjusted net income (if ne	egative, enter -0-)				N/A	5 000 DE (000)

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

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			FOUNDATION		-6056173 Page 2
Г) orb	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		of year
	T	column should be for end-or-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	25.054	00 000	20 225
	2	Savings and temporary cash investments	85,261.	28,337	. 28,337.
	3				
	1.				
	4				· · · · · · · · · · · · · · · · · · ·
	۱.				
	5				
	6				
	_	· · · · · · · · · · · · · · · · · · ·			
	'	• • • • • • • • • • • • • • • • • • • •			,
	١.				
Assets					
Ą	100		261 419	260,235	. 260,235.
				200,233	20072331
	_				
		·		1 1	1
	1				
	12				
		· · · · · · · · · · · · · · · · · · ·	1,683,666.	1,093,598	. 1,093,598.
	1	· · · · · · · · · · · · · · · · · · ·		* 1	n'.
	'	Less accumulated depreciation		·	
	15	Other assets (describe ►			
				-	
	16	Total assets (to be completed by all filers)	2,030,346.	1,382,170	
	17	Accounts payable and accrued expenses		650	•
	18	Grants payable .			
S	19	Deferred revenue .	_		
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ē	21	Mortgages and other notes payable .			
_	22	Other liabilities (describe			
				650	
_	23		0.	650	
	ŀ	· · · · · · · · · · · · · · · · · · ·			
ģ					
Š	1				-
쿌	1	· · · · ·			
Net Assets or Fund Balances	20				-
Ξ					
5	27	· · · · · · · · · · · · · · · · · · ·	2.030.346	1,381,520.	
ş	ł	•		0.	_
Ass	į		0.	0.	
ĕ		-		1,381,520.	:- '
_	"				
	31	Total liabilities and net assets/fund balances	2,030,346.	1,382,170.	
_			·		
L	art	Analysis of Changes in Net Assets of Fund ba	idiices		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 30)		
	•	•		1	2,030,346.
2	Enter	amount from Part I, line 27a		2	-80,845.
_		· · · · · · · · · · · · · · · · · · ·		3	0.
		b Investments - corporate stock c Investments - corporate bonds 11 Investments - band buildings, and equipment basis Less accumulated depreciation 12 Investments - other 13 Investments - other 14 Land, buildings, and equipment: basis Less accumulated depreciation 15 Other assets (describe 16 Total assets (to be completed by all filers) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Leans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 28 and lines 30 and 31. Unrestricted Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg,, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances 2 1,030,346. 1,381,	4	1,949,501.	
					567,981.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, colu	ımn (b), line 30	6	1,381,520.

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	DERICK A. VOLLB and Losses for Tax on			<u> </u>		-6056173 Page:
(a) List and descr	tibe the kind(s) of property sold (erehouse; or common stock, 200 s	.g., real estate,		(b) How acquired P - Purchase	(c) Date acc (mo., day,	quired (d) Date sold (mo., day, yr.)
	renouse, or common stock, 200 s	IIS. WILC CO.)		D - Donation	(1101) day,	y, (a, aay, y)
b SEE ATTACHED	STATEMENT					
<u>d</u>						
_0		1		L		
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			or (loss)) minus (g)
<u>a</u>		-				
<u>b</u>		. 				
		+			<u> </u>	
141,665.		 	138,27	7.		3,388
	g gain in column (h) and owned by	y the foundation			(I) Gains (Col.	(h) gain minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		xcess of col. (i) r col. (j), if any			less than -0-) or
8						
b						
C	 -	ļ	<u>-</u>			
<u>d</u>						
<u>e</u>	 	<u> </u>		_ 		3,388.
2 Capital gain net income or (net cap	oital loss) { If gain, also enter-	er in Part I, line 0- in Part I, line	7 17 .	} 2		3,388.
3 Net short-term capital gain or (loss if gain, also enter in Part I, line 8, o		ınd (6):				NT / N
If (loss), enter -0- in Part I, line 8 Part V Qualification Ui	nder Section 4940(e) fo	r Reduced	Tax on Net	Investment in		N/A
(For optional use by domestic private						
,	·	1010(a) aax on		Joiniol,		
If section 4940(d)(2) applies, leave th	is part blank.					
Was the foundation liable for the secti If "Yes," the foundation does not quali			•	iod?		Yes X No
1 Enter the appropriate amount in e				s.		
(a) Base period years	(b)			(c)		(d) Distribution ratio
Calendar year (or tax year beginnin			Net value of no	ncharitable-use assets		. (b) divided by col. (c))
2007		54,350.		2,043,200		.075543
2006		70,600. 05,905.		2,022,783 2,063,670		.084339
2005 2004		00,998.		2,137,32		.099776
2003		0,687.		2,084,73		.101062
			-			11010
2 Total of line 1, column (d)					2	.454762
3 Average distribution ratio for the 5	-year base period - divide the total	on line 2 by 5,	or by the number	of years		
the foundation has been in existen	ce if less than 5 years		-		3	.090952
4 Enter the net value of noncharitable	e-use assets for 2008 from Part X,	line 5			4	1,726,735.
5 Multiply line 4 by line 3					5	157,050.
3 Enter 1% of net investment income	(1% of Part I, line 27b)				6	436.
Add lines 5 and 6				·	7	157,486.
B Enter qualifying distributions from	Part XII, line 4		_		8	100,900.
If line 8 is equal to or greater than I		1b, and compl	lete that part using	a 1% tax rate.		
See the Part VI instructions.	· · · · · · · · · · · · · · · · · · ·	•				5 000 PE (2008)

	n 990-PF (2008) FREDERICK A. VOLLBRECHT FOUNDATION 38-605 Out VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	6173	3 Lictic	Page 4
	Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1.	11104	-	110)
18	Date of ruling letter: (attach copy of ruling letter if necessary-see instructions)			
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%			872.
	of Part I, line 27b			7, 7,
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		:	
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	- '		0.
3	Add lines 1 and 2		1	872.
A	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
7	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			372.
6	Credits/Payments:			
-	2008 estimated tax payments and 2007 overpayment credited to 2008 8a 2,600.	٠,	٠.	,
			٠.	
				1.5-
	, and the second		4	12
			2 6	500.
_	Total of outloans and paymontal rice and outlined grid and an analysis and an		4,	,00.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		1 -	728.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be; Credited to 2009 estimated tax 1,000. Refunded 11			728.
				40.
	rt VII-A Statements Regarding Activities	Т	Vac	No
18	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	-	100	X
	any political campaign?	1a	+	X
0	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	<u>1b</u>	1	┼^
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or		1.	
	distributed by the foundation in connection with the activities.	·	ľ	
	Did the foundation file Form 1120-POL for this year?	1c	┼─	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			7 -
	(1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0 .] -		100
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	1	<u>`</u>	1 .5 .
	managers. ▶ \$0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2_	\vdash	X
	If "Yes," attach a detailed description of the activities.	ŀ	1 -	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	١.	İ	
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	├	X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	-	╀┻╌
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b_		┼-
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T.			-
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	Ì	. 1	
	By language in the governing instrument, or	1-,	, `	-
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			-~ ~
	remain in the governing instrument?	6	X	├
7	Did the foundation have at least \$5,000 in assets at any time during the year?	7_	X	
	If "Yes," complete Part II, col. (c), and Part XV.	1		
88	Enter the states to which the foundation reports or with which it is registered (see instructions)		ł	
	<u>MI</u>		-	~
p	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? If "No," attach explanation	8b	X	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar	}		1 -
	year 2008 or the taxable year beginning in 2008 (see instructions for Part XIV)? If "Yes," complete Part XIV	9	L	X
10	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses.	10		X_

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FREDERICK A. VOLLBRECHT	FOUNDATION	5	38-60561	73 Page 6
Part VII-B Statements Regarding Activities for Which	Form 4/20 May Be	Hequirea (contii	nued)	751
5a During the year did the foundation pay or incur any amount to:	- 4045(-))0		es X No	2 15 m
(1) Carry on propaganda, or otherwise attempt to influence legislation (section		-	es La no	
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, unectly or muli		es X No	
any voter registration drive?			es X No	- G - 4
(3) Provide a grant to an individual for travel, study, or other similar purposes (4) Provide a grant to an organization other than a charitable, etc., organization		T	es Lau NU	
• • • • • • • • • • • • • • • • • • • •	iii described iii section		es 🗓 No	
509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitable, scientific, literary.	or aducational nurnoses or		es LALINO	
	, or equicational purposes, or	'''	es 🗓 No	1 %
the prevention of cruelty to children or animals?	dor the eventions described	·	68 [22] 110	, le
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un		iii negulaliolis	N/A	5b " "
section 53.4945 or in a current notice regarding disaster assistance (see instru		•		, -
Organizations relying on a current notice regarding disaster assistance check to		inad		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f			es 🔲 No	' ' . · -
expenditure responsibility for the grant?	• •	1/A Y	es no	- 1
If "Yes," attach the statement required by Regulations section 53.494				- [-]
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		. ভি	
a personal benefit contract?		- L Y	es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		· -!	3b X
If you answered "Yes" to 6b, also file Form 8870.		<u> </u>	[]	- [
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Y	es X No	, ,
b If yes, did the foundation receive any proceeds or have any net income attribut	able to the transaction?			7 b
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	anagers, Higni	y	
List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deterred compensation	account, other allowances
KENNETH J. KLEBBA	SECRETARY			
31700 TELEGRAPH, STE 220				
BIRMINGHAM, MI 48025	1.00	0.	0.	0.
	PRES., TREAS.		-	
31700 TELEGRAPH, STE 220			ľ	
BIRMINGHAM, MI 48025	5.00	11,000.	0.	0.
SIMIMOMMI, MI 40023	3,100		-	
				
Compensation of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NONE."		
	(b) Title, and average		(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deterred compensation	account, other allowances
NONE	devoted to position		compensation	anovanos
NONE				
	- · - · · · · · · · · · · · · · · · · ·			
		 		
]	j	
			+	
1		L		0
otal number of other employees paid over \$50,000		·	Form Q	90-PF (2008)
			rorm 9	20- FF (2008)

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

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Part X Minimum Investment Return (All domestic foundations must complete thi	s part. Foreign foundati	ons, see instructions.)
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
Average monthly fair market value of securities	<u>1a</u>	1,705,123.
b Average of monthly cash balances	<u>1b</u>	47,907.
c Fair market value of all other assets	_1c_	
d Total (add lines 1a, b, and c)	1d	1,753,030.
e Reduction claimed for blockage or other factors reported on lines 1a and		Ţ
1c (attach detailed explanation)	0.	•
2 Acquisition indebtedness applicable to line 1 assets	. 2	0.
3 Subtract line 2 from line 1d	3	1,753,030.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	26,295.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,726,735.
6 Minimum investment return. Enter 5% of line 5	. 6	86,337.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operation organizations check here and do not complete this part.)	rating foundations and cert	tain
1 Minimum investment return from Part X, line 6	_ 1	86,337.
2a Tax on investment income for 2008 from Part VI, line 5	872.	
b Income tax for 2008. (This does not include the tax from Part VI.)		
c Add lines 2a and 2b	20	872.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	85,465.
4 Recoveries of amounts treated as qualifying distributions	4	0.
5 Add lines 3 and 4	5	85,465.
6 Deduction from distributable amount (see instructions)	6	0.
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	85,465.
Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	100,900.
b Program-related investments - total from Part IX-8	1b	0.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the:	:	
a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3b	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	100,900.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
income. Enter 1% of Part I, line 27b	5	0.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6_	100,900.

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6 Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

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

Form 990-PF (2008) Part XIII Undistributed Income (see instructions) (d) (b) (c) (a) 2007 2008 Corpus Years prior to 2007 1 Distributable amount for 2008 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2007 0 a Enter amount for 2007 only b Total for prior years: 0 3 Excess distributions carryover, if any, to 2008: 107,076 a From 2003 95,836. h From 2004 105.311 c From 2005 **d** From 2006 72,806 54,681 e From 2007 435,710 f Total of lines 3a through e 4 Qualifying distributions for 2008 from Part XII, line 4: ► \$_ 100,900 a Applied to 2007, but not more than line 2a b Applied to undistributed income of prior 0 years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) 0 465 d Applied to 2008 distributable amount 15,435 e Remaining amount distributed out of corpus 0 0 Excess distributions carryover applied to 2008 (If an amount appears in column (d), the same amount must be shown in column (a).) Enter the net total of each column as indicated below: & Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract 0 line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously 0 assessed d Subtract line 6c from line 6b. Taxable 0 amount - see instructions e Undistributed income for 2007. Subtract line 0 4a from line 2a. Taxable amount - see instr. f Undistributed income for 2008. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2009 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by 0 section 170(b)(1)(F) or 4942(g)(3) 8 Excess distributions carryover from 2003 107,076 not applied on line 5 or line 7 9 Excess distributions carryover to 2009. 344,069 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2004 95,836 b Excess from 2005 05.311

Form **990-PF** (2008)

c Excess from 2006

d Excess from 2007 e Excess from 2008

72,806

54,681

	CK A. VOLLE)56173 Page
Part XIV Private Operating F			II-A, question 9)	N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo			▶ └_		
b Check box to indicate whether the found		ng foundation described T		4942(j)(3) or 4	942(1)(5)
2 a Enter the lesser of the adjusted net	Tax year	42,0007	Prior 3 years	(4) 0005	/al Tatal
income from Part I or the minimum	(a) 2008	(b) 2007	(c) 2006	(d) 2005	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed				-	
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities				-}	
e Qualifying distributions made directly					
for active conduct of exempt activities.			i		İ
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the		<u></u>			
afternative test refied 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				1	
an exempt organization					
(4) Gross investment income	-				
Part XV Supplementary Info			if the foundation	had \$5,000 or mo	ore in assets
at any time during the	ne year-see the i	nstructions.)		·	
1 Information Regarding Foundation	_				
a List any managers of the foundation who year (but only if they have contributed m			ributions received by the	foundation before the clos	se of any tax
	ore man 45,000). (See Se	scuon 507 (a)(2).)			
NONE					
b List any managers of the foundation who other entity) of which the foundation has			or an equally large portion	on of the ownership of a pa	artnersnip or
NONE					
· · · · · · · · · · · · · · · · ·	nly makes contributions to	o preselected charitable o	organizations and does r	not accept unsolicited requ	
the foundation makes gifts, grants, etc. (ompiete items 2a, b, c, and	<u>. </u>
a The name, address, and telephone numb		applications should be	addressed:		
RICHARD E. MIDA, 248		TDVT37011334	XT 4000E		
31700 TELEGRAPH RD.,					
b The form in which applications should be		-		DIDED BODY)	
APPLICATIONS SHOULD I	DE PODMITIEI	J IN WRITIN	G (NO PRESC	KIDED FORM)	
c Any submission deadlines: NO SUBMISSION DEADLIN	JES				
d Any restrictions or limitations on awards,		areas charitable fields I	kinds of institutions or o	ther factors	
NONE	outh at by goograpiileal	a sas, enamente neus, l	anas or monadons, VI (
823601 01-02-09		<u> </u>			orm 990-PF (2008

Supplementary Information (continued) Part XV 3 Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation status of recipient Purpose of grant or contribution show any relationship to any foundation manager **Amount** Name and address (home or business) or substantial contributor a Paid during the year SEE STATEMENT 9 **≥** 3a 100,900. Total b Approved for future payment NONE **▶** 3b Total

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823611 01-02-09

823621 01-02-09

Enter gross amounts unless otherwise indicated.	Unrelated I	ousiness income	Excluded b	section 512, 513, or 514	(e)
-	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	741104111	code	Alliquit	
a <u>N/A</u>	_				
b	_				
C					
d					
0	_				
f	_		\bot		
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments .		<u> </u>			
4 Dividends and interest from securities			18	51,092.	
5 Net rental income or (loss) from real estate:		- t			
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					22
8 Gain or (loss) from sales of assets other					
than inventory			18	15,435.	-12,047
9 Net income or (loss) from special events			1 - 1	13/133	12/01/
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:		 	-11		
	_		 		
b	1 1	····	 		
<u> </u>			+	· · · · · · · · · · · · · · · · · · ·	
d		 	 		
6 (h) (d) and (a)	- 	0	+ + -	66,527.	-12,025
2 Subtotal, Add columns (b), (d), and (e)	L		<u>•1 L</u>		
3 Total. Add line 12, columns (b), (d), and (e)				13	54,504
See worksheet in line 13 instructions to verify calculations.					
Part XVI-B Relationship of Activities	s to the Accom	plishment of E	xempt Pu	rposes —————————	
Line No. Explain below how each activity for which in the foundation's exempt purposes (other the			A contributed i	mportantly to the accompli	shment of
	ian by providing lands			 	
4 N/A B N/A			·····		
D IN/A					
		 			
					
 					
					<u></u> .
					
	 				
					· · · · · · · · · · · · · · · · · · ·

Form **990-PF** (2008)

		Exempt Organ	izations					
1	Did the o	organization directly or indi	rectly engage in any of the follow	ng with any other organiz	zation described in section 501(c) of		Yes	No
	the Code	(other than section 501(c)(3) organizations) or ın section 5	27, relating to political or	ganizations?			٠- بيد
į	Transfers	s from the reporting found	ation to a noncharitable exempt o	rganization of:			- "	
	(1) Cash	h				1a(1)		X
	(2) Othe	er assets .				1a(2)		X
t	Other tra	nsactions:						ί,
	(1) Sale	s of assets to a noncharita	ble exempt organization			15(1)	L	X
			ncharitable exempt organization			15(2)		X
		tal of facilities, equipment,			·	1b(3)		X
		nbursement arrangements				1b(4)		X
		ns or loan guarantees			·	1b(5)		X
			embership or fundraising solicitati	ons		1b(6)		X
c			uling lists, other assets, or paid en			10		X
	-			•	l always show the fair market value of the g	oods, other ass	ets.	
				• •	value in any transaction or sharing arrange			
		* .	other assets, or services received		,	•		-
(a)	Line no	(b) Amount involved	(c) Name of noncharitable		(d) Description of transfers, transaction	ns, and sharing an	angeme	nts
_		···	N/A					
_				 				
								
_			<u> </u>	- ,				
_			 	 				
								
						· · · · · · · ·	-	
_				·····				
_					· · · · · · · · · · · · · · · · · · ·			
_								
_								
0-	lo the fou	ndation directly or indirect	ly affiliated with, or related to, one	or more toy exempt orga	anizations described			
Z B			than section 501(c)(3)) or in sec		anizations described	Yes	X	l No
.		omplete the following sche	, ,, ,,	11011 327 f	·	L Tes		INO
_ <u>U</u>	11 165, 0	(a) Name of orga		(b) Type of organization	n (c) Description of rel	ationship		
		N/A		(b) type of organization	(6) 55551 (51.51)	<u> </u>		
_				···				
								
_								
				<u> </u>	 	-		
Т	Under penalt	ties of parity, I declare that I ha	ave examined this return, including acco	mpanying schedules and stat	sements, and to the best of my knowledge and bell	ef, it is true, correc	 _	
-	and complete	e Disclaration of proparer (other	than taxpayer or fiduciary) is based on	all information of which prepa	erer has any knowledge			
١	. /	Marid	Musico	1/2/ 29/ 8	7 NESIDENT. TREA	SURER		
2	Signat	ture of officer or trustee		Date	Title	DOME		—
2	Dre		1 M 1	200		reparer's identifyl	ng numb	er
5	ار کے sin	eparer's Inature	Rand 11000.	CPR	Date 12/29/9 Check if self-employed \blacktriangleright		•	
: ٥	2 2 6		INS, BURI & MCC	ONKEY, LLP	EIN >			
ŀ	로 출 의 Him		O TELEGRAPH RD,		EIN			
	addr		INGHAM, MI 4802		Phone no. 24	8.646.7	1 1 1 1)
		DAAM.	THOMEN THE HOUZ	<u></u>	Fritolic IIO. 2.4	Form 990-		

Part IV Cap	ital Gains and Lo	osses for Tax on Investment Income	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
	(a) List an 2-story b	d describe the kind(s) of property so rick warehouse; or common stock, 2	ild, e.g., real estate, 200 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a CAPITA	L GAINS	DIVIDENDS		P	04/26/07	01/25/08
		JP MORGAN INTREE	ID VALUE FUND CLA			01/25/08
			AL VALUES FUND CL			01/25/08
		MID CAP VALUE F		P		01/25/08
		DIVIDENDS				
f						
g						
h						
_i						
_i						
k						
1						
m						
<u>n</u>						
0						
(e) Gross s	ales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) (e) p	Gain or (loss) lus (f) minus (g)	
a _	51,942.		57,066.			-5,124.
b	18,719.		20,566.		-	-1,847.
С	40,721.		44,275.			-3,554.
d	14,848.		16,370.			<u>-1,522.</u>
е	15,435.	<u></u>				<u>15,435.</u>
f						
<u> </u>						
h						
1						
<u>i </u>						
<u>k</u>			 			
<u> </u>						
<u>m</u>						
<u>n</u>	·					
Complete only	for assets showing	ng gain in column (h) and owned by	the foundation on 12/31/69	/I\ L occ	ses (from col. (h))	
(i) F.M.V. as ((j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess of	col. (h) gain over t less than "-0-")	col. (k),
	-	400.120.00	575. 35 (),, 2)			-5,124.
ab	_ -					$\frac{-3,124}{-1,847}$
C						-3,554.
d						-1,522.
e	-					15,435.
f						
9						
h						
<u>!</u>				 		
i						
k						
<u> </u>						
<u>n</u>						
n		·- <u>-</u> -				···
0						
Capital gain net i	income or (net cap	pital loss) { If gain, also enter If (loss), enter "-0-	in Part I, line 7 " in Part I, line 7			3,388.
If gain, also ente	r in Part I, line 8, o	s) as defined in sections 1222(5) and column (c).	, I		,	
if (loss), enter "-(0-" in Part I, line 8		<i>)</i> 3	1	N/A	

		_								
FORM 990-PF DIVIDENT	OS AND	INTER	EST FRO	M SEC	URITIES	STATEMENT				
SOURCE		GROSS	AMOUNT		PITAL GAINS DIVIDENDS	COLUMN (A	۲)			
INTERSECURITIES INC LONG T	TERM		NG TERM				56,061. 4,969. 10,466. 10,466.		51,0	92
TOTAL TO FM 990-PF, PART I, I	LN 4 =		66,527		15,435.	51,0	92			
FORM 990-PF	PO	HER I	NCOME			STATEMENT				
DESCRIPTION			(A) REVENU PER BOO	_	(B) NET INVEST- MENT INCOME	(C) ADJUSTE NET INCO				
ADVISORY FEES FROM MARGIN				22.	22.	•				
TOTAL TO FORM 990-PF, PART I,	LINE	11		22.	22.	,				
FORM 990-PF	ACC	OUNTI	NG FEES			STATEMENT				
DESCRIPTION	(A EXPEN PER B		(B NET IN MENT I	VEST-	(C) ADJUSTED NET INCOME	(D) CHARITA PURPOS				
ACCOUNTING FEES	5	,775.		2,888	•		0			
TO FORM 990-PF, PG 1, LN 16B	5	,775.		2,888.	•		0			
FORM 990-PF O	THER P	ROFES	SIONAL	FEES		STATEMENT				
DESCRIPTION		SES	(B NET IN MENT I	VEST-						
INVESTMENT COUNSELING	15	,981.	•	7,991.			0			

FORM 990-PF	TAX	ES			STATEMENT	
DESCRIPTION	(A) (B) EXPENSES NET INVES PER BOOKS MENT INCO					
EXCISE TAX	1,691.		0.			0
TO FORM 990-PF, PG 1, LN 18	1,691.	: 	0.			0
FORM 990-PF OTHER DECREASE	ES IN NET AS	SETS OR F	UND E	ALANCES	STATEMENT	(
DESCRIPTION			-		AMOUNT	
UNREALIZED HOLDING GAIN ON IN	NVESTMENTS				567,9	81
TOTAL TO FORM 990-PF, PART II	II, LINE 5				567,9	81
FORM 990-PF U.S. AND S	STATE/CITY GO	OVERNMENT	OBLI	GATIONS	STATEMENT	
DESCRIPTION	U.S GOV'		воо	K VALUE	FAIR MARKE	r
U.S. TREASURIES	X			260,235.	260,23	35.
TOTAL U.S. GOVERNMENT OBLIGAT	TIONS	-		260,235.	260,23	35.
TOTAL STATE AND MUNICIPAL GOV	ERNMENT OBL	IGATIONS			-	
TOTAL TO FORM 990-PF, PART II	, LINE 10A	=		260,235.	260,23	35.
FORM 990-PF	OTHER INVI	ESTMENTS			STATEMENT	8
DESCRIPTION		LUATION ETHOD	BOO	K VALUE	FAIR MARKET	י
MUTUAL FUNDS WELLS REIT II		FMV 843,598. FMV 250,000.			843,598. 250,000.	
TOTAL TO FORM 990-PF, PART II	, LINE 13	_	1	,093,598.	1,093,59	8.

9

STATEMENT

FORM 990-PF

PAID	STATEMENT 5			
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT	
CHILD ABUSE & NEGLECT COUNCIL OF OAKLAND COUNTY 44765 WOODWARD AVENUE, PONTIAC, MI 48341			35,000.	
PRESERVATION BLOOMFIELD PO BOX 332 , BLOOMFIELD HILLS, MI 48303	NONE RESTORATION OF BARTON FARM HOUSE		10,000.	
CITY OF ROCHESTER HILLS 1000 ROCHESTER HILLS DRIVE, ROCHESTER HILLS, MI 48309	NONE MI LIFEGUARD EQUIPMENT		3,900.	
FAR CONSERVATORY OF THERAPEUTIC AND PERFORMING ARTS 1669 W. MAPLE ROAD, BIRMINGHAM, MI 48009	NONE FLUTES, FRIENDS & FA-LA-LA		20,000.	
SKYLINE CAMP 1669 W. MAPLE ROAD, BIRMINGHAM, MI 48009	NONE FOSTER FAMILY HOLIDAY WEEKEND		9,000.	
THE COMMUNITY HOUSE ASSOCIATION 380 BATES STREET, BIRMINGHAM, MI 48009	NONE ORCHARD EVENT		18,000.	
VARIETY, CHARITY FOR CHILDREN 30161 SOUTHFIELD RD, SUITE 301, SOUTHFIELD, MI 48076			5,000.	
TOTAL TO FORM 990-PF, PART XV, LII	NE 3A		100,900.	

GRANTS AND CONTRIBUTIONS

Form 8868 (Rev. April 2009) Department of the Treasury Internal Revenue Service Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

•			
n 18	re filing for an Automatic 3-Month Extension, complete only Part I and check this box		. X
•	re filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this		
Do not co	omplete Part il unless you have already been granted an automatic 3-month extension on a previously f	iled Fo	orm 8868.
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed).		
A corpore	tion required to file Form 990-T and requesting an automatic 6-month extension - check this box and cor	nplete	
Part I only			▶ □
	corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a ome tax returns.	n exter	nsion of time
noted beli not autor ou must	c Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronication or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consult the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic fooverfile and click on e-file for Charities & Nonprofits.	ically r insolid	f (1) you want the additional ated Form 990-T. Instead,
Гуре ог	Name of Exempt Organization	Employer identification nu	
print	FREDERICK A. VOLLBRECHT FOUNDATION	3	88-6056173
ile by the lue date for iling your	Number, street, and room or suite no. If a P.O. box, see instructions. 31700 TELEGRAPH ROAD, NO. 220		
eturn See nstructions	City, town or post office, state, and ZIP code. For a foreign address, see instructeos. BIRMINGHAM, MI 48025		<u> </u>
Forn	m 990	227	
X Fon		B70 	
The bo Teleph If the o	RICHARD E. MIDA, CPA oks are in the care of 31700 TELEGRAPH, STE. 220 — BIRMINGHAM, one No. 7248.646.0627 FAX No. rganization does not have an office or place of business in the United States, check this box of or a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the	MI	▶ □
The bo Teleph If the o If this is OX ►	RICHARD E. MIDA, CPA oks are in the care of 31700 TELEGRAPH, STE. 220 - BIRMINGHAM, one No. 248.646.0627 FAX No. granization does not have an office or place of business in the United States, check this box of a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the content is for part of the group, check this box and attach a list with the names and EINs of all quest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time united to the content of the group of time united to file Form 990-T) extension of time united to file Form 990-T.	MI us is fo	or the whole group, check this pers the extension will cover.
The bo Teleph If the o If this is OX If the o	RICHARD E. MIDA, CPA oks are in the care of ▶ 31700 TELEGRAPH, STE. 220 — BIRMINGHAM, one No. ▶ 248.646.0627 FAX No. ▶ rganization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the group, check this box ▶ ☐ and attach a list with the names and EINs of all guest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un AUGUST 15, 2009, to file the exempt organization return for the organization named and automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un AUGUST 15, 2009, to file the exempt organization return for the organization named and automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un AUGUST 15, 2009, to file the exempt organization return for the organization named and automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un AUGUST 15, 2009, to file the exempt organization return for the organization named and automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un AUGUST 15, 2009, to file the exempt organization return for the organization named and automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un AUGUST 15, 2009, to file the exempt organization return for the organization named and automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un AUGUST 15, 2009, to file the exempt organization return for the organization named and automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un AUGUST 15, 2009, to file the exempt organization return for the organization named and automatic 3-month (6-months for a corporation required to file form 990-T) extension of time und for a corporation required to file form	MI us is fo	or the whole group, check this pers the extension will cover.
The bo Teleph If the o If this is OX If the oil is fo	RICHARD E. MIDA, CPA oks are in the care of 31700 TELEGRAPH, STE. 220 - BIRMINGHAM, one No. 248.646.0627 FAX No. rganization does not have an office or place of business in the United States, check this box of or a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the If the If the group, check this box quest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un AUGUST 15, 2009, to file the exempt organization return for the organization named are the organization's return for:	MI us is fo	or the whole group, check this pers the extension will cover.
The bo Teleph If the o If this is OX If the oil is fo	RICHARD E. MIDA, CPA oks are in the care of ▶ 31700 TELEGRAPH, STE. 220 — BIRMINGHAM, one No. ▶ 248.646.0627 FAX No. ▶ rganization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the group, check this box ▶ ☐ and attach a list with the names and EINs of all guest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un AUGUST 15, 2009, to file the exempt organization return for the organization named and automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un AUGUST 15, 2009, to file the exempt organization return for the organization named and automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un AUGUST 15, 2009, to file the exempt organization return for the organization named and automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un AUGUST 15, 2009, to file the exempt organization return for the organization named and automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un AUGUST 15, 2009, to file the exempt organization return for the organization named and automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un AUGUST 15, 2009, to file the exempt organization return for the organization named and automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un AUGUST 15, 2009, to file the exempt organization return for the organization named and automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un AUGUST 15, 2009, to file the exempt organization return for the organization named and automatic 3-month (6-months for a corporation required to file form 990-T) extension of time und for a corporation required to file form	MI us is fo	or the whole group, check this pers the extension will cover.
The bo Teleph If the o If this is The box If this is The box If the o If this is The box If the o I	RICHARD E. MIDA, CPA oks are in the care of 31700 TELEGRAPH, STE. 220 — BIRMINGHAM, one No. 248.646.0627 FAX No. reganization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the group is for part of the group, check this box and attach a list with the names and EINs of all all automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un AUGUST 15, 2009, to file the exempt organization return for the organization named are the organization's return for: X calendar year 2008 or	MI us is for membratil	or the whole group, check this pers the extension will cover. The extension
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Form 8868 (Rev. 4-2009)

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form	8868 (Rev. 4-2009)			Page 2		
• If	you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this b	ox .		▶ 🗓		
	. Only complete Part II if you have already been granted an automatic 3-month extension on a previously file					
	you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).					
Pa	rt II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no	copies	needed).			
_	Name of Exempt Organization	Em	ployer iden	tification number		
Турс	16	1				
print	FREDERICK A. VOLLBRECHT FOUNDATION		<u> 38-605</u>	5173		
File by		For	IRS use ont	,		
due di filing t	nio for 31700 TELEGRAPH ROAD, NO. 220	⊥				
return.	See City, town or post office, state, and ZIP code. For a foreign address, seel instructions.					
instruc	BIRMINGHAM, MI 48025					
Che	ck 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	r	om 5227	Form 8870		
<u></u>	Form 990-BL X Form 990-PF Form 990-T (trust other than above) Form 4720	L F	orm 6069			
STO	Pl Do not complete Part II if you were not already granted an automatic 3-month extension on a previou	ısly fil	ed Form 88	68.		
	RICHARD E. MIDA, CPA					
• T	ne books are in the care of > 31700 TELEGRAPH, STE. 220 - BIRMINGHAM,	M ¹	4802	;		
	blephone No. ► 248.646.0627 FAX No. ►	11.	. 1004.	<u> </u>		
	the organization does not have an office or place of business in the United States, check this box					
	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the			group, check this		
box i				_		
4	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					
	ADDITIONAL TIME IS NEEDED TO FILE A COMPLETE AND ACCURATE RETURN.					
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	ŀ	1			
	nonrefundable credits. See instructions.	8a	\$	<u>1,691.</u>		
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	L				
	previously with Form 8868.	<u>8</u> b	\$	909.		
C	Balance Due. 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	\$	<u> </u>		
	Signature and Verification		_			
Inder	penalties of perjugy, Lesclare that I have examined this form, including accompanying schedules and statements, and to the	best o	f my knowled	ge and belief,		
	e, correct, and complete, another I am authorized to prepare this form.	_	ali	1/19		
ignat	ure PRESIDENT, TREASURER	Date		[[]		
			Form	8868 (Rev. 4-2009)		

Form 886	8 (Rev. 4-2009)			Page 2	
Note. On	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this be the complete Part II if you have already been granted an automatic 3-month extension on a previously filed are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).			. > X	
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no c	opies	needed).		
Type or	Name of Exempt Organization	Emp	oloyer ident	ification number	
print	FREDERICK A. VOLLBRECHT FOUNDATION	38-6056173			
File by the extended due date for	Number, street, and room or suite no. If a P.O. box, see instructions. 31700 TELEGRAPH ROAD, NO. 220	For	RS use only		
filing the return See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.				
For	rpe of return to be filed (File a separate application for each return): m 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A m 990-BL X Form 990-PF Form 990-T (trust other than above) Form 4720	=	orm 5227 orm 6069	Form 8870	
STOP! D	o not complete Part II if you were not already granted an automatic 3-month extension on a previou	sly fil	ed Form 88	38.	
Teleph If the o	RICHARD E. MIDA, CPA books are in the care of ► 31700 TELEGRAPH, STE. 220 - BIRMINGHAM, books are in the care of ► 31700 TELEGRAPH, STE. 220 - BIRMINGHAM, books are in the care of ► 31700 TELEGRAPH, STE. 220 - BIRMINGHAM, broad FAX No. ► broad FAX No. ► broad FAX No. ► broad FAX No. ► creation of the united States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the lift is for part of the group, check this box ► and attach a list with the names and EINs of all	 s is fo	r the whole	group, check this	
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	Signature and Verification				
Under pena it is true, co	alties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the orrect, and complete, and that I am authorized to prepare this form.	best o	f my knowled	ge and belief,	
Signature	►	Date	_		
			Form	8868 (Rev. 4-2009)	

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