



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

2008

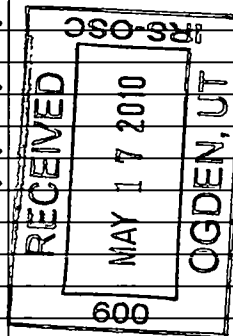
Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

For calendar year 2008, or tax year beginning JUL 1, 2008, and ending JUN 30, 2009

G Check all that apply: ☐ Initial return ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.	Name of foundation <b>THE TRICO FOUNDATION</b>		A Employer identification number <b>38-2702725</b>
	Number and street (or P O box number if mail is not delivered to street address)	Room/suite	B Telephone number <b>248-948-6990</b>
	<b>29100 NORTHWESTERN HIGHWAY</b>		
	City or town, state, and ZIP code <b>SOUTHFIELD, MI 48034</b>		C If exemption application is pending, check here <input type="checkbox"/> D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ <b>5,021,209.</b> (Part I, column (d) must be on cash basis.)		J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

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).)		(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	1,001,000.		N/A	
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	35.	35.		STATEMENT 1
	4 Dividends and interest from securities	84,624.	84,624.		STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	<687,422.>			STATEMENT 3
	b Gross sales price for all assets on line 6a	555,927.			
	7 Capital gain net income (from Part IV, line 2)		0.		STATEMENT 4
	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)					
11 Other income	42,802.	42,802.		STATEMENT 5	
12 Total. Add lines 1 through 11	441,039.	127,461.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	30,000.	15,000.		15,000.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits	30,146.	15,073.		15,073.
	16a Legal fees				
	b Accounting fees	4,400.	0.		4,400.
	c Other professional fees				
	17 Interest	12,767.	0.		0.
	18 Taxes	4,050.	1,031.		1,050.
	19 Depreciation and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses	18,819.	14,985.		299.
	24 Total operating and administrative expenses. Add lines 13 through 23	100,182.	46,089.		35,822.
	25 Contributions, gifts, grants paid	171,385.			171,385.
26 Total expenses and disbursements. Add lines 24 and 25	271,567.	46,089.		207,207.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	169,472.				
b Net investment income (if negative, enter -0-)		81,372.			
c Adjusted net income (if negative, enter -0-)			N/A		



9

17

Part II Balance Sheets		Beginning of year	End of year	
			(a) Book Value	(b) Book Value
Assets	1 Cash - non-interest-bearing	22,736.	101,834.	101,834.
	2 Savings and temporary cash investments	47,629.	293,779.	293,779.
	3 Accounts receivable ▶ Less: allowance for doubtful accounts ▶	1,500.		
	4 Pledges receivable ▶ Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶ 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			
	b Investments - corporate stock			
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment, basis ▶ Less accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other STMT 9	2,772,417.	3,712,091.	3,125,596.
Liabilities	14 Land, buildings, and equipment, basis ▶ Less accumulated depreciation ▶			
	15 Other assets (describe ▶ STATEMENT 10)	1,802,900.	617,317.	1,500,000.
	16 Total assets (to be completed by all filers)	4,647,182.	4,725,021.	5,021,209.
	17 Accounts payable and accrued expenses			
	18 Grants payable			
Net Assets or Fund Balances	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶ )			
	23 Total liabilities (add lines 17 through 22)	0.	0.	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	0.	0.	
	28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
	29 Retained earnings, accumulated income, endowment, or other funds	4,647,182.	4,725,021.	
Net Assets or Fund Balances	30 Total net assets or fund balances	4,647,182.	4,725,021.	
	31 Total liabilities and net assets/fund balances	4,647,182.	4,725,021.	

## 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 30 (must agree with end-of-year figure reported on prior year's return)	1	4,647,182.
2 Enter amount from Part I, line 27a	2	169,472.
3 Other increases not included in line 2 (itemize) ▶ ADJUSTMENT TO TAX BASIS	3	8,387.
4 Add lines 1, 2, and 3	4	4,825,041.
5 Decreases not included in line 2 (itemize) ▶ LIFE INSURANCE PREMIUMS PAID	5	100,020.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	4,725,021.

**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.)
1a VANGUARD 500 INDEX FUND	P		06/17/09
b MDM - FORM K-1			
c MDM - FORM K-1			
d LIQUIDATION OF MDM PARTNERS			
e			

(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)
a 555,927.		506,301.	49,626.
b			<137,876.>
c			<180,080.>
d			<233,440.>
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(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	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			49,626.
b			<137,876.>
c			<180,080.>
d			<233,440.>
e			

2 Capital gain net income or (net capital loss)	<div style="display: flex; align-items: center;"> <div style="border-left: 1px solid black; border-right: 1px solid black; padding: 0 5px;">           If gain, also enter in Part I, line 7            If (loss), enter -0- in Part I, line 7         </div> <div style="margin-left: 10px;">           2           <div style="border-left: 1px solid black; border-right: 1px solid black; padding: 0 5px;">             &lt;501,770.&gt;           </div> </div> </div>
3 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). If (loss), enter -0- in Part I, line 8	<div style="display: flex; align-items: center;"> <div style="border-left: 1px solid black; border-right: 1px solid black; padding: 0 5px;">           If gain, also enter in Part I, line 8, column (c).            If (loss), enter -0- in Part I, line 8         </div> <div style="margin-left: 10px;">           3           <div style="border-left: 1px solid black; border-right: 1px solid black; padding: 0 5px;">             N/A           </div> </div> </div>

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2007	236,102.	4,990,212.	.047313
2006	875,242.	4,489,919.	.194935
2005	274,013.	5,512,524.	.049707
2004	118,745.	5,166,256.	.022985
2003	180,070.	4,224,673.	.042623

2 Total of line 1, column (d)	2	.357563
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 existence if less than 5 years	3	.071513
4 Enter the net value of noncharitable-use assets for 2008 from Part X, line 5	4	6,690,749.
5 Multiply line 4 by line 3	5	478,476.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	814.
7 Add lines 5 and 6	7	479,290.
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.	8	207,207.

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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling letter: _____ (attach copy of ruling letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		1	1,627.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0.
3 Add lines 1 and 2		3	1,627.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	1,627.
6 Credits/Payments:			
a 2008 estimated tax payments and 2007 overpayment credited to 2008	6a	3,760.	
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	3,760.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	8.	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	2,125.	
11 Enter the amount of line 10 to be: Credited to 2009 estimated tax <input type="checkbox"/> 2,125. Refunded <input type="checkbox"/>	11	0.	

**Part VII-A Statements Regarding Activities**

	Yes	No
1a 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?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? 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		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ 0. (2) On foundation managers. <input type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	X	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		X
6 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?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV.	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> MI		
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? If "No," attach explanation	X	
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 year 2008 or the taxable year beginning in 2008 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

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

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A	13	X	
14	The books are in care of ► BRENT TRIEST Telephone no. ► 248-948-6990 Located at ► 29100 NORTHWESTERN HIGHWAY - SUITE 210; SFLD, MI, ZIP+4 ► 48034			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year	15		N/A

**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.

	Yes	No
1a During the year did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input checked="" type="checkbox"/> Yes <input 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? (Exception 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 If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here		X
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2008?		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2008, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2008? If "Yes," list the years ►	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b Are there any years listed in 2a for which the foundation is not 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 all years listed, answer "No" and attach statement - see instructions.)	N/A	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years' here. ►		
3a 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 If "Yes," did it have excess business holdings in 2008 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 2008.)	N/A	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		X
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 2008?		X

Form 990-PF (2008)

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

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?

☐ Yes ☒ 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?

☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any 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)?

N/A

5b

Organizations relying on a current notice regarding disaster assistance check here

☒

c 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?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

X

If you answered "Yes" to 6b, also file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

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

1 List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 11		30,000.	30,146.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(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
NONE				

Total number of other employees paid over \$50,000

0

Form 990-PF (2008)

**Part VIII****Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** (continued)**3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

(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

0

**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
1 N/A	
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 lines 1 and 2.

	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
<b>Total.</b> Add lines 1 through 3	0.

Form 990-PF (2008)



**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>	4,799,825.
<b>b</b>	Average of monthly cash balances	<b>1b</b>	172,249.
<b>c</b>	Fair market value of all other assets	<b>1c</b>	1,820,565.
<b>d</b>	<b>Total</b> (add lines 1a, b, and c)	<b>1d</b>	6,792,639.
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	<b>1e</b>	0.
<b>2</b>	Acquisition indebtedness applicable to line 1 assets	<b>2</b>	0.
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	6,792,639.
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	101,890.
<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>	6,690,749.
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5	<b>6</b>	334,537.

**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>	334,537.
<b>2a</b>	Tax on investment income for 2008 from Part VI, line 5	<b>2a</b>	1,627.
<b>b</b>	Income tax for 2008. (This does not include the tax from Part VI.)	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b	<b>2c</b>	1,627.
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1	<b>3</b>	332,910.
<b>4</b>	Recoveries of amounts treated as qualifying distributions	<b>4</b>	0.
<b>5</b>	Add lines 3 and 4	<b>5</b>	332,910.
<b>6</b>	Deduction from distributable amount (see instructions)	<b>6</b>	0.
<b>7</b>	<b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1	<b>7</b>	332,910.

**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>	207,207.
<b>b</b>	Program-related investments - total from Part IX-B	<b>1b</b>	0.
<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>	207,207.
<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	<b>5</b>	0.
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	<b>6</b>	207,207.

**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 2007	(c) 2007	(d) 2008
<b>1</b> Distributable amount for 2008 from Part XI, line 7				332,910.
<b>2</b> Undistributed income, if any, as of the end of 2007				
<b>a</b> Enter amount for 2007 only			0.	
<b>b</b> Total for prior years:		0.		
<b>3</b> Excess distributions carryover, if any, to 2008:				
<b>a</b> From 2003				
<b>b</b> From 2004				
<b>c</b> From 2005				
<b>d</b> From 2006				495,674.
<b>e</b> From 2007				
<b>f</b> Total of lines 3a through e	495,674.			
<b>4</b> Qualifying distributions for 2008 from Part XII, line 4: ► \$ 207,207.				
<b>a</b> Applied to 2007, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions)		0.		
<b>c</b> Treated as distributions out of corpus (Election required - see instructions)	0.			
<b>d</b> Applied to 2008 distributable amount				207,207.
<b>e</b> Remaining amount distributed out of corpus	0.			
<b>5</b> Excess distributions carryover applied to 2008 (If an amount appears in column (d), the same amount must be shown in column (a))	125,703.			125,703.
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	369,971.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b		0.		
<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		0.		
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
<b>e</b> Undistributed income for 2007. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
<b>f</b> Undistributed income for 2008. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2009				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)	0.			
<b>8</b> Excess distributions carryover from 2003 not applied on line 5 or line 7	0.			
<b>9</b> Excess distributions carryover to 2009. Subtract lines 7 and 8 from line 6a	369,971.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2004				
<b>b</b> Excess from 2005				
<b>c</b> Excess from 2006				369,971.
<b>d</b> Excess from 2007				
<b>e</b> Excess from 2008				

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

N/A

- 1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2008, enter the date of the ruling \_\_\_\_\_

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

**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>  <b>SEE SCHEDULE ATTACHED</b>				<b>171,385.</b>
<b>Total</b>				<b>▶ 3a 171,385.</b>
<b>b</b> <i>Approved for future payment</i>  <b>NONE</b>				
<b>Total</b>				<b>▶ 3b 0.</b>

**Part XVI-A      Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by section 512, 513, or 514		(e)
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount		Related or exempt function income
<b>1</b> Program service revenue:						
a _____						
b _____						
c _____						
d _____						
e _____						
f _____						
g Fees and contracts from government agencies						
<b>2</b> Membership dues and assessments						
<b>3</b> Interest on savings and temporary cash investments	523000	13. 14		22.		
<b>4</b> Dividends and interest from securities	523000	6,436.	14	78,188.		
<b>5</b> Net rental income or (loss) from real estate:						
a Debt-financed property						
b Not debt-financed property						
<b>6</b> Net rental income or (loss) from personal property						
<b>7</b> Other investment income			14	42,802.		
<b>8</b> Gain or (loss) from sales of assets other than inventory	523000	<185,652.>	18	<501,770.>		
<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:						
a _____						
b _____						
c _____						
d _____						
e _____						
<b>12</b> Subtotal. Add columns (b), (d), and (e)		<179,203.>		<380,758.>		0.
<b>13 Total</b> Add line 12, columns (b), (d), and (e)					13	<559,961.>

(See worksheet in line 13 instructions to verify calculations.)

## **Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**

[illegible]



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

		Yes	No
<b>1</b>	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
<b>a</b>	Transfers from the reporting foundation to a noncharitable exempt organization of:		
	(1) Cash	<b>1a(1)</b>	<b>X</b>
	(2) Other assets	<b>1a(2)</b>	<b>X</b>
<b>b</b>	Other transactions:		
	(1) Sales of assets to a noncharitable exempt organization	<b>1b(1)</b>	<b>X</b>
	(2) Purchases of assets from a noncharitable exempt organization	<b>1b(2)</b>	<b>X</b>
	(3) Rental of facilities, equipment, or other assets	<b>1b(3)</b>	<b>X</b>
	(4) Reimbursement arrangements	<b>1b(4)</b>	<b>X</b>
	(5) Loans or loan guarantees	<b>1b(5)</b>	<b>X</b>
	(6) Performance of services or membership or fundraising solicitations	<b>1b(6)</b>	<b>X</b>
<b>c</b>	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	<b>1c</b>	<b>X</b>
<b>d</b>	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.		

[illegible]

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (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
N/A		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge.			
Sign Here	 Signature of officer or trustee		15-14-70 Date
			Title
Paid Preparer's Use Only	Preparer's signature 		Date 05/10/10
	Firm's name (or yours if self-employed), address, and ZIP code FGMK, LLC 2801 LAKESIDE DRIVE, 3RD FLOOR BANNOCKBURN, IL 60015		Check if self-employed <input type="checkbox"/> Preparer's identifying number EIN Phone no. 847-374-0400

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No 1545-0047

**2008**

Name of the organization

Employer identification number

THE TRICO FOUNDATION

38-2702725

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

☐

501(c)( ) (enter number) organization

☐

4947(a)(1) nonexempt charitable trust not treated as a private foundation

☐

527 political organization

Form 990-PF

☒

501(c)(3) exempt private foundation

☐

4947(a)(1) nonexempt charitable trust treated as a private foundation

☐

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 organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**☐

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

☐

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ \_\_\_\_\_

**Caution.** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

THE TRICO FOUNDATION

38-2702725

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MR. AND MRS. WARREN COVILLE 216 BIRD KEY DRIVE SARASOTA, FLORIDA 34236	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



---



---

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

---

SOURCE	AMOUNT
MDM - FORM K-1	22.
MDM - FORM K-1 - UBIT	13.
TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A	35.

---



---



---



---

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

---

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
MDM - FORM K-1	10,826.	0.	10,826.
MDM - FORM K-1 - UBIT	6,436.	0.	6,436.
MISCELLANEOUS	3.	0.	3.
SCHWARTZ VALUE FUND	4,577.	0.	4,577.
SMITH BARNEY CITIGROUP	560.	0.	560.
UBS PAINE WEBBER	123.	0.	123.
VANGUARD	62,099.	0.	62,099.
TOTAL TO FM 990-PF, PART I, LN 4	84,624.	0.	84,624.

---



---

FORM 990-PF                      GAIN OR (LOSS) FROM SALE OF ASSETS                      STATEMENT      3

(A) DESCRIPTION OF PROPERTY	MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
VANGUARD 500 INDEX FUND	PURCHASED		06/17/09

(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
555,927.	506,301.	0.	0.	49,626.

(A) DESCRIPTION OF PROPERTY	MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
MDM - FORM K-1	PURCHASED		

(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
0.	0.	0.	0.	<137,876.>

(A) DESCRIPTION OF PROPERTY	MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
MDM - FORM K-1	PURCHASED		

(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
0.	0.	0.	0.	<180,080.>

(A) DESCRIPTION OF PROPERTY	MANNER ACQUIRED		DATE ACQUIRED		DATE SOLD
LIQUIDATION OF MDM PARTNERS	PURCHASED				
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS	
0.	0.	0.	0.	<233,440.>	

(A) DESCRIPTION OF PROPERTY	MANNER ACQUIRED		DATE ACQUIRED		DATE SOLD
MDM - FORM K-1 UBIT	PURCHASED				
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS	
0.	0.	0.	0.	<70,815.>	

(A) DESCRIPTION OF PROPERTY	MANNER ACQUIRED		DATE ACQUIRED		DATE SOLD
MDM - FORM K-1 UBIT	PURCHASED				
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS	
0.	0.	0.	0.	<114,837.>	

NET GAIN OR LOSS FROM SALE OF ASSETS	<687,422.>
CAPITAL GAINS DIVIDENDS FROM PART IV	0.
TOTAL TO FORM 990-PF, PART I, LINE 6A	<687,422.>

FORM 990-PF

DEBT-FINANCED CAPITAL GAIN OR (LOSS)

STATEMENT

4

(A) DESCRIPTION OF PROPERTY SOLD	(B) MANNER ACQUIRED	(C) DATE ACQUIRED	(D) DATE SOLD	
MDM - FORM K-1 UBIT	PURCHASED			
(E) GROSS SALES PRICE	(F) DEPRECIATION	(G) COST OR OTHER BASIS	(H) EXPENSE OF SALE	(I) GAIN (LOSS)
0.	0.	0.	0.	<70,815.>
(J) AVERAGE ACQUISITION DEBT	(K) AVERAGE ADJUSTED BASIS	(L) DEBT/BASIS PERCENTAGE	(M) DEBT-FINANCED GAIN (LOSS) COL I X COL L	(N) NET INVESTMENT GAIN (LOSS) COL I - COL M
1.	1.	100.00%	<70,815.>	0.

(A) DESCRIPTION OF PROPERTY SOLD	(B) MANNER ACQUIRED	(C) DATE ACQUIRED	(D) DATE SOLD	
MDM - FORM K-1 UBIT	PURCHASED			
(E) GROSS SALES PRICE	(F) DEPRECIATION	(G) COST OR OTHER BASIS	(H) EXPENSE OF SALE	(I) GAIN (LOSS)
0.	0.	0.	0.	<114,837.>
(J) AVERAGE ACQUISITION DEBT	(K) AVERAGE ADJUSTED BASIS	(L) DEBT/BASIS PERCENTAGE	(M) DEBT-FINANCED GAIN (LOSS) COL I X COL L	(N) NET INVESTMENT GAIN (LOSS) COL I - COL M
1.	1.	100.00%	<114,837.>	0.

NET GAINS (OR LOSSES) FROM DEBT-FINANCED PROPERTY	0.
NET CAPITAL GAIN (OR LOSS) FROM PAGE 3, PART IV, LINE 2	<501,770.>
CAPITAL GAIN NET INCOME TO FORM 990-PF, PAGE 1, PART I, LINE 7	0.

FORM 990-PF	OTHER INCOME	STATEMENT	5
-------------	--------------	-----------	---

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
ANNUITY INCOME - LAFAYETTE LIFE INS CO	26,188.	26,188.	
ANNUITY INCOME - AMERICAN GEN LIFE INS COMPANY	16,614.	16,614.	
TOTAL TO FORM 990-PF, PART I, LINE 11	42,802.	42,802.	

FORM 990-PF	ACCOUNTING FEES	STATEMENT	6
-------------	-----------------	-----------	---

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FGMK LLP	4,400.	0.		4,400.
TO FORM 990-PF, PG 1, LN 16B	4,400.	0.		4,400.

FORM 990-PF	TAXES	STATEMENT	7
-------------	-------	-----------	---

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
MICHIGAN ANNUAL REPORT	20.	0.		20.
PROPERTY TAX	62.	31.		31.
FOUNDATION EXCISE TAX	1,969.	0.		0.
PAYROLL TAXES	1,999.	1,000.		999.
TO FORM 990-PF, PG 1, LN 18	4,050.	1,031.		1,050.

FORM 990-PF	OTHER EXPENSES			STATEMENT 8
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PENSION RESEARCH INSTITUTE	8,712.	8,712.		0.
MDM - FROM K-1	9,449.	5,974.		0.
MISCELLANEOUS	658.	299.		299.
TO FORM 990-PF, PG 1, LN 23	18,819.	14,985.		299.

FORM 990-PF	OTHER INVESTMENTS		STATEMENT 9
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
SCHWARTZ VALUE FUND	COST	1,653,117.	1,043,859.
VANGUARD FUND ACCOUNT	COST	0.	0.
FIDELITY ACCOUNT	COST	2,058,974.	2,081,737.
TOTAL TO FORM 990-PF, PART II, LINE 13		3,712,091.	3,125,596.

FORM 990-PF	OTHER ASSETS		STATEMENT 10
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
MDM PARTNERS	999,658.	0.	0.
ANNUITY	803,242.	617,317.	1,500,000.
TO FORM 990-PF, PART II, LINE 15	1,802,900.	617,317.	1,500,000.

---



---

FORM 990-PF	PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS	STATEMENT 11
-------------	-----------------------------------------------------------------------------	--------------

---

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
WARREN J COVILLE 216 BIRD KEY DRIVE SARASOTA, FL 34236	CHAIRMAN & TREASURER 5.00	0.	0.	0.
MARGOT E COVILLE 216 BIRD KEY DRIVE SARASOTA, FL 34236	VICE PRESIDENT 5.00	0.	0.	0.
BRENT TRIEST 12717 LUDLOW HUNTINGTON WOODS, MI 48070	PRESIDENT 15.00	30,000.	30,146.	0.
BETSY COVILLE 510 STRATFIELD DRIVE LUTZ, FL 33549	SECRETARY 2.00	0.	0.	0.
HAROLD BERRY 29100 NORTHWESTERN HWY - SUITE 290 SOUTHFIELD, MI 48034	BOARD MEMBER 1.00	0.	0.	0.
BARRY ROSENBAUM 2000 TOWN CENTER - SUITE 1500 SOUTHFIELD, MI 48075	BOARD MEMBER 1.00	0.	0.	0.
GLENN TRIEST 23871 FOREST OAK PARK, MI 48237	BOARD MEMBER 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		30,000.	30,146.	0.

---



---

FORM 990-PF	PART XV - LINE 1A LIST OF FOUNDATION MANAGERS	STATEMENT 12
-------------	--------------------------------------------------	--------------

---

## NAME OF MANAGER

WARREN J COVILLE  
MARGOT E COVILLE

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☐
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.****Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☒*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for *Charities & Nonprofits*.

Type or print  File by the due date for filing your return. See instructions.	Name of Exempt Organization  <b>THE TRICO FOUNDATION</b>	Employer identification number  <b>38-2702725</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>29100 NORTHWESTERN HIGHWAY, NO. 290</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SOUTHFIELD, MI 48034</b>	

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

- |                                      |                                                                   |                                    |
|--------------------------------------|-------------------------------------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990    | <input checked="" type="checkbox"/> Form 990-T (corporation)      | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

**BRENT TRIEST - 29100 NORTHWESTERN HIGHWAY - SUITE 210;**

- The books are in the care of ►
- SFLD, MI - SOUTHFIELD, MI 48034**

Telephone No ► **248-948-6990**

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 will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **MAY 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year \_\_\_\_\_ or  
 ► ☒ tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**

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

<b>3a</b> 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.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance Due.</b> Subtract line 3b from line 3a. 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.	<b>3c</b>	\$	<b>0.</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form **8868** (Rev. 4-2009)



- 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)

<b>Part II</b>	<b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed)	
Type or print  File by the extended due date for filing the return See instructions	Name of Exempt Organization	Employer identification number
	THE TRICO FOUNDATION	38-2702725
	Number, street, and room or suite no. If a P.O. box, see instructions. 29100 NORTHWESTERN HIGHWAY, NO. 290	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SOUTHFIELD, MI 48034	

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.**

BRENT TRIEST - 29100 NORTHWESTERN HIGHWAY - SUITE 210;

- The books are in the care of ► SFLD, MI - SOUTHFIELD, MI 48034

Telephone No ► 248-948-6990

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 MAY 15, 2010
- 5 For calendar year \_\_\_\_\_, or other tax year beginning JUL 1, 2008, and ending JUN 30, 2009.
- 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 ACCUMULATE INFORMATION FROM VARIOUS BROKERS TO PREPARE A COMPLETE AND CORRECT 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	\$	10,000.
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	\$	10,000.
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	\$	0.

### 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)

**Trico Foundation  
Form 990-PF**

**Part XV - Supplementary Information**

**Cash Contributions**

Recipient - Name and Address	Foundation		Purpose	Amount
	Relationship	Status		
Aish HaTorah 26500 Northwestern Hwy - Ste 280 Southfield, MI 48076	N/A	N/A	Unrestricted	\$ 1,500
American Craft Council 72 Spring Street New York, NY 10012	N/A	N/A	Unrestricted	1,000
Animal Coalition of Tampa 1719 West Lemon St Tampa, FL 33606	N/A	N/A	Unrestricted	2,500
Ansonia Nature Center	N/A	N/A	Unrestricted	500
Asolo Theatre Company 5555 North Tamiami Trail Sarasota, Florida 34243	N/A	N/A	Unrestricted	45,000
Atlanta Scholars Kollel 1959 LaVista Road Atlanta, GA 30329	N/A	N/A	Unrestricted	1,000
Beth El Keser Israel 85 Harrison Street New Haven, CT 06515	N/A	N/A	Unrestricted	10,000
Big Cat Rescue 128032 East Street Tampa, FL 33625	N/A	N/A	Unrestricted	1,000
Brit Tzedek V'Shalom 11 East Adams Street Chicago, IL 60603	N/A	N/A	Unrestricted	900
BUILD 1716 Milvia Street Berkeley, CA 94709	N/A	N/A	Unrestricted	1,500
Child Abuse Council 3108 West Azeele Street Tampa, FL 33609	N/A	N/A	Unrestricted	500
Children's Hospital 3901 Beaubien Detroit, MI 48201	N/A	N/A	Unrestricted	2,000

**Trico Foundation  
Form 990-PF**

**Part XV - Supplementary Information**

**Cash Contributions**

Recipient - Name and Address	Relationship	Foundation		Purpose	Amount
		Status			
City of Hope 1055 Wilshire Blvd Los Angeles, CA	N/A	N/A	Unrestricted		750
Christmas Is For Kids 2201 Woodward Heights Ferndale, MI 48220	N/A	N/A	Unrestricted		500
C O T S 26 Peterboro Detroit, MI 48201	N/A	N/A	Unrestricted		1,500
Cornerstone Schools 6861 East Nevada Detroit, Michigan 48234	N/A	N/A	Scholarships		7,500
Connecticut Greyhound Adoption P.O. Box 506 Wallingford, CT 06492	N/A	N/A	Unrestricted		500
Cranbrook Academy of Art Bloomfield Hills, MI 48303	N/A	N/A	Unrestricted		1,000
Connecticut Food Bank P.O. Box 8686 New Haven, CT 06531	N/A	N/A	Unrestricted		1,000
The Elephant Sanctuary P.O. Box 393 Hohenwald, TN 38462	N/A	N/A	Unrestricted		2,000
Hand in Hand Portland, OR 97280	N/A	N/A	Unrestricted		5,500
Holocaust Memorial Center 28123 Orchard Lake Road Farmington Hills, MI 48334	N/A	N/A	Unrestricted		1,000
Humane Society of Tampa Tampa, FL 33607	N/A	N/A	Unrestricted		1,500
In Defense of Animals	N/A	N/A	Unrestricted		1,000

**Trico Foundation  
Form 990-PF**

**Part XV - Supplementary Information**

**Cash Contributions**

Recipient - Name and Address	Relationship	Foundation Status	Purpose	Amount
JARC 30301 Northwestern Hwy - Suite 100 Farmington Hills, MI 48334-3233	N/A	N/A	Unrestricted	1,000
Jane Goodall Institute 4245 North Fairfax Drive Arlington, VA 22203	N/A	N/A	Unrestricted	1,000
Jewish Apartments & Services Oak Park, MI 48237	N/A	N/A	Unrestricted	1,000
Jewish Family Service 6555 West Maple Road West Bloomfield, MI 48322	N/A	N/A	Unrestricted	500
Jewish Hospice & Chaplancy 6555 West Maple West Bloomfield, MI 48322	N/A	N/A	Unrestricted	10,000
Jewish Housing Council Fdn 1951 North Honore Avenue Sarasota, FL 34235	N/A	N/A	Unrestricted	3,500
K-9 Community Assistance Network 13014 N Dale Mabry Highway - Suite 362 Tampa, FL 33618	N/A	N/A	Unrestricted	3,000
Kadima 15999 West 12 Mile Road - 2nd Floor Southfield, MI 48076	N/A	N/A	Unrestricted	1,000
Kent School of Law Chicago, IL	N/A	N/A	Unrestricted	2,000
Kollel of Greater Detroit 15230 Lincoln Oak Park, MI 48237	N/A	N/A	Unrestricted	4,000
Machon L'Torah 15221 West Ten Mile Road Oak Park, MI 48237	N/A	N/A	Unrestricted	7,500
Matan B Seter Bambi 1728 53rd Street Brooklyn NY 11204	N/A	N/A	Unrestricted	2,500

**Trico Foundation  
Form 990-PF**

**Part XV - Supplementary Information**

**Cash Contributions**

Recipient - Name and Address	Relationship	Foundation Status	Purpose	Amount
Mosaic Youth Theatre of Detroit P.O. Box 09667 Detroit, MI 48209	N/A	N/A	Unrestricted	1,000
N C S Y 24123 Greenfield Road Southfield, MI 48037	N/A	N/A	Unrestricted	500
National Parks Conservation Washington, DC 20036	N/A	N/A	Unrestricted	1,000
New Haven Leon Sister Project 608 Whitney Avenue New Haven, CT 06511	N/A	N/A	Unrestricted	1,000
Northeast Organic Farming 508 Whitney Avenue New Haven, CT 06511	N/A	N/A	Unrestricted	500
Ohr Somayach 26877 Northwestern Hwy Southfield, MI 48034	N/A	N/A	Unrestricted	1,000
Orangutan Foundation International 4201 Wilshire Blvd. - Ste 407 Los Angeles, CA 90010	N/A	N/A	Unrestricted	1,000
P'Tach 14500 Sherwood Oak Park, MI 48327	N/A	N/A	Unrestricted	500
Ringling School of Art 2700 North Tamiami Trail Sarasota, FL 34234	N/A	N/A	Unrestricted	10,000
Sacred Dying Foundation P O Box 210328 San Francisco, CA 94121	N/A	N/A	Unrestricted	1,000
Salvation Army Southfield, MI 48075	N/A	N/A	Unrestricted	2,500

**Trico Foundation  
Form 990-PF**

**Part XV - Supplementary Information**

**Cash Contributions**

Recipient - Name and Address	Relationship	Foundation Status	Purpose	Amount
Scleroderma Foundation 30301 Northwestern Hwy Farmington Hills, MI 48334	N/A	N/A	Unrestricted	1,000
Seed City P O. Box 2056 New Haven, CT 06521	N/A	N/A	Unrestricted	500
Southwest Solutions 1700 Waterman Detroit, MI 48209	N/A	N/A	Unrestricted	1,000
STAY TRUE 2228 E. Venango Philadelphia, PA 19134	N/A	N/A	Unrestricted	1,000
Suncoast Primate Sanctuary 4600 Alternate Highway 19 Palm Harbor, FL 34683	N/A	N/A	Unrestricted	2,000
Temple Beth El 7400 Telegraph Road Bloomfield Hills, Mi 48301	N/A	N/A	Unrestricted	2,165
The Center for Jewish Family Life Spring Valley, NY 10977	N/A	N/A	Unrestricted	1,000
Van Wezel Foundation, Inc P O. Box 3434 Sarasota, FL 34230	N/A	N/A	Unrestricted	2,000
Veterans for Peace 1501 Cherry Street Philadelphia, PA 19102	N/A	N/A	Unrestricted	1,000
W P K N 244 University Avenue Bridgeport, CT 06604	N/A	N/A	Unrestricted	1,600
West Coast Black Theatre Troupe 8051 N Tamiami Trail Sarasota, FL 34243	N/A	N/A	Unrestricted	2,500

# Trico Foundation Form 990-PF

## Part XV - Supplementary Information

### Cash Contributions

Recipient - Name and Address	Foundation		Purpose	Amount
	Relationship	Status		
Yad Ezra 2859 11 Mile Road Berkley, MI 48072	N/A	N/A	Unrestricted	1,000
Yad Malka 1312-44 St/Suite 245 Brooklyn, NY 48009	N/A	N/A	Unrestricted	500
Yeshiva Beth Yehudah 15751 Lincoln Drive Southfield, MI 48076	N/A	N/A	Unrestricted	1,000
Yeshivas Darchei Torah Southfield, MI 48076	N/A	N/A	Unrestricted	1,000
Miscellaneous contributions each less than \$500	N/A	N/A	Unrestricted	<u>3,970</u>
Total				<u><u>\$ 171,385</u></u>