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Form 990-PF

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

Ford	alenda	ar year 2008, or ta	x year beginning $12/$	01/08 ,	and ending	11/3	30/09				
G C	heck al	i that apply	Initial return	Final return	n [_	Amend	ed return		Address change		Name change
Use	the IRS	Name of founda	ition					A Emp	loyer identification num	per	
	abel.							38	-2127946		
Oth	erwise,	DETROIT	r NEUROSURGIO	CAL FOUN	DATION			B Telej	phone number (see page 1	of the	instructions)
ŗ	orint	Number and stre	eet (or P.O. box number if ma	il is not delivered	to street addres	ss)	Room/suite		3-259-0391		·
or	type.	B	. JEFFERSON					C If exe	emption application is pend	ing, che	eck here
See	Specifi	C City or town, sta	ite, and ZIP code					D 1. F	oreign organizations, chec	k here	▶ □
Instr	uctions	DETROIT	Γ	MI 48	207-42	207-4237 2. Foreign organizations meeting the					
н с	heck ty	pe of organization:	exempt private	foundation	-	·	T 8	5% test, check here and at	tach co	mputation >	
	——————————————————————————————————————					private foundation E If private foundation status was terming					ited
I Fa	ıır mark	et value of all asse	ets at end J Accou	nting method	Cash	X Ac	crual	unde	r section 507(b)(1)(A), che	ck here	▶ ∐
of	year (fr	om Part II, col (c),	I [1	ther (specify)	_	_		F If the	foundation is in a 60-mont	h termi	nation
	e 16)		07,129 (Part I, co		e on cash ba	asis)		unde	r section 507(b)(1)(B), che	ck here	▶ 📙
Pa	ırt l		Revenue and Expen		(a) Rever					(d)	Disbursements
		•	columns (b), (c), and (d) may	•	expense	s per	(b) Net in		(c) Adjusted net	,	for chantable
			in column (a) (see pg 11 of th	•	book	iS.	inco	ome	income	Ιc	purposes ash basis only)
	1		grants, etc., received (attach s		··· - ···		<u> </u>	1		<u>, </u>	
			e foundation is not required t							Γ <u></u>	
	ł	=	s and temporary cash inv								
	i	•	erest from securities			232	2	232	232	Ĺ	
	5a	Gross rents			-						
Φ	ь	Net rental income	or (loss)					-			
Ž	6a	Net gain or (loss) from sal	ile of assets not on line 10								
Revenue	ь	Gross sales price for all a	issets on line 6a RECEI	VED	-	1					
æ	7	Capital gain net in	come (from Pert IV, line 2	200				0			
<u> </u>	8	Net short-term cap	oital gaus	- 101					0		
2010	ł	Income modification		10/1							
69	10a	Gross sales less retu		<u> </u>	'		<u> </u>				
Ø	b	Less: Cost of good	ds sold OGDE	N, U1							
	С	Gross profit or (los	ss) (attach-schedule)				ļ			<u> </u>	
วี	11	Other income (atta	ach schedule) . S	STMT 1		26!	5	·	265	ļ	
	12	Total. Add lines 1	through 11			49		232	497	ļ	
Expenses	13	Compensation of o	officers, directors, trustee	s, etc		3,500				ļ	
≥ SE	14	Other employee sa	alaries and wages							ļ	
₹a ∣	15	Pension plans, em	nployee benefits				ļ			<u> </u>	
	16a	Legal fees (attach	schedule)				ļ			ļ	
~—	ľ	Accounting fees (a	•	amu= -					<u> </u>	 	
Ę	i	Other professional fe	ees (attach schedule)	STMT 2		2,063	3	125	125	 	
tra	1	Interest		٠			ļ			ļ	
nis		. ,,	(see page 14 of the instructions)								
Ē			schedule) and depletion	STMT 3		94	/			<u> </u>	
Ad		Occupancy								ļ	
Þ		Travel, conference	=			50	<u> </u>		 	 	507
a		Printing and public	• • •	COMO A		10 030	 -				10.020
<u>ing</u>		Other expenses (att sch.)	•	STMT 4		10,038	31		 	 	10,038
rati			nd administrative expe	nses.		17 05	_	105	105		10 545
Operating and Administrative		Add lines 13 through	•		<u> </u>	17,05		125	125	 	10,545
Ō	1	Contributions, gifts	•	24 and 25	ļ <i>,</i>	4,17		105	125	 	4,171
-			d disbursements. Add lines	24 8110 25		21,220		125	125	 	14,716
	i	Subtract line 26 fro		urcomonte	_,	20,72	a			1	
			ue over expenses & dist ncome (if negative, enter			20,12.		107		 	
			ome (if negative, enter -0			_	 	107	372		·
		· · · · · · · · · · · · · · · · · · ·	ame in tredative, cureio.						572		

Form 990-PF (2008) DETROIT NEUROSURGICAL FOUNDATION

	Part II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	d of year	
_		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash—non-interest-bearing .				
Ì	2	Savings and temporary cash investments	79,139	59,074	59,074	
Ì	3	Accounts receivable	.	A	· ,	
		Less allowance for doubtful accounts >				
ı	4	Pledges receivable			` ,	
- }		Less: allowance for doubtful accounts				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see page 15 of the				
		instructions)				
	7	Other notes and loans receivable (att schedule)				
		Less allowance for doubtful accounts				
ts	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges		198	198	
As	10a	Investments—U.S. and state government obligations (attach schedule)				
- 1	b	Investments—corporate stock (attach schedule)				
	С	Investments—corporate bonds (attach schedule)				
	11	Investments—land, buildings, and equipment basis		 -		
		Less accumulated depreciation (attach sch.)			ļ	
	12	Investments—mortgage loans				
Ì	13	Investments—other (attach schedule)				
	14	Land, buildings, and equipment, basis 975, 138				
		Less accumulated depreciation (attach sch.) STMT 5 27, 281	948,803	947,857	947,857	
	15		1,090	1,090		
	16	Total assets (to be completed by all filers—see the		1,000		
		instructions Also, see page 1, item I)	1,029,032	1,008,219	1,007,129	
\dashv	17	Accounts payable and accrued expenses	584	500		
	18	Grants payable	301		1	
Liabilities	19	Deferred revenue			1	
Ξ	20	Loans from officers, directors, trustees, and other disqualified persons			†	
ä	21	•			1	
Ξ	22	Mortgages and other notes payable (attach schedule)	,		1	
	23	•	584	500	1	
\exists		Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here ► X	304	300	4	
ß		and complete lines 24 through 26 and lines 30 and 31.				
ë	24		1,028,448	1,007,719		
an	24 25	Unrestricted Temperature to the state of the	1,020,440	1,001,113	1	
33	26 26	Temporarily restricted			1	
P	20	Permanently restricted Foundations that do not follow SFAS 117, check here			-	
un		and complete lines 27 through 31.				
Net Assets or Fund Balances	27					
0	27	Capital stock, trust principal, or current funds			1	
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund			-	
SS	29	Retained earnings, accumulated income, endowment, or other funds			1	
₹	30	Total net assets or fund balances (see page 17 of the	1,028,448	1 007 710		
9	0.4	Instructions)	1,020,448	1,007,719	H	
	31	Total liabilities and net assets/fund balances (see page 17	1 020 022	1 000 210		
_	Dort II	of the instructions)	1,029,032	1,008,219	<u> </u>	
_	Part I		t agent with	· · · · · · · · · · · · · · · · · · ·	1	
1		net assets or fund balances at beginning of year—Part II, column (a), line 30 (mus	agree with		1 000 440	
_		f-year figure reported on prior year's return)	•	1	1,028,448	
		amount from Part I, line 27a		. 2	-20,729	
		increases not included in line 2 (itemize)		. 3	1 005 510	
		nes 1, 2, and 3		. 4	1,007,719	
		eases not included in line 2 (itemize)		5	1 000 510	
6	Total	net assets or fund balances at end of year (line 4 minus line 5)-Part II, column (b), <u>line</u> 30	. 6	1,007,719	

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Part IV Capital Gains a	and Losses for Tax on Investme	ent Income	9				
(a) List and descr 2-story brick war	(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story bnck warehouse, or common stock, 200 shs MLC Co.) (b) How acquired P—Purchase D—Donation						
1a N/A							
b							
С							
d							
<u>e</u>			<u></u>				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	, ,,,	Cost or other basis		(h) Gain or (loss) (e) plus (f) minus (g)		
<u>a</u>							
b							
С		ļ	·				
d							
e		L					
Complete only for assets showing	g gain in column (h) and owned by the for	T			Gains (Col. (h) gain minus		
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any), but not less than -0-) or osses (from col. (h))		
a		ļ					
b		ļ					
С		<u> </u>					
d		<u> </u>			<u></u>		
е		<u></u>					
2 Capital gain net income or (net ca	apital loss) If gain, also enter in If (loss), enter -0- in		}	2			
3 Net short-term capital gain or (los	ss) as defined in sections 1222(5) and (6)						
If gain, also enter in Part I, line 8,	, column (c) (see pages 13 and 17 of the	nstructions)	7				
If (loss), enter -0- in Part I, line 8				3			
Part V Qualification U	nder Section 4940(e) for Reduc	ed Tax or	Net Investment Inco	me			
f "Yes," the foundation does not qual	tion 4942 tax on the distributable amount lify under section 4940(e) Do not comple	e this part.		es X No	· · · · · · · · · · · · · · · · · · ·		
1 Enter the appropriate amount in (a)	each column for each year, see page 18 ((b)	of the instruction	ons before making any entrie: (c)	<u>s</u>	(d)		
Base penod years Calendar year (or tax year beginnin	Adjusted qualifying distribution		Net value of noncharitable-use as:		Distribution ratio (col (b) divided by col (c))		
2007		3,148	103,		0.222635		
2006		3,913	137,		0.173922		
2005		289	147,		0.171595		
2004		7,241	155,		0.174687		
2003		0,603	162,	103	0.188687		
2 Total of line 1, column (d)				2	0.931526		
-	5-year base period—divide the total on lir	e 2 by 5, or b	y the		A		
number of years the foundation h	nas been in existence if less than 5 years		•	3	0.186305		
4 Enter the net value of noncharital	ble-use assets for 2008 from Part X, line	5 .		4	68,137		
5 Multiply line 4 by line 3				5	12,694		
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)			6	1		
7 Add lines 5 and 6		_		7	12,695		
8 Enter qualifying distributions from	n Part XII, line 4		•	8	14,716		
, , ,	n line 7, check the box in Part VI, line 1b,	and complete	that part using a 1% tax rate.				
me i air-vi-instructions on page					Form 990-PF (2008		

Form	990-PF (2008) DETROIT NEUROSURGICAL FOUNDATION 38-2127946				F	age 4
_Pa	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the in	struct	tions)			
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.			-		,
	Date of ruling letter. (attach copy of ruling letter if necessary—see instructions)	,		•		, 1
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	_1				1
	here ► X and enter 1% of Part I, line 27b			,		
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	- {				
	of Part I, line 12, col. (b)	- 1				
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
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
6	Credits/Payments:	- 1				
а	2008 estimated tax payments and 2007 overpayment credited to 2008 6a 200	İ				
b	Exempt foreign organizations—tax withheld at source 6b	l				
С	Tax paid with application for extension of time to file (Form 8868) 6c 6c					
d	Backup withholding erroneously withheld 6d 6d	-				
7	Total credits and payments. Add lines 6a through 6d	7				200
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	9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				<u> 199</u>
11	Enter the amount of line 10 to be Credited to 2009 estimated tax ▶ 199 Refunded ▶	11				
Pa	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it				Yes	No
	participate or intervene in any political campaign?		_	1a		X
- b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19					
	of the instructions for definition)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials					ł
	published or distributed by the foundation in connection with the activities					l
С	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:					l
	(1) On the foundation \$ (2) On foundation managers \$					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on					
	foundation managers. > \$					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If "Yes," attach a detailed description of the activities.					
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			3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	!	N/A	4b		ļ
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		Х
	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:					
	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?			6	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			7	X_	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the	-	·			
	instructions) 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	_		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 year 2008 or the taxable year beginning in 2008 (see instructions for Part XIV on					
	page 27)? If "Yes," complete Part XIV			9	Χ	<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		•			
	names and addresses			10		Х

огт	990-PF (2008) DETROIT NEUROSURGICAL FOUNDATION 38-2127946			Pag
Pa	art VII-A Statements Regarding Activities (continued)			
1	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		- 1	
	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	L	11	
2	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before		1	
	August 17, 2008?	—	12	
3	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	N/A [13	
	Website address ► N/A			
4	The books are in care of ► JOSEPH J. BERKE, MD, PHD Telephone no ► 3	13-25	9-0	391
	3333 E. JEFFERSON			
		8207		
5	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			
Pa	art 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.	<u> </u> _		Yes 1
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?	No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		ł	- 1
	disqualified person? Yes X	No		1
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	No		- 1
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	No	l	l
	(5) Transfer any income or assets to a disqualified person (or make any of either available for		- 1	
	the benefit or use of a disqualified person)? $oxed{X}$	No		- {
	(6) Agree to pay money or property to a government official? (Exception. Check "No" If			- 1
	the foundation agreed to make a grant to or to employ the official for a period after			į
	termination of government service, if terminating within 90 days)	No		l
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		ł	
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?		1b	
	Organizations relying on a current notice regarding disaster assistance check here	· 🔲 🛭	T	
С	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?	N/A L	1c]
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))	,	1	J
а	At the end of tax year 2008, did the foundation have any undistributed income (lines 6d and		- 1	
	6e, Part XIII) for tax year(s) beginning before 2008?	No		- 1
	If "Yes," list the years ▶ 20 , 20 , 20 , 20		l	
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)	j		
		N/A	2b	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	· [
	▶ 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business			i
	enterprise at any time during the year?	No	ł	
b	If "Yes," did it have excess business holdings in 2008 as a result of (1) any purchase by the foundation or	·		- 1
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			ļ
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse	İ		- 1
	of the 10-, 15-, or 20-year first phase holding penod? (Use Schedule C, Form 4720, to determine if the			
		N/A	зь	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a	2
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	·		-+-
			4b	2
	chantable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2008?			-PF (20

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<u>. Pa</u>	rt VII-B	Statements	Regarding Activities for Which For	m 4720 May Be I	Required (con	tinued)		
5a	During the year	did the foundation	on pay or incur any amount to		_	_	•	
	(1) Carry on pr	ropaganda, or otl	herwise attempt to influence legislation (section 4	4945(e)) [?]	🗌 Y	es 🗓 No	<u> </u>	
	(2) Influence th	ne outcome of an	ny specific public election (see section 4955); or t	to carry on,				
	directly or i	ndirectly, any vo	ter registration drive?		_ _ Y	es X No		Į
	(3) Provide a g	rant to an individ	dual for travel, study, or other similar purposes?			es 🛛 No	1 1	
	(4) Provide a g	rant to an organ	ization other than a charitable, etc., organization	described in				
	section 509	9(a)(1), (2), or (3)), or section 4940(d)(2)? (see page 22 of the inst	ructions)	Y	es 🛚 No		
	(5) Provide for	any purpose oth	ner than religious, charitable, scientific, literary, or	r	_		1 1	
	educationa	I purposes, or fo	r the prevention of cruelty to children or animals?	?	Y	es 🛚 No	1	
b	If any answer is	s "Yes" to 5a(1)-((5), did any of the transactions fail to qualify unde	er the exceptions desc	ribed in		1 1	
	Regulations see	ction 53 4945 or	in a current notice regarding disaster assistance	(see page 22 of the in	nstructions)?	_N/A	5b	
	Organizations r	elying on a curre	ent notice regarding disaster assistance check he	ere .		▶ ∐	1	
С	If the answer is	"Yes" to questio	n 5a(4), does the foundation claim exemption fro	om the tax			1	
	because it mair	ntained expenditu	ure responsibility for the grant?		. N/A ∐ Y	'es 📙 No	1	}
	If "Yes," attach	the statement re	equired by Regulations section 53 4945-5(d).				1	
6a	Did the foundat	ion, during the ye	ear, receive any funds, directly or indirectly, to pa	ay premiums				
	on a personal b	enefit contract?			<u></u>	es X No		
b	Did the foundat	ion, during the ye	ear, pay premiums, directly or indirectly, on a per	rsonal benefit contract	?		6b	X
	If you answered	d "Yes" to 6b, als	so file Form 8870.			_	1 1	
7a	At any time dur	ing the tax year,	was the foundation a party to a prohibited tax sh	elter transaction?	<u> </u>	′es ⊠ No	\sqcup	
_ <u>b</u> _			e any proceeds or have any net income attributal			N/A_	7b	
Pa	irt VIII In	formation Al	bout Officers, Directors, Trustees, Fo	oundation Manag	gers, Highly Pa	aid Employee	s,	
	ar	nd Contracto	ors					
1 1	ist all officers,	directors, truste	ees, foundation managers and their compens).		
		(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) acc al	Expense ount, other llowances
JO	SEPH J. BERK	E, MD PHD	DETROIT	DIRECTOR				
33	33 E. JEFFER	SON	MI 48207	2			,	0
IR	VING F. KEEN	E	FARMINGTON	DIRECTOR				
26	431 WELLINGT	ON	MI 48025	2	. 0		1	0
AM	Y BERKE, BS	MA	DETROIT	DIRECTOR				
33	33 E. JEFFER	SON	MI 48207	5	3,500		,	0
HE	RMAN MOEHLMA	N	FARMINGTON	DIRECTOR				
29	771 FOX GROV	E	MI 48334	2	0	C	,	0
2	Compensation	n of five highest	-paid employees (other than those included	on line 1—see page 2	23 of the instructi	ons).		
	If none, enter	"NONE."						
	(a) N	ame and address o	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	acc	Expense count, other llowances
NO	NE					- <u>-</u>		
								
							 	
						•		
							┼	
				- 	ļ		┼	
				1				
					I			
<u>Total</u>	number of othe	r employees paid	d over \$50,000					
						Fo	ırm 99 (0-PF (2008)

Form 990-PF (200	08) DETROIT NEUROSURGICAL FOUND	DATION 38-2	127946	Page 7
Part VIII	Information About Officers, Directors, Truste and Contractors (continued)	es, Foundation Manage	ers, Highly Paid Empl	oyees,
3 Five highes	st-paid independent contractors for professional services	s (see page 23 of the instruct	ions). If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000		(b) Type of service	(c) Compensation
NONE				1
			-	
			-	
Total number of c	others receiving over \$50,000 for professional services			>
Part IX-A	Summary of Direct Charitable Activities			
List the foundation of organizations at	n's four largest direct chantable activities during the tax year. Include relind other beneficiaries served, conferences convened, research papers	levant statistical information such as produced, etc	the number	Expenses
1 ADVANO	CEMENT IN MEDICAL RESEARCH		 -	
	·			4,171
2				
		•		-
3				
4				
			•	•
Part IX-B	Summary of Program-Related Investments	(see page 23 of the ins	tructions)	
	argest 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 page 24 of the instructions			
3 .				
Total. Add lines 1	through 3		>	

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)					
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,				
	purposes.				
а	Average monthly fair market value of securities	1a	68		
b	Average of monthly cash balances	1b	69,107		
c	Fair market value of all other assets (see page 24 of the instructions)	1c	0		
d	Total (add lines 1a, b, and c)	_1d	69,175		
е	Reduction claimed for blockage or other factors reported on lines 1a and				
	1c (attach detailed explanation)				
2	Acquisition indebtedness applicable to line 1 assets	2	0		
3	Subtract line 2 from line 1d	3	<u>69,175</u>		
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25				
	of the instructions)	4	1,038		
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	<u>68,137</u>		
6	Minimum investment return. Enter 5% of line 5	6	3,407		
P	art XI Distributable Amount (see page 25 of the instructions) (Section 4942(J)(3) and (J)(5) private ope	rating			
	foundations and certain foreign organizations check here X and do not complete this part)				
1	Minimum investment return from Part X, line 6	1			
2a	Tax on investment income for 2008 from Part VI, line 5				
b	Income tax for 2008 (This does not include the tax from Part VI)				
С	Add lines 2a and 2b	2c			
3	Distributable amount before adjustments. Subtract line 2c from line 1	3			
4	Recoveries of amounts treated as qualifying distributions	4			
5	Add lines 3 and 4	5			
6	Deduction from distributable amount (see page 25 of the instructions)	6			
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,				
	line 1	7			
P	art XII Qualifying Distributions (see page 25 of the instructions)				
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes				
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	_1a	14,716		
þ	Program-related investments—total from Part IX-B	1b			
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:				
а	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	14,716		
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 (see page 26 of the instructions)	5	1		
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	14,715		
	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				

Pa	irt XIII Undistributed Income (see page 26 of the	he instructions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2008 from Part XI,	Corpus	Years prior to 2007	2007	2008
	line 7			<u> </u>	
2	Undistributed income, if any, as of the end of 2007	,	-	ſ	
а	Enter amount for 2007 only				
þ	Total for pnor years. 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2008			r	,
a	From 2003				
b	From 2004	•			
C	From 2005				
d	From 2006				
e	From 2007			İ	
. f	Total of lines 3a through e				
4	Qualifying distributions for 2008 from Part XII,				1
	line 4: ▶\$				l
	Applied to 2007, but not more than line 2a				
D	Applied to undistributed income of prior years (Election				
	required—see page 26 of the instructions)				
С	Treated as distributions out of corpus (Election				
	required—see page 26 of the instructions)				
	Applied to 2008 distributable amount				
e e	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2008			· · · · · · · · · · · · · · · · · · ·	
	(If an amount appears in column (d), the same amount must be shown in column (a))			-	
6	Enter the net total of each column as				1
U	indicated below:				[
а	Corpus Add lines 3f, 4c, and 4e. Subtract line 5				
	Prior years' undistributed income. Subtract				
~	line 4b from line 2b				
С	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				1
	been previously assessed				
d	Subtract line 6c from line 6b. Taxable				
	amount—see page 27 of the instructions				
е	Undistributed income for 2007 Subtract line				
	4a from line 2a Taxable amount—see page				
	27 of the instructions				
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 section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
	instructions)				
8	Excess distributions carryover from 2003 not				
	applied on line 5 or line 7 (see page 27 of the				
	instructions)				
9	Excess distributions carryover to 2009.				
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9:]	
а	Excess from 2004				
b	Excess from 2005				1
С	Excess from 2006			1	1
d	Excess from 2007				
e	-Excess-from-2008			[-	1

The form in which applications should be submitted and information and materials they should include

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

N/A

N/A

Any submission deadlines:

SEE -STATEMENT 7

38-2127946 Page 11 Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation Recipient Purpose of grant or status of Amount contribution recipient Name and address (home or business) Paid during the year OTHER UNDER 1000 N/A PUBLIC VARIOUS CHARITABLE 3,371 DETROIT MI 48202 DETROIT HISTORICAL SOCIET N/A PUBLIC 5401 WOODWARD AVE CHARITABLE 800 DETROIT MI 48202 4,171 3a **Total** ▶ Approved for future payment N/A

▶ 3b

Total

DAA

Enter gross am	ounts unless otherwise indicated	Unrelate	d business income	Excluded by s	ection 512, 513, or 514	(e) Related or exempt
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See page 28 of
1 Program se		<u> </u>	······			the instructions)
a		_				
		-				
		-				
f		-				· · · · · · · · · · · · · · · · · · ·
· ——	nd contracts from government agencies	-		 		
-	p dues and assessments					
	savings and temporary cash investments		· · · · · · · · · · · · · · · · · · ·	 		
	and interest from securities			14	232	
	ncome or (loss) from real estate					
	nanced property					
	ot-financed property					<u> </u>
	ncome or (loss) from personal property					
7 Other inves						
8 Gain or (los	ss) from sales of assets other than inventory					
9 Net income	or (loss) from special events					
10 Gross profit	or (loss) from sales of inventory					
11 Other rever	nue a					
b <u>MIS</u>	C	.				265
		-				
d		-				
е		-				
	dd columns (b), (d), and (e)	L		0	232	265
	line 12, columns (b), (d), and (e)				. 13	497
	in line 13 instructions on page 28 to verify calculation					
Part XVI-B						· · · -
Line No.	Explain below how each activity for which income the accomplishment of the foundation's exempt put					
•	page 28 of the instructions)	urposes (other the	an by providing fund.	s for such purp	uses) (See	
11A	OTHER INCOME RELATING TO	MUSEUM				
1111	COLLECTIONS AND REPAIRS		IM			
	COBEDCTIONS IND NEITHER	10 110010			······	• • • • • • • • • • • • • • • • • • • •
			· · · · · · · · · · · · · · · · · · ·	 		
						<u> </u>
		. <u></u>				

Г	31 L X V II	Exempt Organiza		isiers to and tr	ansactions	anu N	eiationship	S WILLI MOI	icharn	apie		
1	Did the o	rganization directly or indi		in any of the following	with any othe	r organiz	ation described				Yes	No
	in section	501(c) of the Code (other	r than section	501(c)(3) organization	ns) or in sectio	n 527, re	lating to politica	ıl				
	organiza	tions?								İ		
а	Transfers	s from the reporting founda	ation to a none	charitable exempt orga	anization of							
	(1) Cash	ì .				-	<u>.</u> .			1a(1)		<u>X</u>
	(2) Othe	r assets								1a(2)		_X_
b	Other tra	nsactions										
	(1) Sale:	s of assets to a noncharita	ible exempt o	ganization						1b(1)		<u>X</u>
	(2) Purc	hases of assets from a no	ncharitable ex	empt organization	•					1b(2)	<u> </u>	X
	(3) Rent	al of facilities, equipment,	or other asset	s .	-		-			1b(3)		Χ
	(4) Reim	bursement arrangements	-							1b(4)		<u>X</u>
	(5) Loan	s or loan guarantees			-					1b(5)		X
	(6) Perfo	ormance of services or me	mbership or f	undraising solicitation	s		•			1b(6)	<u> </u>	X
С	_	of facilities, equipment, ma	-		-					<u>1c</u>		<u>X</u>
d		wer to any of the above is										
		he goods, other assets, or										
	value in a	any transaction or sharing	arrangement,	show in column (d) the	ne value of the	goods, o	other assets, or	services rece	ived			
	a) Line no	(b) Amount involved	(c) Name	of nonchantable exempt	organization	(d)	Description of tran	isfers, transacti	ons, and s	haring arrange	ments	
1/.	Α											
			ļ									
			ļ									
			 									
							· ·					
		·	 									
		 	 				· <u></u>					
									-			
												
			<u> </u>									
		-	 	·			 -	·				
2-	lo the fee		the officered wa	th as soluted to and		omnt ora	opizations					
Za		indation directly or indirect	•				arrizations				es X	l No
.		d in section 501(c) of the C		an section 50 n(c)(5))	or in section 5	21:	•			' لــا	es [<u>/</u>	J 140
···D	ii tes, c	complete the following sch	iedule	(h) Tong of some				(c) Description		ach.		
٠.	N/A	(a) Name of organization		(b) Type of organ	lization			(c) Description	1 of Telatio	irisinp		
	11/7											
		· · · · · · · · · · · · · · · · · · ·						 -				
	· · · · ·			 -								
												
П	Linder con	altick of parting I dealars that	L-baua avamina	d this roturn, including as		adulas an	d statements, and	to the best of n	ny kaovila			
ľ	belief, it is	alties of perjury, I declare that true, correct, and complete	eclaration of pro	eparer (other than taxpay	er or fiduciary) is	based on	all information of	which preparer	has any k	nowledge		
ŀ	N	osed X	$1 \leq 1$	S W C	151-15	-201i	\ \					
	Signa	ture of officer of trustee	100019	_ 10[[]	Date	<u> </u>		tle				
2		, , , , , , , , , , , , , , , , , , ,				Т	Date	l		Preparer's ident		
윈	[]		70	- 1	=	'	/ ,	Check if	ļ	number (see Si		•
Sign Here	ئح ہے۔	Proporode \				٠-	7/4/	self-employed	اصح	•	-	
7	Paid Preparer's Use Only	Preparer's signature PAUL S	J. RIVÁ,	CPA] .	117110	seir-einpioyeu	, _	page 30 of the i	SUUCIONS	,
	_ 6 8 }	Firm's name (or yours if		ADVISORS,	PC			·				_
	ا د ۵			EST LONG L		, ST	E. 200		EIN ▶	38-265	5655	6
	ŀ	self-employed), address, and ZIP code	TROY,	MI 48098		, 011	200_		Phone no	0 . 0 . 0		
		and Zir COUC	11(01,	111 -40000					i none no	Form 9 5		
										i oiiii 3 .		(2000)

Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No 1545-0172

Name							entifying number 8-2127946			
Rusine	ess or activity to which this form relates	<u> </u>	STEPHE LOCKER	11 1014		1 30	212	7510		
	NDIRECT DEPRECIAT	TON								
	rt I Election To Expen		erty Under Section	n 179						
	Note: If you have a	•	•		complete Pa	rt I.				
1	Maximum amount. See the instruc					<u></u>	1	250,000		
2	Total cost of section 179 property	_		•		• •	2			
3	Threshold cost of section 179 prop	•		ctions)			3	800,000		
4	Reduction in limitation. Subtract lin	•	· ·	, .			4			
5	Dollar limitation for tax year Subtract lir		•	filing separately, se	e instructions	•	5			
	(a) Description			Cost (business use		Elected cos	t			
6										
7	Listed property. Enter the amount	from line 29			7					
8	Total elected cost of section 179 p	roperty. Add amounts	in column (c), lines 6 a	and 7			8			
9	Tentative deduction Enter the small	aller of line 5 or line 8			•		9			
10	Carryover of disallowed deduction	from line 13 of your 2	007 Form 4562		_		10			
11	Business income limitation. Enter t	he smaller of busines	s income (not less than	n zero) or line 5 (s	see instructions)		11			
12	Section 179 expense deduction. A	dd lines 9 and 10, but	do not enter more that	n line 11		•	12			
13	Carryover of disallowed deduction	to 2009 Add lines 9 a	nd 10, less line 12	>	13					
Note	Do not use Part II or Part III below	for listed property Ins	stead, use Part V							
_Pa	rt II Special Depreciat	ion Allowance a	nd Other Deprec	iation (Do no	t include liste	ed prope	erty.)	(See instructions.)		
14	Special depreciation allowance for	qualified property (oth	ner than listed property) placed in service	e					
	during the tax year (see instruction	ıs) .					14			
15	Property subject to section 168(f)(1) election					15			
16	Other depreciation (including ACR	S)					16	858		
_Pa	rt III MACRS Depreciat	tion (Do not inclu	ide listed property	ر.) (See instru	uctions.)					
			Section	A						
17	MACRS deductions for assets place	ced in service in tax ye	ears beginning before 2	2008		_	17	89		
18	If you are electing to group any assets p	laced in service during th	e tax year into one or mor	e general asset acc	ounts, check here	D	<u> </u>	·		
	Section B—	-Assets Placed in Se	rvice During 2008 Ta	x Year Using the	e General Depre	ciation Sy	stem	·		
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for deprecia (business/investment i only-see instruction	use (a) (coording	(e) Convention	(f) Me	ethod	(g) Depreciation deduction		
19a	3-year property					-				
b	5-year property			·						
С	7-year property									
d	10-year property									
6	15-year property					,				
f	20-year property]								
g	25-year property			25 yrs		S/l	-			
h	Residential rental			27 5 yrs	MM	S/l				
	property			27 5 yrs	ММ	S/l	<u> </u>			
i	Nonresidential real			39 yrs	ММ	S/l				
	property				ММ	S/I				
	Section C—A	Assets Placed in Ser	vice During 2008 Tax	Year Using the	Alternative Dep	reciation	System	1		
20a	Class life	_				S/l				
b	12-year			12 yrs		S/I				
	40-year	<u> </u>		40 yrs	MM	S/I	<u></u>			
Pa	rt IV Summary (See ins	structions.)						T		
21	Listed property. Enter amount from	line 28			-		21			
22	Total. Add amounts from line 12, h	ines 14 through 17, lin	es 19 and 20 in colum	n (g), and line 21						
	Enter here and on the appropriate	lines of your return P	artnerships and S corp	orations—see in:	str		22	947		
23	For assets shown above and place	ed in service during th	e current year,							
	enter the portion of the basis attrib	utable to section 263A	costs		23	_		L		
Ear F	Panerwork Reduction Act Notice	saa sanarata instruc	tions					Form 4562 (2008		

38-2127946

Federal Statements

FYE: 11/30/2009

Statement 1 - Form 990-PF, Part I, Line 11 - Other Income

Description	Revenue per Books		Net Investment Income		Adjusted Net Income	
MISC	\$ 265	\$		\$	265	
TOTAL	\$ 265	\$	0	\$	265	

Statement 2 - Form 990-PF, Part I, Line 16c - Other Professional Fees

Description	 Total	Inv	Net estment	A	djusted Net	 Charitable Purpose
BROKERAGE FEES: BOND FUND PROFESSIONAL FEES OTHER PROFESSIONAL FEES	\$ 125 1,938	\$	125	\$	125	\$
TOTAL	\$ 2,063	\$	125	\$	125	\$ 0

Statement 3 - Form 990-PF, Part I, Line 19 - Depreciation

Description										
Date Acquired	Cost Basis	Prior Year Depreciation		Method	Life_	Current Year Depreciation	Net Investment Income	Adjusted Net Income		
6431 E. JEFFERS	ON MUSEUM BUI	LDING								
11/30/79 \$	17,519 \$	16,935	S/L		30	\$ 584	\$	\$		
NEW ROOF										
11/30/79	1,350	1,305	S/L		30	45				
IMPROVEMENTS										
11/30/80	6,864	6,406	S/L		30	229				
SURGICAL DRAPE										
8/18/97	1,090				0					
E.E.G. MACHINE										
1/19/79	149				0					
FURNITURE										
7/02/79	41				0					
PLASTER OF PARIS	S HANDS									
11/30/79	285				0					

38-2127946

Federal Statements

FYE: 11/30/2009

Statement 3 - Form 990-PF, Part I, Line 19 - Depreciation (continued)

110	00r	ption
	S 1 1 1	E 31 1E 31 4
	001	Puon

							
Date Acquired	Cost Basis	Prior Year Depreciation	Method	Life	Current Year Depreciation	Net Investment Income	Adjusted Net Income
BOOKS & ARTIFAC	CTS						
12/31/79 \$	292,365	\$		0 \$		\$	\$
PLAQUE FOR BUIL	DING						
4/13/82	3,190			0			
DISPLAY CASE							
9/13/83	250			0			
HISTORICAL DELT	CIOGRAPHS						
12/10/91	44,150			0			
RED CROSS MEMOR	RABILIA						
12/10/91	36,500			0			
DISPLAY CASE							
9/13/83	475			0			
80,000+ POST CA	ARDS						
9/27/04	570,000			0			
SAFE							
12/01/04	2,000	1,688 2001	DB	7	89		
TOTAL \$	976,228	\$ 26,334		\$	947	\$ 0	\$ 0

Form 990-PF, Part I, Line 23 - Amortization

Description

	Descrip) IION						
	Date Acquired	Cost Basis	Prior Year Amortization	<u>Life</u>	Current Year Amortization	Net Investment Income	Adjusted Net Income	cogs
MED NUDJER POWER RODARY	11/09/72 SCAPAL METHOD	•		0 17	\$	\$	\$	
	12/17/03		1	<u>1</u> 17				-
TOTAL		\$ 719,2	71 \$ 719,271	<u>l</u>	\$0	\$0	\$	<u>)</u>

38-2127946

Federal Statements

FYE: 11/30/2009

Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses

Description	_	Total	Net stment	Adjusted Net		haritable Purpose
	\$		\$	\$		\$
EXPENSES						
ADMINISTRATION		2,500				2,500
DUES & FEES		228				228
AUTO LEASE EXPENSE		1,707				1,707
INSURANCE		1,189				1,189
MISC		3,924				3,924
REPAIRS AND MAINTENANCE		490	 			 490
TOTAL	\$	10,038	\$ 0	\$	0	\$ 10,038

38-2127946

Federal Statements

FYE: 11/30/2009

Statement 5 - Form 990-PF, Part II, Line 14 - Land, Building, and Equipment

Description	Beginning Net Book	C	End Cost / Basis	Accumulated preciation	 Net FMV
MUSEUM AND BUILDING MUSEUM IMPROVEMENTS	\$ 1,086 947,405	\$	25,733 947,405	\$ 25,504	\$ 229 947,405
EQUIPMENT	 312		2,000	 1,777	 223
TOTAL	\$ 948,803	\$	975,138	\$ 27,281	\$ 947,857

38-2127946

Federal Statements

FYE: 11/30/2009

Statement 6 - Form 990-PF, Part II, Line 15 - Other Assets

Description	 Beginning of Year	 End of Year		Fair Market Value
PATENTS	\$ 1,090	\$ 1,090	\$_	
TOTAL	\$ 1,090	\$ 1,090	\$	0

12117 DETROIT NEUROSURGICAL FOUNDATION 38-2127946 Federal Statements

FYE: 11/30/2009

Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

	Name of Manager	Amount
DR.	JOSEPH J BERKE	\$
	TOTAL	\$0

Statement 7 - Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

Description

PROJECTS DESIGNED TO IMPROVE QUALITY OF LIFE FOR DETROITERS.

12117 DETROIT_NEUROSURGICAL FOUNDATION 38-2127946 Federal Statements

FYE: 11/30/2009

Taxable Dividends from Securities

Description	Aı	mount	Unrelated Business Code	Exclusion Code	Postal Code
STOCK FUND - DIVIDENDS	\$	232		14	
TOTAL	\$	232			

Form **8868**

Application for Extension of Time To File an

(Rev April 2009		OMB No 1545-1709								
Department of the		► File a separate application for each return.								
If you are	filing for an Au	tomatic 3-Month Extension, complete only Part I and check this box			▶ X					
If you are	filing for an Ad	ditional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)							
		ess you have already been granted an automatic 3-month extension on a previously filed Fo	rm 8868	3						
Part I	Automati	c 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 corpo	orations (includ come tax return	ing 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an exte s	nsion o	f						
Electronic Fil	ling (e-file). Ge	enerally, you can electronically file Form 8868 if you want a 3-month automatic extension of t	me to f	ile						
		ww (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8								
		the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870)						
returns, or a c	composite or co	insolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Page 1)	art II) of	Form						
8868 For mos	re details on th	e electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonpro	ofits.							
Type or	Name of Ex	empt Organization E	mploye	er ident	ification number					
print										
File by the	DETROI	T NEUROSURGICAL FOUNDATION	<u> 8-2</u>	1279	46					
due date for filing your	Number, str	eet, and room or suite no. If a P.O. box, see instructions								
return See	3333 E	. JEFFERSON		_						
instructions	-	post office, state, and ZIP code. For a foreign address, see instructions								
	DETROI									
		filed (file a separate application for each return)		\Box	5 4700					
Form 99		Form 990-T (corporation)		Н	Form 4720					
Form 99		Form 990-T (sec 401(a) or 408(a) trust)		H	Form 5227					
X Form 99		Form 990-T (trust other than above) Form 1041-A		H	Form 6069 Form 8870					
A Form 98	90-PF	Form 1041-A		Ш	Folin 6670					
Telephone If the orga If this is for the whole of a list with the	anization does or a Group Reti group, check th names and Ell	3 - 259 - 0391 not have an office or place of business in the United States, check this box urn, enter the organization's four digit Group Exemption Number (GEN) nis box If it is for part of the group, check this box and att so of all members the extension will cover	this is ach		▶ □					
· ·		3-month (6 months for a corporation required to file Form 990-T) extension of time								
	•	, to file the exempt organization return for the organization named above. The extension is								
	organization's r	eturn for								
₽	calendar year	or								
▶ X	tax year begin	ning $12/01/08$, and ending $11/30/09$.								
2 If this tax year is for less than 12 months, check reason I Initial return Final return Change in accounting period										
3a If this ap	oplication is for	Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,								
		e credits. See instructions	3a	\$	200					
		Form 990-PF or 990-T, enter any refundable credits and estimated tax	_	_	000					
		de any prior year overpayment allowed as a credit	3b		200					
		t line 3b from line 3a Include your payment with this form, or, if required,								
		on or, if required, by using EFTPS (Electronic Federal Tax Payment		•	^					
	See instruction	ons make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879	3c	\$	0					
Caudon, II VO	u are udiliu (0 l	make an electronic tunu wilhulawai with this point good, see point 0403-EU and point go/3	-60							

for payment instructions

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

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