

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



Form **990-PF**

Return of Private Foundation

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

OMB No 1545-0052

		t of the Treasury renue Service	N	lote. The foul			ed as a Privat to use a copy of this			rtıng req	uirer	nents	2	UUS	1
For	alen	dar year 2009, or	tax yea	r beginning				, and e	nding						
G C	heck	all that apply		Initial return Amended re			Initial return of a fo	•	· —	Name ch	nang	Final return			
I	Use the IRS Name of foundation label. Otherwise, J. RED PEACH FOUNDATION				ON				A Empl	ioyer	identification	number			
	print type	Number and stre				lvered t	o street address)	-	Room/suite			e number . 687 . 62	90		
Inst	¬ `	City or town, sons. NILES, type of organization	state, a MI on	nd ZIP code 4912 X Section	0 501(c) <u>(3) e</u> xe		rivate foundation			C If exer D 1. Fo 2. Fo	nption reign eck h	n application is portions organizations meere and attach co	ending, check , Check here eting the 85% mputation	test,	•
	ır ma om I	ction 4947(a)(1) no irket value of all ass Part II, col. (c), line	sets at 6 e 16)	end of year	J Accountin	ng method 🔼 Cash 🔲 Accrual			F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here			• [
	rt l	Analysis of Reve (The total of amount necessanty equal th	nue an	d Expenses	Ī	(a) Revenue and penses per books	(b) Net in	vestment ome) Adji	usted net come	(d) Dis	bursement able purpo basis only	ses
	1 2	Contributions, gift Check ▶ if the	s, grani foundatio	ts, etc , receiv	ved		10,000.				N/	'A	10-0-1		
	3 4	Interest on savings at cash investments Dividends and interestments					216.		216.		-		STATE	MENT	1
	b	Gross rents Net rental income or (Net gain or (loss) from	_	assets not on li	ne 10		-6,771.								
Revenue	b 7	Gross sales price for assets on line 6a Capital gain net incor	all	23	,430.	**********			0.						
ď	8 9 10a	Net short-term cap income modificati Gross sales less retur and allowances	ons	in 								RECE	IVED		
	b	Less Cost of goods s Gross profit or (los Other income									155	MAY 2	4 2010	RS-OS	
	12 13	Total. Add lines 1 Compensation of office			, etc		3,445. 0.		216.			OGDE	מ, עז		0
ş	l .	Other employee sa Pension plans, em		•	ļ				-				_		
Expenses	b	Legal fees Accounting fees Other professiona	l fees	ST	MT 2		890.	<u> </u>	445.					_ 4	45
strative	18	Interest Taxes	44.4						-						-
Operating and Administrative	19 20 21	Depreciation and of Occupancy Travel, conference													
ting and	22	Printing and public Other expenses		ST	мт 3		20.		10.	_					10
Opera		Total operating as expenses. Add lin Contributions, gift	es 13 t	hrough 23			910. 8,823.		455.					8,8	<u>55</u>
	26	Total expenses at Add lines 24 and 2	nd disb 25	ursements.			9,733.		455.					9,2	
	a	Subtract line 26 fr Excess of revenue ov Net investment in	er expen	ises and disbur	ŀ		-6,288.		0.						
9235	C	Adjusted net inco		-							N	'A			

02-02-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

	-	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	year		
P	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bearing	7,542.	7,809.	7,809.		
	2	Savings and temporary cash investments		30,902.	30,902.		
	3	Accounts receivable					
		Less allowance for doubtful accounts ▶					
	4	Pledges receivable ►					
	ĺ	Less allowance for doubtful accounts					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
	1	disqualified persons					
	7	Other notes and loans receivable					
	}	Less allowance for doubtful accounts			 		
sts	8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges					
٩		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	20.455				
	13	Investments - other STMT 4	90,466.	53,009.	40,387.		
	14	Land, buildings, and equipment basis	1				
		Less accumulated depreciation	ļ				
	15	Other assets (describe					
		Total accords (by here on the fit will be a	00 000	01 720	70 000		
_		Total assets (to be completed by all filers)	98,008.	91,720.	79,098.		
	1	Accounts payable and accrued expenses					
	18	Grants payable					
Liabilities	19	Deferred revenue					
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons					
Ë	21	Mortgages and other notes payable Other liabilities (describe ▶)					
	22	Other namintes (describe					
	23	Total liabilities (add lines 17 through 22)	0.	0.			
		Foundations that follow SFAS 117, check here					
		and complete lines 24 through 26 and lines 30 and 31.					
ès	24	Unrestricted					
and	25	Temporarily restricted					
Bai	26	Permanently restricted					
nd		Foundations that do not follow SFAS 117, check here					
Ē		and complete lines 27 through 31					
S	27	Capital stock, trust principal, or current funds	0.	0.			
set	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.			
Net Assets or Fund Balance	29	Retained earnings, accumulated income, endowment, or other funds	98,008.	91,720.			
Š	30	Total net assets or fund balances	98,008.	91,720.			
	31	Total liabilities and net assets/fund balances	98,008.	91,720.			
F	art	Analysis of Changes in Net Assets or Fund B	Balances				
_		net assets or fund balances at beginning of year - Part II, column (a), line	20	 			
•		t net assets or fond balances at beginning of year - Fart it, column (a), line of agree with end-of-year figure reported on prior year's return)	00		98,008.		
2		r amount from Part I, line 27a		1 2	-6,288.		
		r increases not included in line 2 (itemize)		2 3	0.		
4		lines 1, 2, and 3		3	91,720.		
-		eases not included in line 2 (itemize)		5	0.		
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	91,720.		
		Tarting of Tarting			5 000 DE (0000)		

	and Losses for Tax on Ir		t income	(0.3.4.			
	cribe the kind(s) of property sold (e g arehouse; or common stock, 200 sh			H (a) H - P - - D -	ow acquired Purchase Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
a WILLIAMSBURG INVT TR JAMESTOWN SEL				T -	P	VARIOUS	12/15/09
b WILLIAMSBURG I					P	12/31/08	
C							
d							
<u>e</u>				<u> </u>			
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			(h) Gain or (lo (e) plus (f) minu	
a 23,334.			30,11				-6,784.
b 96.			8	3.			13.
d d			 	-		-	
e Complete only for assets shown	ng gain in column (h) and owned by	the foundation	n on 12/31/69			(I) Coine (Cal. (b) as	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) E>	cess of col (i)		Co	(I) Gains (Col. (h) ga ol. (k), but not less th Losses (from co	nan -0-) or
a	as 01 12/3 1/05	Over	COI (j), ii ariy			· · · · · · · · · · · · · · · · · · ·	-6,784.
<u>b</u>							13.
<u>C</u>		 					<u></u>
				_			
<u>e</u>	I f gain, also ente	r ın Part I, line	7	1			6 771
2 Capital gain net income or (net ca	(, (.		7	1	2		-6,771.
3 Net short-term capital gain or (lo if gain, also enter in Part I, line 8,	column (c)	iiu (6)		}		 /	_
If (loss), enter -0- in Part I, line 8 Part V Qualification U	Inder Section 4940(e) for	r Poducod	I Tay on Not	Java	3	N/	A
(For optional use by domestic private						COITIE	
If section 4940(d)(2) applies, leave t Was the foundation liable for the sec If "Yes," the foundation does not qua	tion 4942 tax on the distributable an	omplete this pa	ırt				Yes X No
	each column for each year, see instr	ructions before	making any entrie	es			
(a) Base period years Calendar year (or tax year beginni	(b) Adjusted qualifying dis	stributions	Net value of no	(c)	able-use asset	Dist	(d) ribution ratio
2008	ng m	4,441.			84,32	(00, (0)	11 17 12 48
2007		7,771.			88,88		.087425
2006		3,454.			59,32		.058218
2005		9,281.	,		36,59	5.	.253607
2004		4,990.			20,74	0.	.240598
2 Total of line 1, column (d)						2	.811096
3 Average distribution ratio for the the foundation has been in existe		on line 2 by 5,	or by the number	of yea	rs	3	.162219
4 Enter the net value of noncharital	·	luae E					
	one doe doores for 2003 HUIH Faft X,	IIIIC J				4	73,221.
5 Multiply line 4 by line 3				5	11,878.		
6 Enter 1% of net investment incor	ne (1% of Part I, line 27b)					_6	0.
7 Add lines 5 and 6						7	11,878.
8 Enter qualifying distributions from						8	9,278.
If line 8 is equal to or greater than See the Part VI instructions	n line 7, check the box in Part VI, line	1b, and comp	elete that part using	g a 1%	tax rate		· · · · · · · · · · · · · · · · · · ·
923521 02-02-10			2				Form 990-PF (2009)

Form	990-PF (2009) J. RED PEACH FOUNDATION		20-	0530	854		Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a)	, 4940(b), 4940(e), or					
`1a	Exempt operating foundations described in section 4940(d)(2), check here and enter 1	N/A" on line 1				······································	
	Date of ruling or determination letter (attach copy of letter if necessal	ry-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here		1 1				0.
	of Part I, line 27b						
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of P.	art 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				0.
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		_		0.
6	Credits/Payments						
a	2009 estimated tax payments and 2008 overpayment credited to 2009	a]]				
b	Exempt foreign organizations - tax withheld at source 68	<u> </u>]				
C	Tax paid with application for extension of time to file (Form 8868)	<u> </u>]]				
d	Backup withholding erroneously withheld 60	1]				
7	Total credits and payments Add lines 6a through 6d		_7				0.
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				0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	. ▶	10				
	Enter the amount of line 10 to be Credited to 2010 estimated tax	Refunded ►	11				
	rt VII-A Statements Regarding Activities						
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation	ı or dıd it participate or interven	e in			Yes	
	any political campaign?				1a		X_
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (s				1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and cop	oies of any materials publish	ed or				
	distributed by the foundation in connection with the activities						
	Did the foundation file Form 1120-POL for this year?				1c		Х
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year						
	(1) On the foundation ► \$ (2) On foundation managers ►		<u>-</u>				
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure t	ax imposed on foundation					
2	managers > \$ 0.				_		.,
	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. Has the foundation made any changes, not previously reported to the IRS, in its governing instrui						
J	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	ment, articles of incorporation,	or	Ì	_		v
42	Did the foundation have unrelated business gross income of \$1,000 or more during the year?				3		X
	If "Yes," has it filed a tax return on Form 990-T for this year?		N	/A	4a 4h		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		14	,	4b 5		Х
	If "Yes," attach the statement required by General Instruction T						
	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 dire	ections that conflict with the stat	e law				
	remain in the governing instrument?				6	X	}
7	Did the foundation have at least \$5,000 in assets at any time during the year?				7	Х	
	If "Yes," complete Part II, col (c), and Part XV.						
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	•					
	MI						
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorne	ey General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation	,			8b	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 cal	endar				
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," compa				9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing	ng their names and addresses			10		X

4b

X

had not been removed from jeopardy before the first day of the tax year beginning in 2009?

orm 990-PF (2009) J. RED PEACH FOUNDATION			20-05308	54 Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F	Required (contin	nued)	
5a During the year did the foundation pay or incur any amount to		· · · · · · · · · · · · · · · · · · ·	-	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	es X No	
(2) Influence the outcome of any specific public election (see section 4955), (or to carry on, directly or indire	ectly,		
any voter registration drive?		Ye	es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	,7	Ye	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	, or educational purposes, or f	or		
the prevention of cruelty to children or animals?			es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni	der the exceptions described i	n Regulations		
section 53 4945 or in a current notice regarding disaster assistance (see instru	ictions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	nere			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax because it maintai	ned		
expenditure responsibility for the grant?	N	/A 🔲 Y	es 🔲 No	
If "Yes," attach the statement required by Regulations section 53.494	5-5(d).			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?		Ye	es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?			6b X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Y6	es X No	
b If yes, did the foundation receive any proceeds or have any net income attribut	able to the transaction?		N/A	7b
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highly	y	
Faiu Employees, and Contractors				
List all officers, directors, trustees, foundation managers and their	T	(-) Campanahan	(4)0	r <u>-</u> -
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(CI) Contributions to employee benefit plans and deferred	(e) Expense account, other
ROBIN OARE BROWN	to position PRESIDENT AND	enter -0-)	compensation	allowances
2003 MORRIS DRIVE	LKESIDENI WWD	DIRECTOR		
NILES, MI 49120	0.00	0.	_	_
JAMES H. BROWN	VICE-PRESIDEN		0.	0.
2003 MORRIS DRIVE	VICE-PRESIDEN	I & DIREC	IOR	
NILES, MI 49120	0.00	0.	0.	_
OONALD E. HILL, JR.	VICE-PRESIDEN			0.
1113 N. TWYCKENHAM	VICE-IREDIDEN	T & DIKEC	IOR	
SOUTH BEND, IN 46617	0.00	0.	0.	0.
ERICKA L. BENSON	TREAS/SEC & D			0.
14607 ADAMS ROAD	TINEINO, DEC & D	INLETON		
GRANGER, IN 46530	0.00	0.	0.	0.
Compensation of five highest-paid employees (other than those inc				•
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average		(d) Contributions to employee benefit plans and deferred	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	account, other allowances
NONE				
Total number of other employees paid over \$50,000			>	0
			Ca (200 DE (2000)

3 Five highest-paid independent contractors for professional services. If none, enter "N	ONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		- -
Total number of others receiving over \$50,000 for professional services		▶ C
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical	information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers produced	i, 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		
Total. Add lines 1 through 3		0.
Total Fino Full ordino		Form 900-DE (2000)

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations, see	instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a]	47,473.
b	Average of monthly cash balances	1b	47,473. 26,863.
C	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	74,336.
8	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	74,336.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,115.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	73,221.
6	Minimum investment return. Enter 5% of line 5	6	3,661.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	3,661.
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009 (This does not include the tax from Part VI)	1 1	
C	Add lines 2a and 2b	2c]	0.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	3,661.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	3,661.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	3,661.
P	art XII Qualifying Distributions (see 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	9,278.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
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	9,278
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		·
	income Enter 1% of Part I, line 27b	5	0 .
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	9,278
	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	
	4940(e) reduction of tax in those years		

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,				2 661
line 7				3,661.
2 Undistributed income, if any, as of the end of 2009			0.	
a Enter amount for 2008 only			<u> </u>	
h Total for prior years		0.		
3 Excess distributions carryover, if any, to 2009				
1 2 0 5 2				
7 451				
610				
2 412				
10 005				
	25,654.			
f Total of lines 3a through e	23,034.		······································	
4 Qualifying distributions for 2009 from Part XII, line 4 > \$ 9,278.				
			0.	
a Applied to 2008, but not more than line 2a				
b Applied to undistributed income of prior		^		
years (Election required - see instructions)		0.		· · · · · · · · · · · · · · · · · · ·
c Treated as distributions out of corpus	^			
(Election required - see instructions)	0.	····	· · · · · · · · · · · · · · · · · · ·	2 ((1
d Applied to 2009 distributable amount	5 617			3,661.
e Remaining amount distributed out of corpus	5,617. 0.	······································		
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	U.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	31,271.			
b Prior years' undistributed income Subtract				***************************************
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable	******			······
amount - see instructions		0.		
e Undistributed income for 2008 Subtract line			· · · · · · · · · · · · · · · · · · ·	
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2009 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				0.
7 Amounts treated as distributions out of	-			
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004				
not applied on line 5 or line 7	3,953.			
9 Excess distributions carryover to 2010.				
Subtract lines 7 and 8 from line 6a	27,318.			
10 Analysis of line 9				
b Excess from 2006 612.				
c Excess from 2007 3, 413.		1		
d Excess from 2008 10,225.				
e Excess from 2009 5,617.				
				Form 990-PF (2009)

3 Grants and Contributions Paid During the	ear or Approved for Future	Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	any foundation manager or substantial contributor	recipient		
a Paid during the year CENTER FOR THE HOMELESS, INC 813 S. MICHIGAN STREET SOUTH BEND, IN 46601	NONE	PUBLIC CHARITY	HOLIDAY GIVING PROGRAM	7,823
SOUTH BEND, IN 40001				
MUSCULAR DYSTROPHY ASSOCIATION 314 W. CATALPA DR. MISHAWAKA, IN 46545	NONE	PUBLIC CHARITY	HOLIDAY GIVING PROGRAM	1,000
Total		<u> </u>	▶ 3a	8,823.
b Approved for future payment			- J - J - J - J - J - J - J - J - J - J	0,023
NONE				
Total			▶ 3b	0.
923611 02-02-10				orm 990-PF (2009

Part XVI-A	Analysis of Income-Producing Activities
Part XVI-A	Analysis of income-Producing Activitie

Enter gross amounts unless otherwise indicated	Unrelated	business income		oy section 512, 513, or 514	(e)
Š	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue	Code		code		
a	_		 	<u> </u>	
b			1		
<u> </u>			 		
d	-		 		
e	_				
[†]	_				
g Fees and contracts from government agencies		-	 		
2 Membership dues and assessments			 		· · · · · · · · · · · · · · · · · · ·
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			18	216.	
5 Net rental income or (loss) from real estate					
a Debt-financed property			1-1-		
b Not debt-financed property			 		
6 Net rental income or (loss) from personal					
property					
7 Other investment income	<u> </u>		 		
8 Gain or (loss) from sales of assets other	-		 		
than inventory			18	-6,771.	
9 Net income or (loss) from special events			 - 	07//20	
O Gross profit or (loss) from sales of inventory			 - 		
1 Other revenue					
b	1				
		· · ·			
d	1		 		
8			 		
2 Subtotal Add columns (b), (d), and (e)		0.	 	-6,555.	(
3 Total. Add line 12, columns (b), (d), and (e)	<u> </u>		<u> </u>	13	
(See worksheet in line 13 instructions to verify calculations	1			··· —	
Part XVI-B Relationship of Activitie	s to the Accor	nplishment of Ex	rempt P	urposes	
Line No. Explain below how each activity for which ii	ncome is reported in	column (e) of Part XVI-A	contribute	d importantly to the accomp	lishment of
the foundation's exempt purposes (other th				a importantly to the accomp	
		·· ·······		·	
					
					
					
					

Part X		D PEACH FOU		nd Relationships With None	530854 charitable		age 13
	Exempt Organ		is to und transactions a	Total Colonia in partition in the colonia in the co	niai itabie		
1 Did t	he organization directly or indi	rectly engage in any of th	e following with any other organization	in described in section 501(c) of		Yes	No
the C	ode (other than section 501(c	e)(3) organizations) or in s	ection 527, relating to political organ	izations?			
a Tran	sfers from the reporting found	ation to a noncharitable e	xempt organization of				
(1)	Cash				1a(1)		X
• •	Other assets				1a(2)		X
	r transactions						
	Sales of assets to a noncharita	• •			1b(1)		X
	Purchases of assets from a no	· -	uzation		1b(2)	_	X
	Rental of facilities, equipment, Reimbursement arrangements				1b(3)		X
	Loans or Ioan guarantees	•			1b(4) 1b(5)		X
	Performance of services or me	embership or fundraising	solicitations		1b(6)		X
	ing of facilities, equipment, ma	•			10		X
		•		vays show the fair market value of the god		 ets.	1
				e in any transaction or sharing arrangemi		,	
	nn (d) the value of the goods,				_		
(a) Line no	(b) Amount involved	(c) Name of non	charitable exempt organization	(d) Description of transfers, transactions	, and shanng arra	angeme	ents
			N/A				
		 -					
							
				 			
					<u>. </u>		
	-						
						_	
					-		
2a Is the	e foundation directly or indirec	tly affiliated with, or relate	ed to, one or more tax-exempt organiz	zations described			
	ction 501(c) of the Code (othe		or in section 527?		Yes	X	ON 🖸
b If "Ye	s," complete the following sch						
	(a) Name of org	ganization	(b) Type of organization	(c) Description of rela	tionship		
	N/A						
	 - ·						
		· · · · · · · · · · · · · · · · · · ·					
Under	penalties of perjury, I declare that I	nave examined this return, inc	uding accompanying schedules and statem	ents, and to the best of my knowledge and believ	, it is true, correct	et,	
			s based on all information of which preparer				
	Mr Clave	Down	5.17.10	PRESIDENT AND D	IRECTO	R	
일 🗩 등	Anatura of officer or trustee			— D ——————————————————————————————————			

Preparer's identifying number

(269) 982-8000

Preparer's

signature

address, and ZIP code

PLANTE & MORAN, PLLC 511 RENAISSANCE DRIVE ST. JOSEPH, MI 49085

Check if self-employed

EIN -

Phone no

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, or 990-PF.

OMB No 1545-0047

2009

Name of the organization **Employer identification number** J. RED PEACH FOUNDATION 20-0530854 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** X For an organization 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** 509(a)(1) and 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 (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions 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 990-EZ that received from any one contributor, during the year, 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. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

for Form 990, 990-EZ, or 990-PF.

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

J. RED PEACH FOUNDATION

20-0530854

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	LEIGHTON-OARE FOUNDATION 211 W. WASHINGTON DR SOUTH BEND, IN 46601	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		 \$	Person Payroll Noncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II if there Is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution.)

FORM 990-PF DIVIDEND	OS AND	INTER	EST FROM	SECUE	RITIES	STATEMENT 1
SOURCE		GROSS	AMOUNT		ITAL GAINS IVIDENDS	COLUMN (A) AMOUNT
CHARLES SCHWAB	•		216.		0.	216.
TOTAL TO FM 990-PF, PART I, I	LN 4		216.		0.	216.
FORM 990-PF	AC	COUNTI	NG FEES			STATEMENT 2
DESCRIPTION	EXPE		(B) NET INVE MENT INC	EST-	ADJUSTED	(D) CHARITABLE E PURPOSES
ACCOUNTING AND TAX PREP		890.		445.		445.
TO FORM 990-PF, PG 1, LN 16B		890.		445.		445.
TO FORM 990-PF, PG 1, LN 16B			XPENSES	445.		STATEMENT 3
=	O (EXPE	THER E A) NSES	XPENSES (B) NET INVI	EST-		STATEMENT 3
FORM 990-PF	O (EXPE	THER E A) NSES	XPENSES (B) NET INVI	EST-	ADJUSTED	STATEMENT 3 (D) CHARITABLE
FORM 990-PF DESCRIPTION	O (EXPE	THER E A) NSES BOOKS	XPENSES (B) NET INVI	EST-	ADJUSTED	STATEMENT 3 (D) CHARITABLE FURPOSES
FORM 990-PF DESCRIPTION MISCELLANEOUS EXPENSE	O (EXPE PER	THER E A) NSES BOOKS 20.	XPENSES (B) NET INVI	EST-COME	ADJUSTED	STATEMENT 3 (D) CHARITABLE PURPOSES 10.
FORM 990-PF DESCRIPTION MISCELLANEOUS EXPENSE TO FORM 990-PF, PG 1, LN 23	O (EXPE PER	THER E A) NSES BOOKS 20. 20. VA	XPENSES (B) NET INVI	EST- COME 10.	ADJUSTED	STATEMENT 3 (D) CHARITABLE PURPOSES 10.
FORM 990-PF DESCRIPTION MISCELLANEOUS EXPENSE TO FORM 990-PF, PG 1, LN 23 FORM 990-PF	O (EXPE PER	THER E A) NSES BOOKS 20. 20. VA M	XPENSES (B) NET INVI MENT INC ESTMENTS LUATION	EST- COME 10.	ADJUSTED NET INCOM	STATEMENT 3 (D) CHARITABLE PURPOSES 10. STATEMENT 4 FAIR MARKET

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 5 PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

ROBIN OARE BROWN, PRESIDENT 1999 MORRIS DRIVE NILES, MI 49120

TELEPHONE NUMBER

269-687-6290

FORM AND CONTENT OF APPLICATIONS

SUBMIT A WRITTEN REQUEST. INCLUDE COMPLETE DETAILS ABOUT THE ORGANIZATION, THE PURPOSE OF THE REQUEST AND THE INTENDED USE OF THE GRANT PROCEEDS. APPLICANTS MUST MEET IRS CHARITABLE STANDARDS.

ANY SUBMISSION DEADLINES

BASED UPON BOARD DISCRETION

RESTRICTIONS AND LIMITATIONS ON AWARDS

BASED UPON BOARD DISCRETION