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Form 990-PF

Department of the Treasury

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

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

OMB No 1545-0052 2009

Internal Revenue Service For calendar year 2009, or tax year beginning and ending Final return G Check all that apply Initial return Initial return of a former public charity Name change Amended return Address change Employer identification number Name of foundation Use the IRS 26-3219813 label. THE AVESTA FOUNDATION Telephone number (see page 10 of the instructions) Otherwise. print Number and street (or P O box number if mail is not delivered to street address) Room/suite or type. C/O 26300 TELEGRAPH RD If exemption application is pending, check here See Specific City or town, state, and ZIP code 1. Foreign organizations, check here Instructions. SOUTHFIELD MI 48033 2. Foreign organizations meeting the Check type of organization | X | Section 501(c)(3) exempt private foundation 85% test, check here and attach computation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated under section 507(b)(1)(A), check here I Fair market value of all assets at end J Accounting method X Cash of year (from Part II, col (c), Other (specify) If the foundation is in a 60-month termination 428,746 (Part I, column (d) must be on cash basis) under section 507(b)(1)(B), check here line 16) ▶ \$ Part I Analysis of Revenue and Expenses (The (a) Revenue and (d) Disbursements expenses per (b) Net investment (c) Adjusted net for chantable total of amounts in columns (b), (c), and (d) may not necessarily equal purposes books income income the amounts in column (a) (see page 11 of the instructions) ) (cash basis only) 450,000 Contributions, gifts, grants, etc., received (attach schedule) 2 Check ► |X| if the foundation is **not** required to attach Sch B 69 69 69 3 Interest on savings and temporary cash investments 12 12 12 A Dividends and interest from securities 5a Gross rents Net rental income or (loss) b 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 0 7 Capital gain net income (from Part IV, line 2) 0 Net short-term capital gain 9 Income modifications 10a Gross sales less returns & allowances b Less Cost of goods sold Gross profit or (loss) (attach schedule) C Other income (attach schedule) 11 450,081 81 81 12 Total. Add lines 1 through 11 Compensation of officers, directors, trustees, etc 13 Other employee salanes and wages 14 15 Pension plans, employee benefits RECEIVED See Stmt 1 2,000 16a Legal fees (attach schedule) Stmt 2 650 Accounting fees (attach schedule) Other professional fees (attach schedule) AUG .28 6 17 Taxes (attach schedule) (see page 14 of the instructions) Stmt 3 20 19 Depreciation (attach schedule) and depletion 20 21 Travel, conferences, and meetings SCANNED 22 Printing and publications 23 Other expenses (att sch) Total operating and administrative expenses. 2,670 0 Add lines 13 through 23 18,665 18,665 25 Contributions, gifts, grants paid 0 21,335 0 18,665 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 428,746 Excess of revenue over expenses and disbursements 81 Net investment income (if negative, enter -0-) 81 Adjusted net income (if negative, enter -0-)

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions. ΠΔΑ

Form 990-PF (2009)

1	Part II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	year
'	- ait ii	should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	1	Cash—non-interest-bearing		428,746	428,746
-	2	Savings and temporary cash investments			
-	3	Accounts receivable ▶			
ļ		Less allowance for doubtful accounts ▶			
ı	4	Pledges receivable ▶			
1		Less allowance for doubtful accounts ▶			
-	5	Grants receivable			
-	6	Receivables due from officers, directors, trustees, and other			
- 1		disqualified persons (attach schedule) (see page 16 of the			
- 1		instructions)			
- 1	7	Other notes and loans receivable (att. schedule)			
		Less allowance for doubtful accounts ▶			
ফ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
AS	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
- 1	C	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis			
		Less accumulated depreciation (attach sch.)			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation (attach sch.)			
	15	Other assets (describe ▶ )			
- 1	16	Total assets (to be completed by all filers—see the			
$\bot$		instructions. Also, see page 1, item I)	0	428,746	428,746
	17	Accounts payable and accrued expenses		<u>-</u>	
S	18	Grants payable			
Liabilities	19	Deferred revenue			
討	20	Loans from officers, directors, trustees, and other disqualified persons			
[편.	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶ )			
4	23	Total liabilities (add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here ► X and complete lines 24 through 26 and lines 30 and 31.			
ces				420 746	
Ĕ	24	Unrestricted		428,746	
ā	25	Temporarily restricted Permanently restricted			
핑	26	Foundations that do not follow SFAS 117, check here ▶	<del></del>		
딞		and complete lines 27 through 31.			
닌	27	Capital stock, trust principal, or current funds			
9	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
형	29	Retained earnings, accumulated income, endowment, or other funds			
SS	30	Total net assets or fund balances (see page 17 of the			
Net Assets or Fund Balan		instructions)	o	428,746	
ž	31	Total liabilities and net assets/fund balances (see page 17			
		of the instructions)	o	428,746	
	Part I				
		net assets or fund balances at beginning of year—Part II, column (a), line 30 (must	agree with		
	end-o	f-year figure reported on prior year's return)		1	
2	Enter	amount from Part I, line 27a		_2	428,746
3	Other	increases not included in line 2 (itemize) ▶		3	
4		nes 1, 2, and 3		4	428,746
5		ases not included in line 2 (itemize)		5	
6	Total	net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b),	line 30	6	428,746

Part IV Capital Gains ar	nd Losses for Tax on Investm	ent Income			
	e the kind(s) of property sold (e.g., real estate house, 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 N/A					
b				-	
С					
<u>e</u>		T (3.6.1	I	410	<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	, , , ,	other basis nse of sale		or (loss) ) minus (g)
<u>a</u>					
<u>b</u>		<del></del>	··		
C			<del></del>		
d e					
	gain in column (h) and owned by the for	undation on 12/31/69		(I) Co (Col	(h) earn min
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	ss of col (ı) (j), ıf any	col (k), but not	(h) gain minus less than -0-) or om col (h))
a					
b					<del></del>
С		<u> </u>		<b>-</b>	
_d				·	
е			····	· · · · · · · · · · · · · · · · · · ·	<del></del>
2 Capital gain net income or (net cap	If (loss), enter -0- in	Part I, line 7		2	
If gain, also enter in Part I, line 8, o	s) as defined in sections 1222(5) and (6) column (c) (see pages 13 and 17 of the	_			
Part V Qualification Un	der Section 4940(e) for Redu	and Tax on Not I	nyootmont Inco	<u>3</u>	
	oundations subject to the section 4940(				
•	•	a) tax off fiet investine	in income )		
If section 4940(d)(2) applies, leave this	s part blank		_		N/A
	on 4942 tax on the distributable amount y under section 4940(e) Do not comple	• •	e penod? Ye	es 📙 No	·
1 Enter the appropriate amount in ea	ach column for each year, see page 18	of the instructions befo	ore making any entries	s	
(a)  Base penod years  Calendar year (or tax year beginning i	(b) Adjusted qualifying distribution	ons Net value	(c) of nonchantable-use ass		(d) ribution ratio divided by col. (c))
2008	<del></del>				
2007					
2006					
2005					
2004			- · · · · ·		
2 Total of line 1, column (d)				2	
3 Average distribution ratio for the 5	-year base period—divide the total on lir	ne 2 by 5, or by the			
number of years the foundation ha	is been in existence if less than 5 years			3	
4 Enter the net value of noncharitable					
	le-use assets for 2009 from Part X, line	5		4	
5 Multiply line 4 by line 3	le-use assets for 2009 from Part X, line	5		5	
<ul><li>5 Multiply line 4 by line 3</li><li>6 Enter 1% of net investment income</li></ul>		5			
		5		5	
<ul><li>6 Enter 1% of net investment income</li><li>7 Add lines 5 and 6</li><li>8 Enter qualifying distributions from</li></ul>	e (1% of Part I, line 27b)		t using a 194 tay rata	5 6 7	

<u>Form</u>	990-PF (2009) THE AVESTA FOUNDATION 26-3219813			Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the inst	tructions)		
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1		2
	here 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)	Ī		
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		2
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4		<del></del>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5		0
6	Credits/Payments	<u> </u>		
	2009 estimated tax payments and 2008 overpayment credited to 2009	1		
a				
b				
C	Tax paid with application for extension of time to file (Form 8868)  6c  6c	1		
d -	Backup withholding erroneously withheld  Table and a surront Add less Catherent Cd	_		
7	Total credits and payments Add lines 6a through 6d	7		
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		2
10		10		
11		11		
<u>Pa</u>	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		`	es 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			1
	published or distributed by the foundation in connection with the activities			1
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			
	(1) On the foundation > \$ (2) On foundation managers > \$			1
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			1
	on foundation managers. > \$			1
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			1
•	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	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b	<del> </del> -
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	-1/ **	5	x
•	If "Yes," attach the statement required by General Instruction T		-	<del></del>
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			1
U	By language in the governing instrument, or			1
				1
	By state legislation that effectively amends the governing instrument so that no mandatory directions that     conflict with the state law remain in the governing instrument?	N/A		Ť
7	conflict with the state law remain in the governing instrument?	74 \ W	6	$-\frac{1}{x}$
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	<del>-   ^</del> -
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			1
_	instructions) ► None			1
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	.,,		1
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	N/A	8b	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			1
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page	ļ		
	27)? If "Yes," complete Part XIV		9	<u>X</u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses		10	<u> </u>
		Foi	m 990	- <b>PF</b> (2009)

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	Information About Officers, Directors, Trustees, Foun and Contractors (continued)	dation Managers, Highly Paid Em	ployees,
3 Five highest	t-paid independent contractors for professional services (see page	23 of the instructions). If none, enter "NOI	NE."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
		}	
· <del> · · -</del>	<del></del>		
Total number of all	hara racovina avec \$50,000 for professional acquires		<del></del>
Total number of ou	hers receiving over \$50,000 for professional services		<u> </u>
Part IX-A	Summary of Direct Charitable Activities		
	s four largest direct charitable activities during the tax year. Include relevant statistic other beneficianes served, conferences convened, research papers produced, etc.	al information such as the number of	Expenses
	the beneficialles served, conferences convened, research papers produced, etc		
1 N/A			
2			
3			1
4			
····			
Part IX-B	Summary of Program-Related Investments (see pag	e 24 of the instructions)	
	rgest program-related investments made by the foundation during the tax year on lin	es 1 and 2	Amount
1 N/A			
•			
2			
All other program-re	elated investments. See page 24 of the instructions		
3			

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Total. Add lines 1 through 3

Pa	art X Minimum Investment Return (All domestic foundations must complete this part. Forei	gn fo	undations,
	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	0
þ	Average of monthly cash balances	1b_	0
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	0
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	0
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25 of		ļ
	the instructions)	4	0
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	0
6	Minimum investment return. Enter 5% of line 5	6	0
Pa	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operate XI	rating	
	foundations and certain foreign organizations check here ▶ and do not complete this part )		
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2009 from Part VI, line 5		
þ	Income tax for 2009 (This does not include the tax from Part VI )		
С	Add lines 2a and 2b	2c	2
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0
4	Recovenes 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	0
Pε	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	18,665
b	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	18,665
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	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	18,665
	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		

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Pa	art XIII Undistributed Income (see page 26 of	the instructions)		· · · · · · · · · · · · · · · · · · ·	
-		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009
	line 7				0
2	Undistributed income, if any, as of the end of 2009				
a	Enter amount for 2008 only				
b	Total for prior years 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2009				
a	From 2004				
ь	From 2005				
c	From 2006				
ď	From 2007				
0	From 2008				
f	Total of lines 3a through e	j į			
4	Qualifying distributions for 2009 from Part XII,				
	line 4 ▶ \$ 18,665				
а	Applied to 2008, but not more than line 2a			•	
	Applied to undistributed income of prior years		<del></del>		
	(Election required—see page 26 of the instructions)			:	
_	Treated as distributions out of corpus (Election	<del>-</del>			
·	required—see page 26 of the instructions)				
a	Applied to 2009 distributable amount				
	• •	18,665			
е 5	Remaining amount distributed out of corpus	18,003			
J	Excess distributions carryover applied to 2009				
	(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				
	indicated below:	10 665	Ì		
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	18,665			
D	Prior years' undistributed income Subtract				
	line 4b from line 2b		<del></del>		
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 been previously assessed				
d	Subtract line 6c from line 6b Taxable		1		
	amount—see page 27 of the instructions			· · · · · · · · · · · · · · · · · · ·	
0	Undistributed income for 2008 Subtract line				
	4a from line 2a Taxable amount—see page				
	27 of the instructions			<del></del>	
f	Undistributed income for 2009 Subtract lines				
	4d and 5 from line 1 This amount must be				
	distributed in 2010				C
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 2004 not			:	
	applied on line 5 or line 7 (see page 27 of the				
	instructions)				
9	Excess distributions carryover to 2010.				
	Subtract lines 7 and 8 from line 6a	18,665			
0	Analysis of line 9				
a	Excess from 2005		1		
b	Excess from 2006		Ī	• -	
C	Excess from 2007			-	
d	Excess from 2008	1			
8	Excess from 2009 18,665				

	art XIV Private Operating Fou		ge 27 of the inst	tructions and Part V	/II-A guestion 9)	rage 10				
1a					ii 71, question 67					
	If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling									
b	Check box to indicate whether the foundate		-	ed in section 49	942(j)(3) or 494:	2(j)(5)				
2a	Enter the lesser of the adjusted net	Tax year	ig louridation document	Prior 3 years						
	income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total				
	investment return from Part X for									
	each year listed									
b	85% of line 2a									
С	Qualifying distributions from Part XII,									
	line 4 for each year listed									
d	Amounts included in line 2c not used directly									
	for active conduct of exempt activities									
е	Qualifying distributions made directly									
	for active conduct of exempt activities									
	Subtract line 2d from line 2c									
3	Complete 3a, b, or c for the									
	alternative test relied upon									
а	"Assets" alternative test—enter.									
	(1) Value of all assets									
	(2) Value of assets qualifying under			Ì						
	section 4942(j)(3)(B)(i)					ļ				
b	"Endowment" alternative test-enter 2/3		]	]						
	of minimum investment return shown in									
	Part X, line 6 for each year listed									
С	"Support" alternative test—enter									
	(1) Total support other than gross									
	investment income (interest, dividends, rents, payments on			•						
	securities loans (section			İ	1					
	512(a)(5)), or royalties)									
	(2) Support from general public									
	and 5 or more exempt									
	organizations as provided in section 4942(j)(3)(B)(iii)									
	(3) Largest amount of support from			<del></del>		l				
	an exempt organization									
	(4) Gross investment income									
Pa	art XV Supplementary Inform	nation (Complete	this part only if	the foundation ha	d \$5.000 or more	in assets at				
	any time during the ye	•	•							
1	Information Regarding Foundation Mar									
а	List any managers of the foundation who !	nave contributed more	than 2% of the total c	ontributions received by t	the foundation					
	before the close of any tax year (but only i	f they have contributed	more than \$5,000) (	See section 507(d)(2))						
	N/A									
b	List any managers of the foundation who o				rtion of the					
	ownership of a partnership or other entity)	of which the foundatio	n has a 10% or greate	er interest						
	N/A									
2	Information Regarding Contribution, G									
	Check here ► X if the foundation only		· ·	=						
	unsolicited requests for funds If the found			of the instructions) to ind	ividuals or					
	organizations under other conditions, com			* b						
а	The name, address, and telephone number N/A	er of the person to who	m applications should	oe addressed						
	11/ EE									
	The form in which applications should be s	submitted and informat	ion and materials the	v should include						
J	N/A	savinited and informat	ion and materials the	y arround microde						
С	Any submission deadlines									
٠	N/A									
d		uch as by geographica	ıl areas, charıtable fie	lds, kinds of institutions,	or other factors					
	N/A									

3 Grants and Contributions Paid During the	Year or Approved for F	uture Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
Name and address (home or business)  a Paid duning the year See Statement 4	any foundation manager	status of recipient		18,665
Total  b Approved for future payment			<b>▶</b> 3a	18,66
	NONE	CI	ARITABLE	52
Total			<b>▶</b> 3b	52
			<del></del>	

givou airiou	ints unless otherwise indicated	Unrelated	business income	Excluded	by section 512, 513, or 514	(e)
·		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
Program serv		<u> </u>	<del></del>		<del></del>	the manuchons )
		-			<del></del>	
		- <del>                                    </del>		1		
			<del></del>	7	<del></del>	
					·	
f						
g Fees and	contracts from government agencies					
<del>-</del>	dues and assessments					
Interest on sa	ivings and temporary cash investments					6
Dividends and	d interest from securities					1
Net rental inc	ome or (loss) from real estate					
a Debt-fina	nced property					
<b>b</b> Not debt-	financed property					
Net rental inc	ome or (loss) from personal property					
Other investm	nent income					
Gain or (loss)	from sales of assets other than inventory					
Net income o	r (loss) from special events					
Gross profit o	or (loss) from sales of inventory					
Other revenu	e a					
		I I				
е		-		_		1
	<del></del>					
	columns (b), (d), and (e)			0	. 0	
Subtotal Add	columns (b), (d), and (e) le 12, columns (b), (d), and (e)			0	0 13 _	8 8
Subtotal Add Total. Add lin	ne 12, columns (b), (d), and (e) In line 13 instructions on page 28 to verify calculation  Relationship of Activities to the	Accomplishme		urposes	13 _	
Subtotal Add Total. Add lin ee worksheet in	ne 12, columns (b), (d), and (e) In line 13 instructions on page 28 to venfy calculation	Accomplishme e is reported in colur	nn (e) of Part XVI-	Purposes A contribute	13 _	8
Subtotal Add Interpretation of the Subtotal Add Int	ne 12, columns (b), (d), and (e) In line 13 instructions on page 28 to venify calculation.  Relationship of Activities to the Activities to the Activities to the Accomplishment of the foundation's exempt purpose.	Accomplishme e is reported in colur	nn (e) of Part XVI-	Purposes A contribute	13 _	8
Subtotal Add Interest worksheet in Part XVI-B Line No.	ne 12, columns (b), (d), and (e) In line 13 instructions on page 28 to venify calculation.  Relationship of Activities to the Activities to the Activities to the Accomplishment of the foundation's exempt purpose.	Accomplishme e is reported in colur	nn (e) of Part XVI-	Purposes A contribute	13 _	8
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Subtotal Add Interpretation of the Subtotal Add Int	ne 12, columns (b), (d), and (e) In line 13 instructions on page 28 to venify calculation.  Relationship of Activities to the Activities to the Activities to the Accomplishment of the foundation's exempt purpose.	Accomplishme e is reported in colur	nn (e) of Part XVI-	Purposes A contribute	13 _	8
Subtotal Add Interpretation of the Subtotal Add Int	ne 12, columns (b), (d), and (e) In line 13 instructions on page 28 to venify calculation.  Relationship of Activities to the Activities to the Activities to the Accomplishment of the foundation's exempt purpose.	Accomplishme e is reported in colur	nn (e) of Part XVI-	Purposes A contribute	13 _	
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Subtotal Add Interpretation of the Subtotal Add Int	ne 12, columns (b), (d), and (e) In line 13 instructions on page 28 to venify calculation.  Relationship of Activities to the Activities to the Activities to the Accomplishment of the foundation's exempt purpose.	Accomplishme e is reported in colur	nn (e) of Part XVI-	Purposes A contribute	13 _	8

Part XVII	Information Reg Exempt Organiz		ansfers To an	d Transaction	s and Relati	onships With N	loncharitabl	е		
Did the	organization directly or indi		e in any of the follo	wing with any othe	er organization de	scribed	<del></del>		Yes	No
	on 501(c) of the Code (other									
organiz	•		( ),( ) , ( )	<b>,</b>	, 3	•				
Transfe	ers from the reporting found	lation to a nor	ncharitable exempt	organization of						
(1) Cas	, -		·	J				1a(1)		X
(2) Oth	ner assets							1a(2)		X
Other tr	ransactions									
(1) Sal	es of assets to a nonchanta	able exempt o	organization					1b(1)		_X
(2) Pur	rchases of assets from a no	onchantable e	xempt organization	n				1b(2)		_ <u>X</u>
(3) Rer	ntal of facilities, equipment,	or other asse	ets					1b(3)		_X
(4) Rei	mbursement arrangements	S						1b(4)		_ <u>X</u>
( <b>5</b> ) Loa	ans or loan guarantees							1b(5)		_ <u>X</u>
(6) Per	formance of services or me	embership or	fundraising solicita	ations				1b(6)		X
Sharing	of facilities, equipment, ma	ailing lists, oth	ner assets, or paid	employees				1c		<u> </u>
If the ar	nswer to any of the above is	s "Yes," comp	lete the following:	schedule Column	(b) should alway	s show the fair mark	tet			
value of	f the goods, other assets, o	or services giv	ren by the reporting	g foundation If the	foundation recei	ved less than fair m	arket			
value in	any transaction or sharing				goods, other as	sets, or services rec	eived			
Line no	(b) Amount involved	(c) Name	of noncharitable exe	mpt organization	(d) Descrip	tion of transfers, transa	ctions, and sharing	arrange	ments	
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describe	oundation directly or indirected in section 501(c) of the (	Code (other t				ns		Ye	s X	No
If "Yes,"	complete the following sch	hedule	·						_	
-/-	(a) Name of organization		(b) Type of	organization		(c) Description	of relationship			
1/A_				<del></del>		<del></del>				
						<del></del>				
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			L	· <u></u>	L	<del></del>			·	
	enalties of perjury, I declare that									
		Jecia a lion of p	reparer (Other than to	Apayer or riduciary, r	s bases on all illion	. ,		a <u>a</u>		
	is true, correct, and complete					PRESII	DENT			
belief, it i	is true, correct, and complete [									
belief, it i				Date		Title	<del></del>			
belief, it i	nature of officer or trustee		7	Date	Date		I Dronge	ode identif	AGD ()	
Sign	nature of officer or trustee	LA (D	2	Date		Check if self-employe		ode identif	MDA	
belief, it i	nature of officer or trustee	L.	2		08/0	Check if self-employe		ode idoptif	and .	
Sign	Preparer's signature  Firm's name (or yours if		PA M. AFR	PHD, CPA	08/0	Check if self-employe		ode identif	Agno.	
belief, it i	nature of officer or trustee  Preparer's signature	26300	PA M. AFR TELEGRAPI	PHD, CPA H RD FL 2	08/0	Check if self-employe	ed ▶ □	3 - 3 5		

THAVESTA THE AVESTA FOUNDATION

26-3219813

FYE: 12/31/2009

## **Federal Statements**

8/6/2010 4:00 PM

Statement 1 -	· Form 990-PF	', Part I, Line	16a - Legal Fees

Description	Total		Net Investment		Adjusted Net		Charitable Purpose	
LEGAL FEES	\$	2,000	\$		\$		\$	
Total	\$	2,000	\$	0	\$	0	\$	0

### Statement 2 - Form 990-PF, Part I, Line 16b - Accounting Fees

Description	 Total	Net stment	usted Net	aritable urpose
Indirect Accounting Fees	\$ 650	\$ 	\$	\$
Total	\$ 650	\$ 0	\$ 0	\$ 0

#### Statement 3 - Form 990-PF, Part I, Line 18 - Taxes

Description	7	Γotal	Net stment	usted Net	ritable rpose
LICENSE FEES	\$	20	\$ 	\$ 	\$
Total	\$	20	\$ 0	\$ 0	\$ 0

# 26-3219813

FYE: 12/31/2009

## **Federal Statements**

# Statement 4 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Name	Address			
Address	Relationship	Status	Purpose	Amount .
CRANBROOK INST. OF SCIENC	39221 WOODWARD AVE			
BLOOMFIELD HILLS MI 4	8303 NONE	CHARITABLE		60
CLEANERS FOOD BANK	2131 BEAUFAIT			
DETROIT MI 48207	NONE	CHARITABLE		126
LEADER DOGS	1039 S. ROCHESTER			
ROCHESTER HILLS MI 48	307 NONE	CHARITABLE		126
CAR POLY UNIVERSITY	3801 W. TEMPLE AVE			
POMONA CA 91768	NONE	CHARITABLE		126
SAVE THE CHILDREN	54 WILTON RD	•		
WESTPORT CT 06880	NONE	CHARITABLE		260
EARTH FOUNDATION	PO BOX 462			
NEW YORK NY 10028	NONE	CHARITABLE		28
MERCY HOME	PO BOX 156			
DETROIT MI 48201	NONE	CHARITABLE		100
NATIONAL MULTIPLE SCLEROS				
NEW YORK NY 10017	NONE	CHARITABLE		35
AMERICAN RED CROSS	PO BOX 321070			
DETROIT MI 48232	NONE	CHARITABLE		126
DOCTORS WITHOUT BORDERS	333 SEVENTH AVE, FL 2			0.60
NEW YORK NY 10001	NONE	CHARITABLE		260
FORGOTTEN HARVEST	21800 GREENFIELD RD	C D.T D.T.		106
OAK PARK MI 48237	NONE	CHARITABLE		126
WAYNE STATE UNIV	PO BOX 2177	CILL D.T. D.T. D.T. D.		126
DETROIT MI 48202	NONE	CHARITABLE		126
MICHIGAN RADIO (UNIV.OF MI		CHADTEADI E		176
ANN ARBOR MI 48103 TULANE UNIVERSITY	NONE	CHARITABLE		1/6
NEW ORLEANS LA 70112	1430 TULANE AVE STE 77 NONE	CHARITABLE		182
AMERICAN CANCER SOCIETY	NONE 250 WILLIAMS ST	CHARTIABLE		102
ATLANTA GA 30303	NONE NONE	CHARITABLE		126
MARCH OF DIMES	PO BOX 321190	CHARTTABLE		120
DETROIT MI 48232	NONE	CHARITABLE		52
CARE CARE	151 ELLIS ST NE	CHARTIADE		J2
ATLANTA GA 30303	NONE	CHARITABLE		126
FOOD FOR THE HUNGRY	1224 E. WASHINGTON ST			-20
PHOENIX AZ 85034	NONE	CHARITABLE		126
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26-3219813

FYE: 12/31/2009

## **Federal Statements**

# Statement 4 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

Name	Address	_	
Address	Relationship	Status Purpose	Amount
FEEDING AMERICA	PO BOX 96749		
WASHINGTON DC 20077	NONE	CHARITABLE	126
ST JUDE CHILDRENS' RESEAR	501 ST JUDE PLACE		•
MEMPHIS TN 38105-1942		CHARITABLE	760
BEAUMONT FOUNDATION	3711 WEST 13 MILE RD		,
ROYAL OAK MI 48073	NONE	CHARITABLE	260
UNIV. OF MICHIGAN	3003 SO. STATE ST, ST 80		
ANN ARBOR MI 48109	NONE	CHARITABLE	351
YATOOMA FOUNDATION	219 ELM ST		
BIRMINGHAM MI 48009-6		CHARITABLE	126
MAKE A WISH FOUNDATION	3550 N CENTRAL AVE, STE30		
PHOENIX AZ 85012	NONE	CHARITABLE	450
DETROIT COUNTRY DAY SCHOO			
BEVERLY HILLS MI 4802		CHARITABLE	4,360
FRIENDS OF ARTS ASSOCIATI		CULDED 3 D. D.	100
BEVERLY HILLS MI 4802		CHARITABLE	100
GRACE CENTERS OF HOPE	35 E. HURON ST	CULD TELL DI E	126
PONTIAC MI 48342	NONE	CHARITABLE	126
UNITED NIGRO COLLEGE FUND			126
FAIRFAX VA 22031 TEMPLE BETH EL	NONE 7400 TELEGRAPH	CHARITABLE	126
BLOOMFIELD HILLS MI 4:		CHARITABLE	8,855
UNICEF BLOOMFIELD HILLS MI 4:	8301 NONE 125 MAIDEN LANE	CHARTTABLE	8,833
NEW YORK NY 10038	NONE	CHARITABLE	386
HABITAT FOR HUMANITY	121 HABITAT ST	CHARTTABLE	300
AMERICUS GA 31709	NONE	CHARITABLE	126
PERSIA HOUSE OF MICHIGAN	6655 MIDDLEBELT RD	CIMITABLE	120
WEST BLOOMFIELD MI 48		CHARITABLE	100
KEREN HAYELED	1482 41ST STREET	CHMITPUL	100
BROOKLYN NY 11218	NONE	CHARITABLE	126
	2.01.2		
Total			18,665

(Rev March 2004) Department of the Treasury

# **Power of Attorney**

OMB No 1545-0150 For IRS Use Only and Declaration of Representative Received by ► Type or print. ► See the separate instructions. Internal Revenue Service Name **Power of Attorney** Telephone Caution: Form 2848 will not be honored for any purpose other than representation before the IRS Function Taxpayer information. Taxpayer(s) must sign and date this form on page 2, line 9. Date Taxpaver name(s) and address Social security number(s) Employer identification number . The Avesta Foundation 4970 Brookdale Dr. 26:3219813 Bloomfield Hills, MI 48304 Plan number (if applicable) Daytime telephone number hereby appoint(s) the following representative(s) as attorney(s)-in-fact: 2 Representative(s) must sign and date this form on page 2, Part II CAF No. 0304-90508R Name and address Telephone No. 248-945-3400 Latinis, Allan & Haddad, PLC (Altinia N. Latinis, Esq.) Fax No. 248-233-7866
Check if new: Address ☑ Telephone No. ☑ Fax No 26300 Telegraph Rd., Suite 103 Southfield, MI 48033 Name and address CAF No. ..... Telephone No. Fax No. Check if new Address 

Telephone No. 

Fax No. Name and address CAF No. ..... Telephone No. Fax No. ..... to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters: Tax matters Year(s) or Period(s) Type of Tax (Income, Employment, Excise, etc.) Tax Form Number or Civil Penalty (see the instructions for line 3) (1040, 941, 720, etc.) (see the Instructions for line 3) Form 990PF Income 2008-2011 **Exemption from Income Tax** Form 1023 2008-2011 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded Acts authorized. The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative, the power to sign certain returns, or the power to execute a request for disclosure of tax returns or return information to a third party. See the line 5 instructions for more information. Exceptions. An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. See Unerrolled Return Preparer on page 2 of the instructions. An enrolled actuary may only represent taxpayers to the extent provided in section 10 3(d) of Circular 230. See the line 5 instructions for restrictions on tax matters partners. List any specific additions or deletions to the acts otherwise authorized in this power of attorney: Receipt of refund checks. If you want to authorize a representative named on line 2 to receive, BUT NOT TO ENDORSE

Name of representative to receive refund check(s) ▶

OR CASH, refund checks, initial here \_\_\_\_\_ and list the name of that representative below

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7	_	mmunications. Original ve listed on line 2.	notices and other v	vritten communication	ns will be sent to	you and a copy to the
a b	-	the second representation of any notices or comm				check this box ▶ □
8	power(s) of attor this document. It		ernal Revenue Servi voke a prior power	ce for the same tax not of attorney, check her	natters and years e,	
9	requested, other	wise, see the instructio	ns. If signed by a c	orporate officer, partn	er, guardian, tax	in if joint representation is matters partner, executor recute this form on behal
	► IF NOT SIGN	ED AND DATED, THIS	POWER OF ATTOR	RNEY WILL BE RETU	IRNED.	
	1/1	11/		8622108	Director	
		Signature		Date	Title	e (if applicable)
Kai	nbiz Bral	•				- (
	<b></b>					
	Print Na	ame	PIN Number	Print name of tax	payer from line 1	if other than individual
		Signature		Date	Title	e (ıf applicable)
	Print Na	ame	PIN Number			
Par	II Declarat	ion of Representativ	/e			
		h a special order to republic	resent taxpayers in (	Qualified Low Income	Taxpayer Clinics	or the Student Tax Clinic
		jury, I declare that:				
	•	under suspension or c	•			•
		julations contained in Tr				
	•	torneys, certified public		•		•
	am authorized to	o represent the taxpaye	r(s) roentilled in Pari	Tior the tax matter(s	) specilled there;	and
		mowing. ember in good standing	of the bar of the hi	ighest court of the jur	isdiction shown h	aelow
		c Accountant—duly qua		7		
		-enrolled as an agent	•	•	•	
		a fide officer of the taxp				
•	•	loyee—a full-time emple	• • • •			
		r-a member of the tax		•		
•		ry-enrolled as an actua				
,		actice before the Servic				
•	Circular No. 230	urn Preparer—the authori 0, section 10.7(c)(1)(viii). ` the IRS. See <b>Unenrolle</b> c	You must have prepa	red the return in questi	on and the return	
		TION OF REPRESENTA		ED AND DATED, THE	POWER OF AT	TORNEY WILL
	ignation—Insert ove letter (a-h)	Jurisdiction (state) or identification		Signature		Date
	3	Michigan		mel		8/22/00