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Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

2009

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

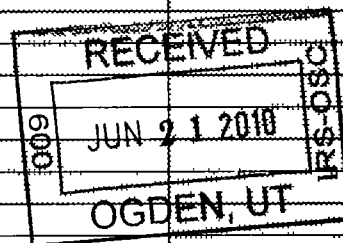
For calendar year 2009, or tax year beginning , and ending

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return
☐ Amended return ☐ Address change ☐ Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.	Name of foundation GRANGER FOUNDATION		A Employer identification number 38-2251879
	Number and street (or P.O. box number if mail is not delivered to street address) Room/suite P.O. BOX 27185		B Telephone number 517-371-9765
	City or town, state, and ZIP code LANSING, MI 48909-7185		C If exemption application is pending, check here <input type="checkbox"/>
	H Check type of organization <input type="checkbox"/> Section 501(c)(3) exempt private foundation <input checked="" type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 9,426,284. (Part I, column (d) must be on cash basis.)		J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
			F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received				N/A	
2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B					
3 Interest on savings and temporary cash investments		12,737.	12,737.		STATEMENT 1
4 Dividends and interest from securities		165,386.	165,386.		STATEMENT 2
5a Gross rents					
b Net rental income or (loss)					
6a Net gain or (loss) from sale of assets not on line 10		-558,563.			
b Gross sales price for all assets on line 6a 6,046,796.					
7 Capital gain net income (from Part IV, line 2)			0.		
8 Net short-term capital gain					
9 Income modifications					
10a Gross sales less returns and allowances					
b Less Cost of goods sold					
c Gross profit or (loss)					
11 Other income					
12 Total. Add lines 1 through 11		-380,440.	178,123.		
13 Compensation of officers, directors, trustees, etc		0.	0.		0.
14 Other employee salaries and wages					
15 Pension plans, employee benefits					
16a Legal fees					
b Accounting fees					
c Other professional fees					
17 Interest		2,681.	2,681.		0.
18 Taxes STMT 3		5,000.	0.		0.
19 Depreciation and depletion					
20 Occupancy					
21 Travel, conferences, and meetings					
22 Printing and publications					
23 Other expenses STMT 4		64,783.	64,783.		0.
24 Total operating and administrative expenses. Add lines 13 through 23		72,464.	67,464.		0.
25 Contributions, gifts, grants paid		1,531,129.			1,531,129.
26 Total expenses and disbursements. Add lines 24 and 25		1,603,593.	67,464.		1,531,129.
27 Subtract line 26 from line 12		-1,984,033.			
a Excess of revenue over expenses and disbursements			110,659.		
b Net investment income (if negative, enter -0-)					
c Adjusted net income (if negative, enter -0-)				N/A	

SCANNED JUN 23 2010

Revenue
Operating and Administrative Expenses

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value		
Assets	1 Cash - non-interest-bearing			422,556.		
	2 Savings and temporary cash investments					
	3 Accounts receivable ▶					
	Less allowance for doubtful accounts ▶					
	4 Pledges receivable ▶					
	Less allowance for doubtful accounts ▶					
	5 Grants receivable					
	6 Receivables due from officers, directors, trustees, and other disqualified persons					
	7 Other notes and loans receivable ▶ 200,639.					
	Less allowance for doubtful accounts ▶			235,329.	200,639.	200,639.
	8 Inventories for sale or use					
	9 Prepaid expenses and deferred charges					
	10a Investments - U S and state government obligations					
	b Investments - corporate stock STMT 5			9,213,122.	8,261,286.	9,225,645.
	c Investments - corporate bonds					
	Liabilities	11 Investments - land, buildings, and equipment basis ▶				
Less accumulated depreciation ▶						
12 Investments - mortgage loans						
13 Investments - other						
14 Land, buildings, and equipment basis ▶						
Less accumulated depreciation ▶						
15 Other assets (describe ▶ UNSETTLED PURCHASES)				6,922.	0.	0.
16 Total assets (to be completed by all filers)				9,877,929.	8,461,925.	9,426,284.
17 Accounts payable and accrued expenses					29,638.	
18 Grants payable						
Liabilities	19 Deferred revenue					
	20 Loans from officers, directors, trustees, and other disqualified persons					
	21 Mortgages and other notes payable					
	22 Other liabilities (describe ▶ STATEMENT 6)			2,143.	540,534.	
23 Total liabilities (add lines 17 through 22)			2,143.	570,172.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. ▶ <input type="checkbox"/>					
	24 Unrestricted					
	25 Temporarily restricted					
	26 Permanently restricted					
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ▶ <input checked="" type="checkbox"/>					
	27 Capital stock, trust principal, or current funds			0.	0.	
	28 Paid-in or capital surplus, or land, bldg, and equipment fund			0.	0.	
	29 Retained earnings, accumulated income, endowment, or other funds			9,875,786.	7,891,753.	
30 Total net assets or fund balances			9,875,786.	7,891,753.		
31 Total liabilities and net assets/fund balances			9,877,929.	8,461,925.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	9,875,786.
2 Enter amount from Part I, line 27a	2	-1,984,033.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	7,891,753.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	7,891,753.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				
b SEE ATTACHED STATEMENTS				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a				
b				
c				
d				
e 6,046,796.		6,605,359.	-558,563.	
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(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		
a				
b				
c				
d				
e			-558,563.	
2 Capital gain net income or (net capital loss)		2		-558,563.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)		3		N/A

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

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

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

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

☐ Yes ☒ No

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2008	1,415,300.	12,470,035.	.113496
2007	2,028,499.	15,515,223.	.130742
2006	2,667,729.	14,877,716.	.179310
2005	2,569,840.	14,506,350.	.177153
2004	1,224,753.	14,583,447.	.083982
2 Total of line 1, column (d)			2 .684683
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 .136937
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5			4 8,284,293.
5 Multiply line 4 by line 3			5 1,134,426.
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 1,107.
7 Add lines 5 and 6			7 1,135,533.
8 Enter qualifying distributions from Part XII, line 4			8 1,531,129.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary-see instructions)		1	1,107.
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		2	0.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		3	1,107.
3 Add lines 1 and 2		4	0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		5	1,107.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			
6 Credits/Payments			
a 2009 estimated tax payments and 2008 overpayment credited to 2009	6a	5,136.	
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	5,136.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	10.	
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	4,019.	
11 Enter the amount of line 10 to be Credited to 2010 estimated tax <input checked="" type="checkbox"/> 4,019. Refunded <input type="checkbox"/>	11	0.	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation <input checked="" type="checkbox"/> \$ 0. (2) On foundation managers <input checked="" type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input checked="" type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV.	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input checked="" type="checkbox"/> MI		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

N/A

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Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>WWW.GRANGERFOUNDATION.ORG</u>	13	X	
14	The books are in care of ► <u>RAY A. EASTON</u> Located at ► <u>16980 WOOD RD., LANSING, MI</u>	Telephone no	► <u>(517) 371-9765</u>	
		ZIP+4	► <u>48906</u>	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year		► 15	N/A

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly)		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here	N/A	1b
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?		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))		
a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? If "Yes," list the years ► _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions)	N/A	2b
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► _____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009.)	N/A	3b
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?		4b

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year did the foundation pay or incur any amount to

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No**b** If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

N/A

Organizations relying on a current notice regarding disaster assistance check here

☒**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ No

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

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If "Yes" to 6b, file Form 8870.

☐ Yes ☒ No**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

N/A

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 7		0.	0.	0.

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000☒ 0

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services

0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 THE FOUNDATION DOES NOT CONDUCT ACTIVITIES. MONEY IS GIVEN BY CONTRIBUTORS TO THE FOUNDATION AND PAID TO EXEMPT ORGANIZATIONS BASED ON AN APPLICATION PROCESS.	0.
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	0.
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3	0.

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, 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	8,232,933.
b	Average of monthly cash balances	1b	177,517.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	8,410,450.
e	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	8,410,450.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	126,157.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	8,284,293.
6	Minimum investment return. Enter 5% of line 5	6	414,215.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	414,215.
2a	Tax on investment income for 2009 from Part VI, line 5	2a	1,107.
b	Income tax for 2009 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	1,107.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	413,108.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	413,108.
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	413,108.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	1,531,129.
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		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,531,129.
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	1,107.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,530,022.

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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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, line 7				413,108.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years		0.		
3 Excess distributions carryover, if any, to 2009.				
a From 2004	509,175.			
b From 2005	1,875,962.			
c From 2006	1,961,631.			
d From 2007	1,287,090.			
e From 2008	796,212.			
f Total of lines 3a through e	6,430,070.			
4 Qualifying distributions for 2009 from Part XII, line 4 ▶ \$ 1,531,129.				
a Applied to 2008, but not more than line 2a			0.	
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.			
d Applied to 2009 distributable amount				413,108.
e Remaining amount distributed out of corpus	1,118,021.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	7,548,091.			
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	509,175.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	7,038,916.			
10 Analysis of line 9				
a Excess from 2005	1,875,962.			
b Excess from 2006	1,961,631.			
c Excess from 2007	1,287,090.			
d Excess from 2008	796,212.			
e Excess from 2009	1,118,021.			

N/A

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

- (4) Gross investment income

[illegible]

07884 1

Part XV	Supplementary Information (continued)
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3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
SEE STATEMENT 10				
Total			▶ 3a	1,531,129.
b Approved for future payment				
NONE				
Total			▶ 3b	0.

Part XVII

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

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

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule		
(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer or trustee

Date _____

VICE PRESIDENT

Title

Preparer's
signature

Firm's name (or yours
if self-employed),
address, and ZIP code

PLANTE & MORAN, PLLC

1111 MICHIGAN AVE.

EAST LANSING, MI 48823

Date
6-

6-15-1A

Check if self-employed

Preparer's identifying number

Phone no (517) 332-6200

Form **990-PF** (2009)

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

OMB No. 1545-1709

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

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

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

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

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

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization Granger Charitable Foundation	Employer identification number 38 2251879	
	Number, street, and room or suite no. If a P.O. box, see instructions P O Box 27185		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Lansing MI 48909-7185		

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

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

- The books are in the care of ► **Ray A Easton**

Telephone No. ► (**517**) **371-9765** FAX No. ► (**517**) **372-9220**

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until _____, 20____, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year 20____09 or
 - ☐ tax year beginning _____, 20____, and ending _____, 20____.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	2920
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	5000
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☐ **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	

Check type of return to be filed (File a separate application for each return)

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

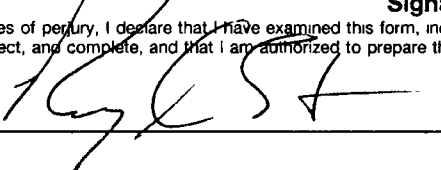
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ☐ Telephone No. ☐ FAX No. ☐
 - If the organization does not have an office or place of business in the United States, check this box ☐
 - If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until _____, 20____
- 5 For calendar year _____, or other tax year beginning _____, 20____, and ending _____, 20____
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension _____

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title *Vice Pres* Date *4/27/10*

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	CITIGROUP GLOBAL MKTS - 06038 - PUBLICLY TRADED	P		
b	CITIGROUP GLOBAL MKTS - 06038 - PUBLICLY TRADED	P		
c	CITIGROUP GLOBAL MKTS - 70560 - PUBLICLY TRADED	P		
d	CITIGROUP GLOBAL MKTS - 06884 - PUBLICLY TRADED	P		
e	CITIGROUP GLOBAL MKTS - 06884 - PUBLICLY TRADED	P		
f	CITIGROUP GLOBAL MKTS - 70561 - PUBLICLY TRADED	P		
g	CITIGROUP GLOBAL MKTS - 19448 - PUBLICLY TRADED	P		
h	CITIGROUP GLOBAL MKTS - 19448 - PUBLICLY TRADED	P		
i	CITIGROUP GLOBAL MKTS - UNSETTLED PURCHASE	P		
j	GFG, LLC - PUBLICLY TRADED	P		
k	GFG, LLC - PUBLICLY TRADED	P		
l	CITIGROUP GLOBAL MKTS - CIL	P		
m	CARDINAL HEALTH LITIGATION DISTRIBUTION	P		
n				
o				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	713,021.	678,076.	34,945.
b	255,121.	272,868.	-17,747.
c	94,343.	66,847.	27,496.
d	321,867.	377,068.	-55,201.
e	157,515.	241,613.	-84,098.
f	94,498.	77,552.	16,946.
g	31,613.	19,249.	12,364.
h	131,676.	181,926.	-50,250.
i		6,922.	-6,922.
j	1,381,832.	1,409,617.	-27,785.
k	2,864,930.	3,273,621.	-408,691.
l	156.		156.
m	224.		224.
n			
o			

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

(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	(l) Losses (from col (h)) Gains (excess of col (h) gain over col (k), but not less than "-0-")
a			34,945.
b			-17,747.
c			27,496.
d			-55,201.
e			-84,098.
f			16,946.
g			12,364.
h			-50,250.
i			-6,922.
j			-27,785.
k			-408,691.
l			156.
m			224.
n			
o			

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }	2	-558,563.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6). If gain, also enter in Part I, line 8, column (c) If (loss), enter "-0-" in Part I, line 8	}	3	N/A

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

SOURCE	AMOUNT
CITIGROUP GLOBAL MKTS	997.
EAGLE VIEW NOTE INTEREST INCOME	11,553.
FIFTH THIRD BANK	187.
TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A	12,737.

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
CITIGROUP GLOBAL MKTS	34,321.	0.	34,321.
GRANGER FINANCIAL GROUP	131,065.	0.	131,065.
TOTAL TO FM 990-PF, PART I, LN 4	165,386.	0.	165,386.

FORM 990-PF TAXES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL DEPOSIT	5,000.	0.		0.
TO FORM 990-PF, PG 1, LN 18	5,000.	0.		0.

FORM 990-PF OTHER EXPENSES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT FEES	27,222.	27,222.		0.
FOREIGN TAXES PAID	5,161.	5,161.		0.
MISCELLANEOUS	32,400.	32,400.		0.
TO FORM 990-PF, PG 1, LN 23	64,783.	64,783.		0.

FORM 990-PF	CORPORATE STOCK	STATEMENT	5
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
GRANGER FINANCIAL GROUP (GFG)	6,327,824.	7,120,920.
CITIGROUP GLOBAL MKTS - 19448	590,556.	494,156.
CITIGROUP GLOBAL MKTS - 06038	405,183.	471,276.
CITIGROUP GLOBAL MKTS - 06884	353,947.	448,983.
CITIGROUP GLOBAL MKTS - 70560	122,634.	149,017.
CITIGROUP GLOBAL MKTS - 70561	120,963.	153,921.
CITIGROUP GLOBAL MKTS - 70595	115,007.	129,618.
CITIGROUP GLOBAL MKTS - 02753	225,172.	257,754.
TOTAL TO FORM 990-PF, PART II, LINE 10B	8,261,286.	9,225,645.

FORM 990-PF	OTHER LIABILITIES	STATEMENT	6
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DESCRIPTION	BOY AMOUNT	EOY AMOUNT
CITIGROUP GLOBAL MKTS - 04326 SHADOW ACCOUNT	2,143.	540,534.
TOTAL TO FORM 990-PF, PART II, LINE 22	2,143.	540,534.

FORM 990-PF	PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS	STATEMENT	7
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ALTON L. GRANGER 6267 AURELIUS ROAD LANSING, MI 48910	TRUSTEE 2.00	0.	0.	0.
JANICE M. GRANGER 6267 AURELIUS ROAD LANSING, MI 48910	TRUSTEE 2.00	0.	0.	0.
RONALD K. GRANGER 16980 WOOD ROAD LANSING, MI 48906	TRUSTEE 2.00	0.	0.	0.
DONNA M. GRANGER 16980 WOOD ROAD LANSING, MI 48906	TRUSTEE 2.00	0.	0.	0.
JERRY P. GRANGER 16980 WOOD ROAD LANSING, MI 48906	TRUSTEE 2.00	0.	0.	0.
LYNNE C. GRANGER 16980 WOOD ROAD LANSING, MI 48906	TRUSTEE 2.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		0.	0.	0.

FORM 990-PF	PART XV - LINE 1A LIST OF FOUNDATION MANAGERS	STATEMENT	8
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NAME OF MANAGER

ALTON L. GRANGER
JANICE M. GRANGER
RONALD K. GRANGER
DONNA M. GRANGER
JERRY P. GRANGER
LYNNE C. GRANGER

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION
PART XV, LINES 2A THROUGH 2D

STATEMENT 9

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

EVA LEE
P.O. BOX 22187
LANSING, MI 48909

TELEPHONE NUMBER

(517)887-4126

FORM AND CONTENT OF APPLICATIONS

SEE WEBSITE FOR APPLICATION FORM AND INSTRUCTIONS OR REQUEST BY MAIL OR
PHONE CALL.

ANY SUBMISSION DEADLINES

YES, CONTACT GRANGER FOUNDATION.

RESTRICTIONS AND LIMITATIONS ON AWARDS

NO, CONTACT GRANGER FOUNDATION OR WEBSITE.

FORM 990-PF

GRANTS AND CONTRIBUTIONS
PAID DURING THE YEAR

STATEMENT 10

RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
ADVENT HOUSE MINISTRIES 743 N. MARTIN LUTHER KING JR. BLVD. LANSING, MI 48915	NONE WEEKEND DAY SHELTER	501(C)(3)	15,000.
ALMA FUND 614 WEST SUPERIOR STREET ALMA, MI 48801	NONE OPEN WINDOWS - GENERAL FUND	501(C)(3)	10,000.
AMERICAN DIABETES ASSOCIATION 1701 NORTH BEAUREGARD STREET ALEXANDRIA, VA 22311	NONE SWING AWAY FORE A CURE GOLF EVENT	501(C)(3)	100.
AMERICAN RED CROSS - MID MICHIGAN CHAPTER 1800 E. GRAND RIVER AVENUE LANSING, MI 48912	NONE GENERAL OPERATING BUDGET	501(C)(3)	30,000.
AMERICAN RED CROSS - MID MICHIGAN CHAPTER 1800 E. GRAND RIVER AVENUE LANSING, MI 48912	NONE LOCAL DISASTER RELIEF	501(C)(3)	10,000.
ANGEL HOUSE 2600 SAULINO COURT DEARBORN, MI 48120	NONE CHARM PROGRAM	501(C)(3)	10,000.
ARTS COUNCIL OF GREATER LANSING, INC. 425 SOUTH GRAND AVENUE LANSING, MI 48933	NONE SILVER BELLS IN THE CITY	501(C)(3)	5,000.
AVON WALK FOR BREAST CANCER 1600 K STREET, NW, SUITE 200 WASHINGTON, DC 20006	NONE BREAST CANCER RESEARCH	501(C)(3)	200.

GRANGER FOUNDATION

38-2251879

BIG BROTHERS BIG SISTERS MICHIGAN CAPITAL REGION 1235-A CENTER STREET LANSING, MI 48906	NONE SUSTAINING NUMBERS OF CHILDREN	501(C)(3)	15,000.
BOYS & GIRLS CLUB OF LANSING 4315 PLEASANT GROVE ROAD LANSING, MI 489104257	NONE JUNIOR STAFF CAREER DEVELOPMENT PROJECT	501(C)(3)	8,000.
CAMPUS CRUSADE FOR CHRIST PO BOX 628222 ORLANDO, FL 328628222	NONE EVERY STUDENT, EVERY YEAR	501(C)(3)	12,000.
CAPITAL AREA UNITED WAY 1111 MICHIGAN AVE., SUITE 300 EAST LANSING, MI 48823	NONE NEW BUSINESS CHALLENGE INITIATIVE	501(C)(3)	16,213.
CAPITAL AREA UNITED WAY 1111 MICHIGAN AVE., SUITE 300 EAST LANSING, MI 48823	NONE 2010 CAMPAIGN GDG	501(C)(3)	10,000.
CARING ABOUT KIDS, INC. PO BOX 27014 LANSING, MI 489097014	NONE ANNUAL CHRISTMAS GIFTS FOR FOSTER CHILDREN	501(C)(3)	8,000.
CATHOLIC SOCIAL SERVICES OF LANSING/ST. VINCENT HOME 2800 WEST WILLOW LANSING, MI 48917	NONE FOSTER CARE PROGRAM	501(C)(3)	18,000.
CHIEF OKEMOS COUNCIL BSA 4000 WEST MICHIGAN AVENUE LANSING, MI 48917	NONE 2009 FRIENDS OF SCOUTING	501(C)(3)	150.
CHILD ABUSE PREVENTION COUNCIL OF EATON COUNTY 325 S. CLINTON STREET LOWER LEVEL SE GRAND LEDGE, MI 48837	NONE DON'T SHAKE ME, YOU MIGHT BREAK ME!	501(C)(3)	3,000.
CHRISTIAN SERVICES/LOVE, INC. PO BOX 22112 LANSING, MI 489092112	NONE LOVE FOR CHILDREN (READ)	501(C)(3)	6,700.

GRANGER FOUNDATION			38-2251879
CLARK RETIREMENT COMMUNITY 1551 FRANKLIN, SE GRAND RAPIDS, MI 49506	NONE RENOVATION OF DINING ROOM	501(C)(3)	25,000.
EASTMINSTER PRESBYTERIAN CHURCH 1958 N WEBB ROAD WICHITA, KS 67206	NONE HOPE CLOSET	501(C)(3)	750.
EATON COMMUNITY HOSPICE 2675 SOUTH COCHRAN CHARLOTTE, MI 48813	NONE NEW COMPUTERS & NEW SOFTWARE	501(C)(3)	9,000.
ELE'S PLACE 1145 W OAKLAND AVE LANSING, MI 48915	NONE CHILDREN'S GRIEF SUPPORT	501(C)(3)	17,000.
FELLOWSHIP OF CHRISTIAN ATHLETES PO BOX 894 JENISON, MI 494290894	NONE FCA HUDDLES/ONE WAY TO PLAY	501(C)(3)	20,000.
FOR THE KIDS FOUNDATION 219 ELM STREET BIRMINGHAM, MI 48009	NONE SUPPORT FOR CHAMPIONS EVENT	501(C)(3)	100.
FOUNDATION FOR TRADITIONAL VALUES PO BOX 80108 LANSING, MI 489080108	NONE SSI/GREATEST STORY NEVER TOLD	501(C)(3)	20,000.
GRAND RAPIDS COMMUNITY COLLEGE FOUNDATION 185 OAKES ST. SW GRAND RAPIDS, MI 49503	NONE OPEN DOOR CAMPAIGN 2009	501(C)(3)	200.
GREATER LANSING FOOD BANK 5303 S. CEDAR ST. LANSING, MI 48901	NONE EMPTY DINNER PLATE EVENT	501(C)(3)	2,000.
HABITAT FOR HUMANITY 1941 BENJAMIN DRIVE LANSING, MI 48906	NONE HOUSING GOD'S PEOPLE IN NEED	501(C)(3)	40,000.

GRANGER FOUNDATION

38-2251879

HANNAH'S HOUSE PO BOX 27596 LANSING, MI 48909	NONE MATERNITY HOME SUSTAINING SUPPORT	501(C)(3)	8,000.
HAVEN HOUSE PO BOX 961 EAST LANSING, MI 48823	NONE RETURN HOMELESS FAMILIES TO STABLE HOUSING	501(C)(3)	11,000.
HELPING HANDS OF EATON COUNTY 600 S COCHRAN AVE CHARLOTTE, MI 48813	NONE BUILDING IMPROVEMENT	501(C)(3)	4,000.
HIGHFIELD'S, INC. PO BOX 98 ONONDAGA, MI 49264	NONE ALTERNATIVES TO DOMESTIC VIOLENCE	501(C)(3)	34,000.
HOPE COLLEGE 69 E 10TH ST HOLLAND, MI 49423	NONE ENDOWED PROFESSORSHIP	501(C)(3)	150,711.
IMPRESSION 5 SCIENCE CENTER 200 MUSEUM DRIVE LANSING, MI 489331912	NONE INTERPRETIVE PROGRAMS OFFICER	501(C)(3)	25,000.
INGHAM REGIONAL HEALTHCARE FOUNDATION 401 WEST GREENLAWN AVENUE LANSING, MI 48910	NONE CHI HEART AND SURGERY CENTER	501(C)(3)	100,000.
INTERNATIONAL STEWARD 3523 LOUSMA DRIVE SE GRAND LEDGE, MI 495482263	NONE STEWARDSHIP IN SOUTH/CENTRAL AMERICA	501(C)(3)	15,000.
INTERVARSITY CHRISTIAN FELLOWSHIP/USA 1509 RIVER TERRACE DRIVE EAST LANSING, MI 48824	NONE INTERVARSITY CHRISTIAN FELLOWSHIP AT MSU	501(C)(3)	18,000.
JUDSON MEMORIAL BAPTIST CHURCH 530 VERNON STREET LANSING, MI 48910	NONE LOVE CLOTHING CENTER	501(C)(3)	15,000.

GRANGER FOUNDATION

38-2251879

JUNIOR ACHIEVEMENT OF MID MICHIGAN 600 WEST ST. JOSEPH, SUITE 2-G LANSING, MI 48933	NONE YOUTH FINANCIAL LITERACY	501(C)(3)	15,000.
LANSING AREA SAFETY COUNCIL 3315 S PENNSYLVANIA AVE LANSING, MI 48910	NONE YOUTH SAFETY INITIATIVES	501(C)(3)	2,500.
LANSING ART GALLERY 113 S WASHINGTON SQUARE LANSING, MI 48933	NONE HS SCHOLARSHIP EXHIBITION	501(C)(3)	2,000.
LANSING CITY RESCUE MISSION 607 E MICHIGAN AVE LANSING, MI 48912	NONE MAPLEWOOD CENTER PHASE ONE	501(C)(3)	50,000.
LANSING EXCHANGE CLUB P.O. BOX 22041 LANSING, MI 489092041	NONE 2009 HEALING FIELD PROGRAM	501(C)(3)	30.
LANSING SYMPHONY ASSOCIATION 230 N. WASHINGTON SQ, SUITE 100 LANSING, MI 48933	NONE YOUNG PEOPLE'S CONCERTS	501(C)(3)	4,000.
LANSING TEEN CHALLENGE 510 W WILLOW ST LANSING, MI 48906	NONE FOOD SERVICE PROJECT	501(C)(3)	30,000.
MICHIGAN STATE UNIVERSITY - WHARTON CENTER 105 WHARTON CENTER EAST LANSING, MI 488241318	NONE WHARTON CIRCLE MEMBERSHIP 2009	501(C)(3)	1,500.
MICHIGAN STATE UNIVERSITY - WHARTON CENTER 105 WHARTON CENTER EAST LANSING, MI 48823	NONE ENDOWMENT	501(C)(3)	6,000.
MICHIGAN STATE UNIVERSITY 225 JENISON FIELD HOUSE EAST LANSING, MI 488241025	NONE 2009 RALPH YOUNG FUND	501(C)(3)	2,400.

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MICHIGAN STATE UNIVERSITY 225 JENISON FIELD HOUSE EAST LANSING, MI 488241025	NONE ACT ONE FAMILY SERIES	501(C)(3)	5,000.
MID-MICHIGAN YOUTH SYMPHONY 5815 CHUBBY DRIVE CHARLOTTE, MI 48813	NONE MID-MICHIGAN YOUTH SYMPHONY	501(C)(3)	5,000.
MISSION INDIA PO BOX 22112 GRAND RAPIDS, MI 49514	NONE CHILDREN'S BIBLE CLUBS	501(C)(3)	100,000.
MISSION SOCIETY PO BOX 922637 NORCROSS, GA 30092	NONE JAPAN FIELD - HICK'S MINISTRY	501(C)(3)	4,200.
MT. HOPE UNITED METHODIST CHURCH 501 E. MT. HOPE AVENUE LANSING, MI 48910	NONE SMALL HOUSEHOLD NEEDS BANK	501(C)(3)	14,000.
NATIONAL MULTIPLE SCLEROSIS SOCIETY 21311 CIVIC CENTER DRIVE SOUTHFIELD, MI 48076	NONE 2009 MS WALK SPONSOR	501(C)(3)	100.
NEW TRIBES MISSION 1000 EAST FIRST STREET SANFORD, FL 327711487	NONE MINISTRY SUPPORT	501(C)(3)	23,000.
PREGNANCY SERVICES OF GREATER LANSING 1045 EAST GRAND RIVER AVENUE EAST LANSING, MI 48823	NONE WEST SIDE SATELLITE OFFICE	501(C)(3)	12,000.
R J SCHEFFEL MEMORIAL TOY PROJECT 5907 SOUTH MARTIN LUTHER KING JR. BLVD. LANSING, MI 48911	NONE PRODUCTION OF WOODEN TOYS FOR CHILDREN	501(C)(3)	4,000.
REBUILDING TOGETHER INGHAM COUNTY P.O. BOX 1111 OKEMOS, MI 48805	NONE HOME REHAB FOR LOW INCOME	501(C)(3)	10,000.

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REFUGEE DEVELOPMENT CENTER 122 S PENNSYLVANIA AVE LANSING, MI 48912	NONE REFUGEE DEVELOPMENT CENTER	501(C)(3)	15,000.
RETIRED & SENIOR VOLUNTEER PROGRAM OF INGHAM, EATON & CLINTON CO. - 333 DAHLIA LANSING, MI 48911	NONE CAIR PROGRAM	501(C)(3)	6,000.
RIVERVIEW CHURCH 3585 WILLOUGHBY ROAD HOLT, MI 48842	NONE OWN IT - ATTEMPTING THE IMPOSSIBLE AGAIN	501(C)(3)	25,000.
ROTARY INTERNATIONAL FOUNDATION 417 SEYMOUR, SUITE 6 LANSING, MI 48933	NONE PAUL HARRIS FELLOWSHIP 2007	501(C)(3)	600.
SALVATION ARMY 525 NORTH PENNSYLVANIA LANSING, MI 489121518	NONE CHRISTMAS ASSISTANCE	501(C)(3)	35,000.
SHARED PREGNANCY WOMEN'S CENTER 503 NORTH WALNUT STREET LANSING, MI 48933	NONE ULTRASOUND PROJECT	501(C)(3)	12,000.
SIREN/EATON SHELTER, INC. 245 S. COCHRAN AVE. CHARLOTTE, MI 48813	NONE DOMESTIC VIOLENCE PROJECT	501(C)(3)	5,000.
SOUTH LANSING HILL TOPPERS/DELTA PRESBYTERIAN CHURCH 6100 WEST MICHIGAN AVE LANSING, MI 48917	NONE ADULT DAY CARE	501(C)(3)	4,000.
SOUTH SUDAN RESCUE AND RELIEF ASSOCIATION PO BOX 11058 LANSING, MI 48901	NONE EDUCATIONAL ASSISTANCE FOR SUDANESE	501(C)(3)	10,000.
SOUTHSIDE COMMUNITY KITCHEN PO BOX 80844 LANSING, MI 489080844	NONE FEEDING THE HUNGRY	501(C)(3)	6,500.

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SPARROW FOUNDATION 1110 EAST MICHIGAN AVENUE LANSING, MI 48912	NONE WEST WING CAPITAL CAMPAIGN	501(C)(3)	200,000.
SPARROW FOUNDATION 1110 EAST MICHIGAN AVENUE LANSING, MI 48912	NONE SPARROW HOME HOSPICE	501(C)(3)	500.
SPARROW FOUNDATION 1110 EAST MICHIGAN AVENUE LANSING, MI 48912	NONE W3 - SPARTAN CHALLENGE	501(C)(3)	1,500.
SPARROW FOUNDATION 1110 EAST MICHIGAN AVENUE LANSING, MI 48912	NONE HIKE FOR HOSPICE 2009	501(C)(3)	100.
SPARROW FOUNDATION 1110 EAST MICHIGAN AVENUE LANSING, MI 48912	NONE PEDIATRIC ER/CMN	501(C)(3)	1,000.
SPARROW'S NEST PO BOX 22112 LANSING, MI 48909	NONE SUPPORTIVE MOBILE HOME OWNERSHIP	501(C)(3)	15,000.
SRF HEALING HEARTS WITH HORSES 5953 W CUTLER RD DEWITT, MI 44820	NONE FUND RAISER 9/2009	501(C)(3)	250.
ST. VINCENT CATHOLIC CHARITIES 2800 WEST WILLOW ST LANSING, MI 48917	NONE GUARDIAN SOCIETY PLEDGE	501(C)(3)	10,000.
THE OPEN DOOR MINISTRY OF DOWNTOWN LANSING 215 NORTH CAPITAL LANSING, MI 48933	NONE OPEN DOOR MINISTRY 2009	501(C)(3)	20,000.
VOLUNTEERS OF AMERICA GREATER LANSING 430 N LARCH ST LANSING, MI 48912	NONE EMERGENCY SERVICES	501(C)(3)	50,000.

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WESTMINSTER PRESBYTERIAN CHURCH 743 N. MARTIN LUTHER KING JR. BLVD. LANSING, MI 48915	NONE PERSONAL NEEDS CLOSET	501(C)(3)	6,500.
WILLING VESSELS MINISTRIES INTL. 15153 BANNER ST. TAYLOR, MI 48180	NONE THE LIGHTHOUSE FOR MEN	501(C)(3)	10,000.
YMCA MYSTIC LAKE CAMP PO BOX 100 LAKE, MI 48632	NONE OPEN ARMS CAMPAIGN	501(C)(3)	18,000.
YMCA OF GREATER GRAND RAPIDS 475 LAKE MICHIGAN DRIVE NW GRAND RAPIDS, MI 49504	NONE STRONG KIDS CAMPAIGN	501(C)(3)	200.
YMCA OF LANSING 119 NORTH WASHINGTON SQUARE LANSING, MI 48933	NONE 2009 ANNUAL GIVING CAMPAIGN AND Y ACHIEVERS PROGRAM	501(C)(3)	300.
YMCA OF METROPOLITAN LANSING 119 NORTH WASHINGTON SQUARE LANSING, MI 48933	NONE MYSTIC VILLAGE AT MYSTIC LAKE CAMP	501(C)(3)	30,000.
YOUNG LIFE OF GREATER LANSING 1518 RIVER TERRACE DRIVE EAST LANSING, MI 48823	NONE TWELVE PROGRAM	501(C)(3)	30,000.
YOUTH FOR CHRIST/GREATER LANSING 5222 DUMOND COURT LANSING, MI 48917	NONE BUSES, BETTERMENT & BLACKTOP	501(C)(3)	35,825.

TOTAL TO FORM 990-PF, PART XV, LINE 3A

1,531,129.
