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Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

OMB No 1545-1150

Open to Public

Inter	nal Rev	enue Service	▶ The organization may have to use a copy of this return to satisfy state reporting requireme	ents.	Inspection
A	For th	ne 2009 cal	endar year, or tax year beginning and ending		
R	Check i applicat	f		loyer i	dentification number
Г	Addre	ss use IRS			
	Name Chang	label or print or	FATHER VINCENT WELCH MEMORIAL FUND 38	a_3	005252
–	□linitia	i itype.	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Tele		
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<u>L</u>	Apply pendi			nber 🕨	
	• Se	ction 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting me		X Cash Accrual
		1	Schedule A (Form 990 or 990-EZ). Other (specify)		
-	Websi				the organization is not
J	Tax-ex	cempt status	(check only one) $ X$ 501(c) (3) \blacktriangleleft (insert no) \square 4947(a)(1) or \square 527 required to attach	Sched	Tule B (Form 990, 990-EZ, or 990-PF)
K	Check	▶ ∐ if t	he organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more t	han \$2	25,000 A Form 990-EZ or
		Fo	rm 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return		
<u>L</u>	Add lir	ies 5b, 6b, an	d 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	88,205.
P	art l	Reven	ue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions	for Pa	rt I)
	1	Contribution	ns, gifts, grants, and similar amounts received	1	67,529.
	2		rvice revenue including government fees and contracts	2	
	3		p dues and assessments	3	
<u></u>	<u> </u>	Investment	·	4	
19201	5a		unt from sale of assets other than inventory		
633	b		or other basis and sales expenses 5b		
₩	1		s) from sale of assets other than inventory (Subtract line 5b from line 5a)	E.	
	C	•	· · · · · · · · · · · · · · · · · · ·	5c	
	0		nts and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here		
eve exp	a		nue (not including \$ 67,529 of contributions		
Q		reported on	15 242		
• <u>`</u>	b		expenses other than fundraising expenses 6b 15,347.	1	F 220
	C	Net income	or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	5,329.
	7a	Gross sales	of inventory, less returns and allowances		
SCANNÉÖ MAN Revenue	b	Less cost of	of goods sold 7b		
(M)	C	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
.,,	8	Other reven	ue (describe ►)	8	
	9	Total reven	ue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	72,858.
	10	Grants and	similar amounts paid (attach schedule) STMP 2	10	73,000.
	11	Benefits pai	d to or for members APR 2 0 2010	11	
ģ	12	•	a to or for members ner compensation, and employee benefits APR 20 2010	12	
nses	13			13	
Expen	14		rent, utilities, and maintenance	14	
ũ	15		blications, postage, and shipping	15	
	16	• • •	ises (describe ► SEE STATEMENT 1)	16	160.
	17		nses. Add lines 10 through 16	17	73,160.
	18		deficit) for the year (Subtract line 17 from line 9)	18	-302.
ţ	1		· · · · · · · · · · · · · · · · · · ·	10.	302.
Net Assets	19		or fund balances at beginning of year (from line 27, column (A))		1 200
Ž			with end-of-year figure reported on prior year's return)	19	4,390.
ž	20	-	pes in net assets or fund balances (attach explanation)	20	4 000
<u></u>	21		or fund balances at end of year Combine lines 18 through 20	21	4,088.
P	art I	Balanc	ce Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990	-EZ	
			(See the instructions for Part II) (A) Beginning of year	₩,	(B) End of year
22			nd investments 4,390	\rightarrow	4,088.
23		id and buildir	· · · · · · · · · · · · · · · · · · ·	23	
24	Oth	er assets (de		24	
25	Tot	al assets	4,390		4,088.
26	Tot	al liabilities			0.
_27	Ne	assets or fu	nd balances (line 27 of column (B) must agree with line 21) 4,390	. 27	4,088.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

For	m 990-EZ (2009) FATHER VINCENT WELCH MEM	ORIAL FUND		38-	30052	52 Page 2
	art III Statement of Program Service Accomplishm		Part III)		Eı	penses
Wh	at is the organization's primary exempt purpose? SEE STATEMEN	T 4				r section 501(c)(3)
Des	scribe what was achieved in carrying out the organization's exempt p	urposes. In a clear and conc	ise manner, descri	be) organizations and 7(a)(1) trusts, optional
the	services provided, the number of persons benefited, and other relev	ant information for each prog	ram title.		for others)	, (=)(1) a dow, op dona,
28	CONTRIBUTION TO THE UNIVERSITY OF	DETROIT MERCY	SCHOLARSH	IP		
	(Grants \$) If this amount includes foreign	grants, check here	>		28a	43,000.
29	CONTRIBUTION TO LOYOLA HIGH SCHOOL		IPS			<u> </u>
	(Grants \$) If this amount includes foreign	aronto, about boro			29a	30,000.
30	Totalits # I'll this amount includes loreign	r grants, check here	<u></u>		234	30,000.
30						
	(0.14)					
	(Grants \$) If this amount includes foreign	n grants, check here			30a	
31	Other program services (attach schedule)		_			
	(Grants \$) If this amount includes foreign	n grants, check here	<u> </u>	<u> </u>	31a	72 000
32	Total program service expenses (add lines 28a through 31a)	F		<u> </u>	32	73,000.
P	art IV List of Officers, Directors, Trustees, and Key	Employees. List each one ev	ven if not compensated	1		for Part IV)
		(b) Title and average hours	(c) Compensation		ontributions	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		employee fit plans &	account and
	• •	position	` -0)		eferred	other allowances
				com	pensation	
M]	CHAEL T. MCNAMARA, 755 W. BIG	PRESIDENT/DIR				
BI	EAVER, STE. 2300, TROY, MI 48084	3.00	0.		0.	0.
FF	R. DONALD WORTHY, 755 W. BIG	DIRECTOR				
BI	EAVER, STE. 2300, TROY, MI 48084	5.00	0.		0.	0.
	IOMAS J. MCNAMARA, 755 W. BIG	TREASURER/DIR				
	EAVER, STE. 2300, TROY, MI 48084	1.00	0.		0.	0.
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932	72		<u> </u>	L		
02-0	á-10				Form '	990-EZ (2009)

Vest No. Vest No. Vest No. Say No. Say No.	PE	ort V Other Information (Note the statement requirements in the instructions for Part V.)			<u> </u>
33 Did the organization engage in any activity not previously reported to the IRSP If rest, attach a detailed description of sech activity 34 Wer any changes made to the organization goodness of the "rest," attach a confirmed copy of the changes in the organization had income from business activities, such as those reported on lines 2, 5s, and 7a (among others), but not reported on from 90-7, attach a statement explaning why the organization did not report the access on inform 990-1 and proxy tax requirements? 35 If the organization had uncleded business gross accessed to the organization of the organization did not report the access on inform 990-1 and proxy tax requirements? 36 If the organization had uncled business gross accessed to the organization of the organization				Yes I	No
34	33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization of increase of the income on Form 990-T and of the organization increase of the income of Form 990-T and of the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(s) notices, reporting, and proxy tax requirements? 35 Ut If Yes, face titled a tax return on Form 990-T for this year? 36 Ut the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of St ch N 37 Enter amount of political expenditures, direct or indirect, as described in the instructions 38 Ut the organization before whom, or make any locate to, and second the instructions 39 but the organization before whom, or make any locate to, or make any locate to, or make any locate to, or make any locate to the period covered by this return? 39 If Yes, complete Schedule, L. Part 1 and enter the total amount minuted 39 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ O. section 4912 ▶ O. section 4915 ▶ O. section 501(c)(3) and parizations. First amount of tax imposed on the organization managers or is it aware that it engaged an an excess benefit transaction with a disqualified person in a prior year, and that the transaction with the transaction and the present during the year under section 4912 ▶ O. section 501(c)(3) and 501(c)(4) organizations. Spitic removation 501 990-1227 if Yes, complete Schedule L, Part 1 40b	34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		
reported on Form 990-T, attach a statement explanming why the organization did not report the income on Form 990-T and the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy fax requirements? If "Yes," has if filled a fax return on Form 990-T for this year? 352	35				~ ,
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 35					
and proxy tax requirements? bit Yes; has it flied a tax return on Form 990-1 for this year? 550 bit the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes; 751 bit the organization better of political expenditures, direct or indirect, as described in the instructions 752 bit the organization better or indirect, as described in the instructions 753 bit the organization better or indirect, as described in the instructions 754 bit the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 755 bit the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 756 bit the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 757 bit the organization borrow from organizations. Enter a initiation fees and capital contributions included on line 9 758 Section 3((c)(7) organizations. Enter a initiation fees and capital contributions included on line 9 759 Section 3((c)(3) organizations. Enter and the section 4911 bit of the organization and the organization engage in any section 4955 bit of 399 bit in a solid section 4911 bit of 199 bit in organization and the organization managers or dequalified persons during the year under sections 4912, 4955, and 4958 750 Section 3((c)(3) and 501(c)(4) organizations before their amount of the imposed on organization managers or dequalified persons during the year under sections 4912, 4955, and 4958 750 Section 3((c)(3) and 501(c)(4) organizations before their amount of the imposed on organization managers or dequalified persons during the t	а		1		
b If Yes, has it filled a tax return on Form 990-T for this year? 50 but the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Sch N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 18b Did the organization for Form 1120-POL for this year? 37b Did the organization for Form 1120-POL for this year? 37c Did the organization for Form 1120-POL for this year? 37d Did the organization for Form 1120-POL for this year? 37d Did the organization for Form 1120-POL for this year? 37d Did the organization for Form 1120-POL for this year? 37d Did the organization for Form 1120-POL for this year? 37d Did the organization for Form 1120-POL for this year? 38d Did the organization for Form 1120-POL for this year? 38d Did the organization for Form 1120-POL for this year? 38d Did the organization for Form 1120-POL for this year? 38d Did the organization for Form 1120-POL for this year? 38d Did the organization for Form 1120-POL for this year? 38d Did the organization for Form 1120-POL for this year year in the form 1120-POL for year and the form 1120-POL for year and for year year year and the form 1120-POL for year and year year year year year year year year			35a		X
Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch N X 37a 0	b		_		_
complete applicable parts of Sch N 37a Scher amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 112b-P0L for this year? 38a Did the organization form or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? If Yes, Compilet Schedule L, Part II and enter the total amount involved 38b N/A 38ction 501(c)(7) organizations. Enter in individual forms of the search of a prior year and still outstanding at the end of the period covered by this return? B Gross receipts, included on line 9, for public use of club facilities section 4011(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 > 0. section 4912 > 0. section 4915 > 0. bection 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in an prior year, and that the transaction and 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons of unit by early of the organization in the organization aparty to a prohibited tax shelter transaction? If Yes, complete form 8886-T 1 List the states with which a copy of this return is titled. MI 21 List the states with which a copy of this return is titled. MI 22 The organization is books are in care of MIDAS MICNAMARA Telephone no (248) 244-30.00 (248) (·			
b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? b If Yes, complete Schedule L, Part II and enter the total amount involved 38b N/A 38c N			36		X
38a	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	•		
38a			-		X
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section 4911 O . , section 4912 O . , section 4912 O . , section 4955 O . b Section 501(c)(3) and 501(c)(4) organizations bit the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if 'Yes,' complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete form 8886-T 1 List the states with which a copy of this return is filled. MI 40e		· · · · · · · · · · · · · · · · · · ·	7		
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year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations is prior Forms 990 or 990-EZ7 if Yes,* complete Schedule L, Part I 40b X c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,* complete Form 8866-T 40e X 41 List the states with which a copy of this return is filled MI 42a The organization's books are in care of THOMAS J. MCNAMARA Telephone no 4248 244-3000 Located at 755 W. BIG BEAVER SUITE 2300 TROY, MICHIGAN 2IP+4 48084 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If Yes,* enter the name of the foreign country See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If Yes,* enter the name of the foreign country 43 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44	h				
has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed MI Located at P 755 W. BIG BEAVER SUITE 2300 TROY, MICHIGAN DATE: DATE:				1	
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Pa	organizations and section 4947(a)(1) nonexempt charitable and 51.					
46	Did the organization engage in direct or indirect political campaign activities	on behalf of or in opposition	to candidates for pu	iblic	Yes	No
	office? If "Yes," complete Schedule C, Part I			[46	X
47	Did the organization engage in lobbying activities? If "Yes," complete Sch	edule C, Part II		ļ	47	X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes	•			48	X
	•	organization?			49a	X
	If "Yes," was the related organization a section 527 organization?			l	49b	
	Complete this table for the organization's five highest compensated employe than \$100,000 of compensation from the organization. If there is none, enter		tors, trustees and ke	· · · · · · · · · · · · · · · · · · ·		nore
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hou per week devoted to position	urs (c) Compensat	(d) Contribution to employee benefit plans & deferred compensation	(e) Expension account a other allows	and
51 ————————————————————————————————————	Complete this table for the organization's five highest compensated independ organization. If there is none, enter "None" NONE (a) Name and address of each independent contractor paid more.		(b) Type o		ation from the	
_						
d Tot Sign Here	Total number of other independent contractors each receiving over \$100,000	0	>			
		companying schedules and state information of which preparer has	ments, and to the best any knowledge	of my knowledge and be		
	Type or print name and title	-tur				
	arer's CAD	1 1 1 1 1	Check if self- employed	Preparers identifying nu	imber (See instr)	, ——
	DOEREN MAYHEW Firm's name (or yours 15 self-employed). address, and ZIP+4 TROY, MICHIGAN 48084	TE 2300		none ► 248-24	44-3000	——)
May t	the IRS discuss this return with the preparer shown above? See instructions			> []	X Yes	No
					orm 000-E7 /	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

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Pai	t [Reason	for Public Char	rity Status (All organiz	zations mu	st comple	te this par	t.) See ins	tructions.	_			
he c	organ	ization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)					
1		A church, co	nvention of churche	s, or association of chur	ches desc	nbed in se	ection 170	(b)(1)(A)(i)).				
2		A school des	cribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3		A hospital or	a cooperative hosp	ital service organization	described	ın section	170(b)(1)	(A)(iii).					
4		A medical res	search organization	operated in conjunction	with a hos	pital desc	ribed in se	ection 170	(b)(1)(A)(i	ii). Enter ti	he hospital	's nam	e,
		city, and stat	e:										
5		An organizati	on operated for the	benefit of a college or un	niversity o	wned or or	perated by	a governi	mental un	it describe	ed in		
		section 170	(b)(1)(A)(iv). (Compl	ete Part II.)									
6		A federal, sta	ite, or local governm	ent or governmental uni	t describe	d ın sectio	n 170(b)(1)(A)(v).					
7			~	-					or from the	e general p	ublic desc	ribed ii	n
			(b)(1)(A)(vi). (Comple				J			•			
8		· ·		<u>-</u>	(Complete	Part II.)							
9	X	•				•	rom contr	ibutions, n	nembersh:	p fees, an	d aross re	ceipts t	from
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			509(a)(2). (Complete			,		,	, 3				
10				•	st for publ	ıc safety. S	See secti o	on 509(a)(4	4).				
11		_	organization organized and operated exclusively to test for public safety. See section 509(a)(4). organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or properties or publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that scribes the type of supporting organization and complete lines 11e through 11h. Type I Type II Type III Type III										
		-	=	ospital service organization described in section 170(b)(1)(A)(iii). It is no operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, the benefit of a college or university owned or operated by a governmental unit described in implete Part II.) It is not not in the substantial part of its support from a governmental unit or from the general public described in implete Part II.) It is not not functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment is staxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. Indicated exclusively to test for public safety. See section 509(a)(4). Indicated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or anizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that thing organization and complete lines 11e through 11h. If the normal is not controlled directly or indirectly by one or more disqualified persons other than the rethan one or more publicly supported organizations described in section 509(a)(2).									
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		_		• •	•				•	•		ilic described in pross receipts from in gross investment ir June 30, 1975. poses of one or the box that ir pe III - Other sons other than tion 509(a)(2). Yes No 11g(i) 11g(ii) 11g(iii)	
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'otal													

Schedule A	(Form 990	or 990-EZ	2009

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	edule A (Form 990 or 990-EZ) 2009 ert II Support Schedule for	Organizations	Described in	Sections 170)(h)(1)(A)(iv) an	d 170(b)(1)(Δ)(Page 2
L	(Complete only if you checke	-					•1,
Sec	ction A. Public Support		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and	(3)	\.,	1.7.			
	membership fees received. (Do not			•			
	include any "unusual grants.")		_				
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)			ļ			
	Public support. Subtract line 5 from line 4	<u> </u>			1		
	ction B. Total Support			1	1	T	T
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	Amounts from line 4		<u> </u>				
8	Gross income from interest,						•
	dividends, payments received on		1				
	securities loans, rents, royalties						
^	and income from similar sources				 		
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain		-		+		
10	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12		etc (see instructi		<u> </u>	.1	12	1
	First five years. If the Form 990 is for			rd fourth or fifth t	ax vear as a section	· · · · · · · · · · · · · · · · · · ·	
	organization, check this box and stor	-	o., ooooa,		.a. your ao a ooo	00 . (0)(0)	▶□
Se	tion C. Computation of Publ		rcentage				
14	Public support percentage for 2009 (ine 6, column (f) d	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2008	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2009. If the o	rganization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	n			. ▶□
b	33 1/3% support test - 2008. If the o	rganization did no	t check a box on l	line 13 or 16a, and	i line 15 is 33 1/3%	6 or more, check th	ns box
	and stop here. The organization qual	ifies as a publicly :	supported organiz	ation			ightharpoons
17a	10% -facts-and-circumstances tes	t - 2009.If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	his box and stop	here. Explain in Pa	art IV how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	ition qualifies as a	publicly supporte	ed organization		ightharpoons
b	10% -facts-and-circumstances tes	t - 2008 .If the orga	anization did not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ie "facts-and-circu	mstances" test, c	heck this box and	stop here. Explan	n in Part IV how the	e
	organization meets the "facts-and-circ	umstances* test.	The organization	qualifies as a publ	licly supported org	anization	▶ □
18	Private foundation. If the organization	n did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box	and see instruction	ıs ▶

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part 1) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 52,846. 65,898 75,592. 72,409 67,529. 334,274. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 18,025. 17,801 20,102. 27,830. 20,676. 104,434. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 70,871. 83,699. 95,694. 100,239. 88,205. 438,708. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 19,213. 24,765. 24,238. 27,104. 13,288. 108,608. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the <u>3,</u>732 <u>6,</u>244 6,311 6,527 6,511. 29,325. amount on line 13 for the year 22,945 31,009 30,549 33,631 19,799. 137,933. c Add lines 7a and 7b 300,775. 8 Public support (Subtract line 7c from line 6) Section B. Total Support (a) 2005 Calendar year (or fiscal year beginning in)▶ **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 70,871 83,699 95,694 100,239 88,205. 438,708. 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carned on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 83,699. 95,694. 100,239. 70,871. 88,205. 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 68.56 % 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 65.07 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .00 17 % 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not ▶ X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2009

FORM 990-EZ OTHER EXP	ENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
MAR BANK CHARGES			20. 40.
TOTAL TO FORM 990-EZ, LINE 16		10	60.
FORM 990-EZ CASH GRANTS AND A	LLOCATIONS	STATEMENT	2
CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AM OUN'	т
SCHOLARSHIP UNIVERSITY OF DETROIT MERCY 4001 W. MC NICHOLS ROAD DETROIT, MI 48219	NONE	20,00	00.
SCHOLARSHIP UNIVERSITY OF DETROIT MERCY 4001 W. MC NICHOLS ROAD DETROIT, MI 48219	NONE	4,0	00.
SCHOLARSHIP UNIVERSITY OF DETROIT MERCY 4001 W. MC NICHOLS ROAD DETROIT, MI 48219	NONE	19,00	00.
SCHOLARSHIP LOYOLA HIGH SCHOOL 15325 PINEHURST DETROIT, MI 48238	NONE	30,00	00.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		73,00	00.

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		STATE	MENT	3
DIRECTLY O	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, R INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL NTRACT?	[] YES	[X]	NO
•	GANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	[] YES	[X]	NO

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STATEMENT

4

THE MEMORIAL FUND WAS ORGANIZED TO RAISE PROCEEDS THROUGH CHARITABLE CONTRIBUTIONS FOR THE CREATION AND MAINTENANCE OF SCHOLARSHIP FUNDS. THE SCHOLARSHIP FUNDS WILL BE DEDICATED TO THE ASSISTANCE OF NEEDY YOUNG PEOPLE FROM THE METRO DETROIT AREA IN OBTAINING SECONDARY, UNDER-GRADUATE AND POST-GRADUATE EDUCATIONS.