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Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
on may be able to use a copy of this return to satisfy state rer

OMB No 1545-0052 2009

_	_	venue Sei							opy or a	uns return to s	_					Ь.		<del>-</del> -
Fo	or ca	r calendar year 2009, or tax year beginning July 15 , 2009, and ending June 30 , 2010  Check all that apply: X Initial return  Initial return of a former public charity Final return																
G	Che	ck all ti	hat apply:	X	Initial retu	rn		Initial	return	of a former p	oublic ch	arity				Fı	nal return	
					Amended	return			Addres	ss change			Nam	e chan	ge			
			Name of fo	undat	tion								A	Employe	r identifi	fication	n number	
ι	Jse th	e IRS	The San	n &	Nada Sir	non F	oundat	ion					27-0581002					
	lab																	
(	Other	wise,	Number and	d stre	et (or P O box	number if	mail is not	delivered	to street	address)	Room/s	uite	te B Telephone number (see page 10 of the instructions)					
	pri	nt			se Road					,			313-662-3539				-,	
	or type.										313-	002-	3,33	9				
		ecific	City or town	s etat	te, and ZIP co	do					l		C If exemption application is					
li	nstru¢	tions.	! '	•	•	ue							pending, check here					<b>T</b>
			Taylor,	MI	48180											heck here .		
_					<del></del>													
H			_		X Secti										tation .			
L	<u> </u>	ection 4	1947(a)(1) no	onexe	mpt charitable	e trust	Ot	her tax	able pr	ivate founda	tion		<b></b>	If private t	foundation	status	was terminated	_
i	Fair	market	t value of al	ll ass	ets at end	J Acco	unting r	method:	:[] C	ash 🗶 Acc	crual		1-	-			check here .	
	of ye	ear (fro	m Part II, co	ol. (c)			ther (spe						F	If the four	ndation is	ın a 60	)-month terminal	ion
	16)	▶ \$			8,225	(Part I,	column	(d) mus	st be or	r cash basis.)				under sect	tion 507(b	)(1) <u>(</u> B),	check here	<b>▶</b> [
P	art I				and Expens		(a) D	evenue :								(0	l) Disbursem	
					nns (b), (c), an			penses p		(b) Net inven				djusted	net		for chantal	
					of the instruc			books		1110011	16			mcome		1 (	purposes cash basis o	
	1				received (attach so			25,	000			1				Τ,		
	2	Check I	_   If the	found	dation is <b>not</b> req	uired to						1				_		
		-	— ашс		В							1				$\vdash$		
	3		t on savings and temporary cash investments inds and interest from securities					<del></del>	-		+				+			
	4											+				┿		
	i											+				┼-		
			•				<del></del>	<del></del>				-				┿		
Revenue	6a b	Net gair Gross sa	n or (loss) from ales price for a	ı sale d ill	of assets not on	line 10	<u> </u>	+	HE(	<del>JEIVE</del> D		+				┿		
		assets o	on line 6a					14			<del>-101</del> -	╄				<del> </del>		
₹e,	7	Capital	gain net inci	ome (	(from Part IV,	line 2) .		14	MOV	0.0.00	180	-				ــ	·	
_	8		-	_	un			151	MOA	<b>29</b> 2010	191	4			0	<del> </del>		
	9 Income modifications · · · · · · · · · · · · · · · · · · ·			╆┵			SE	-				<del> </del>						
	10 a	and allo	wances • • •	• •			ļ	$\mathbf{L}$	)GD	FN-117		4				<u> </u>		
	b Less Cost of goods		ŭ	-						-14, O1		_				<u> </u>		
	С	Gross	profit or (loss	) (atta	ach schedule)		ļ					1_				<u> </u>		
	11	Other :	ncome (attac	ch sch	hedule)									<u>                                      </u>				
_	12	Total.	Add lines 1 t	throug	<u>ah 11</u>			25,	000	0			0		<u> </u>			
	13	Comper	sation of office	ers, dıı	rectors, trustees	, etc										<u> </u>		
	14	Other e	employee sal	aries	and wages .			_								<u> </u>		
Sa	15				benefits													
and Administrative Expenses					<sup>ule)</sup> .Stmt.			6,	092								6,	092
cpe					schedule)													
Щ	ı				attach schedu				•			1			-		-	
ïve	17					•			-			1				1		
trat	18				page 14 of the ins			-				1				$\vdash$	<del></del> _	
nis	19				edule) and de	· ·						1				+		
Ē	l	•	•		•				-			1				+-		
Ad	20											+				+-		
Р	21				meetings							+				+-		
	22				· · · · · ·		<u> </u>		105			+		_		+		10=
Operating	23		-		schedule) St				105		-	+-						105
rat	24				ninıstrative ex	-						1				1		
be	1	Add lin	es 13 throug	gh 23					197		0	_			0	↓		197
J	25	Contrib	outions, gifts,	gran	its paid				705							<del> </del>		705
_	26	Total exp	enses and disb	urseme	ents. Add lines 2	4 and 25	<u> </u>	16,	902	<u> </u>	0	1_			0	<u> </u>	16,	902
	27	Subtra	ct line 26 fro	m lin	e 12													
	a	Excess o	of revenue over e	expens	es and disbursem	ents		8,	098							<u>L</u> _		
	ь	Net inv	vestment inc	come	(if negative, e	nter -0-)					0							
	١ _	A divet	ad not incor	ma lif	negative ente	محـالــا							_					

JSA

Þ	art II	Ralance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year		End o	f year	
	ai t ii		amounts only (See instructions)	(a) Book Value		(b) Book Value	(c) Fair Market Value	
ľ	1	Cash - non-interest-bear	ing		0	8,225	8,225	
			cash investments [					
J	3	Accounts receivable ▶						
		Less allowance for doul	btful accounts ▶					
	4	Pledges receivable						
ı		Less allowance for doul	btful accounts ▶		l			
	5				Ī			
			ficers, directors, trustees, and other		1	<del></del>		
			ich schedule) (see page 16 of the instructions)					
	7	· · · · · · · · · · · · · · · · · · ·	eceivable (attach schedule)					
	•		btful accounts	-				
			· ·		$\dashv$	<del></del>		
ţ					$\dashv$			
Assets	9		eferred charges			· · · · · · · · · · · · · · · · · · ·		
Ä			e government obligations (attach schedule)			<del> </del>		
			stock (attach schedule)					
	11 C	Investments - land, building and equipment basis	<b></b>			<u>-</u>		
		Less accumulated deprecia (attach schedule)				<del></del>		
	12	Investments - mortgage	loans					
	13 14	Investments - other (atta Land, buildings, and equipment basis Less accumulated deprecia	ach schedule)					
		(attach schedule)						
	15		<b></b> )		_			
	16		pleted by all filers - see the					
_			age 1, item I)		<u>•</u>	<u>8,225</u>	8,225	
	17	Accounts payable and a	ccrued expenses		0	127		
	18	Grants payable						
63	19	Deferred revenue						
Ħ	20	Loans from officers, director	rs, trustees, and other disqualified persons					
Liabilities	21	Mortgages and other no	tes payable (attach schedule)					
Ĺ	22	Other liabilities (describe	e ▶) [					
					1			
_	23	Total liabilities (add line	es 17 through 22)		0	127		
			low SFAS 117, check here  24 through 26 and lines 30 and 31.					
es	24	Unrestricted		<del> </del>				
or Fund Balances	25	Temporanly restricted						
Sala	26							
P	1		not follow SFAS 117,					
5			plete lines 27 through 31.   X					
F	27		apal, or current funds					
			r land, bldg , and equipment fund					
Net Assets	29		lated income, endowment, or other funds		0	8,098		
As	30	•	d balances (see page 17 of the					
žet	١				0	8,098		
_	31	Total liabilities and net	assets/fund balances (see page 17					
	١.,				0	0 225		
F	artil		anges in Net Assets or Fund E	Ralances	0	8,225	<u> </u>	
			lances at beginning of year - Part II, o		muet	agree with		
٠			on prior year's return)				^	
2		r amount from Part I, I					8,098	
				• • • • • • • • • •			0,038	
ა 	VY-		ed in line 2 (itemize) ▶				0 000	
_	D		lino 2 (itamiza)				8,098	
5	Total	eases not included III I not seeste or fund ho	lances at end of year (line 4 minus lin	po 5) a Part II colum	n /h\	, line 30 6	0.000	
<u>6</u>	rola	iner assers or fully by	nances at end of year time 4 minus lin	ie oj - rait ii, colum	11 (D)	, mic 50 1 <b>6</b>	8,098 Form <b>990-PF</b> (2009)	
							: OHH 000-11 (2009)	

P	art IV Capital Gains	s and Losses for Tax on Inv	vestment Income				
	• •	d describe the kind(s) of property sold (	·	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )	
1 a	N/A						
_b	<u> </u>						
_c							
d		<u></u>		<del></del> -		<del>  _</del>	
_e				ļ		<u> </u>	
_	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini		
_a							
_b	· · · · · · · · · · · · · · · · · · ·						
_ç							
_d							
_e		course gain in column (b) and our	and by the foundation on 12/21/60				
	omplete only for assets sri	(j) Adjusted basis	ned by the foundation on 12/31/69 (k) Excess of col (i)		Gains (Col. (h) g (k), but not less i		
_	(i) F M V as of 12/31/69	as of 12/31/69	over col (j), if any	col (k), but not less than -0-) or Losses (from col (h))			
_a				-			
				<del></del>	<del></del> _	<del></del>	
_0				<del></del>			
_0	·			-			
_ <u>e</u> 2	Capital gain net income or	Indi canital locel	f gain, also enter in Part I, line 7				
		ι ,	f (loss), enter -0- in Part I, line 7	2			
3	· -	or (loss) as defined in sections 12					
		line 8, column (c) (see pages 13					
	art V Qualification Un	line 8	iced Tax on Net Investment Inc	_ 3   COMO			
			e section 4940(a) tax on net investr				
ζι.	or optional use by domestic	5 private roundations subject to the	e section 4540(a) tax on het investi	nent inco	ilie.)		
lf	section 4940(d)(2) applies,	leave this part blank	N/A				
14/	as the foundation lighle for	the costion 4042 toy on the distrib	outable emount of any year in the hi	200 200	40	7 V [ 7 N-	
		not qualify under section 4940(e)	outable amount of any year in the ba	ase peno	۰ ا	」Yes No	
1		<u> </u>	; see page 18 of the instructions be	fore makii	ng any entries	<del></del>	
÷	(a)	(b)	(c)	Tore makin	(d)		
_0	Base period years calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets	ļ	Distribution is (col (b) divided by		
_	2008						
_	2007						
_	2005		<del>                                     </del>	<del> </del>			
_	2004		<del> </del>		<del></del>	<del>-</del>	
_	2001						
2	Total of line 1, column (d)	)		2			
3	Average distribution ratio	for the 5-vear base period - divide	the total on line 2 by 5, or by the	<del>                                     </del>	<del></del>		
	_	· · · · · · · · · · · · · · · · · · ·	s than 5 years	3			
	·						
4	Enter the net value of nor	nchantable-use assets for 2009 fro	m Part X, line 5	4			
5	Multiply line 4 by line 3			5			
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)		6	<del>-</del>		
7	Add lines 5 and 6			7			
_	man and the second	f D-4 VII -					
8	Enter qualifying distribution  If line 8 is equal to or grapher VL instructions on page	ons from Part XII, line 4	in Part VI, line 1b, and complete t	hat part	using a 1% ta	rate. See the	

Par	Excise Tax Based on investment income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of t	ne ins	struction	ons)
1 a	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 ruling letter if necessary - see instructions)			
Ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check		_	0_
	here and enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% J of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			0
3	Add lines 1 and 2			0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			0_
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			0_
6	Credits/Payments			
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a			
þ	Exempt foreign organizations-tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868) 6c			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			0_
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			_0_
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2010 estimated tax   Refunded   11			0
	t VII-A Statements Regarding Activities			
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a_		_ <u>x</u> _
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			v
	of the instructions for definition)?  If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	1b	-	<u>X</u>
	published or distributed by the foundation in connection with the activities	Í		
_	·	10		x
d	Did the foundation file Form 1120-POL for this year?  Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	1c		
ŭ	(1) On the foundation $\triangleright$ \$ 0 (2) On foundation managers $\triangleright$ \$ 0			
_	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
٠	on foundation managers > \$0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
_	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		x
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	_5		X
	If "Yes," attach the statement required by General Instruction T.		7	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6	_x	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	_х	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
	instructions) ► MICHIGAN			
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 <sup>2</sup> If "No," attach explanation	8ь	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 on page			
	27)? If "Yes," complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10	_X	

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

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . . .

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

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4a

X

X No

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		-		<b>N</b> [

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Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emploand Contractors (continued)	yees,
3 Five high	est-paid independent contractors for professional services (see page 23 of the instructions). If none	, enter "NONE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
		<u> </u>
		ļ <u> </u>
<b>-</b>		
Total number	er of others receiving over \$50,000 for professional services	· · · · • NONE
Part IX-A	Summary of Direct Charitable Activities	
	lation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number ins and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1 N/A		<del>                                     </del>
. 242	······································	
2		
3		
4		
D. AIV D	Commence of Decrees Deleted Investments (see a see 20 of the selection)	<del></del>
	Summary of Program-Related Investments (see page 23 of the instructions) two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
<del></del>	the largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 <u>N/A</u>	·	
2	· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>
All other prog	ram-related investments. See page 24 of the instructions	
_	·	
	·	

Total. Add lines 1 through 3......

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_	Int X Minimum Investment Return (All domestic foundations must complete this part. Foreign see page 24 of the instructions.)	gn foundations,
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
b	Average of monthly cash balances	1b 7,942
С		1c
d		1d 7,942
е		
	1c (attach detailed explanation) 1e	
2	Acquisition indebtedness applicable to line 1 assets	2
3	Subtract line 2 from line 1d	3 7,942
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25	
	6.01	4 119
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5 7,823
6	Minimum investment return. Enter 5% of line 5	6 376
Pa	Int XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private	e operating
	foundations and certain foreign organizations check here > and do not complete this p	art)
1	Minimum investment return from Part X, line 6	1 376
2 a		
b		
C	Add lines 2a and 2b	2c 0
3	Distributable amount before adjustments. Subtract line 2c from line 1	
4	Recoveries of amounts treated as qualifying distributions	4
5	Add lines 3 and 4	5 376
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	7 376
Pa	art XII Qualifying Distributions (see page 25 of the instructions)	
_		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	
<b>a</b>	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a 16,902
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 16,902
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
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6 16,902
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wind qualifies for the section 4940(e) reduction of tax in those years.	hether the foundation

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Pa	rt XIII Undistributed Income (see page	26 of the instruction	ns)	***	<u> </u>
		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years pnor to 2008	2008	2009
	line 7				376
2	Undistributed income, if any, as of the end of 2009				
а	Enter amount for 2008 only				
b	Total for prior years 20,20,20				
3	Excess distributions carryover, if any, to 2009				
а	From 2004				
b	From 2005				
С	From 2006				
đ	From 2007				
	From 2008				
f	Total of lines 3a through e	0			
4	Qualifying distributions for 2009 from Part XII,				
	line 4 ▶ \$16,902				
а	Applied to 2008, but not more than line 2a			·	
b	Applied to undistributed income of prior years (Election				
	required - see page 26 of the instructions)				<del></del>
С	Treated as distributions out of corpus (Election				
	required - see page 26 of the instructions)				
	Applied to 2009 distributable amount	16 526			376
	Remaining amount distributed out of corpus	16,526	-		<u></u> .
5	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:				
_	Corpus Add lines 3f, 4c, and 4e Subtract line 5	16,526			
	Prior years' undistributed income Subtract				
U	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				
d	Subtract line 6c from line 6b Taxable				
	amount - see page 27 of the instructions		0		<del></del> ::
е	Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount - see page				
	27 of the instructions			0	<del></del>
f	Undistributed income for 2009 Subtract lines				
	4d and 5 from line 1 This amount must be	'			•
7	distributed in 2010				0_
•	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the		1		
8	instructions)				<del></del> ·
	applied on line 5 or line 7 (see page 27 of the				
9	Excess distributions carryover to 2010.				<del></del>
9	Subtract lines 7 and 8 from line 6a	16,526			
10	Analysis of line 9				
	Excess from 2005				
b	Excess from 2006				
c	Excess from 2007				
	Excess from 2008				
e	Excess from 2009 16,526	···-	<u> </u>		5 000 PF (0000)

De	St VIV Britanta Ones	etine Foundations	(000 page 27 of the	instructions and Da	4 ) (11 A	rage I
	rt XIV Private Oper					
1 a	If the foundation has i					
	foundation, and the ruling	is effective for 2009, en	ter the date of the ruling	9	N/A	
b	Check box to indicate who	ether the foundation is a	private operating found	dation described in section	4942(j)(	(3) or 4942(J)(5)
2 a	Enter the leaser of the ad	Tax year		Pnor 3 years		
Za	Enter the lesser of the ad- justed net income from Part	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
	I or the minimum investment		(2) 2000	(0/200)	(2)200	
	return from Part X for each					
	year listed			+		
b	85% of line 2a					
c	Qualifying distributions from Part					
	XII, line 4 for each year listed .					
d	Amounts included in line 2c not					
	used directly for active conduct					
6	of exempt activities					
·	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 section					
h	4942(j)(3)(B)(i) 4942(j)(3)(B)(i) test-					
-	enter 2/3 of minimum invest-					
	ment 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 512(a)(5)),		ļ			
	or royalties) (2) Support from general					
	public and 5 or more					
	exempt organizations as provided in section 4942					
	(j(3)(B(m)					
	(3) Largest amount of sup-					
	port from an exempt organization					
	(4) Gross investment income					
Pa	rt XV Supplementa	ary Information (C	omplete this part	only if the found	ation had \$5,000	or more in assets
	at any time d	luring the year - see	e page 28 of the in	nstructions.)		
1	Information Regarding				<del></del>	
	List any managers of t			re than 2% of the tota	L contributions receive	nd by the foundation
_	before the close of any	tax year (but only if th	nev have contributed	more than \$5.000) (S	ee section 507(d)(2)	d by the loundation
				• •	, ,	
	da and Sam R.					
b	List any managers of					large portion of the
	ownership of a partner	ship or other entity) of	f which the foundation	on has a 10% or greater	interest.	
N/	A					
2	Information Regarding	Contribution, Grant,	Gift, Loan, Scholars	hip, etc., Programs:		
	Check here ► X If the	ne foundation only i	makes contributions	to preselected charg	table organizations an	nd door not account
	unsolicited requests for	or funds If the foun	dation makes offs	grants etc (see page	28 of the instruction	na does not accept ne) to individuals or
	organizations under oth				20 01 1110 11101101101	io) to marriadais or
	·	<del></del>				_ <del></del>
	The name, address, an	a telephone number o	of the person to whom	n applications should be	e addressed:	
N/		<del></del>				
b	The form in which appl	lications should be su	bmitted and informati	ion and materials they	should include:	
N/	A					
С	Any submission deadlir	nes				
-	,					
N/	Δ.					
		mitations as accept	auch bir	nahaal	bla falds 1 st f	
a	Any restrictions or lift factors	iniations on awards,	such as by geogr	apnicai areas, charita	DIE TIEIOS, KINOS OF IT	istitutions, or other

Amount 3,70.	Purpose of grant or contribution  HAITI EARTHQUAKE	Foundation status of recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Part XV Supplementary Information (c 3 Grants and Contributions Paid Duri Recipient Name and address (home or business)
3,70	Purpose of grant or contribution  HAITI EARTHQUAKE	Foundation status of	If recipient is an individual, show any relationship to any foundation manager	Recipient
3,70	HAITI EARTHQUAKE	status of recipient	any foundation manager	Name and address (home or husiness)
			I or substantial contributor	ranic and address (nome or business)
				a Paid during the year
		PUBLIC	N/A	CHILDREN'S HUNGER FUND
7,00	RELIEF			HOMEWOOD, IL 60430
7,00				
	NUTRITIONAL	PUBLIC	N/A	JOINT AID MANAGEMENT (JAMUSA)
	FEEDING PROGRAM			ALEXANDRIA, VA 22304
	İ			
10,705	▶ 3a			Total
				b Approved for future payment
				NONE
		ı		

Part XVI-	A Analysis of Income-Produ	cing Activ	/ities			
	amounts unless otherwise indicated		ated business income (b)	Excluded by	y section 512, 513, or 514 (d)	(e) Related or exempt function income
1 Program	service revenue	Business code	Amount	Exclusion code		(See page 28 of the instructions)
_	<u>A</u>					
=						
f						
g Fees	and contracts from government agencies					· · · · · · · · · · · · · · · · · · ·
2 Members	ship dues and assessments , .		· · · · · · · · · · · · · · · · · · ·			
3 Interest or	n savings and temporary cash investments					····
4 Dividend	s and interest from securities					<u></u>
	al income or (loss) from real estate					
	t-financed property			ļ		· · · · · · · · · · · · · · · · · · ·
<b>b</b> Not	debt-financed property					
	income or (loss) from personal property .			<del> </del>		
7 Other in	vestment income			<del> </del>		
	oss) from sales of assets other than inventory			<del> </del>		
9 Net inco	me or (loss) from special events			<u> </u>		
10 Gross pr	ofit or (loss) from sales of inventory			<u> </u>		
11 Other re	venue a					
b						
		ļ		<u> </u>		
d						
e	<del></del>					<del></del>
	Add columns (b), (d), and (e)			<u> </u>		
	dd line 12, columns (b), (d), and (e)				13	
	neet in line 13 instructions on page 28 to			amat Dur		
Part XVI-						
Line No. ▼	Explain below how each active the accomplishment of the for page 29 of the instructions.)					
N/A			<del></del> _	-	<del></del>	<del></del>
			<u></u>			<del></del>
			<del></del>			
				·-···		<del></del>
			<del></del> _			<del></del> -
				•		
				<u> </u>		
		•				
			· · · · · · · · · · · · · · · · · · ·			
		****				<del></del>
				-		
						<del></del>

Form	990-PF	(2009)								Pa	age 13
Pa	rt XVI	Information Exempt Orga		ransfers To and	Transac	tions a	ind Relationsh	ips With N	lonc	harit	able
1	IN Se	ction 501(c) of the C	Code (other than	engage in any of the section 501(c)(3) orga	anızations)	with an	y other organization of the control	on described to political		Yes	No
а	Trans	ters from the reporting fo		charitable exempt organi							ĺ
									1a(1)		х
	<b>(2)</b> O	ther assets							1a(2)		X
b		transactions									ĺ
	(1) S	ales of assets to a nonch	iaritable exempt org	ganization					1b(1)		X
	(2) P	urchases of assets from	a nonchantable exe	empt organization					1b(2)		Х
				ts					1b(3)		X
									1b(4)		X
	(5) Lo	oans or loan guarantees							1b(5)	i	х
	(6) P	erformance of services o	r membership or fu	undraising solicitations .					1b(6)		X
C				er assets, or paid employ							X
d				es," complete the fol							
				ces given by the rep							
		<del>,</del>	r sharing arrange	ement, show in colum	nn (d) the	e value o	of the goods, othe	r assets, or	service	es rec	æived 
	Line no	(b) Amount involved	(c) Name of no	onchantable exempt organiza	ation	(d) Descri	ption of transfers, trans	actions, and shan	ing arra	ngemer	nts
N/2	A							<del> </del>			
								- <del></del>			
								<del></del>	<del></del>		
			ļ								
			ļ <u> </u>								
			<u> </u>								
							<del></del>				
			<del> </del>				<del></del>	·			
			<u> </u>								
			<del> </del>				<del> </del>				
							. <u> </u>				
							·····				
	-										
			1								
2a				ed with, or related to, 01(c)(3)) or in section 52		ore tax-ex		described in	Ye	s X	] No
<u>b</u>	If "Ye	s," complete the following									
		(a) Name of organizatio	n	(b) Type of organ	ization		(c) Descri	ption of relations	hip		
<u>n/</u>	A				_		<u> </u>				
					-						
_							<del> </del>				
	Under belief,	penalties of perjury, I deci it is true, correct, and com	are that I have examplete Declaration of	mined this return, including f preparer (other than taxpa	accompany yer or fiduci	/ing schedu iary) is base	les and statements, ar ed on all information o	d to the best of which preparer	fmykr ∵hasar	nowledg	je and vledge
		-			,	11-19-		•		,	90
_	_	/ 1/ // /	otte					eaoure	<u>~</u> _		
Sign Here	r Si	gnature of officer or trustee			<del> </del>	Date	Title	15	<del></del>		
Ĭ					Date		Check if	Preparer's number (Se			1
ign	_ <sup>×</sup> . ₹	Preparer's					self-employed ▶	page 30 of the			
Ś	Paid Preparer's Use Only				L	<u></u>	<u> </u>				
	Prep Use	Firm's name (or yours if			<del></del>		EIN ▶	<u> </u>			
	_	self-employed), address	,, <b>r</b>				1				

Form 990-PF (2009)

Phone no

self-employed), address, and ZiP code

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

Name of the organization		Employer identification number
The Sam & Nada Simon	Foundation	27-0581002
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organiza	ation
	4947(a)(1) nonexempt charitable trus	t not treated as a private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust	treated as a private foundation
	501(c)(3) taxable private foundation	
Note. Only a section 501(c)(7), instructions.	vered by the <b>General Rule</b> or a <b>Special Rule</b> . (8), or (10) organization can check boxes for be	oth the General Rule and a Special Rule See
General Rule		
	ling Form 990, 990-EZ, or 990-PF that receive e contributor Complete Parts I and II	ed, during the year, \$5,000 or more (in money or
Special Rules		
sections 509(a)(1) an	d 170(b)(1)(A)(vi), and received from any one	met the 331/3 % support test of the regulations under contributor, during the year, a contribution of the greater e 1h or (ii) Form 990-EZ, line 1. Complete Parts I and
the year, aggregate of		990-EZ that received from any one contributor, during usively for religious, charitable, scientific, literary, or mals Complete Parts I, II, and III.
the year, contribution aggregate to more th year for an exclusively applies to this organi	s for use exclusively for religious, charitable, e an \$1,000. If this box is checked, enter here to religious, charitable, etc., purpose. Do not coi	the total contributions that were received during the implete any of the parts unless the <b>General Rule</b> pious, charitable, etc., contributions of \$5,000 or more
990-EZ, or 990-PF), but it <b>must</b> or on line 2 of its Form 990-PF 990-PF)	answer "No" on Part IV, line 2 of its Form 990 to certify that it does not meet the filing require	
For Privacy Act and Paperwork Reduction for Form 990, 990-EZ, or 990-PF.	JOH AGE NOTICE, SEE THE INSTRUCTIONS	Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

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

Schedule B (I	Form 990, 990-EZ, or 990-PF) (2009)		Page of of <b>Part</b>
lame of orga			Employer identification number
The Sa	m & Nada Simon Foundation		27-0581002
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ATLAS OIL HOLDING COMPANY		Person X Payroll
	24501 ECORSE ROAD	\$25,000	Noncash
	TAYLOR, MI 48180		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash
			(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
i 		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is
_			a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash

(Complete Part II if there is a noncash contribution )

Page	of
aue	01

of Part II

Name of organization

Employer identification number

he Sam &	Nada Simon Foundation	27-0581	002
art II No	ncash Property (see instructions)		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>N</u>	/A		
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		_	
		 \$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		_	
_			·
a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_			
		\$	
a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		_	
		<u> </u>	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
-		\$	

Name of organization

Employer identification number

The Sam & Nada Simon Foundation

27-0581002

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I N/A (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

## THE SAM & NADA SIMON FOUNDATION

27-0581002

FYE: 6/30/2010

### **FEDERAL STATEMENTS**

# Statement 1 – Form 990-PF, Part I, Line 16a – Legal Fees

Description	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for Charitable Purposes
Organization Costs	\$ 6,092	\$0	\$ 0	\$ 6,092
Total	\$ 6,092	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 6,092</u>

#### THE SAM & NADA SIMON FOUNDATION

27-0581002

FYE: 6/30/2010

# **FEDERAL STATEMENTS**

# Statement 2 - Form 990-PF, Part I, Line 23 - Other Expenses

Description	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for Charitable Purposes
Supplies	\$ 105	\$0	\$0	\$ 105
Total	<u>\$ 105</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 105</u>

THE SAM & NADA SIMON FOUNDATION

27-0581002

FYE: 6/30/2010

### **FEDERAL STATEMENTS**

Statement 3 – Form 990-PF, Part VII-A, Line 10 – Substantial Contributors

Atlas Oil Holding Company 24501 Ecorse Road Taylor, MI 48180

Nada and Sam R. Simon, President and Director of Atlas Oil Holding Company 24501 Ecorse Road Taylor, MI 48180

(Rev April 2009)

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

OMB No 1545-1709

Department of the Treasury Internal Revenue Service

► File a separate application for each return.

If you are fi	iling for an Additional (No	t Automatic) 3-Month E	ete only Part I and check the extension, complete only Pa a automatic 3-month extensi	ırt II (on paç			. <b>▶</b> X	
Part   Auto	matic 3-Month Extens	ion of Time. Only sub	mit original (no copies nee	eded)				
A corporation i	required to file Form 990	-T and requesting an aut	omatic 6-month extension -	check this t	ox and comp	olete	. —	
Part I only							.▶ ∟	
time to file inco	ome tax returns		REMICs, and trusts must u					
one of the ref electronically i returns, or a co	turns noted below (6 m f (1) you want the addit composite or consolidated	onths for a corporation ional (not automatic) 3- From 990-T Instead, yi	Form 8868 if you want a 3 required to file Form 990 month extension or (2) you ou must submit the fully conwww.irs.gov/efile.and.click.o	)-T) Howev I file Forms inpleted and	er, you can 990-BL, 60 I signed pag	inot file Fo 69, or 887 je 2 (Part II	orm 8868 70, group	
Type or	Name of Exempt Organiza					dentification	number	
print	, ,	Simon Foundation			27-0581002			
File by the		or suite no. If a P.O. box, see	nstructions	·	* *			
due date for	24501 Ecorse Roa	ıd						
filing your return See instructions	City, town or post office. S Taylor, MI 481		eign address, see instructions					
Check type o	f return to be filed (file a	separate application for	each return)					
Form 990	)	Form 990-T (corporate	on)	For	m 4720			
Form 990	-BL	Form 990-T (sec 401)	(a) or 408(a) trust)	<b>⊢</b>	m 5227			
Form 990-EZ Form 990-T (trust other than above) Form 6069								
X Form 990	-PF (	Form 1041-A		For	m 8870			
<ul><li>If the organ</li><li>If this is for for the whole g</li></ul>		office or place of busine organization's four digit	FAX No ► 313-29.  ss in the United States, check Group Exemption Number (in the group, check this box	k this box	d attach a	If thi		
until Feb	st an automatic 3-mo ruary 15 , 201 ganization's return for	onth (6 months for a $rac{1}{2}$ , to file the exempt	a corporation required to organization return for the o	o file Forr organization	n 990-T) named abo	extension ove The ex	of time tension is	
▶ □	calendar year or							
► X	tax year beginning Jul	<u>y 15                                    </u>	2009, and ending June	30		2010		
2 If this tax	year is for less than 12 r	nonths, check reason	Initial return Fina	l return	Change ir	accountin	g period	
	plication is for Form 99 dable credits. See instruc		20, or 6069, enter the ter	ntative tax,	less any	3a \$		
			refundable credits and estir	nated tax n	avments	~ · ·		
	clude any prior year overp			ve p		3ь \$	None	
			payment with this form, or,	if required				
	) coupon or, if require		lectronic Federal Tax Pays			3c \$	None	
	are going to make an ele	ectronic fund withdrawai	with this Form 8868, see Fo		and Form (	8879-EO		
	et and Paperwork Reduc	tion Act Notice, see Inst	ructions.	L Young L	J.S. LLP	orm 8868 (R	ev 4-2009)	

Suite 1000 777 Woodward Ave Detroit, Michigan 48226 34-6565596