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Form	-	•	u		

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

D:	epartm temal F	ent of the T Revenue Se	reasury	Note:	: The foundati	on may	Treat	ed as a	Priva	ite Foundation	on satisfy state	renoi	ting requirement	ts.	20	J9
_					ax year begi			<u> </u>		Y 1,2009			ing requirement		UNE 30	. 20 10
_			hat apply.	1	Initial retur			Initial re		of a former p					Final return	<u></u>
					Amended		ш			s change			ame change	L	J	•
-			Name of fo	undat				1	44.00	o driange	1		A Employer ider	ntific	cation number	
	ilse t	he IRS			OMPANY CI	HARIT	ABLE F	OUNDA	TION	J			38-355			
		bel.		- 00										-	- •	
		rwise,	Number an	d stre	et (or P O box	number if	mail is not o	lelwered to	street :	address)	Room/si	iite	B Telephone number	(see	nage 10 of the instruct	tions)
	рі	rint	1		RN AVENUI				00000	 ,	1100		D voicpiions name	,,,,,	,	,
		ype.				_										
		pecific	City or tow	n etat	ie, and ZIP coo	ie							C If exemption app	plicat	tion is	
	nstru	ctions.	ALLEGA										pending, check i	here		
				., .	11 4501.	,							D 1. Foreign organ			. – 🗀
	Cho	ock type	of organiz	otion	X Section	on 501/	0)/3) 0)/0	mot priv	oto fo	undation		\dashv	Foreign orgains85% test, che	ck h	ere and attach	$\overline{}$
Ϊ			_							vate foundat	hon		computation	• •		
1			t value of a		mpt chantable					sh X Acc		\dashv	E If private founds			- I
•			m Part II, co				ther (spec		_)	ISH [11] ACC	luai	-			(1)(A), check here .	
		► \$	III Fait II, GC		, iiile 523,363.				e on	cash basis)			F If the foundation		in a 60-month termir (1)(B), check here	
		_	reie of Pov		and Expens		ooranni (c	2) 111dOC L	10 011	odon badio j			drider section 30	17(0)	(d) Disburse	
	en U	total o	f amounts ın -	colum	ns (b), (c), and	d (d)		venue an	j	(b) Net inve		(0) Adjusted net		for charit	
		may n	ot necessaril	ly equa	al the amounts of the instruct	sin		nses per ooks		incom	ie		income	ŀ	purpose	
_	_						1 0	00,00	$\frac{1}{n}$				·	\dashv	(cash basis	i Offiy)
	1	Contribut	. I if the	found	eceived (attach sch ation is not requ	ured to		33,00	~ 	 	-					
	2	•	attacl	h Sch	B	• • • •		89	9		899.			\dashv		
	3		_	-	orary cash inves	Γ			- 		033.			_		
	4				om securities	[-+					\dashv		
	1				• • • • • •				-		,				· -	
			al income or (l						-							
iue	6a Net gain or (loss) from sale of assets not on line 10 b Gross sales pnce for all assets on line 6a 7 Capital gain net income (from Part IV, line 2).					-						-				
Ver					 -				•	0.	-			<u></u>		
8	7	•	•	•	from Part IV, li	' [-				0	-		
	8				n	: • • •			+					•		
	10 a	Income Goss sa	modification	ëry1	ED	; }			-+					\dashv		
		and fallow	ирисез	7	S					1				\dashv		
	D	Less Co	st of goods sol	.d . [2011 Q	\ 								\dashv		
	I	1 -	· A		2H schedule	{ · · · }								-		
	11		ncome (attac		•	{ · · · }	1 0	00,89	a		899.		0			
_	12	I otal. F	Agg lines D		ectors, trustees,] · · · 		00,00	7. 		0,55.			\dashv		
	13															
S	14				and wages					 						
Administrative Expenses	15				benefits									-	 	
Kpe	16a				le)								····	\dashv		
Ü	Ь				chedule)		·	11,95	$\frac{1}{2}$	-						
₹	C				attach schedule			11,93	0.					-		
ţ	17				• • • • • •									\dashv		
nis	18	•			page 14 of the instr	· 1								\dashv		
Ξ	19	-	•		edule) and dep									\dashv		
Ă	20	Occupancy										-				
and	21 Travel, conferences, and meetings								\dashv							
g	22							2	<u>, </u>					-		
릹	23 Other expenses (attach schedule)										\dashv					
23 Other expenses (attach schedule)					11 07	_		0.		0			0			
9	Add lines 13 through 23					11,97 66,02						$\dot{+}$	1,074,	715		
	25		_	_	-	Г		77,99			0.		0	\dashv	1,074,	
_	26				its. Add lines 24	and 25	9	11,99						\dashv	1,0/4,	, , 1
	27		t line 26 fro					22 00	۱ ء							
				-	and disburseme			22,90	٠.		900			\dashv		
				-	if negative, en	. г					899.		0	\dashv		
	<u>C</u>	Adjuste	ed net incom	ne (ıf r	regative, enter	<u>-0-) </u>								•		

	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End	of year
_	_	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	689,148.	623,363.	623,363.
	2	Savings and temporary cash investments			
	3、	Accounts receivable			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable		<u></u>	
	1	Less allowance for doubtful accounts			
	5	Grants receivable		·	
	6	Receivables due from officers, directors, trustees, and other	- · · · · · · · · · · · · · · · · · · ·		
	"				
		disqualified persons (attach schedule) (see page 16 of the instructions)			· · · · · · · · · · · · · · · · · · ·
	7	Other notes and loans receivable (attach schedule)			
		Less: allowance for doubtful accounts ▶		<u>.</u>	
şts	8	Inventories for sale or use Prepaid expenses and deferred charges Investments - U S and state government obligations (attach schedule) Investments - corporate stock (attach schedule)			
SS	9	Prepaid expenses and deferred charges			
Ä	10 a	Investments - U S and state government obligations (attach schedule)			
				·	
	11 C	Investments - corporate bonds (attach schedule)			
	' '	and equipment basis			
		Less accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans		, ,=	
	13	Investments other (attach schodule)			
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	15	Other assets (describe			
	16	Total assets (to be completed by all filers - see the			
		instructions Also, see page 1, item I)	689,148.	623,363.	623,363.
	17	Accounts payable and accrued expenses			
	18	Grants payable	570,893.	462,204.	
Ś	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
چ	21	Mortgages and other notes payable (attach schedule)			
Ë	22	Other liabilities (describe >)			
		outer matrices (describe P			
	23	Total liabilities (add lines 17 through 22)	570,893.	462,204.	
_		Foundations that follow SFAS 117, check here ▶			
		and complete lines 24 through 26 and lines 30 and 31.	İ		
es	24	Unrestricted			
S	25				
ala	26	Temporarily restricted		<u></u>	
Q E	24 25 26 27 28 29 30	Permanently restricted			
Ē		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ► X			
F	27				
S	20	Capital stock, trust principal, or current funds			
set	40	Paid-in or capital surplus, or land, bldg , and equipment fund			
As	29	Retained earnings, accumulated income, endowment, or other funds			
ఠ	30	Total net assets or fund balances (see page 17 of the	110 255	161 150	
Z		instructions)	118,255.	161,159.	
	31	Total liabilities and net assets/fund balances (see page 17			
		of the instructions)	689,148.	623,363.	
		Analysis of Changes in Net Assets or Fund E			· · · · · · · · · · · · · · · · · · ·
1		net assets or fund balances at beginning of year - Part II,			
	end-	of-year figure reported on prior year's return)			118,255.
	Ente	amount from Part I, line 27a		2	22,903.
		r increases not included in line 2 (itemize) ▶ CHECK_FROM	PRIOR YEAR VOIDED/R	OUNDING 3	20,001.
		ines 1, 2, and 3		4	161,159.
5	Decr	aaaaa matumaliidad in lina O (dani) .		1 - 1	
<u>6</u>	Total	net assets or fund balances at end of year (line 4 minus li	ne 5) - Part II, column (b)	, line 30 6	161,159.
					Enm 990-PE (2000)

1a b c d		d describe the kind(s) of property sold (in the control of the kind(s) of property sold (in the control of the kind (s) of property sold (in the kind of the kind		(b) How acquired P-Purchase p-Donation	(c) Date acquired (mo , day, yr.)	(d) Date sold (mo., day, yr.)	
b c d							
_c	(e) Gross sales price						
d	(e) Gross sales price						
	(e) Gross sales price						
_ <u>e</u>	(e) Gross sales price						
	(e) Gross sales price	(D. Donnesistian allaward	(a) Cost or other basis		/h) Cour on (In		
_		(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)			
_ <u>a</u> _	ľ				=	0.	
_ <u>b</u>						0.	
<u> </u>						0.	
_ <u>d</u>						0.	
_	omplete only for assets st	nowing gain in column (h) and owr	ned by the foundation on 12/31/69	//\	Counc (Col. (b) a		
	(i) F M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col (j), if any		Gains (Col (h) g (k), but not less t Losses (from co	han -0-) or	
a			0.			0.	
b			0.			0.	
C	, , , , , , , , , , , , , , , , , , , ,		0.			0.	
d			0.		•	0.	
_e			0.			0.	
2 (Capital gain net income or		gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		0.	
ا ا	If gaın, also enter in Part I, If (loss), enter -0- ın Part I, li	or (loss) as defined in sections 12 line 8, column (c) (see pages 13 aine 8	and 17 of the instructions).	3			
Wa		the section 4942 tax on the distrib	utable amount of any year in the b	ase period	d? [Yes No	
		not qualify under section 4940(e) punt in each column for each year;	see page 18 of the instructions be	fore mak	ing any entries.		
	(a) Base penod years Ilendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution re (col (b) divided by		
	2008	839,044.	418,090.		(00) (0) 1,1,100 2,	2.0069	
	2007	657,229.	510,615.			1.2871	
	2006	511,671.	199,733.			2.5618	
	2005	822,137.	282,249.			2.9128	
	2004	995,143.	563,204.			1.7669	
	Total of line 1, column (d)			2		10.5355	
	•	for the 5-year base period - divide lation has been in existence if less	the total on line 2 by 5, or by the	3		2.1071	
4	Enter the net value of none	charitable-use assets for 2009 from	m Part X, line 5	4	····	413,287.	
5	Multiply line 4 by line 3 .			5		870,837.	
6	Enter 1% of net investmen	at income (1% of Part I, line 27b)		6		9.	
7	Add lines 5 and 6			7		870,846.	
8	Enter qualifying distribution If line 8 is equal to or gre Part VI instructions on page	ns from Part XII, line 4	n Part VI, line 1b, and complete t	8 hat part ι	1 , using a 1% tax	074,715. rate. See the	

Pai	TVI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of t	he ins	tructi	ons)		
1 a	Exempt operating foundations described in section 4940(d)(2), check here					
	Date of ruling or determination letter(attach copy of ruling letter if necessary - see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			9.		
	hère ▶ 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	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2					
3	Add lines 1 and 2			9.		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4					
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			9.		
6	Credits/Payments					
	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 134 .					
	Exempt foreign organizations-tax withheld at source					
С	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		L.	34		
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached					
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		1 .	<u>0.</u> 25.		
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid					
11 Box	Enter the amount of line 10 to be Credited to 2010 estimated tax 125. Refunded 11		_	0.		
	t VII-A Statements Regarding Activities		V			
та	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	4.5	Yes	No X		
	participate or intervene in any political campaign?	1a				
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)?	46		х		
	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	1 b_				
	published or distributed by the foundation in connection with the activities.					
С		1c		Х		
d						
_	(1) On the foundation \$\ (2) On foundation managers \$\ \$					
A	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
•	on foundation managers > \$					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х		
	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		Х		
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		NA		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<u>X</u>		
	If "Yes," attach the statement required by General Instruction T.					
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_	_ X			
8 a	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		τ,			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8 b	Х			
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			v		
	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			v		
	names and addresses	10		X		

3a Did the foundation hold more than a 2% direct or indirect interest in any business

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?

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3 b

XINO

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

Part VIII	and Contractors (continued)	gers, Hignly Pald Emplo	yees,
3 Five high	est-paid independent contractors for professional services (see page 23 o	f 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			
			
			
			}
Total number	er of others receiving over \$50,000 for professional services		
Part IX-A	Summary of Direct Charitable Activities		
List the found	tation's four largest direct charitable activities during the tax year. Include relevant statistical information	ation such as the number	Expenses
of organization	ons and other beneficianes served, conferences convened, research papers produced, etc		Expenses
1 NONE			
2			1
		· · · · · · · · · · · · · · · · · · ·	<u> </u>
3			
4			
Part IV B	Summary of Program-Related investments (see page 23 of the instru	ictions)	<u> </u>
	two largest program-related investments made by the foundation during the tax year on lines 1 and		Amount
1 NONE			
•			
2			
All other prog	ram-related investments. See page 24 of the instructions		
3			
			I

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

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0.

Pa	Minimum Investment Return (All domestic foundations must complete this part. Forei see page 24 of the instructions.)	gn foundatio	ns,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposès·		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	419,581.
C	Fair market value of all other assets (see page 24 of the instructions)	1c	
d	Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and	1d	419,581.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Cultiva at line O from line 4 d	3	419,581.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25		
	of the instructions)	4	6,294.
5	of the instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	413,287.
6	Minimum investment return. Enter 5% of line 5	6	20,664.
Pa	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privations and certain foreign organizations check here ☐ and do not complete this privations.	ite operating part)	
1	Minimum investment return from Part X, line 6	1	20,664.
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009 (This does not include the tax from Part VI) 2b		
С		2c	9.
3	Add lines 2a and 2b Distributable amount before adjustments. Subtract line 2c from line 1	3	20,655.
4	Recoveries of amounts treated as qualifying distributions	4	
5		5	20,655.
6	Add lines 3 and 4 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	20,655.
Pa	rt XII Qualifying Distributions (see page 25 of the instructions)	· · · · · · · · · · · · · · · · · · ·	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	1,074,715.
b	Program-related investments - total from Part IX-B	1b	0.
2	Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the.		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,074,715.
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	9.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,074,706.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating w qualifies for the section 4940(e) reduction of tax in those years	hether the fou	

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12	The XIII Undistributed Income (see page	e 26 of the instruction	ons)		_
1	Distributable amount for 2009 from Part XI,	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
•		Острао	100.0 p.10. to 2000	2000_	20,655.
2	line 7				20,033.
_	Undistributed income, if any, as of the end of 2009				
	Enter amount for 2008 only				
	Total for prior years 20,20,20				
3	Excess distributions carryover, if any, to 2009				
a	From 2004				
	• • • • • • • • • • • • • • • • • • • •				
ن	• • • • • • • • • • • • • • • • • • • •				
	· · · · · · · · · · · · · · · · · · ·	3,727,679.			
4	Total of lines 3a through e	5, 121,019.			
4	Qualifying distributions for 2009 from Part XII, line 4: > \$ 1,074,715.				
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)			j	
С	Treated as distributions out of corpus (Election required - see page 26 of the instructions)				
đ	Applied to 2009 distributable amount				20,655.
	Remaining amount distributed out of corpus	1,054,060.			
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:				
а	Corpus. Add lines 3f, 4c, and 4e Subtract line 5	4,781,739.			
b	Prior years' undistributed income. Subtract		0.		
c	line 4b from line 2b Enter the amount of prior years' undistributed		0.		
·	income for which a notice of deficiency has been		1		
	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.		
е	Undistributed income for 2008 Subtract line				
	4a from line 2a Taxable amount - see page			0.	
	27 of the instructions				
f					
	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) (see page 27 of the instructions)				
8	Excess distributions carryover from 2004 not l				
	applied on line 5 or line 7 (see page 27 of the instructions)	967,122.			
9	Excess distributions carryover to 2010.				
-	Subtract lines 7 and 8 from line 6a	3,814,617.			
10	Analysis of line 9.				
	Excess from 2005 808, 347.		j		
	Excess from 2006				
	Excess from 2007 632, 136.				
	Excess from 2008 818,271.		1		
	Excess from 2009 1,054,060 .				
				· · · · · · · · · · · · · · · · · · ·	

ıa	If the foundation has foundation, and the ruling				aung	
b	Check box to indicate wh				4942(j)(3	3) or 4942(j)(
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years	1	(e) Total
	justed net income from Part I or the minimum investment	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(6) 10(2)
	return from Part X for each year listed	NA	NA	NA	NA	0
b	85% of line 2a	0.	0.	0.	0.	(
С	Qualifying distributions from Part XII, line 4 for each year listed .					(
d	Amounts included in line 2c not used directly for active conduct					(
e	of exempt activities	0.	0	0	0.	
3	2d from line 2c Complete 3a, b, or c for the alternative test relied upon	0.	0.	0.	0.	
а	"Assets" alternative test - enter (1) Value of all assets					(
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					(
b	"Endowment" alternative test- enter 2/3 of minimum invest- ment return shown in Part X,					(
С	"Support" alternative test - enter				:	
	(1) Total support other than gross investment income (interest, dividends, rents, payments on secunites loans (section 512(a)(5)),					
	or royalties) (2) Support from general public and 5 or more exempt organizations as					
	provided in section 4942 (j)(3)(B)(iii)					(
	port from an exempt organization					(
Pa	(4) Gross investment income . Int XV Supplementa	ary Information (C	omplete this part	only if the founda	ition had \$5,000 or	<u></u>
		luring the year - se			40,000 0.	
1 a	Information Regarding List any managers of before the close of any	the foundation who h	ave contributed more			by the foundat
N/2	•	tan your (out only in a	,			
b	List any managers of ownership of a partner					arge portion of t
N/2	A Information Regarding	Contribution Grant	Gift Loan Scholarsh	in etc Programs		
	Check here ▶ ☐ If ti	he foundation only roor funds if the found	nakes contributions dation makes gifts, g	to preselected charita rants, etc. (see page	able organizations and 28 of the instructions	
	The name, address, ar	nd telephone number	of the person to whom	n applications should be		
	CHAEL R. STEWART The form in which appl		N AVENUE, ALLEO omitted and information		(269) 673-8451 should include	
ON	SPECIFIC FORMAT	r is required				
С	Any submission deadling	nes.				
	SPECIFIC DEADLE					
d	Any restrictions or lif factors	mitations on awards,	such as by geogra	pnicai areas, charitat	ole fields, kinds of ins	titutions, or oth
MUS	T SUPPORT EDUCATION	AL OR HEALTHCARE-I	RELATED CHARITABLE	ACTIVITY, LOCATED	W/IN PERRIGO COMMU	
90 1	000					Form 990-PF (2

Form 990-PF (2009) Page 11 Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation status of recipient Recipient Purpose of grant or contribution Amount Name and address (home or business) a Paid during the year SEE ATTACHED STATEMENT 293,184. 293,184. **b** Approved for future payment SEE ATTACHED STATEMENT 462,204.

462,204.

Part XV	/I-A Analysis of Income-Produ	icing Acti	vities			
Enter gros	s amounts unless otherwise indicated	(a)	ated business income (b)	(c)	y section 512, 513, or 514 (d)	(e) Related or exempt function income
1 Progra	ım service revenue	Business code	Amount	Exclusion code	Amount	(See page 28 of the instructions)
a				<u></u>		
b						
С						
d						
e						
f	-					
g Fee	es and contracts from government agencies	ļ				
2 Membe	ership dues and assessments					
	on savings and temporary cash investments			14	899.	
	nds and interest from secunties			ļ		
	ntal income or (loss) from real estate:					
	bt-financed property					
	t debt-financed property			<u> </u>		
	tal income or (loss) from personal property .					
7 Other i	nvestment income					
	(loss) from sales of assets other than inventory					
9 Net inc	come or (loss) from special events					
	profit or (loss) from sales of inventory					
11 Other r	revenue a					
b						
c			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
d						
е			<u>-</u>			
	al. Add columns (b), (d), and (e)		0.	<u> </u>	899.	0.
13 Total. A	Add line 12, columns (b), (d), and (e)				13	899.
Part XV	sheet in line 13 instructions on page 28 til-B Relationship of Activities					
Line No. ▼	Explain below how each activithe accomplishment of the forpage 29 of the instructions)	ty for which	ch income is reported	ın column	(e) of Part XVI-A cont	ributed importantly to such purposes) (See
	N/A				···	
					· ,	
						
				~		
						
						
	<u> </u>					
						
-	 					
						
						
					-	
					, <u>.</u> .	
				-		

	990-PF	Information		Transfers To and	Transac	ctions a	ınd Relat	ionship	s With N	lonc		_{ege} 13 table
		Exempt Orga			_							
1	Did t	he organization directl	y or indirectly	engage in any of the	following	with an	y other org	ganization	described	<u> </u>	Yes	No
	organ	izations?	ode (other than	n section 501(c)(3) orga	anizations)	or in se	ection 527,	relating	to political			
8				onchantable exempt organi						1.	1	\ _V
										ľ	1	X
_	_									1a(2)		<u> X</u>
t		transactions.										
				organization								X
				exempt organization								X
				ets							1	X
				· · · · · · · · · · · · · · · · · · ·						ı	ι	X
												X
				r fundraising solicitations .						l	 	X
				other assets, or paid employ						<u> 1c</u>	<u> </u>	
C				"Yes," complete the fol								
		= :		vices given by the repo	•							
	value	in any transaction of	snamy arran	igement, show in colum	ın (a) tn	e value (or the good	s, other	assets, or	service	es re	Jeiveu
(a)	Line no	(b) Amount involved	(c) Name of	noncharitable exempt organiza	ation	(d) Descr	iption of transf	ers, transac	tions, and shar	ing arra	ngeme	nts
		ļ										
												
		 										
							 _					
												
			 									
												
_											_	
								_				
							-					
												
	_ 											
	sectio	n 501(c) of the Code (oth s," complete the following	ner than section 5	ated with, or related to, of 501(c)(3)) or in section 527	⁷ °		· · · · · · ·	 		Ye	* [] No
		(a) Name of organization	1	(b) Type of organ	nization			c) Descript	ion of relations	hib		
					 -	-					_	
							-					
						-		- -				
_	Under	penalties of periury I decl	are that I have exa	amined this return, including	accompan	vina schedu	les and staten	nents and	to the hest of	mv ki	nowled	de and
	belief,	it is true, correct, and com	plete Declaration o	of preparer (other than taxpa	yer or fiduc	ary) is base	ed on all inform	mation of v	hich preparer	has ar	ny knov	vledge
	\ _	AMM Y	OWN									
re	Sı	gnature of officer or trustee			, . -	Date		Title				
Sign Here	v				Date		Check if	▶□	Preparer's number (Sec	e Signa	iture or	,
Sig	Paid Preparer's Use Only	Preparer's signature					self-employe	ea -	page 30 of the	ie instr	uctions	,
,	Paid Prepa Use C	Firm's name (or yours if			<u> </u>		' 	EIN ▶	L			
	ž š	self-employed), address	—									
		and ZIP code						Phone no).			

Form **990-PF** (2009)



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

Name of the organization Employer identification number PERRIGO COMPANY CHARITABLE FOUNDATION 38-3553518 Organization type (check one): Filers of: Section: X 501(c)(3 Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and ш For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

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

	1	_	1	
age	<u> </u>	of	-	of Part I

Name of organization
PERRIGO COMPANY CHARITABLE FOUNDATION

Employer identification number 38-3553518

Part I. Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	PERRIGO COMPANY 515 EASTERN AVENUE ALLEGAN, MI 49010	\$1,000,000.	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)
(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)

Name of organization PERRIGO COMPANY CHARITABLE FOUNDATION Employer identification number 38-3553518

ns)

(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
		\$	
(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

	(Form 990, 990-EZ, or 990-PF) (2009)			Page of of Part III			
Name of orga	anization O COMPANY CHARITABLE FOUNDA	TTON		Employer identification number 38-3553518			
Part III	Exclusively religious, charitable, etc., aggregating more than \$1,000 for the For organizations completing Part III, econtributions of \$1,000 or less for the	individual contributions to e year. (Complete columns enter the total of exclusively	(a) through religious, cl	01(c)(7), (8), or (10) organizations (e) and the following line entry. naritable, etc.,			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	in Office. Oct	(d) Description of how gift is held			
		(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relation	ship 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, ar	nd ZIP + 4	Relation	ship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, an	d ZIP + 4	Relations	ship 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, an	d ZIP + 4	Relations	ship of transferor to transferee			

Perrigo Company Charitable Foundation Form 990-PF	
Part I Line 23	-
Other Expenses	_
Michigan Annual Report Fee	20

.

Part VIII Line 1

Michael R Stewart

515 Eastern Avenue, Allegan, MI 49010

List all officers, directors, trustees, founda	tion managers and their compensa	tion		
	(b) Title, and average hours per	(c)	(d) Contributions to employee benefit plans and deferred	account, other
(a) Name and address	week devoted to position	Compensation	compensation	allowances
Joseph C. Papa 515 Eastern Avenue, Allegan MI 49010	President 1	-	-	-
John T Hendrickson 515 Eastern Avenue, Allegan MI 49010	Executive Vice President 1	-	-	-
Judy L. Brown 515 Eastern Avenue, Allegan MI 49010	Executive Vice President, CFO 1	-	-	-
Scott R. Rush 515 Eastern Avenue, Allegan MI 49010	Vice President 1	-	-	-
Todd W. Kıngma 515 Eastern Avenue, Allegan MI 49010	Secretary 1	-	-	-
Ronald L Winowiecki 515 Eastern Avenue, Allegan MI 49010	Treasurer 1	-	-	-
David W. Mason 515 Eastern Avenue, Allegan MI 49010	Assistant Secretary	-	-	-

Director

Part XV Line 3a Paid Dunng Year

raid Duning Year				- _
Allegan Area Chamber of Commerce - Downtown Dev Auth	Allegan, MI	1,665 00	Non-charity	Chantable activities
Allegan Area Educational Services	Allegan, Mi	3,000 00	Non-chanty	Educational activities
Allegan County - Essay Contest Sponsorship	Allegan, MI	225 00	Non-chanty	Educational activities
Allegan County Firefighters Assoc	Allegan, MI	500 00	Chanty	Chantable activities
Allegan County Health Department	Allegan, MI	800 00	Non-chanty	Chantable activities
Allegan County Medical Care Facility	Allegan, MI	10,000 00	Non-chanty	Chantable activities
Allegan Lions Club	Allegan, MI	500 00	Chanty	Charitable activities
Allegan Public Library	Allegan, MI	5,000 00	Non-chanty	Educational activities
American Cancer Society	Portage, MI	5,000 00	Chanty	Chantable activities
American Cancer Society	Grand Rapids, MI	10,000 00	Chanty	Charitable activities
American Diabetes Assc	Grand Rapids, MI	2,000 00	Charity	Charitable activities
American Heart Association	Grand Rapids, MI	5,000 00	Chanty	Charitable activities Charitable activities
American Red Cross Arthritis Foundation MI Chapter	Allegan, MI	2,500 00	Chanty Private Foundation	Chantable activities
Big Brothers, Big Sisters	Kentwood, MI Kalamazoo. MI	5,000 00 3,750 00	Chanty	Charitable activities
Boy Scouts	Allegan, MI	2,500 00	Chanty	Educational activities
Boy Scouts of America	Grand Rapids, MI	2,500 00	Charity	Charitable activities
Boys & Girls Club of Holland	Holland, Mi	2,000 00	Chanty	Chantable activities
Bronx High School	Bronx, NY	3,000 00	Non-chanty	Educational activities
Bronx High School of Science	Bronx, NY	3,000 00	Non-charity	Educational activities
Camp Kidwell	Allegan, MI	500 00	Charity	Chantable activities
CASA	Allegan, MI	5,000 00	Charity	Chantable activities
Center for Women in Transition	Holland, MI	5,000 00	Chanty	Charitable activities
City on a Hill Ministries	Zeeland, MI	7,500 00	Chanty	Religious activities
Conductive Educ & Rehab Center	Grand Rapids, MI	1,000 00	Non-chanty	Chantable activities
Education Foundation of Allegan	Allegan, MI	8,000 00	Private Foundation	Educational activities
Fennville Public Schools	Fennville, MI	3,000 00	Non-chanty	Educational activities
Gilda's Club	Grand Rapids, MI	2,500 00	Chanty	Chantable activities
Glen Public Schools	Glenn, MI	2,000 00	Non-charity	Educational activities
Glimore for Kids	Kalamazoo, MI	2,500 00	Chanty	Educational activities
Goodwill Industries of SW Mich	Kalamazoo, MI	1,000 00	Chanty	Charitable activities
Grand Rapids Art Museum	Grand Rapids, MI	1,000 00	Non-charity	Educational activities
Grand Rapids Public Museum	Grand Rapids, MI	5,000 00	Non-chanty	Educational activities Charitable activities
Greater Cincinnati Behavioral Greater Palm Beach Area Chapter	Cincinnati, OH West Palm Beach, FL	1,000 00	Non-chanty Chanty	Charitable activities
Holland Christian Schools	Holland, MI	5,000 00	Non-charity	Educational activities
Holland Hospital Foundation	Holland, MI	3,600 00 10,000 00	Private Foundation	Chantable activities
Hope College	Holland, Mi	11,400 00	Non-charity	Educational activities
Hospice at Home	Saint Joseph, MI	600 00	Chanty	Hospice care
Hospice Care of SW Mich	Kalamazoo, Mi	100 00	Non-charity	Hospice care
Imagination Library	Allegan, MI	10,000 00	Non-charity	Educational activities
Junior Achievement	Grand Rapids, MI	2,500 00	Charity	Charitable activities
Juvenile Diabetes Research Foundation	Grand Rapids, MI	2,500 00	Private Foundation	Charitable activities
Kalamazoo College	Kalamazoo, MI	2,086 00	Non-charity	Educational activities
Kalamazoo Kings	Kalamazoo, Mi	2,500 00	Private Foundation	Educational activities
Kids Food Basket	Grand Rapids, Mi	15,000 00	Charity	Charitable activities
Lake Michigan United Methodist Church	Pentwater, MI	100 00	Non-chanty	Religious activities
Lakeshore Ethnic Diversity	Grand Haven, MI	2,500 00	Charity	Charitable activities
Leukemia & Lymphoma Society MI	Grand Rapids, MI	2,500 00	Charity	Charitable activities
Life Services System	Holland, MI	500 00	Chanty	Chantable activities
Life Span Good Samantan	Battle Creek, MI	100 00	Chanty	Hospice care
Martin Education Foundation	Martin, MI	3,000 00	Private Foundation	Educational activities Chantable activities
Mental Health Foundation	Grand Rapids, MI Allegan, Mi	1,000 00	Private Foundation Non-charity	Chantable activities
Miss Allegan County Scholarship NACDS Foundation	Alexandria, VA	500 00	Private Foundation	Chantable activities
National Multiple Sclerosis	Sopramus, NJ	13,350 00 1,000 00	Private Foundation	Chantable activities
Otsego Public Schools	Otsego, MI	3,000 00	Non-chanty	Educational activities
Ottagen Addictions Recovery	Holland, MI	500 00	Chanty	Chantable activities
Pathways Assembly of God	Plainwell, MI	100 00	Non-charity	Religious activities
Plainwell Education Foundation	Plainwell, MI	3,000 00	Private Foundation	Educational activities
Safe Harbor	Allegan, MI	2,907 00	Chanty	Charitable activities
Saugatuck Center for the Arts	Saugutuck, MI	15,000 00	Charity	Chantable activities
Seeds of Grace	Allegan, Mi	9,500 00	Chanty	Charitable activities
St Stanislaus Catholic School	Door, MI	6,838 00	Non-charity	Educational activities
Students in Free Enterprise	Springfield, MO	10,000 00	Non-chanty	Educational activities
Susan G Komen Breast Cancer Found	Kalamazoo, MI	2,500 00	Private Foundation	Charitable activities
Sylvia's Place	Allegan, MI	3,000 00	Chanty	Chantable activities
The Economic Club of Grand Rapids	Grand Rapids, MI	500 00	Non-charity	Educational activities
Trillium Woods	Byron Center, MI	100 00	Chanty	Hospice care
United Way of Allegan County	Allegan, MI	(637 36)	Chanty	Charitable activities
University of Conn Urban Services	Trastorrs, CT	15,000 00	Non-charity	Educational activities

Part XV Line 3a				
Paid During Year				
Vitamin Angels	Santa Barbara, CA	12,500 00	Chanty	Chantable activities
Wayland Union Educational Foundation	Wayland, MI	3,000 00	Private Foundation	Educational activities
West Ottowa High School	Holland, MI	1,500 00	Non-chanty	Educational activities
Wings of Hope Hospice, Inc	Allegan, MI	2,100 00	Chanty	Hospice care
Total Contributions		293,183.64		

PERRIGO COMPANY CHARITABLE FOUNDATION FORM 990-PF

Part XV Line 3b Approved for Future Payment				
United Way of Allegan United Way of Greenville	Allegan, MI Greenville, SC	148,159.01 42.045 29	Charity Charity	Charitable Activities Charitable Activities
CHPA Education Foundation	Allegan, MI	50,000 00	Private Foundation	Educational Activities
Perrigo Scholarship Program	Allegan, MI	222,000.00	Non-Charity	Educational Activities
Approved for Future Payment		462,204.30		

Form **8868**

(Rev April 2009)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Internal Revenue S	Service	File a separate application for each return.	
•	Ţ.	-Month Extension, complete only Part I and check this box	
 If you are f Do not comple 	filing for an <mark>Additional (N</mark> Afte Part II unless you have	Not Automatic) 3-Month Extension, complete only Part II (on page a already been granted an automatic 3-month extension on a pre	ge 2 of this form). viously filed Form 8868.
Part Auto	matic 3-Month Exter	nsion of Time. Only submit original (no copies needed).	
		0-T and requesting an automatic 6-month extension - check this b	oox and complete
Part I only			
time to file inc	ome tax retums.	0-C filers), partnerships, REMICs, and trusts must use Form 7	
one of the re- electronically i returns, or a c	turns noted below (6 if if (1) you want the add omposite or consolidate	u can electronically file Form 8868 if you want a 3-month aut months for a corporation required to file Form 990-T). Howev litional (not automatic) 3-month extension or (2) you file Forms at From 990-T. Instead, you must submit the fully completed and tic filing of this form, visit www.irs.gov/efile and click on e-file for C	er, you cannot file Form 8868 990-BL, 6069, or 8870, group d signed page 2 (Part II) of Form
Type or	Name of Exempt Organiz	ation	Employer identification number
print	PERRIGO COMPANY	CHARITABLE FOUNDATION	38-3553518
File by the	Number, street, and roor	n or suite no. If a P.O. box, see instructions.	
due date for	515 EASTERN AVE	CNUE	
filing your return. See	City, town or post office,	state, and ZIP code. For a foreign address, see instructions.	
instructions	ALLEGAN, MI 4901	.0	
Check type o	f return to be filed (file	a separate application for each return):	
Form 990)	Form 990-T (corporation) For	m 4720
Form 990	-BL	Form 990-T (sec. 401(a) or 408(a) trust) For	m 5227
Form 990	-EZ	Form 990-T (trust other than above)	m 6069
X Form 990	-PF	Form 1041-A For	m 8870
 If the organ If this is for for the whole gnames and Ell 1 I reques until FEB 	r a Group Return, enter the group, check this box. It is of all members the est an automatic 3-medical RUARY 15 20 ganization's return for:	n office or place of business in the United States, check this box ne organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box. In an extension will cover. Onth (6 months for a corporation required to file Form 11, to file the exempt organization return for the organization	. If this is and attach a list with the m 990-T) extension of time
X	tax year beginning JU		, 2010 .
2 If this tax	year is for less than 12	months, check reason: Initial return Final return	Change in accounting period
nonrefund	dable credits. See instru		3a \$ 134.
b If this app	plication is for Form 99	0-PF or 990-T, enter any refundable credits and estimated tax p	
		payment allowed as a credit.	3b \$ 134.
c Balance I	Due. Subtract line 3b fr	om line 3a. Include your payment with this form, or, if required,	deposit
with FTC	coupon or, if requir	ed, by using EFTPS (Electronic Federal Tax Payment System	deposit m). See
instruction	ns.		3c \$ 0.
Caution. If you	are going to make an e	lectronic fund withdrawal with this Form 8868, see Form 8453-EC	D and Form 8879-EO
for payment ins		•	
		ction Act Notice, see Instructions.	Form 8868 (Rev. 4-2009)

Ja 11/2/10