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Form **990-PF**

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

OMB No 1545-0052

2009Department of the Treasury
Internal Revenue Service

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

For calendar year 2009, or tax year beginning **07/01/09**, and ending **06/30/10**

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

Use the IRS label. Otherwise, print or type See Specific Instructions.	Name of foundation ALICE A. STODDARD TRUST U/W MONROE BANK & TRUST, TRUSTEE		A Employer identification number 38-6052244
	Number and street (or P O box number if mail is not delivered to street address) 102 EAST FRONT STREET	Room/suite	B Telephone number (see page 10 of the instructions) 734-242-2047
	City or town, state, and ZIP code MONROE MI 48161		C If exemption application is pending, check here <input type="checkbox"/> D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>
H Check type of organization <input type="checkbox"/> Section 501(c)(3) exempt private foundation <input checked="" type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 167,635 (Part I, column (d) must be on cash basis)		J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue				
1 Contributions, gifts, grants, etc., received (attach schedule)				
2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
3 Interest on savings and temporary cash investments	35	35		
4 Dividends and interest from securities	4,301	4,301		
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10	-4,259			
b Gross sales price for all assets on line 6a 26,608				
7 Capital gain net income (from Part IV, line 2)		0		
8 Net short-term capital gain			0	
9 Income modifications				
10a Gross sales less returns & allowances				
b Less Cost of goods sold				
c Gross profit or (loss) (attach schedule)				
11 Other income (attach schedule)				
12 Total. Add lines 1 through 11	77	4,336	0	
Operating and Administrative Expenses				
13 Compensation of officers, directors, trustees, etc	3,000	1,500		1,500
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16a Legal fees (attach schedule)				
b Accounting fees (attach schedule) STMT 1	620	310		310
c Other professional fees (attach schedule)				
17 Interest				
18 Taxes (attach schedule) (see page 14 of the instructions)				
19 Depreciation (attach schedule) and depletion				
20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses (att sch) STMT 2	32	16		16
24 Total operating and administrative expenses. Add lines 13 through 23	3,652	1,826		1,826
25 Contributions, gifts, grants paid	2,544			2,544
26 Total expenses and disbursements. Add lines 24 and 25	6,196	1,826	0	4,370
27 Subtract line 26 from line 12				
a Excess of revenue over expenses and disbursements	-6,119			
b Net investment income (if negative, enter -0-)		2,510		
c Adjusted net income (if negative, enter -0-)			0	

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

Form **990-PF** (2009)

Part II Balance Sheets

Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	54	170	170
	2 Savings and temporary cash investments	40,638	5,052	5,052
	3 Accounts receivable ▶			
	Less allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 16 of the instructions)			
	7 Other notes and loans receivable (att schedule) ▶			
	Less allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule) SEE STMT 3	71,499	104,251	103,636
	c Investments—corporate bonds (attach schedule) SEE STMT 4	60,619	57,218	58,777
	11 Investments—land, buildings, and equipment basis ▶			
Less accumulated depreciation (attach sch) ▶				
12 Investments—mortgage loans				
13 Investments—other (attach schedule)				
14 Land, buildings, and equipment basis ▶				
Less accumulated depreciation (attach sch) ▶				
15 Other assets (describe ▶)				
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	172,810	166,691	167,635	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)			
23 Total liabilities (add lines 17 through 22)	0	0		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/>			
	and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/>			
	and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	172,810	166,691	
28 Paid-in or capital surplus, or land, bldg, and equipment fund				
29 Retained earnings, accumulated income, endowment, or other funds				
30 Total net assets or fund balances (see page 17 of the instructions)	172,810	166,691		
31 Total liabilities and net assets/fund balances (see page 17 of the instructions)	172,810	166,691		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	172,810
2 Enter amount from Part I, line 27a	2	-6,119
3 Other increases not included in line 2 (itemize) ▶	3	
4 Add lines 1, 2, and 3	4	166,691
5 Decreases not included in line 2 (itemize) ▶	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	166,691

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	SEE ATTACHED	P	VARIOUS	VARIOUS
b	SEE ATTACHED	P	VARIOUS	VARIOUS
c	ST CAPITAL GAIN DISTRIBUTIONS			
d	LT CAPITAL GAIN DISTRIBUTIONS			
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 8,624		9,568	-944
b 17,560		21,299	-3,739
c 299			299
d 125			125
e			

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

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			-944
b			-3,739
c			299
d			125
e			

2 Capital gain net income or (net capital loss)	<div style="border: 1px solid black; padding: 2px;"> If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 </div>	2	-4,259
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8	<div style="border: 1px solid black; padding: 2px;"> If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8 </div>	3	

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

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

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

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

☒ Yes ☐ No

(2005)

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2008			
2007			
2006			
2005			
2004			

2 Total of line 1, column (d)	2
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4
5 Multiply line 4 by line 3	5
6 Enter 1% of net investment income (1% of Part I, line 27b)	6
7 Add lines 5 and 6	7
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions on page 18.	8

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	50
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	0
3	Add lines 1 and 2	3	50
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-	5	50
6	Credits/Payments		
a	2009 estimated tax payments and 2008 overpayment credited to 2009	6a	286
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d	7	286
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	236
11	Enter the amount of line 10 to be Credited to 2010 estimated tax 236 Refunded	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 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 published or distributed by the foundation in connection with the activities		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \$ _____ (2) On foundation managers \$ _____		
e 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? If "Yes," attach a detailed description of the activities		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) MI		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page 27)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A	13	X	
14	The books are in care of ► MONROE BANK & TR-JAIME MCDONALD 102 EAST FRONT STREET Located at ► MONROE, MI	Telephone no ► 734-242-2047 ZIP+4 ► 48161		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year	►	15	X 0

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

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

		Yes	No
1a	During the year did the foundation (either directly or indirectly):		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6)	Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here	N/A ► <input type="checkbox"/>	
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?	1c	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? If "Yes," list the years ► 20 05 , 20, 20, 20	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see page 20 of the instructions.)	2b	X
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► 20, 20, 20, 20		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009)	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b	X

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

5a	During the year did the foundation pay or incur any amount to:			
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(2)	Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here			5b <input checked="" type="checkbox"/>
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d)	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870			6b <input checked="" type="checkbox"/>
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A		7b

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
MONROE BANK & TRUST	TRUSTEE	3,000	0	0
	2.00			

2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). 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

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3 Five highest-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		

Total number of others receiving over \$50,000 for professional services ▶**Part IX-A Summary of Direct Charitable Activities**

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

1 **THE CHARITABLE ACTIVITY OF THIS FOUNDATION IS TO MAKE GRANTS TO THE UNIVERSITY OF MICHIGAN FOR RESEARCH OF LYMPH GLAND DISEASES.**

2

3

4

Expenses

Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

1 **N/A**

2

All other program-related investments. See page 24 of the instructions

3

Amount

Total. Add lines 1 through 3 ▶

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	160,545
b	Average of monthly cash balances	1b	12,361
c	Fair market value of all other assets (see page 24 of the instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	172,906
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	172,906
4	Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see page 25 of the instructions)	4	2,594
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	170,312
6	Minimum investment return. Enter 5% of line 5	6	8,516

Part XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part)

1	Minimum investment return from Part X, line 6	1	8,516
2a	Tax on investment income for 2009 from Part VI, line 5	2a	50
b	Income tax for 2009 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	50
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	8,466
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	8,466
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	8,466

Part XII Qualifying Distributions (see page 25 of the instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	4,370
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
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	4,370
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	4,370

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				8,466
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2009				
a From 2004				
b From 2005				
c From 2006				
d From 2007				17,427
e From 2008				2,185
f Total of lines 3a through e		19,612		
4 Qualifying distributions for 2009 from Part XII, line 4 ▶ \$ 4,370				
a 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)				
c Treated as distributions out of corpus (Election required—see page 26 of the instructions)				
d Applied to 2009 distributable amount				4,370
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	4,096			4,096
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	15,516			
b Prior years' undistributed income Subtract line 4b from line 2b				
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				
e Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions				
f Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)				
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions)				
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	15,516			
10 Analysis of line 9				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				13,331
d Excess from 2008				2,185
e Excess from 2009				

Part XIV Private Operating Foundations (see page 27 of the instructions and Part VII-A, question 9)

1a	If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling				
b	Check box to indicate whether the foundation is a private operating foundation described in section	<input type="checkbox"/> 4942(j)(3) or	<input type="checkbox"/> 4942(j)(5)		
2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years		
b	85% of line 2a	(a) 2009	(b) 2008	(c) 2007	(d) 2006
c	Qualifying distributions from Part XII, line 4 for each year listed				
d	Amounts included in line 2c not used directly for active conduct of exempt activities				
e	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c				
3	Complete 3a, b, or c for the alternative test relied upon				
a	"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 investment return shown in Part X, line 6 for each year listed				
c	"Support" alternative test—enter				
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities 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)				
	(3) Largest amount of support from an exempt organization				
	(4) Gross investment income				

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see page 28 of the instructions.)

1	Information Regarding Foundation Managers:
a	List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2)) N/A
b	List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest N/A
2	Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs.
	Check here <input checked="" type="checkbox"/> if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d
a	The name, address, and telephone number of the person to whom applications should be addressed UNIV OF MICHIGAN MEDICAL RESEARCH 734-763-9600 MEDICAL ADMINISTRATION, BOX 0624 ANN ARBOR MI 48109
b	The form in which applications should be submitted and information and materials they should include SAMPLE APPLICATION ATTACHED
c	Any submission deadlines FEBRUARY 1
d	Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors SEE STATEMENT 5

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year UNIVERSITY OF MICHIGAN MEDICAL SCHOOL ANN ARBOR MI 48109		EXEMPT TO FINANCE A STUDENT BY THE UNIVERSITY OF MICHIGAN FOR THE PURPOSE OF DOING RESEARCH OF LYMPH GLAND DISEASES.		2,544
Total			▶ 3a	2,544
b Approved for future payment N/A				
Total			▶ 3b	

50073 ALICE A. STODDARD TRUST U/W
38-6052244
FYE: 6/30/2010

Federal Statements

Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
INDIRECT- TAX SERVICE	\$ 620	\$ 310	\$	\$ 310
TOTAL	\$ 620	\$ 310	\$ 0	\$ 310

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

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
EXPENSES				
INVESTMENT EXPENSES	32	16		16
TOTAL	\$ 32	\$ 16	\$ 0	\$ 16

Federal Statements

FYE: 6/30/2010

Statement 3 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>	<u>Fair Market Value</u>
600 CITIGROUP INC	\$ 348	\$		\$
454/227 SHS T ROWE PRICE REAL ESTATE	7,679	2,995	COST	3,263
1,006/860 SHS ROYCE PENN MUTUAL	9,152	7,450	COST	7,918
361 SHS EATON VANCE EMERG MKTS	16,524	16,508	COST	14,748
452 SHS GOLDMAN SACHS ABSOL		4,073	COST	3,995
131 SHS CHINA FD #804		3,537	COST	3,266
696/518 SHS PIMCO COMM RR	7,617	4,424	COST	3,820
937/1,083 SHS VANGUARD DEV MRKTS	11,033	12,152	COST	8,923
534/1389 SHS VANGUARD GRWTH	9,573	29,241	COST	32,201
622/1,407 SHS VANGUARD VALUE	9,573	23,871	COST	25,502
TOTAL	\$ 71,499	\$ 104,251		\$ 103,636

Statement 4 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>	<u>Fair Market Value</u>
807/797SHS FIDELITY SHORT TERM FIXED	\$ 7,489	\$ 7,387	COST	\$ 7,328
178 SHS FIDELITY AD EMG MK		2,265	COST	2,267
651/448 SHS PIMCO HIGH YIELD	5,998	3,967	COST	3,969
336/280 SHS VANGUARD INFLATION	3,948	3,285	COST	3,629
693/543 SHS EVERGREEN INTL	7,884	6,137	COST	5,898
3,269/3,169 SHS PIMCO TOTAL RETURN	35,300	34,177	COST	35,686
TOTAL	\$ 60,619	\$ 57,218		\$ 58,777

Form 990-PF, Part XV, Line 2b - Application Format and Required Contents

Description

SAMPLE APPLICATION ATTACHED

Form 990-PF, Part XV, Line 2c - Submission Deadlines

Description

FEBRUARY 1

Statement 5 - Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

Description

INDIVIDUALS MUST BE SELECTED BY THE UNIVERSITY OF MICHIGAN
FOR LYMPH GLAND RESEARCH

PREPARED FOR ACCOUNT # 24 00 0379 0 09 - ALICE STODDARD TR UW

TAX LEDGER

PROCESS DATE 07/06/2010

FOR THE PERIOD 07/01/2009 TO 06/30/2010

SECTION A - CAPITAL GAINS & LOSSES

		SHORT TERM SALES & MATURITIES			CAPITAL PROCEEDS TO		SHORT TERM	
SHARES/PAR	SECURITY	REG	ACQUIRED	SOLD	INCOME CASH PRINCIPAL CASH	COST BASIS	GAIN OR LOSS	
14 4290	FIDELITY ADVISOR EMERGING	1	10/29/09	04/06/10	187 00	-183 68	3.32	
	MARKET INCOME FUND (31592070D)							
180 0000	PROSHARES TR ULTRA SHORT 500 1	1	07/24/09	08/21/09	7822.22	-8813.23	-991.01*	
	(74347R883)							
48 6940	VANGUARD INFLAT PROTECTED-IV 1	1	01/14/09	10/29/09	615.00	-571.18	43 82	
	(92203186D)							
TOTAL SHORT TERM SALES & MATURITIES					8624 22	9568 09	-943.87	
		SHORT TERM CAPITAL GAIN DIVIDENDS						
	SECURITY		DATE		CODE	AMOUNT		
	FIDELITY ADVISOR EMERGING	1	12/24/09		59	2.89		
	MARKET INCOME FUND (31592070D)							
	GOLDMAN SACHS ABS RET TR-I 1	1	12/10/09		59	3.13		
	(38145N22D)							
	PIMCO TOTAL RETURN FUND-INST 1	1	12/10/09		59	292.88		
	(69339070D)							
TOTAL SHORT TERM CAPITAL GAIN DIVIDENDS								298 90
TOTAL SHORT TERM GAIN & LOSSES								-644.97

		LONG TERM SALES & MATURITIES			CAPITAL PROCEEDS TO		LONG TERM	
SHARES/PAR	SECURITY	REG	ACQUIRED	SOLD	INCOME CASH PRINCIPAL CASH	COST BASIS	GAIN OR LOSS	
600.0000	CITIGROUP INC	1	08/13/75	02/12/10	1865 97	-347.70	1518 27	
	(172967101)							
48 2960	EATON VANCE TAX-MAN EM MK-IN 1	1	02/23/07	08/18/09	1757.00	-1998.97	-241.97	
	(27790760D)							
11 4800	EATON VANCE TAX-MAN EM MK-IN 1	1	02/23/07	04/06/10	526 00	-475 16	50 84	
	(27790760D)							
15 2730	EVERGREEN INTL BOND FUND-IN 1	1	02/12/08	08/18/09	168.00	-176.86	-8 86	
	(29990883D)							

ACCOUNT SITUS = MI
 TAX ID# = 386052244
 STATE TAX ID# =

PROCESS DATE 07/06/2010

FOR THE PERIOD 07/01/2009 TO 06/30/2010

SECTION A - CAPITAL GAINS & LOSSES

LONG TERM SALES & MATURITIES		CAPITAL PROCEEDS TO		LONG TERM	
SHARES/PAR	SECURITY	REG	ACQUIRED DATE	SOLD DATE	GAIN OR LOSS
117.8200	EVERGREEN INTL BOND FUND-IN (29990883D)	1	02/12/08	10/29/09	-1364.36
17.8000	EVERGREEN INTL BOND FUND-IN (29990883D)	1	02/12/08	04/06/10	-206.12
54.1160	FIDELITY ADV SHORT FXD INC-I (31580785D)	1	05/06/08	04/06/10	-504.36
214.7270	PIMCO TOTAL RETURN FUND-IN (69339070D)	1	02/12/08	04/06/10	-2359.85
59.7260	PIMCO HIGH YIELD FUND-IN (69339084D)	1	02/23/07	08/18/09	-597.26
90.2210	PIMCO HIGH YIELD FUND-IN (69339084D)	1	02/23/07	10/29/09	-902.21
53.1420	PIMCO HIGH YIELD FUND-IN (69339084D)	1	02/23/07	04/06/10	-531.42
66.6880	PIMCO COMMODITY RR STRAT-INS (72200566D)	1	02/23/07	08/18/09	-978.31
165.1060	PIMCO COMMODITY RR STRAT-INS (72200566D)	1	08/14/07	08/18/09	-2328.00
22.6790	PIMCO COMMODITY RR STRAT-INS (72200566D)	1	05/06/08	08/18/09	-432.26
5.6030	PIMCO COMMODITY RR STRAT-INS (72200566D)	1	05/06/08	10/29/09	-106.79
150.2030	T ROWE PRICE REAL ESTATE FD (77991910D)	1	08/14/07	08/18/09	-3187.32
15.2700	T ROWE PRICE REAL ESTATE FD (77991910D)	1	11/06/07	08/18/09	-339.00
4.4880	T ROWE PRICE REAL ESTATE FD (77991910D)	1	12/19/07	08/18/09	-84.59
25.8200	T ROWE PRICE REAL ESTATE FD (77991910D)	1	02/12/08	08/18/09	-483.61
3.3390	T ROWE PRICE REAL ESTATE FD (77991910D)	1	02/12/08	10/29/09	-62.54
					-21.54

PREPARED FOR ACCOUNT # 24 00 0379 0 09 - ALICE STODDARD TR UW

ACCOUNT SITUS = MI
TAX ID# = 386052244
STATE TAX ID# =

PROCESS DATE 07/06/2010

FOR THE PERIOD 07/01/2009 TO 06/30/2010

SECTION A - CAPITAL GAINS & LOSSES

LONG TERM SALES & MATURITIES

SHARES/PAR	SECURITY	REG	ACQUIRED	SOLD	CAPITAL PROCEEDS TO INCOME CASH PRINCIPAL CASH	COST BASIS	LONG TERM GAIN OR LOSS
28 1250	T ROWE PRICE REAL ESTATE FD (77991910D)	1	02/12/08	04/06/10	450.00	-526.78	-76.78
151 5040	ROYCE PENNSYLVANIA MUT FD-IN (78090584D)	1	02/03/06	08/18/09	1259.00	-1742.29	-483.29
120.0460	VANGUARD DEVELOPED MKT-INV (92190970D)	1	07/24/08	08/18/09	1048 00	-1412 94	-364.94
12.8100	VANGUARD INFLAT PROTECTED-IV (92203186D)	1	01/14/09	04/06/10	160.00	-150.26	9.74
	TOTAL LONG TERM SALES & MATURITIES				17559.97	21298.96	-3738 99

LONG TERM CAPITAL GAIN DIVIDENDS

SECURITY	FUND-INST	DATE	CODE	AMOUNT
PIMCO TOTAL RETURN	1	12/10/09	60	81.47
PIMCO COMMODITY RR STRAT-INS	1	12/10/09	60	43.19
TOTAL LONG TERM CAPITAL GAIN DIVIDENDS				124.66

TOTAL LONG TERM GAIN & LOSSES

-3614 33

TOTAL CAPITAL GAINS & LOSSES

-4259.30

* - SEE POTENTIAL WASH SALE SECTION

Student Medical Research Program
Medical Administration
M7330 Medical Science I Box 0624

Mrs. Jeanne Jaeger
Coordinator, SMRP
(313) 936-1494

Instructions Regarding Completion of Applications For
Medical School Student Research Applications

The Committee on Student Medical Research has as its goal the development of satisfying research experiences for all interested students. Many of the research experiences are supported by the individual prospective faculty advisor's own research or training grants. When the prospective faculty advisor does not have funds available for student research, the student may apply for a stipend of approximately \$546.00 per month for a minimum of two (2) months (8 weeks) and a maximum of three (3) months (12 weeks). The final payment will not be paid until a report, abstract and survey form are received from the student, and a letter of evaluation from the preceptor. If the faculty advisor has limited funds, we will fund part of the stipend.

The student may consult with several staff members in order to select the setting in which he/she would like to work. Before completing the application form, the student and prospective faculty research advisor must agree on a mutually acceptable project. The student must become well acquainted with the research project before completing the application form. Usually this requires considerable consultation with the prospective faculty research advisor and reading relevant medical literature. The student is expected to complete the first pages of the application form. The entire application should be edited and approved by the faculty research advisor who must also complete the last page of the application. Each student may submit only one proposal.

Selection of an appropriate project and its careful presentation in the application form are all-important in securing approval of the fellowship. Each application is studied and graded by members of the Committee on Student Medical Research. Average grades of the applications are rank-ordered. In the past, funds have not been available to support all applicants, and selection has been based on the results of this grading procedure. Since judgment regarding the approval of an application is based almost entirely on what is written on the application form, it behooves the student to do a thoughtful job. A careful and concise statement of the specific aims, the research plan, previous work in the field, and the significance of the project are essential. This presentation should be an exact statement of what the student plans to do. A description of how this problem fits into the broader research that is being conducted in the advisor's laboratory (if it does) is also helpful. It is important that the proposed project is one that can realistically be accomplished by the student during this research period. The proposed project must be one in which the student enters into the intellectual aspects of problem solving. The student must clearly be more than "a pair of hands".

Students in academic difficulty do not qualify for research fellowships. Also students who will be entering their 3rd or 4th year of medical school next fall are ineligible for financial support from the program as are students who are enrolled in a program leading to a Ph.D. in the biomedical sciences or related areas. All undergrads must provide one (1) certified transcript of their current grade standing. Deadline for receipt of applications in the Office of Student Medical Research is February 1, 1988.

SPECIFIC INSTRUCTIONS
(Please follow carefully)

1. The student is responsible for assuring that all portions of the application are received before the deadline of 4:00 p.m. February 1, 1988.
2. The student should prepare the first pages of the application and the proposal. This material should be presented to the advisor for signature. The last page should be given to the advisor for completion and confidential transmission to the Committee. The two portions may be submitted separately or together.
3. The actual proposal must be typed on 8 1/2" by 11" paper using adequate margins. Only two sheets of paper maximum may be used, with typing on one side only. References only may be typed on a third sheet if additional space is needed. The Committee staff will obliterate ANY text (other than references) appearing on the third sheet. Since such action may render your proposal illogical, DON'T EXCEED THE TWO PAGE LIMIT FOR TEXT.

Double-spaced proposals are preferred but obviously it is possible to present more material with single spacing. However, in previous years shorter proposals that are good have succeeded while longer proposals often suffered from extraneous material and failed. It is not necessary for the student to have done the actual typing. The use of a secretary's services (discuss with your advisor) is permitted. The applicant's name should appear in the upper right-hand corner of each page.

4. The proposal must be agreeable to your advisor. The following outline should be used:
 - A. Specific aims.
 - B. Research plan (include methods in your discussion).
 - C. Previous work related to this problem by others and by yourself (cite references).
 - D. Significance of proposed research.
5. This year we will assess to what extent the advisor wrote the proposal. This data will be used in future years to aid the Committee in developing various regulations. Some credit generally is given by reviewers to students who prepare the proposal essentially independently. However, it is much more important to have a well-written proposal.
6. One original and 7 high quality copies of all materials must be received in the Committee Office by the deadline. Exceptions are granted in extreme cases only (such as documented hospitalization for a substantive time in January). Undergraduates must include one certified transcript of their current grade standing when turning in all materials. Make an additional copy for yourself to keep. Allow adequate time if the U.S. or campus mails are used.

UNIVERSITY OF MICHIGAN MEDICAL SCHOOL
STUDENT MEDICAL RESEARCH PROGRAM
Medical Administration
M7330 Medical Science I Box 0624
936-1494

STUDENT RESEARCH FELLOWSHIP APPLICATION

Applicant is to prepare pages 1 and 2 of this form and the proposal. Both applicant and Research Advisor are to sign page 2 of this form. The original is to be signed by the Research Supervisor who will complete and sign page 3. See accompanying instructions.

Applicant's Name

Date of Application

Mailing Address-street, city, state, zip Fellowship Start & End Dates

Telephone Number

Research Supervisor(Name & Title)

Social Security with Student ID

Department(Office & Phone Numbers)

Class: Expected Graduation Date & Degree_____

(Check one) Medical School M-1_____ M-2_____

Inteflex I-1_____ I-2_____ I-3_____ I-4_____

Undergraduate_____ List College and Status_____

Accepted to U/M Medical School_____ Will you attend? Yes_____ No_____

Descriptive Title of Proposed Research:

The student's previous experience (here or elsewhere). Describe briefly (include dates).

Date

Applicant's Signature

Date

Research Supervisor's Signature

Student Name

This page is confidential. It does not go to reviewers.

We are not always able to provide funding to all deserving students. In order to ensure that all possible funding sources are available to you, please provide the information requested below:

Michigan Resident_____ Non Resident_____ If non-resident please
indicate permanent address_____

Male_____ Female_____ Race_____ (See listing of race codes below.)
(Optional)

RACE CODES

A - Black American
B - Black
I - American Indian
W - White
O - Asian or Pacific Islander
M - Hispanic-Mexican, American or Chicano
P - Hispanic-Puerto Rican (Mainland)
R - Hispanic-Puerto Rican (Commonwealth)
C - Hispanic-Cuban
H - Hispanic-Other

Supervisor's Name

Applicant's Name

SUPPORTING STATEMENT FROM RESEARCH SUPERVISOR
STUDENT RESEARCH FELLOWSHIP APPLICATION

Please describe the interaction of the supervisor, other individuals, and the student in the research program. Also summarize the major educational benefits to be derived. This page is to be returned by the prospective research supervisor directly to the Office of Student Medical Research, Medical Administration, M7330 Med. Sci. I Box 0624.

COMMENTARY:

1. How long and how well have you known the applicant?
2. To what degree was the proposal suggested by you?
3. To what extent was the proposal written by you? (This question will help us develop regulations for future years.)
4. To what degree will the applicant proceed independently?
5. Estimate the applicant's overall research potential:
Superior_____ Very good_____ Good_____ Fair_____ Poor_____

The Research Supervisor agrees not only to supervise the student's research accomplishments and to assure that the student's final report is submitted to the Office of Student Medical Research within two weeks of the ending date of the appointment period in order to permit final payment of the student's stipend.

Signature of Supervisor