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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2010Open to Public
Inspection**A For the 2010 calendar year, or tax year beginning****and ending****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization**SHADES OF PINK FOUNDATION**

Number and street (or P O box, if mail is not delivered to street address)

3403 DURHAM ROAD

City or town, state or country, and ZIP + 4

ROYAL OAK, MI 48073**D** Employer identification number**20-3946913****E** Telephone number**(248) 549-1128****F** Group Exemption

Number ▶

H Check ☐ if the organization is not required to attach Schedule B

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

G Accounting Method☐ Cash ☒ Accrual Other (specify) ▶**I** Website: ▶ **WWW.SHADESOFPINKFOUNDATION.ORG****J** Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () (insert no.) 527**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.▶ \$ **96,750.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	17,406.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory		
	5b	Less: cost or other basis and sales expenses		
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)		
	6b	Gross income from fundraising events (not including \$23,877. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		
	6c	Less: direct expenses from gaming and fundraising events		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		64,236.	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9		81,642.
Expenses	10	Grants and similar amounts paid (list in Schedule O) SEE SCHEDULE O	10	30,113.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	1,000.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	1,797.
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O	16	4,514.
	17	Total expenses. Add lines 10 through 16	17	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	44,218.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	21,370.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	

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

Form **990-EZ** (2010)

G90

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Part II Balance Sheets. (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	19,337.	22	62,994.
23 Land and buildings		23	
24 Other assets (describe in Schedule O) SEE SCHEDULE O	2,033.	24	2,594.
25 Total assets	21,370.	25	65,588.
26 Total liabilities (describe in Schedule O)	0.	26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	21,370.	27	65,588.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

☒What is the organization's primary exempt purpose? **SEE SCHEDULE O**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 SEE SCHEDULE O		
(Grants \$ 30,113.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	31,910.
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	31,910.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

☐

(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 & deferred compensation	(e) Expense account and other allowances
KAREN BOURLIER 3403 DURHAM ROAD, ROYAL OAK, MI 48073	PRESIDENT 20.00	0.	0.	0.
DR. PAMELA BENITEZ, 103 MANORWOOD, BLOOMFIELD HILLS, MI 48301	VICE-PRESIDENT 2.00	0.	0.	0.
LORRAINE ALPERS 868 BRANDON AVENUE, PONTIAC, MI 48340	TREASURER 2.00	0.	0.	0.
ERIN SAVELA, 18252 NORTH OAK DRIVE, CLINTON TOWNSHIP, MI 48038	SECRETARY 1.00	0.	0.	0.
BEVERLY NAPIER, 17824 KIRKSHIRE, BEVERLY HILLS, MI 48025	DIRECTOR 1.00	0.	0.	0.
MARY QUARTON, 17340 SAN QUENTIN, SOUTHFIELD, MI 48076	DIRECTOR 1.00	0.	0.	0.
JAN WADE, 1501 OLD SALEM COURT, BIRMINGHAM, MI 48009	DIRECTOR 1.00	0.	0.	0.
MARYL BALGENORTH, 622 CHESTERFIELD, BIRMINGHAM, MI 48009	DIRECTOR 1.00	0.	0.	0.
DR. LAURA NADEAU, 3642 WARWICK DRIVE, ROCHESTER HILLS, MI 48309	DIRECTOR 1.00	0.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V ☒

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 0. , section 4912 0. , section 4955 0.		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0.		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed MI		
42a The organization's books are in care of LORRAINE ALPERS Telephone no (248) 229-4725 Located at 868 BRANDON AVENUE, PONTIAC, MI ZIP + 4 48340		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country 		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

If "Yes," complete Schedule C, Part I

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" NONE

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A☒ Yes ☐ No

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

Sign Here

Signature of officer

Date

LORRAINE ALPERS, TREASURER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

MICHAEL R. NICHOLAS

11-30-11

11-30-11

Firm's name GEORGE JOHNSON & COMPANY

Firm's EIN

Firm's address 1200 BUHL BUILDING, 535 GRISWOLD
DETROIT, MI 48226-3689

Phone no (313) 965-2655

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,244.	6,326.	2,566.	14,433.	17,406.	46,975.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	6,244.	6,326.	2,566.	14,433.	17,406.	46,975.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						24,241.
6 Public support. Subtract line 5 from line 4						22,734.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	6,244.	6,326.	2,566.	14,433.	17,406.	46,975.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						46,975.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open To Public Inspection

Name of the organization

SHADES OF PINK FOUNDATION

Employer identification number

20-3946913

Part 1

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 ZOO WALK (event type)	(b) Event #2 SPRING LUNCHEON (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	79,767.	8,676.	14,778.	103,221.
	2 Less: Charitable contributions	22,957.	920.		23,877.
	3 Gross income (line 1 minus line 2)	56,810.	7,756.	14,778.	79,344.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	2,054.			2,054.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	9,141.	3,083.	830.	13,054.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				15,108.
11 Net income summary. Combine line 3, column (d), and line 10				64,236.	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7 Direct expense summary. Add lines 2 through 5 in column (d)				()	
8 Net gaming income summary. Combine line 1, column d, and line 7					

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity operated in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer
☐ Employee
☐ Independent contractor
17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010
Open to Public
Inspection

Name of the organization

SHADES OF PINK FOUNDATION

Employer identification number
20-3946913

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: STATE FARM INSURANCE

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 123.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: DTE ENERGY COMPANY

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 1,308.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: CONSUMERS ENERGY

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 1,675.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: W.O.W.

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 114.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: CITY OF EASTPOINTE

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 80.

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Employer identification number
20-3946913

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: AT&T

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 343.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: OUR CREDIT UNION

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 263.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: COMCAST

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 234.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: CHRYSLER FINANCIAL

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 380.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: CPS, INC.

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 443.

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ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: FRIENDLY FINANCE

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 295.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: NODSTORM COBRA

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 769.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: FARM BUREAU INSURANCE

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 1,612.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: C.U.F.B.L.

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 243.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: HEARTLAND MEADOWS

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 370.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

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GRANTEE NAME: THE LAKES APARTMENTS

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 1,646.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: PNC MORTGAGE

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 1,284.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: WELLS FARGO MORTGAGE

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 2,039.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: DR. DYER PET RESCUE

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 259.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: CASS SHORE CLUB

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 1,250.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: KROGER

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GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN:

2,020.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: CARDMEMBER SERVICE

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN:

900.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: T MOBILE

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN:

113.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: BINSONS

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN:

354.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: CONEXIS

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN:

1,002.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: BAC HOME LOAN

GRANTEE RELATIONSHIP: CLIENT PROVIDER

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AMOUNT GIVEN:

812.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: CHASE HOME FINANCE

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN:

661.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: CAPITAL ONE

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN:

1,000.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: BLOOMFIELD ON THE GREEN

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN:

1,178.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: PEBBLE CREEK APARTMENTS

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN:

1,824.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: FORD CREDIT

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN:

1,367.

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ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: FARMINGTON VILLAGE

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 1,428.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: WALLED LAKE SCHOOLS

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 1,114.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: MOBIL GAS

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 200.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: HAZELCREST PLACE APARTMENTS

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 1,410.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 30,113.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES: AMOUNT:

MISCELLANEOUS EXPENSES 4,422.

DEPRECIATION 92.

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TOTAL TO FORM 990-EZ, LINE 16

4,514.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	533.	533.
PREPAID EXPENSES	1,500.	1,500.
OTHER DEPRECIABLE ASSETS	0.	561.
TOTAL TO FORM 990-EZ, LINE 24	2,033.	2,594.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO PROVIDE TEMPORARY
FINANCIAL ASSISTANCE TO WOMEN DIAGNOSED WITH BREAST CANCER DURING THEIR
TIME OF NEED.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

THE ORGANIZATION OFFERS TEMPORARY FINANCIAL ASSISTANCE TO
WOMEN WHO HAVE BEEN DIAGNOSED WITH BREAST CANCER AND HAVE
EXTRA FINANCIAL BURDENS PLACED ON THEM DURING TREATMENT
AND RECOVERY.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

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FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: STATE FARM INSURANCE

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 123.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: DTE ENERGY COMPANY

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 1,308.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: CONSUMERS ENERGY

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 1,675.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: W.O.W.

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 114.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: CITY OF EASTPOINTE

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 80.

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ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: AT&T

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 343.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: OUR CREDIT UNION

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 263.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: COMCAST

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 234.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: CHRYSLER FINANCIAL

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 380.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: CPS, INC.

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 443.

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Employer identification number
20-3946913

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: FRIENDLY FINANCE

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 295.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: NODSTORM COBRA

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 769.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: FARM BUREAU INSURANCE

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 1,612.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: C.U.F.B.L.

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 243.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: HEARTLAND MEADOWS

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 370.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

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

032211
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

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GRANTEE NAME: THE LAKES APARTMENTS

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 1,646.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: PNC MORTGAGE

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 1,284.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: WELLS FARGO MORTGAGE

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 2,039.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: DR. DYER PET RESCUE

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 259.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: CASS SHORE CLUB

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 1,250.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: KROGER

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GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 2,020.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: CARDMEMBER SERVICE

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 900.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: T MOBILE

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 113.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: BINSONS

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 354.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: CONEXIS

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 1,002.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: BAC HOME LOAN

GRANTEE RELATIONSHIP: CLIENT PROVIDER

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AMOUNT GIVEN: 812.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: CHASE HOME FINANCE

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 661.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: CAPITAL ONE

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 1,000.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: BLOOMFIELD ON THE GREEN

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 1,178.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: PEBBLE CREEK APARTMENTS

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 1,824.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: FORD CREDIT

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 1,367.

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ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: FARMINGTON VILLAGE

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 1,428.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: WALLED LAKE SCHOOLS

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 1,114.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: MOBIL GAS

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 200.

ACTIVITY CLASSIFICATION: CLIENT ASSISTANCE

GRANTEE NAME: HAZELCREST PLACE APARTMENTS

GRANTEE RELATIONSHIP: CLIENT PROVIDER

AMOUNT GIVEN: 1,410.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 30,113.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES: AMOUNT:

MISCELLANEOUS EXPENSES 4,422.

DEPRECIATION 92.

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT

2

CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
CLIENT ASSISTANCE HIGHLAND TOWERS APARTMENTS	CLIENT PROVIDER	455.
CLIENT ASSISTANCE SERVICE SPECIALTY	CLIENT PROVIDER	950.
CLIENT ASSISTANCE NISSAN MOTOR	CLIENT PROVIDER	600.
CLIENT ASSISTANCE PARK FOREST APARTMENTS	CLIENT PROVIDER	930.
CLIENT ASSISTANCE CITIMORTGAGE, INC.	CLIENT PROVIDER	661.
CLIENT ASSISTANCE CITY OF OAK PARK	CLIENT PROVIDER	339.
CLIENT ASSISTANCE DTE ENERGY COMPANY	CLIENT PROVIDER	1,903.
CLIENT ASSISTANCE STATE FARM INSURANCE	CLIENT PROVIDER	371.
CLIENT ASSISTANCE KROGER	CLIENT PROVIDER	1,175.

SHADES OF PINK FOUNDATION

2009

20-3946913CLIENT ASSISTANCE
BLUE CROSS BLUE SHIELD OF MICHIGAN

CLIENT PROVIDER 770.

CLIENT ASSISTANCE
MICHAEL KANIA

CLIENT PROVIDER 900.

CLIENT ASSISTANCE
GMAC

CLIENT PROVIDER 860.

CLIENT ASSISTANCE
FIFTH THIRD BANK

CLIENT PROVIDER 1,935.

CLIENT ASSISTANCE
CONSUMERS ENERGY

CLIENT PROVIDER 766.

CLIENT ASSISTANCE
OAK STREET MANAGEMENT

CLIENT PROVIDER 950.

CLIENT ASSISTANCE
MORTGAGE COMPANY

CLIENT PROVIDER 720.

CLIENT ASSISTANCE
CITIZENS INSURANCE

CLIENT PROVIDER 923.

CLIENT ASSISTANCE
WINGATE MANAGEMENT

CLIENT PROVIDER 584.

CLIENT ASSISTANCE
PEBBLE CREEK APARTMENTS

CLIENT PROVIDER 839.

SHADES OF PINK FOUNDATION

2009

20-3946913

CLIENT ASSISTANCE
STATE OF MICHIGAN

CLIENT PROVIDER

91.

CLIENT ASSISTANCE
CITY OF NEW BALTIMORE

CLIENT PROVIDER

87.

CLIENT ASSISTANCE
OUR CREDIT UNION

CLIENT PROVIDER

263.

CLIENT ASSISTANCE
ALLSTATE INSURANCE

CLIENT PROVIDER

275.

CLIENT ASSISTANCE
AT&T

CLIENT PROVIDER

110.

CLIENT ASSISTANCE
WATTLES CREEK CONDOMINIUM

CLIENT PROVIDER

258.

CLIENT ASSISTANCE
COMCAST

CLIENT PROVIDER

125.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

17,840.

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 2

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
CLIENT ASSISTANCE BLUE CROSS BLUE SHIELD OF MICHIGAN	CLIENT PROVIDER	1,621.
CLIENT ASSISTANCE RICHARD ANDERSON	CLIENT PROVIDER	735.
CLIENT ASSISTANCE D.F.C.U.	CLIENT PROVIDER	774.
CLIENT ASSISTANCE CONSUMERS ENERGY	CLIENT PROVIDER	822.
CLIENT ASSISTANCE JBO MANAGEMENT	CLIENT PROVIDER	800.
CLIENT ASSISTANCE AUSTIN WALDORFF	CLIENT PROVIDER	503.
CLIENT ASSISTANCE WATERFORD WEST APARTMENTS	CLIENT PROVIDER	677.
CLIENT ASSISTANCE GEORGIA MANOR APARTMENTS	CLIENT PROVIDER	960.
CLIENT ASSISTANCE KENT GARIBALDI	CLIENT PROVIDER	750.

SHADES OF PINK FOUNDATION

2008

20-3946913

CLIENT ASSISTANCE
THE SPRING APARTMENTS

CLIENT PROVIDER

750.

CLIENT ASSISTANCE
ARMENIAN VILLAGE

CLIENT PROVIDER

506.

CLIENT ASSISTANCE
CAREFIRST

CLIENT PROVIDER

784.

CLIENT ASSISTANCE
THE LAKES APARTMENTS

CLIENT PROVIDER

790.

CLIENT ASSISTANCE
OVAL REPAIR AUTO SHOP

CLIENT PROVIDER

487.

CLIENT ASSISTANCE
CHASE HOME FINANCE

CLIENT PROVIDER

753.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

11,712.

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 3

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
CLIENT ASSISTANCE STRAITH GROUP	CLIENT PROVIDER	660.
CLIENT ASSISTANCE NORTHVIEW PARK APARTMENTS	CLIENT PROVIDER	636.
CLIENT ASSISTANCE STRATEGIC EMPLOYEE	CLIENT PROVIDER	852.
CLIENT ASSISTANCE GMAC MORTGAGE	CLIENT PROVIDER	1,239.
CLIENT ASSISTANCE AT&T	CLIENT PROVIDER	87.
CLIENT ASSISTANCE NORTH HILL FARMS	CLIENT PROVIDER	759.
CLIENT ASSISTANCE U.S. BANK HOME MORTGAGE	CLIENT PROVIDER	1,044.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		5,277.