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Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-1150

2010

Open to Public
Inspection

► 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.

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 ►

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. 4947(a)(1) or 527)H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)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

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	5a	
5b	Less cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6a	Gaming and fundraising events	6a	
6b	Gross income from gaming (attach Schedule G if greater than \$15,000)	6b	79,344.
6c	Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6c	15,108.
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	64,236.
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less cost of goods sold	7b	
7c	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.
10	Grants and similar amounts paid (list in 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)	16	4,514.
17	Total expenses. Add lines 10 through 16	17	37,424.
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	65,588.

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

Form 990-EZ (2010)

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)	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.

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

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

Yes	No
33	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)

34	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?

35a	X
-----	---

b If "Yes," has it filed a tax return on Form 990-T for this year?

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

36	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?

35b	N/A
-----	-----

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?

37b	X
-----	---

b If "Yes," complete Schedule L, Part II and enter the total amount involved

38a	X
-----	---

39 Section 501(c)(7) organizations Enter

a Initiation fees and capital contributions included on line 9

38b	N/A
-----	-----

b Gross receipts, included on line 9, for public use of club facilities

39a	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 ► <table border="1"><tr><td>0.</td><td>section 4955 ► <table border="1"><tr><td>0.</td></tr></table></td></tr></table>	0.	section 4955 ► <table border="1"><tr><td>0.</td></tr></table>	0.
0.	section 4955 ► <table border="1"><tr><td>0.</td></tr></table>	0.		
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

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

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.

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 ►

42b	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

42c	X
-----	---

►

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

44a	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

44b	X
-----	---

c Did the organization receive any payments for indoor tanning services during the year?

44c	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

44d	
-----	--

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

	Yes	No
45		X
45a		X
46		X

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 51

Check 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

	Yes	No
47		X
48		X
49a		X
49b		

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

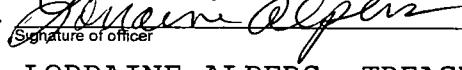
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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 officer11-30-11
Date

► LORRAINE ALPERS, TREASURER

Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MICHAEL R. NICHOLAS		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 No032174
03-04-11

Form 990-EZ (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

Employer identification number

SHADES OF PINK FOUNDATION

20-3946913

Part 1 **Reason for Public Charity Status** (All organizations must complete this part) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) .			
2	<input type="checkbox"/>	A school described in section 170(b)(1)(A)(ii) . (Attach Schedule E.)			
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) .			
4	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) . Enter the hospital's name, city, and state: _____			
5	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv) . (Complete Part II.)			
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v) .			
7	<input checked="" type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) . (Complete Part II.)			
8	<input type="checkbox"/>	A community trust described in section 170(b)(1)(A)(vi) . (Complete Part II.)			
9	<input type="checkbox"/>	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2) . (Complete Part III.)			
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety. See section 509(a)(4) .			
11	<input type="checkbox"/>	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) . See section 509(a)(3) . Check the box that describes the type of supporting organization and complete lines 11e through 11h.			
	a <input type="checkbox"/>	Type I	b <input type="checkbox"/>	Type II	
	c <input type="checkbox"/>	Type III - Functionally integrated		d <input type="checkbox"/>	Type III - Other
e	<input type="checkbox"/>	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) .			
f	<input type="checkbox"/>	If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box <input type="checkbox"/>			
g	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?				
	(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?			
	(ii)	A family member of a person described in (i) above?			
	(iii)	A 35% controlled entity of a person described in (i) or (ii) above?			
h	Provide the following information about the supported organization(s).				

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Schedule A (Form 990 or 990-EZ) 2010

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)						
6 Public support. Subtract line 5 from line 4						24,241.
						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 ►

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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		

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



SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2010

Open To Public Inspection

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.**

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

► Attach to Form 590 or Form 590-EZ. ► See separate instructions.

Name of the organization

Employer identification number
20-3946913

SHADES OF PINK FOUNDATION

Part I **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?

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.

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	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ZOO WALK (event type)	SPRING LUNCHEON (event type)	1 (total number)	
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)

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.

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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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Department of the Treasury
Internal Revenue Service

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SHADES OF PINK FOUNDATION

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.

SCHEDULE O
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Department of the Treasury
Internal Revenue Service

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SHADES OF PINK FOUNDATION

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)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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Inspection

Name of the organization

SHADES OF PINK FOUNDATION

Employer identification number
20-3946913

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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Internal Revenue Service

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SHADES OF PINK FOUNDATION

Employer identification number
20-3946913

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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Internal Revenue Service

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Employer identification number
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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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Name of the organization

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Employer identification number
20-3946913

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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Supplemental Information to Form 990 or 990-EZ

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SHADES OF PINK FOUNDATION

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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.
<u>TOTAL TO FORM 990-EZ, LINE 24</u>	<u>2,033.</u>	<u>2,594.</u>

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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Supplemental Information to Form 990 or 990-EZ

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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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Name of the organization

SHADES OF PINK FOUNDATION

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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Name of the organization

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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

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Name of the organization

SHADES OF PINK FOUNDATION

Employer identification number
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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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Name of the organization

SHADES OF PINK FOUNDATION

Employer identification number
20-3946913

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.

SCHEDULE O
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Department of the Treasury
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Name of the organization

SHADES OF PINK FOUNDATION

Employer identification number
20-3946913

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
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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

20-3946913

CLIENT 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

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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.