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 SCANNED JUN 27 2014  
 JUN 02 2014 STATUTE CLEARED 0436505211

Form **990-EZ**

## Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Under 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 (see instructions). 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.

1012

<b>A</b> For the 2010 calendar year, or tax year beginning _____, and ending _____																
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>T WALL FOUNDATION</b></td> <td><b>D</b> Employer identification number 20-4957746</td> </tr> <tr> <td colspan="2">Number and street (or P O box, if mail is not delivered to street address) Room/suite</td> <td><b>E</b> Telephone number (734) 678-6602</td> </tr> <tr> <td colspan="2">1011 S MAIN ST BLDG B</td> <td></td> </tr> <tr> <td>City or town state or country ZIP + 4</td> <td colspan="2"><b>F</b> Group Exemption Number ▶</td> </tr> <tr> <td>ANN ARBOR MI 48104-3718</td> <td colspan="2"></td> </tr> </table>	<b>C</b> Name of organization <b>T WALL FOUNDATION</b>		<b>D</b> Employer identification number 20-4957746	Number and street (or P O box, if mail is not delivered to street address) Room/suite		<b>E</b> Telephone number (734) 678-6602	1011 S MAIN ST BLDG B			City or town state or country ZIP + 4	<b>F</b> Group Exemption Number ▶		ANN ARBOR MI 48104-3718		
<b>C</b> Name of organization <b>T WALL FOUNDATION</b>		<b>D</b> Employer identification number 20-4957746														
Number and street (or P O box, if mail is not delivered to street address) Room/suite		<b>E</b> Telephone number (734) 678-6602														
1011 S MAIN ST BLDG B																
City or town state or country ZIP + 4	<b>F</b> Group Exemption Number ▶															
ANN ARBOR MI 48104-3718																
<b>G</b> Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____																
<b>I</b> Website: ▶ WWW.TWALLFOUNDATION.COM																
<b>J</b> Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																
<b>H</b> Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)																
<b>K</b> Check <input type="checkbox"/> 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.																
<b>L</b> 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. ▶ \$ 81,947																

**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	Expenses	Net Assets		
1	Contributions, gifts, grants, and similar amounts received			1	62,088
2	Program service revenue including government fees and contracts			2	
3	Membership dues and assessments			3	
4	Investment income			4	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	0
6	Gaming and fundraising events				
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)			6a	
6b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)			6b	19,855
6c	Less direct expenses from gaming and fundraising events			6c	9,607
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	10,248
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	0
8	Other revenue (describe in Schedule O)			8	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	72,340
10	Grants and similar amounts paid (list in Schedule O)			10	28,422
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	
14	Occupancy, rent, utilities, and maintenance			14	2,000
15	Printing, publications, postage, and shipping			15	
16	Other expenses (describe in Schedule O)			16	4,254
17	<b>Total expenses.</b> Add lines 10 through 16			17	34,676
18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	37,664
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	17,882
20	Other changes in net assets or fund balances (explain in Schedule O)			20	
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20			21	55,546

STATUTE UNIT RECEIVED  
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 MAY 22 2014

For Paperwork Reduction Act Notice, see the separate instructions.  
(HTA)

Form 990-EZ (2010)

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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	17,882	22 55,546
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	17,882	25 55,546
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	17,882	27 55,546

**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? PROVIDE ASSISTANCE FOR FAMILIES WITH SPECIAL  
 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 T WALL B BALL - BONDS STUDENTS OF GREENHILLS WITH OVER 400 SPECIAL ATHLETES AS THEY BUDDY UP FOR A DAY OF CARNIVAL EVENTS AND 3 ON 3 BASKETBALL TOURNMENT	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	2,679
29 VICTORS DAY - BRINGS MICHIGAN ATHLETES AND OVER 500 SPECIAL STUDENTS TOGETHER FOR A DAY OF FUN & BASKETBALL	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	1,495
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	4,174

**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
THOMAS P WALL 1031 WOODBRIDGE BLVD ANN ARBOR MI 48103	Title PRESIDENT Hr/WK 00	0		
BRENT WALL 752 ELTHAM CT ANN ARBOR MI 48103	Title VICE PRESIDENT Hr/WK 00	0		
MARIE E WALL 1031 WOODBRIDGE BLVD ANN ARBOR MI 48103	Title SECRETARY Hr/WK 00	0		
MIKE WALL 81-360 GOLF VIEW DR LA QUINTA CA 92253	Title BOARD MEMBER Hr/WK 00	0		
ROGER NEWTON 3672 PROSPECT RD ANN ARBOR MI 48105	Title BOARD MEMBER Hr/WK 00	0		
STEVE GRAY 707 RIDGEMONT LN ANN ARBOR MI 48103	Title BOARD MEMBER Hr/WK 00	0		
ELLIE FORD 2000 BRUSH ST STE 400 DETROIT MI 48226	Title BOARD MEMBER Hr/WK 00	0		
CASEY GMERK 6625 POLO FIELDS ANN ARBOR MI 48103	Title BOARD MEMBER Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		

*NO COMPENSATION*

**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		
35a	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
35b	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		X
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	
37b	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
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations Enter		
39a	Initiation fees and capital contributions included on line 9	39a	
39b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
40b	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
40c	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		
40d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
40e	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		
42a	The organization's books are in care of THOMAS WALL Telephone no 7346657374 X 204 Located at 1031 WOODBRIDGE BLVD City ANN ARBOR ST MI ZIP + 4 48104		
42b	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
42b			X
42c	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		<input type="checkbox"/>
43		43	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	Yes	No
44a			X
44b	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
44c	Did the organization receive any payments for indoor tanning services during the year?		X
44d	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

	Yes	No
<b>45</b>		X
<b>45a</b>		X
<b>46</b>		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
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49 a** 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"

	Yes	No
<b>47</b>		X
<b>48</b>		X
<b>49a</b>		
<b>49b</b>		

(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
Name None City ST ZIP	Title Hr/WK 00			
Name City ST ZIP	Title Hr/WK 00			
Name City ST ZIP	Title Hr/WK 00			
Name City ST ZIP	Title Hr/WK 00			
Name City ST ZIP	Title Hr/WK 00			

- 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"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		

- 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: *Thomas P. Wall* Date: *October 31, 2013*  
 Type or print name and title: *President* TPW

**Paid Preparer's Use Only** Preparer's name: Trevor Brewster Preparer's signature: *Trevor Brewster* Date: 10/31/2013 Check if self-employed:  PTIN:   
 Firm's name: Brewster Financial LLC Firm's EIN:   
 Firm's address: 2003 Audubon Dr, Ann Arbor, MI 48103 Phone no: (734) 678-0017

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**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  
**T WALL FOUNDATION**

Employer identification number  
**20-4957746**

**Part I 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  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  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  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  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  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  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  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  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  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  Type I
  - b  Type II
  - c  Type III—Functionally integrated
  - d  Type III—Other
- e  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 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

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?

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									0
(B)									0
(C)									0
(D)									0
(E)									0
<b>Total</b>									0

**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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")					81,943	81,943
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						0
<b>4 Total.</b> Add lines 1 through 3	0	0	0	0	81,943	81,943
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						81,943

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4	0	0	0	0	81,943	81,943
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					4	4
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
<b>11 Total support.</b> Add lines 7 through 10						81,947
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First five years.</b> 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 <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	100.00%
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14	<b>15</b>	0.00%
<b>16a 33 1/3% support test—2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2009.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2010.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test—2009.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						0
<b>2</b> 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						0
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						0
<b>6 Total.</b> Add lines 1 through 5	0	0	0	0	0	0
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0
<b>b</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						0
<b>c</b> Add lines 7a and 7b	0	0	0	0	0	0
<b>8 Public support</b> (Subtract line 7c from line 6)						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6	0	0	0	0	0	0
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
<b>c</b> Add lines 10a and 10b	0	0	0	0	0	0
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)	0	0	0	0	0	0
<b>14 First five years.</b> 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 <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	0 00%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	<b>16</b>	0 00%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	0 00%
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17	<b>18</b>	0 00%

- 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 ▶





**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	
		GOLF OUTING (event type)	HOT DOG STAND (event type)	1 (total number)	(add col (a) through col (c))	
Revenue	1	Gross receipts	15,614	4,137	104	19,855
	2	Less Charitable contributions	0	0	0	0
	3	Gross income (line 1 minus line 2)	15,614	4,137	104	19,855
Direct Expenses	4	Cash prizes	0	0	0	0
	5	Noncash prizes	0	0	0	0
	6	Rent/facility costs	0	0	0	0
	7	Food and beverages	0	0	0	0
	8	Entertainment	0	0	0	0
	9	Other direct expenses	6,872	1,545	1,190	9,607
	10	Direct expense summary Add lines 4 through 9 in column (d)				
11	Net income summary Combine line 3, column (d), and line 10					10,248

**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			0	
Direct Expenses	2	Cash prizes			0	
	3	Noncash prizes			0	
	4	Rent/facility costs			0	
	5	Other direct expenses			0	
	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)					( 0 )
8	Net gaming income summary Combine line 1, column d, and line 7					0

- 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 \_\_\_\_\_



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

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.

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

T WALL FOUNDATION

20-4957746

Form 990-EZ, Part I, Line 10, Grants Paid Activity Christmas Appeal 2009, Grantee SEVERAL

INDIVIDUALS, Cash Grant 3,550, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid Activity Christmas Appeal 2010, Grantee SEVERAL

INDIVIDUALS, Cash Grant 13,410, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid Activity Drivers Ed Scholarship, Grantee SEVERAL

INDIVIDUALS, Cash Grant 2,247, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid Activity Hardship Letter, Grantee SEVERAL

INDIVIDUALS, Cash Grant 2,200, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid Activity Individual Assistance, Grantee VARIOUS

IN NEED PEOPLE, Cash Grant 513, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid Activity Charitable Assistance, Grantee VARIOUS

IN NEED FAMILIES, Cash Grant 2,328, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid Activity 3 on 3 Basketball Tournament, Grantee

Various, Cash Grant 2,679, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid Activity Victors Day 2010, Grantee Various, Cash

Grant 1,495, Relationship

Form 990-EZ, Part I, Line 16, Other Expenses BANK FEES 218

Form 990-EZ, Part I, Line 16, Other Expenses BUSINESS FILING FEES 122

Form 990-EZ, Part I, Line 16, Other Expenses LEGAL 350

Form 990-EZ, Part I, Line 16, Other Expenses EQUIPMENT 164

Form 990-EZ, Part I, Line 16, Other Expenses MAINTENANCE 30

Form 990-EZ, Part I, Line 16, Other Expenses OFFICE SUPPLIES 1,092

Form 990-EZ, Part I, Line 16, Other Expenses POSTAGE 44

Form 990-EZ, Part I, Line 16, Other Expenses SUPPLIES 209

Form 990-EZ, Part I, Line 16, Other Expenses WEB HOSTING 192

Form 990-EZ, Part I, Line 16, Other Expenses ADS 200



**Part V, Line 42a (990-EZ) - Books In Care Of**

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Check ("X") if a business is in possession of the books

The books are in care of Name THOMAS WALL Telephone no 7346657374 X 204

Located at 1031 WOODBRIDGE BLVD City ANN ARBOR ST MI ZIP + 4 48104

Foreign Country \_\_\_\_\_

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**Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received**

1	Contributions	1	57,570
2	Noncash contributions	2	2,698
3	Membership dues and assessments (contributions from the public)	3	500
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Line 6 - Special Events)	6	0
7	Associated organization contributions	7	120
8	OTHER INCOME	8	1,200
9		9	
10		10	
11	Total	11	62,088

**Part I, Line 4 (990-EZ) - Investment Income**

1	Interest on savings and temporary cash investments	1	4
2	Dividends and interest from securities	2	
3	Gross rents	3	
4	Other investment income	4	
5	Total	5	4





**Part I, Line 16 (990-EZ) - Other Expenses**

4,254

1	Travel	1	
2	Meals and entertainment	2	
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	
6	Depreciation	6	0
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	
10	Supplies	10	
11	Telephone	11	
12	Unrelated business income taxes	12	0
13	<b>BANK FEES</b>	13	218
14	<b>BUSINESS FILING FEES</b>	14	122
15	<b>LEGAL</b>	15	350
16	<b>EQUIPMENT</b>	16	164
17	<b>MAINTENANCE</b>	17	30
18	<b>OFFICE SUPPLIES</b>	18	1,092
19	<b>POSTAGE</b>	19	44
20	<b>SUPPLIES</b>	20	209
21	<b>WEB HOSTING</b>	21	192
22	<b>ADS</b>	22	200
23	<b>MISC EXPENSE</b>	23	383
24	<b>WEBSITE CREATION</b>	24	1,250
25		25	
26		26	
27		27	
28		28	

**Part I, Line 20 (990-EZ) - Other Changes in Net Assets or Fund Balances**

0

Description		Amount	
1		1	
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	

**Part II (Sch G (990/990EZ)) - Events**

	Line 1	Line 2	Line 3	Line 4	Line 5	Line 6	Line 7	Line 8	Line 9
Event type	Gross receipts	Less (Charitable contributions)	Gross income (line 1 minus line 2)	Cash prizes	Noncash prizes	Rent/facility costs	Food and beverages	Entertainment	Other direct expenses
1 GOLF OUTING	15,614		15,614						6,872
2 HOT DOG STAND	4,137		4,137						1,545
3 STORE	104		104						1,190
4			0						
5			0						
6			0						
7			0						
8			0						
9			0						
10			0						
11			0						
12			0						
13			0						
14			0						
15			0						
16			0						
17			0						
18			0						
19			0						
20			0						