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## Form 990-PF

Department of the Treasury

## Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

2010

OMB No 1545-0052

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements Internal Revenue Service . 20 . 2010, and ending For calendar year 2010, or tax year beginning Final return Initial Return of a former public charity G Check all that apply Initial return Amended return Address change Name change A Employer identification number Name of foundation DWIGHT & LUCILE ALDRICH FOUNDATION 20-6406772 B Telephone number (see the instructions) Number and street (or P O box number if mail is not delivered to street address) Room/suite 517-787-9481 PO BOX 766 If exemption application is pending, check here ·· City or town, state, and ZIP code JACKSON MI 49204-0766 1 Foreign organizations, check here Foreign organizations meeting the 85% test, check here and attach computation Check type of organization: X Section 501(c)(3) exempt private foundation E If private foundation status was Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation terminated under section J Accounting method X Cash Accrual 507(b)(1)(A), check here I Fair market value of all assets at end of If the foundation is in a 60-month year (from Part II, co! (c), line 16) Other (specify) termination under section 507(b)(1)(B), check here 75,858. (Part I, column (d) must be on cash basis ) Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (c) Adjusted net (b) Net investment (The total of amounts in columns (b), for charitable expenses per purposes (cash basis only) (c), & (d) may not necessarily equal the income income books amounts in column (a) (see instr)) Contributions, gifts, grants, etc , received (attach schedule) Check ▶ | If the foundation is not required to attach Sch. B Interest on savings and temp cash investments 2,493. 2,493. 4 Dividends and interest from securities . 5a Gross rents (Net rental income or (loss) 6a Net gain/(loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a Capital gain net income (from Part IV, fine 2) Net short-term capital gain Income modifications . . . . . . Gross sales less 10a c Gross profit or (loss) (attach schedule). Other income (attach schedule) 2,493. 2,493. Total. Add lines 1 through 11 12 Compensation of officers, 13 directors trustees etc 14 Other employee salaries and wages 15 Pension plans, employee benefits . 1,778. 1,778. 16a Legal fees (attach schedule) b Accounting fees (attach schedule) . c Other professional fees (attach schedule) 17 Interest 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach sch.) and depletion. Occupancy . . . .. . . .. 7 Vravel conferences, and meetings -22-Printing and publications Other expenses (attach schedule) 24 Total operating and administrative 1,778. 1,778 expenses Add lines 13 through 23 ... 100. 100. 25 Contributions, gutts, grants paid . . . . 100 1,878. 778 26 Total exp & disbursements Add lines 24 and 25 Subtract line 26 from line 12 Excess of revenue over expenses 615. and disbursements · 715. b Net investment income (if neg , enter -0-) c Adjusted net income (if neg, enter -0-)

Part	Attached schedules and amounts in the description column should be for	Beginning of year	End o	nd of year	
Fair	end-of-year amounts only (See inst.)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
1	Cash - non-interest-bearing				
2	Savings and temporary cash investments	8,804.	22,101.	22,101.	
3	Accounts receivable ▶				
	Less allowance for doubtful accts ▶				
4	Pladaes receivable			-	
		" "		<del></del>	
ء ا		<del></del>			
5	Grants receivable			<del></del>	
6	, , , , , , , , , , , , , , , , , , , ,				
7	disqualified persons (attach schedule) (see the instructions) Other notes and loans			<u> </u>	
'	receivable (attach schedule)			<del>                                     </del>	
	Less allowance for doubtful accounts				
र्छ । 8	Inventories for sale or use				
Assets	Prepaid expenses and deferred charges				
₹  10	a Investments - U.S. and state govt obligations (attach schedule)				
'`	b Investments - corporate stock (attach schedule)	31,943.	27,927.	32,398.	
	c Investments - corporate bonds (attach schedule)	32,000.	21,000.	21,359.	
ا		02/0001	227000.	22,003.	
11	Investments - land, buildings, and equipment basis Less accumulated depreciation				
l.,	(attach schedule)	i			
12	·		·		
13	Investments - other (attach schedule)				
14				<del> </del>	
l	Less accumulated depreciation (attach schedule)				
15					
16	Total assets (to be completed by all filers - see the				
'	instructions Also, see page 1, item l)	72,747.	71,028.	75,858.	
17		· · · · · · · · · · · · · · · · · · ·	<del></del>		
18					
10	Deferred revenue				
.e. 20	Loans from officers, directors, trustees, and other				
Ē .	and demine a personne				
Liabilities 52				;	
_   22	Other liabilities (describe ►)				
[					
23					
	Foundations that follow SFAS 117, check here			,	
	and complete lines 24 through 26 and lines 30 and 31.				
န္မ   24	Unrestricted				
을 25	Temporarily restricted				
हुँ 26	Permanently restricted				
B	Foundations that do not follow SFAS 117, ck. here ▶ 🏻	<u> </u>			
Net Assets or Fund Balances	and complete lines 27 through 31.				
ե 27		72,747.	71,028.		
र्ध 28					
) 20 a				r	
8 29	Retained earnings, accumulated income, endowment, or other funds .				
Ę .		70 717	71 020		
30	` '	72,747.	71,028.		
31	Total liabilities and net assets/fund balances (see the		71 000		
	instructions)	72,747.	71,028.		
	Analysis of Changes in Net Assets or Fund Bala				
<b>1</b> To	al net assets or fund balances at beginning of year - Part II, column	(a), line 30 (must agree v	with		
en	d-of-year figure reported on prior year's return)		<u>1</u>	72,747. 615.	
2 En	ter amount from Part I, line 27a		2	615.	
	72 262				
	creases not included in line 2 (itemize) ► CAPITAL LOSS		5	2,334.	
	tal net assets or fund balances at end of year (line 4 minus line 5) - P	Part II column (b) line 30		71,028.	
<u> </u>	ar not assets or rana salances at end or year (line 4 minus line 5) - F	are in, condition (b), line 30	<u> </u>	,	

Part IV Capital Gains and	Losses for Tax on Inv	estment Incon	ne			
(a) List and describe the k	ind(s) of property sold (e.g., rea	al estate,	(b)How acquired P - Purchase	(c) Date a	cquired	(d) Date sold
	or common stock, 200 shs MI	.C Co )	D - Donation	(mo , da		(mo , day, yr )
1a 11 FREDDIE MAC	NOTES		P	08/24/		
b 61 BP PLC			P	01/22/	<u> </u>	06/17/201
С						
d						
е						
(a) Green poles prop	(f) Depreciation allowed	(g) Cost or	other basis		(h) Gair	n or (loss)
(e) Gross sales price	(or allowable)	plus expe	nse of sale		(e) plus (	f) minus (g)
a 11,000.			11,000.			
b 1,882.			4,016.			(2,134.
С						
d						
е						
Complete only for assets showing	g gain in column (h) and owner	by the foundation	on 12/31/69	(1) G	Sains (Co	l (h) gain minus
	(j) Adjusted basis		ss of col (ı)	col (k)	, but not	less than -0-) or
(i) F M V as of 12/31/69	as of 12/31/69	over col	(j), if any		Losses (f	rom col (h))
а			· ·			
b			<del></del>			(2,134.
С						
d					•	
е						
	[If gain	also enter in Part I,	line 7			
2 Capital gain net income or (net ca	apital loss) · · · d if (loss)	, enter -0- in Part I,	line 7	2		(2,134.
3 Net short-term capital gain or (los	· · · · · · · · · · · · · · · · · · ·		_			
If gain, also enter in Part I, line 8			٦			
If (loss), enter -0- in Part I, line 8			<b>_</b>	3		
	ler Section 4940(e) for	Reduced Tax o	n Net Investm	ent Incor	ne	
Was the foundation liable for the sectif "Yes," the foundation does not qua				riod?		Yes 🛚 No
1 Enter the appropriate amount in				entries		
(a)	(b)	THE WINDOWS DE	(c)			(d)
Base period years	Advisted avalifying distribu	itions nanch	Net value of aritable-use assets	.   ,	Distr	ribution ratio ivided by col (c))
Calendar year (or tax year beg in) 2009	+	Honor	69,56	59.	<del>σοι (b) α</del>	ivided by cor (c))
2008			54,79	97.		
2007	<del>                                     </del>		35,37			
2006	4,0	00.	28,21			0.1418
2005	4,7		5,61			0.8437
					T	
2 Total of line 1, column (d)				. 2		0.9855
3 Average distribution ratio for the			or by the number			
of years the foundation has been				3		0.1971
or yours are roundation has seen		.•				
4 Enter the net value of noncharita	ble-use assets for 2010 from F	art X line 5		. 4		72,169.
The life her value of honoraria	5.0 450 4550.5 10. 2010 110	4, 7, mo	• • • • • • • • • • • • • • • • • • • •		+	
5 Multiply line 4 by line 3				5		14,225.
5 Widitiply line 4 by line 5		• •			1	
6 Enter 1% of net investment incor	ne (1% of Part Lline 27h)			6		7.
6 Enter 1% of net investment incor	ne (170 011 art 1, line 270) .	••••			<del> </del>	
7 Add lines 5 and 6				7		14,232.
7 Add lines 5 and 6		• • • • •	• •	··   <del>' -</del>	+	
8 Enter qualifying distributions from	n Part XII. linn 4			. 8		100.
8 Enter qualifying distributions from If line 8 is equal to or greater tha			nlete that part ver		rate Sec	
instructions	, I allow the box in I all	, 15, and 5011	.p. 510 1.101 part don			

Form	990-PF(2010) DWIGHT & LUCILE	E ALDRICH FO	UNDATION	20-640	)677 <u>2</u>	Page 6
Par	VII-B Statements Regarding Act	ivities for Which F	orm 4720 May Be R	equired (continue	d)	
	During the year did the foundation pay or incu					-
	(1) Carry on propaganda, or otherwise attemption	ot to influence legislation	n (section 4945(e))?	. Yes 🛛 N	lo	
	(2) Influence the outcome of any specific pub	lic election (see section	4955), or to carry			
	on, directly or indirectly, any voter registra	ition drive?		📙 Yes 🔀 N	lo	
	(3) Provide a grant to an individual for travel,	study, or other similar p	ourposes?	🗌 Yes 🛚 N	lo	
	(4) Provide a grant to an organization other th	nan a charitable, etc , oi	rganization described			
	in section 509(a)(1), (2), or (3), or section	4940(d)(2)? (see instru-	ctions)	🗌 Yes 🔀 N	lo	
	(5) Provide for any purpose other than religio	us, charitable, scientific	, literary, or			
	educational purposes, or for the preventio	n of cruelty to children	or animals? .	🗌 Yes 🔀 N	lo	
b	If any answer is "Yes" to 5a(1)-(5), did any of	the transactions fail to d	qualify under the exception	ns described in		
	Regulations section 53 4945 or in a current no	otice regarding disaster	assistance (see the instru	ctions)?	5b	
	Organizations relying on a current notice rega	rding disaster assistanc	e check here	▶ 🗌		
С	If the answer is "Yes" to question 5a(4), does	the foundation claim ex	emption from the	_		
	tax because it maintained expenditure respon	sibility for the grant?		Yes 🗌 N	lo	
	If "Yes," attach the statement required by Reg	ulations section 53 494	5-5(d)			
6a	Did the foundation, during the year, receive an	ny funds, directly or indi	rectly, to pay			
	premiums on a personal benefit contract? .			🗌 Yes 🛚 N	lo ,	
b	Did the foundation, during the year, pay premi	iums, directly or indirect	ly, on a personal benefit o	ontract?	6b	X
	If "Yes" to 6b, file Form 8870					
7a	At any time during the tax year, was the found	lation a party to a prohil	bited tax shelter transactio	n? . 🗌 Yes 🗓 N	lo	
b	If "Yes," did the foundation receive any proceed	eds or have any net inco	ome attributable to the tran	nsaction? .	7b	
Par	t VIII Information About Officers	, Directors, Truste	ees, Foundation Ma	nagers, Highly Pai	d Employ	ees,
	and Contractors					
1 L	ist all officers, directors, trustees, foundation	on managers and their	r compensation (see the	instructions).	.,	
		(b) Title, and average	(c) Compensation	(d) Contributions to	(a) Evnons	
	(a) Name and address	hours per week	(a) compensation			e account,
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred comp		owances
	ALBERT ALDRICH		(If not paid, enter -0-)	employee benefit plans		
	ALBERT ALDRICH PO BOX 73	devoted to position TRUSTEE 1	(a) compensation	employee benefit plans		
	ALBERT ALDRICH PO BOX 73 PHILIP J CURTIS	devoted to position TRUSTEE 1 TRUSTEE	(If not paid, enter -0-)	employee benefit plans		
	ALBERT ALDRICH PO BOX 73	devoted to position TRUSTEE 1	(If not paid, enter -0-)	employee benefit plans		
	ALBERT ALDRICH PO BOX 73 PHILIP J CURTIS	devoted to position TRUSTEE 1 TRUSTEE	(If not paid, enter -0-)	employee benefit plans		
	ALBERT ALDRICH PO BOX 73 PHILIP J CURTIS	devoted to position TRUSTEE 1 TRUSTEE	(If not paid, enter -0-)	employee benefit plans		
	ALBERT ALDRICH PO BOX 73 PHILIP J CURTIS	devoted to position TRUSTEE 1 TRUSTEE	(If not paid, enter -0-)	employee benefit plans		
	ALBERT ALDRICH PO BOX 73 PHILIP J CURTIS PO BOX 766	devoted to position TRUSTEE 1 TRUSTEE 1	(If not paid, enter -0-)	employee benefit plans and deferred comp		
	ALBERT ALDRICH PO BOX 73 PHILIP J CURTIS PO BOX 766  Compensation of five highest-paid employee	devoted to position TRUSTEE 1 TRUSTEE 1	(If not paid, enter -0-)	employee benefit plans and deferred comp		
	ALBERT ALDRICH PO BOX 73 PHILIP J CURTIS PO BOX 766	TRUSTEE  1 TRUSTEE  1 TRUSTEE  1 ses (other than those in	(If not paid, enter -0-)  O  Cluded on line 1 - see th	employee benefit plans and deferred comp		
2 C	ALBERT ALDRICH PO BOX 73 PHILIP J CURTIS PO BOX 766  Compensation of five highest-paid employee frone, enter "NONE."	TRUSTEE  1 TRUSTEE  1 TRUSTEE  1 (b) Title, and average	(If not paid, enter -0-)  0  0  cluded on line 1 - see th	e instructions).  (d) Contributions to employee benefit	(e) Expens	owances be account,
2 C	ALBERT ALDRICH PO BOX 73 PHILIP J CURTIS PO BOX 766  Compensation of five highest-paid employee in none, enter "NONE."	TRUSTEE  1 TRUSTEE  1 TRUSTEE  1 (b) Title, and average hours per week	(If not paid, enter -0-)  O  Cluded on line 1 - see th	e instructions).  (d) Contributions to employee benefit plans and deferred	(e) Expens	owances
2 C	ALBERT ALDRICH PO BOX 73 PHILIP J CURTIS PO BOX 766  Compensation of five highest-paid employee f none, enter "NONE."  Name and address of each employee paid more than \$50,000	TRUSTEE  1 TRUSTEE  1 TRUSTEE  1 (b) Title, and average	(If not paid, enter -0-)  0  0  cluded on line 1 - see th	e instructions).  (d) Contributions to employee benefit	(e) Expens	owances be account,
2 C	ALBERT ALDRICH PO BOX 73 PHILIP J CURTIS PO BOX 766  Compensation of five highest-paid employee frone, enter "NONE."	TRUSTEE  1 TRUSTEE  1 TRUSTEE  1 (b) Title, and average hours per week	(If not paid, enter -0-)  0  0  cluded on line 1 - see th	e instructions).  (d) Contributions to employee benefit plans and deferred	(e) Expens	owances be account,
2 C	ALBERT ALDRICH PO BOX 73 PHILIP J CURTIS PO BOX 766  Compensation of five highest-paid employee f none, enter "NONE."  Name and address of each employee paid more than \$50,000	TRUSTEE  1 TRUSTEE  1 TRUSTEE  1 (b) Title, and average hours per week	(If not paid, enter -0-)  0  0  cluded on line 1 - see th	e instructions).  (d) Contributions to employee benefit plans and deferred	(e) Expens	owances be account,
2 C	ALBERT ALDRICH PO BOX 73 PHILIP J CURTIS PO BOX 766  Compensation of five highest-paid employee f none, enter "NONE."  Name and address of each employee paid more than \$50,000	TRUSTEE  1 TRUSTEE  1 TRUSTEE  1 (b) Title, and average hours per week	(If not paid, enter -0-)  0  0  cluded on line 1 - see th	e instructions).  (d) Contributions to employee benefit plans and deferred	(e) Expens	owances be account,
2 C	ALBERT ALDRICH PO BOX 73 PHILIP J CURTIS PO BOX 766  Compensation of five highest-paid employee f none, enter "NONE."  Name and address of each employee paid more than \$50,000	TRUSTEE  1 TRUSTEE  1 TRUSTEE  1 (b) Title, and average hours per week	(If not paid, enter -0-)  0  0  cluded on line 1 - see th	e instructions).  (d) Contributions to employee benefit plans and deferred	(e) Expens	owances be account,
2 C	ALBERT ALDRICH PO BOX 73 PHILIP J CURTIS PO BOX 766  Compensation of five highest-paid employee f none, enter "NONE."  Name and address of each employee paid more than \$50,000	TRUSTEE  1 TRUSTEE  1 TRUSTEE  1 (b) Title, and average hours per week	(If not paid, enter -0-)  0  0  cluded on line 1 - see th	e instructions).  (d) Contributions to employee benefit plans and deferred	(e) Expens	owances be account,
2 C	ALBERT ALDRICH PO BOX 73 PHILIP J CURTIS PO BOX 766  Compensation of five highest-paid employee f none, enter "NONE."  Name and address of each employee paid more than \$50,000	TRUSTEE  1 TRUSTEE  1 TRUSTEE  1 (b) Title, and average hours per week	(If not paid, enter -0-)  0  0  cluded on line 1 - see th	e instructions).  (d) Contributions to employee benefit plans and deferred	(e) Expens	owances be account,
2 C	ALBERT ALDRICH PO BOX 73 PHILIP J CURTIS PO BOX 766  Compensation of five highest-paid employee f none, enter "NONE."  Name and address of each employee paid more than \$50,000	TRUSTEE  1 TRUSTEE  1 TRUSTEE  1 (b) Title, and average hours per week	(If not paid, enter -0-)  0  0  cluded on line 1 - see th	e instructions).  (d) Contributions to employee benefit plans and deferred	(e) Expens	owances be account,
2 C (a)	ALBERT ALDRICH PO BOX 73 PHILIP J CURTIS PO BOX 766  Compensation of five highest-paid employee f none, enter "NONE."  Name and address of each employee paid more than \$50,000	TRUSTEE  1 TRUSTEE  1 TRUSTEE  1 (b) Title, and average hours per week	(If not paid, enter -0-)  0  0  cluded on line 1 - see th	e instructions).  (d) Contributions to employee benefit plans and deferred	(e) Expens	owances be account,
2 C (a)	ALBERT ALDRICH PO BOX 73 PHILIP J CURTIS PO BOX 766  Compensation of five highest-paid employee f none, enter "NONE."  Name and address of each employee paid more than \$50,000	TRUSTEE  1 TRUSTEE  1 TRUSTEE  1 (b) Title, and average hours per week	(If not paid, enter -0-)  0  0  cluded on line 1 - see th	e instructions).  (d) Contributions to employee benefit plans and deferred	(e) Expens	owances be account,
2 CC 111 (a)	ALBERT ALDRICH PO BOX 73 PHILIP J CURTIS PO BOX 766  Compensation of five highest-paid employee f none, enter "NONE."  Name and address of each employee paid more than \$50,000	devoted to position TRUSTEE  1 TRUSTEE  1 (b) Title, and average hours per week devoted to position	(If not paid, enter -0-)  0  0  cluded on line 1 - see th	e instructions).  (d) Contributions to employee benefit plans and deferred	(e) Expens	owances be account,

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Part VIII Information About Officers, Directors, Trustees, Fou	ındation Managers, Highly	Paid Employees,
and Contractors (continued)	- instructions) If none enter !!NC	ME"
3 Five highest-paid independent contractors for professional services (see the (a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(b) Type of Service	(c) compensation
1,011,0		
		<u> </u>
Total number of others receiving over \$50,000 for professional services	<u></u>	🕨
Part IX-A Summary of Direct Charitable Activities		<del></del>
List the foundation's four largest direct charitable activities during the tax year. Inclu		Expenses
as the number of organizations and other beneficiaries served, conferences conven	ed, research papers produced, etc	
'		-
		<del> </del>
2		
3		
4		
		_
Part IX-B Summary of Program-Related Investments (see the	instructions)	_L
Describe the two largest program-related investments made by the foundation dur		Amount
1 NONE	mg the tax year on most take 2	74110411
<u> </u>		
2		
All other program-related investments. See instructions		
3	<del></del>	-

Total Add lines 1 through 3

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age	8	
ions		

Ρ.	Art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ations, s	ee the instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes	, ,	
а	Average monthly fair market value of securities	1a	58,780.
b	Average of monthly cash balances	1b	14,488.
С	Fair market value of all other assets (see the instructions)	1c	·
d	Total (add lines 1a, b, and c)	1d	73,268.
е	Reduction claimed for blockage or other factors reported on lines 1a and 1c	2 . * .	
	(attach detailed explanation)	*	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	. 3	73,268.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount,		
	see the instructions)	4	1,099.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,099. 72,169.
6	Minimum investment return. Enter 5% of line 5	6	3,608.
P	art XI Distributable Amount (see the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations	ations	-
_	and certain foreign organizations check here ▶ ☐ and do not complete this part )		
1	Minimum investment return from Part X, line 6	1	3,608.
	Tax on investment income for 2010 from Part VI, line 5		
	Income tax for 2010 (This does not include the tax from Part VI)		
	Add lines 2a and 2b	2c	14.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	14. 3,594.
4	Recoveries of amounts treated as qualifying distributions	4	· · · · ·
5	Add lines 3 and 4	. 5	3,594.
6	Deduction from distributable amount (see the instructions)	. 6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	3,594.
$\dot{=}$		1 ' 1	
P	art XII Qualifying Distributions (see the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	- , -	<del> </del>
٠,	Expenses, contributions, gifts, etc -total from Part I, column (d), line 26	1a	100.
	Program-related investments-total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the	,	
	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	100.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
9	Enter 1% of Part I, line 27b (see the instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	100.
U	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the fo	undation	
	Note: The amount on line 6 will be used in Part V, Column (b), in subsequent years when calculating whether the fo	anaation	,

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L	art Alli Origistributed income (see til		(b)	(c)	(d)
_	. Distributable amount for 2010 from Part XI,	(a) Corpus	Years prior to 2009	2009	2010
1					3,594.
_					- /
	Undistributed income, if any, as of the end of 2010			957.	
	Enter amount for 2009 only			3011	
	Total for prior yrs 20, 20, 20				<del> </del>
	Excess distribs carryover, if any, to 2010.				
	From 2005				
	From 2007				
-	From 2008				
_	From 2009				
	Total of lines 3a through e	<del></del>	- <del></del>		
4	Qualifying distributions for 2010 from Part XII.				
				100.	
	Applied to 2009, but not more than line 2a			100.	
þ	Applied to undistributed income of prior				
	years (Election required - see the instr )				
С	Treated as distributions out of corpus				
	(Election required - see the instructions)				
	Applied to 2010 distributable amount				
	Remaining amt distributed out of corpus				
5	Excess distribs carryover applied to 2010 .				
	(If an amount appears in column (d), the				
_	same amount must be shown in col (a))				
6	Enter the net total of each column as				
	indicated below:				
	Corpus Add lines 3f, 4c, & 4e Subtract line 5				
b	Prior years' undistributed income Subtract			i	
	line 4b from line 2b				
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency				
	has been issued, or on which the section				
	4942(a) tax has been previously assessed				
a	Subtract line 6c from line 6b Taxable				
	amount - see the instructions		<del> </del>		
е	Undistributed income for 2009 Subtract				
	line 4a from line 2a Taxable amount -			857.	
	see the instructions		<del> </del>	337.	
T	Undistributed income for 2010 Subtract lines 4d and 5 from line 1. This amount				
	must be distributed in 2011				3,594.
7	Amounts treated as distributions out of				
'	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (see the				
	instructions) Excess distributions carryover from 2005				
8	-				
	not applied on line 5 or line 7 (see the				
	instructions)		<del>                                     </del>		<u> </u>
9	Subtract lines 7 and 8 from line 6a				
40		<del></del>		-	· · · · · · · · · · · · · · · · · · ·
	Analysis of line 9				
	Excess from 2006	1			
-	Excess from 2007	1			
_	Excess from 2008				
-	Excess from 2009.				
e	Excess from 2010	l		<u> </u>	

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

c Any submission deadlines

Form 990-PF (2010) DWIGHT & LUCILE ALDRICH FOUNDATION Page 11 Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager Foundation Recipient Purpose of grant or **Amount** status of contribution or substantial contributor recipient Name and address (home or business) a Paid during the year 100. N/A PUBLIC **OPERATIONS** CONCORD-PULASKI FUND CONCORD, MI 100. ▶ 3a Total **b** Approved for future payment

3b

Total

	Analysis of Income-Product	ing Activit	iles			
Enter	gross amounts unless otherwise indicated.	Unrelate	ed business income	Excluded by s	section 512, 513, or 514	(e)
		(a)	(b)	(c)	(d)	Related or exempt
		Business	Amount	Excl	Amount	function income
		]	Amount	+	,	(See the
1	Program service revenue	code		code		instructions)
а	<u> </u>					
				1		
С						
		i i		1		-
d				<del>                                     </del>		
е						
f						
g	Fees and contracts from government agencies	1				
2	Membership dues and assessments				<u> </u>	
	•		-			
3	Interest on savings and temporary cash investments			1 1 1	2 402	
4	Dividends and interest from securities		· · · · · · · · · · · · · · · · · · ·	14	2,493.	
5	Net rental income or (loss) from real estate					
а	Debt-financed property					
	Not debt-financed property					
_	• • •	<u> </u>		<del>-  </del>		
6	Net rental income or (loss) from personal propert			<del></del>		
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory .					
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory .	·				
	• • • •				<del></del>	
11	Other revenue a					
b			** **			
C						
d			-			
e						
		i I				
	O 14-4-1 A-1-1 (-) (-) (-)				2 / 0.2	
12	Subtotal Add columns (b), (d), and (e)				2,493.	
12 13	Total. Add line 12, columns (b), (d), and (e)					2,493.
12 13						2,493.
12 13 (See	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate	 ons )		••••	13	2,493.
12 13 (See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate XVI-B Relationship of Activities to	ons) the Acco	mplishment of E	 xempt Pu	13	
12 13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate XVI-B Relationship of Activities to e No. Explain below how each activity for wh	ons) the Acco	mplishment of E	xempt Pu	rposes A contributed imports	antly to the
12 13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate  XVI-B Relationship of Activities to  No. Explain below how each activity for wh accomplishment of the foundation's ex	ons) the Acco	mplishment of E	xempt Pu	rposes A contributed imports	antly to the
12 13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate XVI-B Relationship of Activities to e No. Explain below how each activity for wh	ons) the Acco	mplishment of E	xempt Pu	rposes A contributed imports	antly to the
12 13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate  XVI-B Relationship of Activities to  No. Explain below how each activity for wh accomplishment of the foundation's ex	ons) the Acco	mplishment of E	xempt Pu	rposes A contributed imports	antly to the
12 13 See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate  XVI-B Relationship of Activities to  No. Explain below how each activity for wh accomplishment of the foundation's ex	ons) the Acco	mplishment of E	xempt Pu	rposes A contributed imports	antly to the
12 13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate  XVI-B Relationship of Activities to  No. Explain below how each activity for wh accomplishment of the foundation's ex	ons) the Acco	mplishment of E	xempt Pu	rposes A contributed imports	antly to the
12 13 See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate  XVI-B Relationship of Activities to  No. Explain below how each activity for wh accomplishment of the foundation's ex	ons) the Acco	mplishment of E	xempt Pu	rposes A contributed imports	antly to the
12 13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate  XVI-B Relationship of Activities to  No. Explain below how each activity for wh accomplishment of the foundation's ex	ons) the Acco	mplishment of E	xempt Pu	rposes A contributed imports	antly to the
12 13 See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate  XVI-B Relationship of Activities to  No. Explain below how each activity for wh accomplishment of the foundation's ex	ons) the Acco	mplishment of E	xempt Pu	rposes A contributed imports	antly to the
12 13 See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate  XVI-B Relationship of Activities to  No. Explain below how each activity for wh accomplishment of the foundation's ex	ons) the Acco	mplishment of E	xempt Pu	rposes A contributed imports	antly to the
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12 13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate  XVI-B Relationship of Activities to  No. Explain below how each activity for wh accomplishment of the foundation's ex	ons) the Acco	mplishment of E	xempt Pu	rposes A contributed imports	antly to the
12 13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate  XVI-B Relationship of Activities to  No. Explain below how each activity for wh accomplishment of the foundation's ex	ons) the Acco	mplishment of E	xempt Pu	rposes A contributed imports	antly to the
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	rt X\		ion Regarding T Organizations	Transfers To and T	ransaction	ns and Relation	onships With No	oncharitable
1 [	and the			ne in any of the following	with any othe	er organization de	scribed in section	Yes No
	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	a Transfers from the reporting foundation to a noncharitable exempt organization of							
а				officialitable exempt orge	inzation of			1a(1) X
	٠,							1a(2) X
	٠,				•• ••••	••• ••• •		
D (		transactions.		-4				. 1b(1) X
				pt organization		••••••	• • • • • • •	1b(1) X
				le exempt organization		•••		1b(3) X
			equipment, or other			• •		1 1 1
			angements			•••		·
		-	intees					· · · · · · · · · · · · · · · · · · ·
				or fundraising solicitatio		•••	•	<del></del>
				other assets, or paid emp				· · · · · · · · · · · · · · · · · · ·
				nplete the following sche				
				eporting foundation. If th				any transaction
(	or sha	ring arrangement, s	how in column (d) th	e value of the goods, oth	ner assets, or	services received		
						<del></del>		
(a) L	ne no	(b) Amount involved	ved (c) Name of no	ncharitable exempt orga	nization (d)[	Desc of transfers	, transactions, and sh	aring arrangements
						<del></del> -		
								-
		-						
					1			
-	-					_		
2a b	sect	ion 501(c) of the Co es," complete the fo	de (other than section	ed with, or related to, one on 501(c)(3)) or in section	n 527?			Yes 🛚 No
		(a) Name of orga	mization	(b) Type of org	janization		(c) Description of re	iauonsnip
		<u>.</u>						
		<u>.</u>						
							· · · · · · · · · · · · · · · · · · ·	
Sig Her		Under penalti best of my kn on all informa	es of perjury, I decla owledge and belief, oon of which prepare	re that I have examined it is true, correct, and corer has any knowledge	this return, inc nplete Declai	l cluding accompan ration of preparer	ying schedules and s (other than taxpayer	statements, and to the or fiduciary) is based
		1 Shaff	Mile		0 4 /	/27/2011	TRUSTEE	
		Signature of off	icer or trustee	<u> </u>	<b>Da</b>	te	Title	
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