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Department of the Treasury

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 1545-0047

Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010 A For the 2010 D Employer identification number B Check if applicable SKY FOUNDATION INC 26-2720583 Address change Doing Business As Name change E Telephone number Initial return Number and street (or P O box if mail is not delivered to street address) 33 BLOOMFIELD HILLS PARKWAY Room/suite Terminated ROOM/SUITE 130 G Gross receipts \$ 79,166 Amended return BLOOMFIELD HILLS, MI 483042944 Application pending Name and address of principal officer **H(a)** Is this a group return for affiliates? Yes DAVE WEIR 3752 DARLINGTON RD SOUTH H(b) Are all affiliates included? BLOOMFIELD HILLS, MI 48301 If "No," attach a list (see instructions) H(c) Group exemption number 🕨 Tax-exempt status Website: ► WWW SKYFO UNDATIONING ORG K Form of organization ✓ Corporation ✓ Trust ✓ Association ✓ Other ► L Year of formation M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities SKY FOUNDATION, INC. IS DEDICATED TO RAISING AWARENESS AND FUNDING RESEARCH FOR THE EARLY DETECTION OF PANCREATIC CANCER Activities & Governance 2 Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 10 Number of independent voting members of the governing body (Part VI, line 1b) . 10 4 Total number of individuals employed in calendar year 2010 (Part V, line 2a) . 5 0 6 6 Total number of volunteers (estimate if necessary) . 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 7a **b** Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . 80.893 79.166 Program service revenue (Part VIII, line 2g) . 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 10 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 80.893 79.166 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 43,000 45,500 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines $\,5\,$ 0 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 b Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 0$ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 14,296 19,985 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 18 57,296 65,485 19 Revenue less expenses Subtract line 18 from line 12 $\,$. 23.597 13,681 Net Assets or Fund Balances **Beginning of Current End of Year** Year 40.666 20 Total assets (Part X, line 16) . 26,983 21 Total liabilities (Part X, line 26) . . 0 22 Net assets or fund balances Subtract line 21 from line 20 40,666 26,983 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. 2011-06-25 Signature of officer Date Sign Here DAVE WEIR PRESIDENT Type or print name and title Check if self Preparer's signature HAROLD H SWENSON HAROLD H SWENSON preparer's name employed F Paid Firm's name 🕨 SWENSON & NELL PC Firm's EIN Preparer Firm's address 🕨 28345 BECK RD STE 101 Phone no (248) 912-**Use Only**

WIXOM, MI 483934733

May the IRS discuss this return with the preparer shown above? (see instructions) .

▼Yes

Form	1990 (2010)				Page Z
Par	Statement of Program Check if Schedule O contain				
	Briefly describe the organization's FOUNDATION, INC IS DEDICATE CREATIC CANCER	mission		G RESEARCH FOR THE EAR	
2	Did the organization undertake any the prior Form 990 or 990-EZ? . If "Yes," describe these new service				─Yes 🔽 No
3	Did the organization cease conduct services?	ıng, or make sıgnıfıcar			「Yes ▼ No
4	Describe the exempt purpose achie Section 501(c)(3) and 501(c)(4) o allocations to others, the total expe	vements for each of th	on 4947(a)(1) trusts ar	re required to report the amou	
4a	(Code) (Expense SKY FOUNDATION IS DEDICATED TO RAIS		including grants of \$ DING RESEARCH FOR THE EA	45,500) (Revenue \$ ARLY DETECTION OF PANCREATIC () CANCER
4b	(Code) (Expense	5 \$	ıncludıng grants of \$) (Revenue \$)
4 c	(Code) (Expense	s \$	ıncludıng grants of \$) (Revenue \$)
4d	Other program services (Describ	e ın Schedule O) ıncludıng grants o	f \$) (Revenue \$)
4e	Total program service expenses▶\$	65,48	55	<u>. </u>	·

Part IV Checklist of Required Schedule
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		N o
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Νο
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νo
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		N o
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		N o
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		Νο
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		N o
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		N o
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νο
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Form	990 (2010)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III </i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No.
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes,"	204		110
	complete Schedule L, Part IV	28b		No
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29		29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> " <i>Yes,"</i> complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	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," complete Schedule R, Part V, line 2 Yes V No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38		No

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Part V	Statements	Regarding	Other	TK2 LIIIII	js aliu lax	Compliance

Check Schedule O centaria response to any question in this Part		990 (2010)			Page 5
Extert the number reported in Box 3 of Form 1096 Enter-0- if not applicable b Enter the number of forms W-2 directioned in line 1.5 After-0- if not applicable c Die the organization compily with acciup withholding raise for reponsible asyments to venders and reportable c permitting and the properties of the propert	Pa			_	
the Content the number registed in the 2 of Ferm 1000. Linear-0-infect applicable and 2 of Content the number of Forms 90-25 included in time 1.8 Estee -0- in not applicable with the sequentiation comply with backing withholding rules for reportable pergential to evidents and reportable common (certificially in critical to be supermotion of the pergential to a common (certificial to expenditure) with backing withholding rules for reportable pergential to the content of the pergential to a common (certificial to expenditure) with the supermotion of the pergential to the common of the pergential to the content of the pergential to the percential to the content of the pergential to the percential		Check it schedule O contains a response to any question in this Part V	• •		No
b Enter the number of Forms W-26 included in line 1.5 Enter -0° fines applicable District the organization corregity with backup antificiality dues for reportable payments to various and reportable daming (paymology bermaps to provide withouts) and the organization of the organization	1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable .		res	NO
Det the organization compay with backage withholding rules for reportable payments to vendors and reportable saming (sambling) withings to price withholding rules for reportable payments to vendors and reportable saming (sambling) withings to price withings with a stress of the property of the propert		1a	2		
Description of the protection of the programments of the programments of the protection of the protect	Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b)		
2a Enter the number of employees reported on Form W. 3, transcribed Wage and Tax Externest State for the celeratory reserved in the second within the year covered by this relation. 1 Fall lacks are as a reported on line Ja, sid the organization of the all requires federal amployment tax returns? Note. If the sum of lines Is and 2 is greater than 250, you may be required to e-file (see instructions). 3 Out the organization between 15 and 2 is greater than 250, you may be required to e-file (see instructions). 3 Out the organization between 15 and 2 is greater than 250, you may be required to e-file (see instructions). 3 If Yes, 7 has filled a Form 90.1 for this year? If You? Provide an explanation or a signature or other financial account in a fireign country between 15 and 15 a	c		٦		
Statements filed for the calendar year ending with or within the year covered by this part in the part of the part	2a		10		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 s and 2a is greater him 250, you may be required to a-file (see instructions) Jan 24 A term of lines 1 s and 2a is greater him 250, you may be required to a-file (see instructions) Jan 24 A term of lines 1 s and 2a is greater him 250, you may be required to a-file (see instructions) Jan 24 A term of the first of the search of the s		Statements filed for the calendar year ending with or within the year covered by this			
Note: 1 the sum of lines 14 and 24 is greater than 250, you may be recurred to e-file. (see instructions) 3a No	ь				
Sa		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
year? 38	3a				
4a At any time during the calendar year, did the organization have an interest in, or a sunature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts) 5b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization have agreed that was or is a party to a prohibited tax shelter transaction? 6c If "Yes" to line 5 ar 95, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c If "Yes" to line 5 ar 95, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c If "Yes" to line 5 ar 95, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c If "Yes," to line 5 ar 95, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c If "Yes," to line 5 are yes, and the party or the prohibited tax shelter transaction? 6d Vare organization shelt may receive deductable? 6d Vare organization shelt may receive deductable contributions and spratify for goods and services provided to the payor? 6d Upt the organization shelt may receive deductable contribution on appraise statement that such contributions or gifts were not tax device the contribution of the sale of the goods or services provided? 6d Upt the organization shelt may receive deductable contribution of the value of the goods or services provided? 7d Upt the organization on the tax do not put the goods or services provided? 7d Upt the organization necessary any funds, directly or indirectly, to pay premium on an personal benefit contract? 7e Vare or the contribution of cars, boats, arrishes, or other vehicles, did the organization file a form 100 organization make and contribution of cars, boats, arrishes, or other vehicles, did the organization file and contribution of car		year?			No
over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts) b If "yes," enter the name of the foreign country 1			3b		
11 11 12 13 13 14 15 15 15 15 15 15 15	4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 58 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 59 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 50 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 50 Dees the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 50 Organization that may receive deductible contributions under section 170(c). 51 Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 52 Did the organization notify the donor of the value of the goods or services provided? 53 Did the organization notify the donor of the value of the goods or services provided? 54 Did the organization notify the donor of the value of the goods or services provided? 55 Did the organization notify the donor of the value of the goods or services provided? 56 Did the organization notify the donor of the value of the goods or services provided? 57 Did the organization nation and the value of the goods or services provided? 58 Did the organization number of Forms 8292 filed during the year. 59 Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 79 Did the organization makes a contribution of qualified intellectual property, did the organization file Form 8899 as required? 50 Did the organization maintaining donor advised funds and section 509(a)(3) supporting organization file Form 100 payor the secure of the supporting organization have exceed business holdings at any time during the year? 50 Did the organization make any taxable distributions	h	,	4a		No
Sa Nas the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a No Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b No 1f "Yes" to line Sa or 5b, did the organization file Form 8886-17? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 1f "Yes," did the arganization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 1f "Yes," did the arganization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 1f "Yes," did the arganization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 1f "Yes," did the arganization mitty the donor of the value of the goods or services provided? 1f "Yes," indicate the number of Forms 82.82 filed during the year 1f bit the organization state and contribution of the year of the value of the goods or services provided? 1f be the organization flowing the year, pay premiums, directly or indirectly, on a personal benefit contract? 7c of the organization flowing the year, pay premiums, directly or indirectly, on a personal benefit contract? 7d of the organization flowing the year pay premiums, directly or indirectly, on a personal benefit contract? 7e of the organization flowing the year pay premiums, directly or indirectly, on a personal benefit contract? 7e of the organization flowing the year pay premiums, directly or indirectly, on a personal benefit contract? 7f of the organization flowing the year pay premiums, directly or indirectly, on a personal benefit contract? 7g of the organization flowing the year pay premiums, directly or indirectly, on a personal benefit contract? 7g of the organization flowing the properties of the payon organization, have excess busi	ь		_		
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5					
C If "Yes" to line Sa or Sb, did the organization file Form 8886-77 Cab Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? Organization shart may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of 575 made partly as a contribution and partly forgoods and services provided to the payor? Diff"es," did the organization notify the donor of the value of the goods or services provided? To but the organization notify the donor of the value of the goods or services provided? To cold the organization notify the donor of the value of the goods or services provided? To cold the organization notify the donor of the value of the goods or services provided? To cold the organization notify the donor of the value of the goods or services provided? To cold the organization received a contribution of the value of the goods or services provided? To cold the organization received a contribution of qualified intellectual property, did the organization file Form 8282? To cold the organization organization file and the organization file organization file and the organization or advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds. Did the organization make a distribution to a donor, donor advised, or related person? Section 501(c)(7) organizations. Enter Indication few and captatic contributions in cluded on Part VIII, line 12. To be considered and contributions organization file and or received from them) Section 501(c)(12) organizations. Enter Gross income from members or shareholders. Is be organization incomes do a support of the best insurance	5a		5a		
So Does the organization have annual gross receipts that are normally greater than \$1.00,000, and did the organization solicit any contributions that were not tax deductible? If Yes, fidthe organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? The payor of the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? The payor of the organization sell, exchange, or otherwise dispose of tengible personal property for which it was required to file form \$282 filed during the year. The payor of the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as a contribution of qualified intellectual property, did the organization file Form 8899 as a contribution of qualified intellectual property, did the organization file Form 8899 as a contribution of care, boats, airplanes, or other vehicles, did the organization file Form 8899 as a contribution of care, boats, airplanes, or other vehicles, did the organization file Form 8899 as a contribution of care, boats, airplanes, or other vehicles, did the organization file Form 8899 as a contribution of care, boats, airplanes, or other vehicles, did the organization file Form 8899 as a contribution of care, boats, airplanes, or other vehicles, did the organization file Form 8899 as a contribution of care, boats, airplanes, or other vehicles, did the organization. Dut the supporting organizations and airplanes of the supporting organizations. Dut the supporting organization maintaining door advised funds and section 50(a) (3) supporting organizations. Dut the supporting organization make a sint taxibition to a donor, donor advised funds. Did the organizat			5b		N o
by Eff Yes, 7 idicate the number of Form 8282 filed during the year 2 during the year 2 during the year 3 during the organization received a growth of the organization self, exchange 3 during the year 4 during the year 4 during the year 3 during organization make any taxeble distributions of a donor, donor advised funds. b If Yes, 7 indicate the number of Form 990 part VIII, line 12 during the year 3 during the year 3 during the year 4 during the year 4 during the year 5 during organization make any taxeble distributions of years against amounts due on Part VIII, line 12 during the year 9 during form 1041? b If the organization make a distribution is under section 4966? b Did the organization make a distribution is under section 4966? b Did the organization make any taxeble distributions under section 4966? b Did the organization make any taxeble distributions under section 4966? b Did the organization make any taxeble distributions under section 4966? b Did the organization make any taxeble distributions under section 4966? b Did the organization make any taxeble distributions under section 4966? b Cores income from other sources (00 not net amounts due or part VIII, line 12 during the year 110 during the	С	If "Yes" to line 5a or 5b, did the organization file Form 8886-17	5c		
b If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 9 If Yes," did the organization notify the donor of the value of the goods or services provided? 10 Did the organization on the schange, or otherwise dispose of trappible personal property for which it was required to file form 8282? 11 If Yes," indicate the number of forms 8282 filed during the year. 12 Did the organization of the value of the goods or services provided? 13 Did the organization in the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 14 Did the organization faceived a contribution of qualified intellectual property, did the organization file Form 8899 as required? 15 If Yes, "indicate the number of Forms 8202 filed during the year of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C? 16 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C? 17 If Yes, Someting organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds. 18 Section 501(c)(7) organizations Enter 19 Did the organization make any taxable distributions under section 4966? 19 Did the organization make any taxable distributions under section 4966? 19 Did the organization make any taxable distributions under section 4966? 19 Did the organization received from them in a denor, donor advised funds. 10 Did the form 501(c)(7) organizations. Enter 10 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(2) qualified nonp	6a		6a		No
7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization notify the donor of the value of the goods or services provided? d If Yes," indicate the number of Forms 8282 filed during the year d If Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations. Did the organization organization or advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations or advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations make any taxable distributions under section 4966? p Sponsoring organizations make any taxable distribution under section 4966? p Did the organization make any taxable distributions under section 4966? p Section 501(c)(7) organizations. Enter initiation fees and capital contributions included on Part VIII, line 12 Gross income from members or shareholders in the support of the surface of the surfac	ь				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form \$282? d If "Yes," indicate the number of Forms \$282 filed during the year	_		6b		
b If "Yes," and the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form \$2.92? If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If Did the organization received an contribution of qualified intellectual property, did the organization file Form \$8.99 as required? If the organization received a contribution of qualified intellectual property, did the organization file Form \$8.99 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form \$8.99 as required? The organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations. Did the organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds. By Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 Goes receipts, included on Form 990, Part VIII, line 12, for public use of club facilities a Gross income from members or shareholders By Gooss income from there sources (Do not net amounts due or paid to other sources against amounts due or received from them) By If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuess. By If the organization is licensed to issue qualified health plans in more than one state? Note, See the instructions for additional information the organization must report on Schedule O If a literative amount of reserves the o			7a		
to Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 5282? d If Yes, "indicate the number of Forms 8282 filed during the year . 7d	_		ļ."		
file Form 8282?					
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 76 g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C? S Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distribution under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Sponsoring organizations. Enter 10 Section 501(c)(2) organizations. Enter 11 Gross income from members or shareholders 12 Gross income from members or shareholders 13 Section 501(c)(21) organizations. Enter 14 Gross income from members or shareholders 15 Section 501(c)(21) organizations. Enter 16 Gross income from members or shareholders 17 John John John John John John John John	С				
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a Gross income from members or shareholders		facilities			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		1 1			
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In which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0 14b		note. See the histractions for additional information the organization must report on Schedule O			
In which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0 14b	h	Enter the amount of reserves the organization is required to maintain by the states			
14a Did the organization receive any payments for indoor tanning services during the tax year?		in which the organization is licensed to issue qualified health plans			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	c				
			14a		No
Form 990 (2010	ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			2 /2 2 1 = 1

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		N
Se	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		Νo
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14		Νo
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Νo
b	Other officers or key employees of the organization	15b		Νo
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			I
17	List the States with which a copy of this Form 990 is required to be filed►MI			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

Own website Another's website Vpon request

(248) 737-1816

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization WILLIAM POWERS

 3544 FRANKLIN RD

 BLOOMFIELD HILLS, MI 48302

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

🔽 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours	Posi t	((tion (hat a	che		II		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- organizations 2/1099-MISC) (W- 2/1099-		from the organization and related organizations	
(1) LUCY R BENHAM BOARD MEMBER	1 00	Х						0	0	0	
(2) EDWINA DAVIS BOARD MEMBER	1 00	х						0	0	0	
(3) SHEILA SKY KASSELMAN BOARD MEMBER	1 00	Х						0	0	0	
(4) TERRY FORNWALL ADVISORY BOA	1 00	х						0	0	0	
(5) NICK KARMANOS ADVISORY BOA	1 00	х						0	0	0	
(6) ANN SILVERMAN ADVISORY BOA	1 00	х						0	0	0	
(7) MICHAEL A TAINSKY ADVISORY BOA	1 00	х						0	0	0	
(8) BONNIE TOPPER-BRICKER ADVISORY BOA	1 00	х						0	0	0	
(9) LYNN FISHER ADVISORY BOA	1 00	Х						0	0	0	
(10) STEVEN PASSON ADVISORY BOA	1 00	Х						0	0	0	
(11) RENEE PECK ADVISORY BOA	1 00	Х						0	0	0	
(12) KATIE STOCKER BOARD MEMBER	1 00	Х						0	0	0	
(13) JUDY MCCLELLAND BOARD MEMBER	1 00	х						0	0	0	
(14) DAVE WEIR PRESIDENT	1 00			х				0	0	0	
(15) GERRY BARRONS VICE PRESIDE	1 00			х				0	0	0	
(16) NIKI GALLAUDET CORRESPONDEN	1 00			х				0	0	0 Form 990 (2010)	

\$100,000 in compensation from the organization 🕨

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Tıtle	(B) A verage hours	1	tion (that a	(che		ill		(D) Reportable compensation from the	(E) Reportable compensation	on amount of otl	
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	from organizat relat organiz	the ion and ed
l7) CARLA J GROH ECORDING SE	1 00			×				0	o		
18) WILLIAM H POWERS REASURER	1 00			х				0	0		
lb Sub-Total					•		Þ				
c Total from continuation sheet	s to Part VII, Sec	tion A		•	•	<u> </u>	>				
d Total (add lines 1b and 1c). Total number of individuals (inc \$100,000 in reportable compe		nited to	thos	e list			-	received more tha	n		
B Did the organization list any for on line 1a? If "Yes," complete S									ated employee	Yes	No
For any individual listed on line organization and related organization and related organization.	e 1a, is the sum of	reporta	able c	omp	ens	ation	and (other compensatior	n from the	4	No No
Did any person listed on line 1 services rendered to the organ		-						-	or individual for	5	No
Section B. Independent Co	ntractors										
Complete this table for your five \$100,000 of compensation fro	e highest comper		ndep	ende	nt c	ontrac	tors	that received more	e than		
·	(A) ame and business add							Descr	(B) option of services	Compe	
		_			_						

Form 99		Statement of Revenue					Р
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a					
更复	Ь	Membership dues 1b					
S.G.	С	Fundraising events 1c					
無っ	d	Related organizations 1d					
<u>ي</u> آي	e	Government grants (contributions) 1e					
돌쮼	f	All other contributions, gifts, grants, and 1f	79,166		İ		i i
\$ 2 2 4	g	similar amounts not included above Noncash contributions included in lines 1a-1f \$					
들유	9	, , , , , , , , , , , , , , , , , , ,					
<u>5</u> €	h	Total. Add lines 1a-1f	. ▶	79,166			
			Business Code				
Ĕ	2a						
93 94	ь						
σ Œ	l c						
ř	d						
B B	_ 						
Ē	f	All other program service revenue					
Program Serwce Revenue	'	other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, int					
		and other similar amounts)					
	4	Income from investment of tax-exempt bond proceed	L				
	5	Royalties	_				
	62	(ı) Real Gross Rents	(II) Personal				
	Ь	Less rental					
		expenses Rental income					
	C	or (loss)					
	d	Net rental income or (loss)	_				
	_	(i) Securities	(II) O ther				
	/a	Gross amount from sales of					
		assets other than inventory					
	b	Less cost or other basis and					
		sales expenses					
		Gain or (loss)					
		Net gain or (loss)	-				
άs	oa	Gross income from fundraising events (not including					
ž		\$					
Other Revenue		of contributions reported on line 1c) See Part IV, line 18					
ď		a					
Jer	ь	Less direct expenses b					
₹	С	Net income or (loss) from fundraising events	, , +				
	9a	Gross income from gaming activities See					
	 	Part IV, line 19 . a Less direct					
		expenses					
	_	Not income or (less) firms	b				
		Net income or (loss) from gaming activities					
	<u>-</u> ua	Gross sales of inventory, less returns and allowances .					
		а					
	l .	Less cost of goods sold b					
	С	Net income or (loss) from sales of inventory	_				
		Mıscellaneous Revenue	Business Code				
	11a						
	Ь						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
	12	Total revenue. See Instructions	▶	79 166	1		1

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
Do no	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	45,500	45,500					
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	,	,					
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors, trustees, and key employees							
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$							
7	Other salaries and wages							
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)							
9	Other employee benefits							
10	Payroll taxes							
а	Fees for services (non-employees) Management							
ь	Legal				_			
c	Accounting				_			
d	Lobbying							
e	Professional fundraising services See Part IV, line 17							
f	Investment management fees							
g	Other							
12	Advertising and promotion							
13	Office expenses	19,260	19,260					
14	Information technology							
15	Royalties							
16	Occupancy							
17	Travel							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings							
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization							
23	Insurance	725	725					
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)							
а								
b								
c								
d								
е								
f	All other expenses							
25	Total functional expenses. Add lines 1 through 24f	65,485	65,485	0	0			
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the							
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation							

Pā	irt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			26,983	1	40,666
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			4		
	5	Receivables from current and former officers, directors, trustees, k highest compensated employees Complete Part II of	ployees, and				
		Schedule L				5	
Assets	6	Receivables from other disqualified persons (as defined under section section 4958(c)(3)(B), and contributing empsponsoring organizations of section $501(c)(9)$ voluntary employee organizations (see instructions)	and				
		Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a				
	b	Less accumulated depreciation	10b			10c	
	11	Investments—publicly traded securities		•		11	
	12	Investments—other securities See Part IV, line 11			12		
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11		-		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			26,983	16	40,666
	17	Accounts payable and accrued expenses .				17	
	18	Grants payable			18		
	19	Deferred revenue		19			
- 46	20	Tax-exempt bond liabilities			20		
<u>a</u>	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
abilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties .		•		24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			0	26	0
on do		Organizations that follow SFAS 117, check here ▶ ▼ and complet	te lines	27			
ě		through 29, and lines 33 and 34.			20,000		40.000
Balance	27	Unrestricted net assets			26,983		40,666
ă	28	Temporarily restricted net assets				28	
Fund	29	Permanently restricted net assets				29	
or FL		Organizations that do not follow SFAS 117, check here ► and of lines 30 through 34.	complet	re			
sets	30	Capital stock or trust principal, or current funds				30	
s. Se	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
As	32	Retained earnings, endowment, accumulated income, or other fund	S			32	
Net	33	Total net assets or fund balances			26,983	33	40,666
	13/1	Total liabilities and net assets fund balances			26 983	1 24	40.666

Pal	Check if Schedule O contains a response to any question in this Part XI			- [
1	Total revenue (must equal Part VIII, column (A), line 12)	1			79,16
2	Total expenses (must equal Part IX, column (A), line 25)	2			65,48
3	Revenue less expenses Subtract line 2 from line 1	3			13,68
4	1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4				26,98
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6			40,66
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
ь	Were the organization's financial statements audited by an independent accountant?		2b		Νο
С	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	sued			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

DLN: 93493198001011

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

10

Public Charity Status and Public Support

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.

Inspection

Name of the organization SKY FOUNDATION INC

Employer identification number

26-2720583 Reason for Public Charity Status (All organizations must complete this part.) See instructions organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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) An organization organized and operated exclusively to test for public safety Seesection 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 Type I **b** Type II c Type III - Functionally integrated Type III - Other 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) 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 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) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) 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	(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) A mount of support	
		instructions))	Yes	No	Yes	No	Yes	No		
Total										

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.)

	didei i die III. Ii die	organización i	ans to quanty t	maci die tests	iisted below, pic	case complete	c rait III.)
S	ection A. Public Support		_				
Cale	endar 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						
	ınclude any "unusual						
	grants ")						
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						
	Total. Add lines 1 through 3						
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						
	ection B. Total Support						T
Cale	endar year (or fiscal year beginning	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	ın) 🏲	` ,	. ,	. ,	\		` '
7	A mounts from line 4						
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)						
12	Gross receipts from related activities	es, etc (See inst	ructions)			12	
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fıfth tax year as a	501(c)(3) orga	nızatıon,
	check this box and stop here						▶ ┌
S	ection C. Computation of Pub						
14	Public Support Percentage for 2010	(line 6 column (f) divided by line	11 column (f))		14	
15	Public Support Percentage for 2009	Schedule A. Pai	rt II. line 14			15	
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, cnec	
	and stop here. The organization qua	•			En and line 4 F : 1	22 1/20/	s shock this
D	33 1/3% support test—2009. If the				oa, anu iine 15 is .	or mor %کرر د د	. -
17-	box and stop here. The organization				no 12 165 10	h and line 4.4	▶
r/a	10%-facts-and-circumstances test-						n
	is 10% or more, and if the organization made			•		-	
	in Part IV how the organization mee	is the racts and	circumstances"	test ine organiz	cation qualifies as	a publicly supp	orted F
L	organization	-2000 Iftha a	nization did nat	chack a hay as lu	no 12 165 164 s	or 17a and line	- 1
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat			•		-	- Lv
	supported organization	aon meets the lo	acca unu circuiiis	tances test ille	. organization qual	iiiiea aa a haniid	►[
18	Private Foundation If the organizati	on did not check	a hox on line 13	16a 16h 17a o	r 17h chack this	hox and see	F 1
	instructions	on ala not check	a box on fine 15,	, 100, 100, 1700	. I / D, CHECK HIS	DOX GIIG SEE	▶ □

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.)

	ction A. Public Support						
Cale	ndar 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			54,656	80,893	79,166	214,71
_	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						
3	purpose Gross receipts from activities that						
3	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			54,656	80,893	79,166	214,71
6 70	Total. Add lines 1 through 5 Amounts included on lines 1, 2,			34,030	00,093	73,100	214,71
/a	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						214,71
Sa	from line 6) ction B. Total Support						
	ndar year (or fiscal year beginning	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	ın)	(a) 2000	(b) 2007				
9	A mounts from line 6			54,656	80,893	79,166	214,71
L0a	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	June 30, 1975 Add lines 10a and 10b						
c 11	June 30, 1975 Add lines 10a and 10b Net income from unrelated						
	June 30, 1975 Add lines 10a and 10b						
	June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include						
11	June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of						
11	June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include						
11 12	June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c,			54,656	80,893	79,166	214,71
11 12 13	June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12)			54,656	80,893	79,166	214,71
11	June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is	for the organization	on's first, second,	,	,	, , , , , , , , , , , , , , , , , , ,) organization,
11 12 13	June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12)	for the organization	on's first, second,	,	,	, , , , , , , , , , , , , , , , , , ,	,
11 12 13 14	June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is check this box and stop here	lic Support Pe	ercentage	third, fourth, or fif	,	, , , , , , , , , , , , , , , , , , ,) organization,
11 12 13 14	June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is check this box and stop here	lic Support Pe	ercentage	third, fourth, or fif	,	, , , , , , , , , , , , , , , , , , ,) organization,
11 12 13 14	June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is check this box and stop here	lic Support Pe 0 (line 8 column (1	ercentage f) divided by line	third, fourth, or fif	,	section501(c)(3	organization,
111 12 13 14 See 15 16	June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is check this box and stop here ection C. Computation of Pub Public Support Percentage from 200	o lic Support Pe O (line 8 column (1 O9 Schedule A , Pa	ercentage f) divided by line art III, line 15	third, fourth, or fif	,	section501(c)(3	organization,
11 12 13 14 Se 15 16	June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is check this box and stop here ection C. Computation of Pub Public Support Percentage for 2010 Public support percentage from 2000 ection D. Computation of Inv	lic Support Pe O (line 8 column (1 O 9 Schedule A , Pa estment Inco	ercentage f) divided by line art III, line 15 me Percentag	third, fourth, or fif	th tax year as a	section501(c)(3	organization,
111 12 13 14 See 15 16	June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is check this box and stop here ection C. Computation of Pub Public Support Percentage from 200	lic Support Pe O (line 8 column (1 O 9 Schedule A , Pa estment Inco	ercentage f) divided by line art III, line 15 me Percentag	third, fourth, or fif	th tax year as a	section501(c)(3	organization,
11 12 13 14 Se 15 16	June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is check this box and stop here ection C. Computation of Pub Public Support Percentage for 2010 Public support percentage from 2000 ection D. Computation of Inv	lic Support Pe 0 (line 8 column (i 09 Schedule A, Pa estment Inco 2010 (line 10c co	ercentage f) divided by line art III, line 15 me Percentag lumn (f) divided b	third, fourth, or fif	th tax year as a	15 16	100 000 %

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

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 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

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Schedule I

(Form 990)

Department of the Treasury

DLN: 93493198001011 OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

Open to Public

Inspection Internal Revenue Service Name of the organization Employer identification number SKY FOUNDATION INC 26-2720583 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be 1 (a) Name and address of (g) Description of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (h) Purpose of grant organization ıf applıcable valuation non-cash assistance or assistance grant cash (book, FMV, appraisal, or government assistance other) (1) KARMANOS RESEARCH 38.000 CASH CANCER RESEARCH FUND4160 JOHN R STREET DETROIT, MI 48201 7,500 CASH CANCER RESEARCH (2) HENRY FORD HOSPITAL2799 W GRAND DETROIT, MI 48202

Ident if ier

Return Reference

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistanc

Explanation

Schedule I (Form 990) 2010

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As Filed Data -

DLN: 93493198001011

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization SKY FOUNDATION INC

Employer identification number

26-2720583

ldentifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	NO REVIEW WAS OR WILL BE CONDUCTED

ldentifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	DOCUMENTS ARE AVAILABLE UPON REQUEST