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Department of the Treasury

**Return of Private Foundation** 

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No .1545-0052

	nal Revenue Service N	ote. The foundation may	be able to use a copy of this	s return to satisfy st	ate reporting requirements.	
For c	calendar year 2010, or tax yea	r beginning		, and ending	<del></del>	
G C	Check all that apply	Initial return		former public charity		m
		Amended return	Address chai	nge	Name change	
Nam	me of foundation OSCAR FOUN	ID A T C NI			A Employer identification	on number
			BANK TRUST D	)EDT	26-406845	Λ
Num	mber and street (or P O box number if				7/suite B Telephone number	<del>-</del>
	P.O. BOX 1	380			(231) 922	-7777
City	y or town, state, and ZIP code			L	C If exemption application is	
	TRAVERSE C		9685-1380		D 1. Foreign organizatio	ns, check here
ᆫ			exempt private foundation		Foreign organizations r check here and attach	neeting the 85% test, computation
l Ear	Section 4947(a)(1) nonexemplair market value of all assets at e		Other taxable private found ting method: X Cash	Accrual	E If private foundation s	
	rom Part II, col. (c), line 16)	· · —	Other (specify)	Accidal	under section 507(b)(	
<b>&gt;</b>		,743 . (Part I, col	umn (d) must be on cash	basis.)	F If the foundation is in under section 507(b)(	
Pa	Analysis of Revenue and (The total of amounts in colur	d Expenses	(a) Revenue and	(b) Net investn		(d) Disbursem
	necessarily equal the amount	is in column (a))	expenses per books	ıncome	income	for chantable pur (cash basis or
	1 Contributions, gifts, grant		700,000.	<u></u>	N/A	
	a Interest on savings and tempo	is not required to attach Sch. B rary		8		<del></del>
	3 cash investments 4 Dividends and interest fro	•	Q App 10, 01.95		010.	STATEMEN
	5a Gross rents	5000111105	APR V & ZO			
	b) Net rental income or (loss)	- 				
او	6a Net gain or (loss) from sale of a	assets not on line 10	OGDEN. L	IT' I		
Revenue	b Gross sales price for all assets on line 6a					<del></del>
æ	7 Capital gain net income (from F				0.	-
	8 Net short-term capital gair 9 Income modifications	1	<del></del>	<del></del>		<del>                                     </del>
	10a Gross sales less returns and allowances					<b>+</b>
	b Less Cost of goods sold	-				
	c Gross profit or (loss)	••				
i	11 Other income	- 44	701,010.	1 (	010.	
	12 Total. Add lines 1 through 13 Compensation of officers, direct		701,010.		0.	
	14 Other employee salaries a					
	15 Pension plans, employee	•				
ses	16a Legal fees		4,461.	4,4	161.	
Expense	<b>b</b> Accounting fees	STMT 3	5,418.	5,4	418.	ļ <u>-</u>
ű	c Other professional fees 17 Interest	- •	-		<del></del>	<del> </del>
aţį	18 Taxes					<del> </del>
泵	19 Depreciation and depletion	1				·
Ē	20 Occupancy					
	21 Travel, conferences, and r	neetings				
ru	22 Printing and publications	. стит 4	0 201	0 /	001	
ting	23 Other expenses	STMT 4	8,391.	8,	391.	<del> </del>
era	expenses. Add lines 13 th		18,270.	18,2	270.	
ō	25 Contributions, gifts, grants	-	750,000.			750,0
- 1	26 Total expenses and disbu					
	Add lines 24 and 25	<u> </u>	768,270.	18,2	270.	750,0
	27 Subtract line 26 from line		<67,260.			
	a Excess of revenue over expens b Net investment income (if		\07,20U.		0.	<del></del>
1	n Mer maesmieur mening (ii	-			N/A	1
:	c Adjusted net income (if ne		L			Form <b>990-PF</b>

BANK	TRUST	DEPT	26-4068

_		00-PF(2010) C/O REGINA JAGER, NW BA			4068454 P	age 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	<del></del>	
$\overline{\neg}$	1		(a) Book Value	(b) Book Value	(c) Fair Market Value	
		Savings and temporary cash investments	823,003.	755,743.	755,74	13
		Accounts receivable	023,003.	733,7436		
ŀ	Ť	Less allowance for doubtful accounts	ĺ	İ		
- 1	4	Pledges receivable				<del></del>
[		Less: allowance for doubtful accounts	i	İ		
-	5	Grants receivable				
	_	Receivables due from officers, directors, trustees, and other				
		disqualified persons				
	7	Other notes and loans receivable				
		Less allowance for doubtful accounts		1		
ا ي	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
<b>ĕ</b>	10a	Investments - U.S and state government obligations		-		
	b	Investments - corporate stock				
	C	Investments - corporate bonds				
İ	11	Investments - land, buildings, and equipment basis			<del>π</del>	<del>,,,,,,,,,,</del>
		Less: accumulated depreciation		1		
	12	Investments - mortgage loans				
	13	Investments - other				
	14	Land, buildings, and equipment basis ▶				
		Less: accumulated depreciation				
	15	Other assets (describe ►)				
						_
_		Total assets (to be completed by all filers)	823,003.	755,743.	755,74	3.
- 1		Accounts payable and accrued expenses				
- 1		Grants payable				
<u>e</u>	19	Deferred revenue				
ਤ ।	20	Loans from officers, directors, trustees, and other disqualified persons				
<u> </u>	21	Mortgages and other notes payable				
	22	Other liabilities (describe )				
	22	Total Nahilitian (add lines 17 through 00)	0.	0.		
$\dashv$	23	Total liabilities (add lines 17 through 22)  Foundations that follow SFAS 117, check here	0.			
		and complete lines 24 through 26 and lines 30 and 31.				
မွ	24	Unrestricted				
울	25	Tomore and a section of				
Bak:		Permanently restricted				
Net Assets or Fund Balances	_0	Foundations that do not follow SFAS 117, check here				
2		and complete lines 27 through 31.		İ		
ō	27	Capital stock, trust principal, or current funds	0.	0.		
ets	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.		
Ass	29	Retained earnings, accumulated income, endowment, or other funds	823,003.	755,743.		
ᅗ	30	Total net assets or fund balances	823,003.	755,743.		
_				,		
	31	Total liabilities and net assets/fund balances	823,003.	755,743.		
P	irt	Analysis of Changes in Net Assets or Fund B	alances			
1 7	otal	net assets or fund balances at beginning of year - Part II, column (a), line	30	<del></del>		—
		it agree with end-of-year figure reported on prior year's return)			823,00	3
		r amount from Part I, line 27a	• •• ••••••	2	<67,26	
		r increases not included in line 2 (Itemize)	•••	2		<u>ö</u> :
		ines 1, 2, and 3		4	755,74	$\frac{3}{3}$ .
		eases not included in line 2 (itemize)		5		0.

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6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

		OUNDATION NA JAGER, 1	W BANK	-TRUST - D	EPT_		<sub>-</sub> 26-40	68454	-Page 3
(a) List and desc	ribe the kir	sses for Tax on I	g , real estate.	Income	(b) How ac	quired (	c) Date acquired	(d) Dat	
	arehouse; (	or common stock, 200 sh	is. MLC Co )		D - Don	ation	(mo , day, yr.)	(mo., d	ay, yr ) ———
b NO	NE								
<u>c</u>				· · · · · ·			· · · ·		
d				<u>-</u>			-		
е									
(e) Gross sales price	(f) D	epreciation allowed (or allowable)		st or other basis expense of sale			(h) Gain or (lo (e) plus (f) min	us (g)	
<u>a</u>	ļ						<del>-</del>		
<u>b</u>	<u> </u>		-	<u> </u>					
d d		<del></del>							
e	<u> </u>		<del> </del>						
Complete only for assets shown	ng gain in d	column (h) and owned by	the foundation	on 12/31/69		(1)	Gains (Col (h) g	ain minus	
(i) F.M V as of 12/31/69	(	) Adjusted basis as of 12/31/69	(k) Ex	cess of col (i) col (j), if any			k), but not less t Losses (from co	han -0-) or	
_a									
b				,					
<u>C</u>		<del></del> .							
<u>d</u>									
<u>e</u>	<u> </u>				<del>\</del>				
2 Capital gain net income or (net ca	apıtal loss)	If gain, also ente			) 2				
3 Net short-term capital gain or (losif gain, also enter in Part I, line 8, if (loss), enter -0- in Part I, line 8	column (c		nd (6) <sup>.</sup>		}				
Part V Qualification U		ection 4940(e) fo	r Reduced	Tax on Net		nent Inco	me		
(For optional use by domestic private	e foundatio	ns subject to the section	4940(a) tax on	net investment ir	icome )			<del>.</del>	
If section 4940(d)(2) applies, leave ti	hic nart hla	nk							
								_	
Was the foundation liable for the sec					nod?	•		Yes	X No
If "Yes," the foundation does not qua  1 Enter the appropriate amount in					96				
(a) Base period years	Cacii Colaii	(b)	Idelions before	making any citin			T	(d) tribution ratio	
Base penód years Calendar year (or tax year beginni	na in)	Adjusted qualifying di	stributions	Net value of no	(c) ncharitable-	use assets	(col (b)	tribútión ratio divided by col.	(c))
2009		22	27,000.		81	0,658.			80019
2008			0.			0.			00000
2007									
2006									
2005					<del></del>				
O Takel of her 4 column (4)								2.0	00010
<ul><li>2 Total of line 1, column (d)</li><li>3 Average distribution ratio for the</li></ul>	Sərəər həcr	nered - divide the total	on line 2 by 5		of waare		2	• 2 (	80019
the foundation has been in existe			on and 2 by 5,	or by the number	oi years		3	. 14	40010
and realisation has been in existe					-	•		<del></del>	
4 Enter the net value of noncharitat	ole-use ass	ets for 2010 from Part X,	line 5			•	4		
5 Multiply line 4 by line 3							5		0.
6 Enter 1% of net investment incon	ne /1% of <sup>[</sup>	Part I line 27h\					6		0.
Later 178 of not investment incom	110 01 1			•					
7 Add lines 5 and 6							7	<del></del>	0.
8 Enter qualifying distributions from	n Part XII, I	ine 4			·····		8	750	,000.

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If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions

Х

X

X

X

X

ΜI

5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?

6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:

8a Enter the states to which the foundation reports or with which it is registered (see instructions)

of each state as required by General Instruction G? If "No," attach explanation ...

By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)

year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV.

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar

If "Yes," attach the statement required by General Instruction T.

7 Did the foundation have at least \$5,000 in assets at any time during the year?

By language in the governing instrument, or

If "Yes," complete Part II, col. (c), and Part XV.

remain in the governing instrument?

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\_26=4068454 Page 5.

Pa	art VII-A Statements Regarding Activities (continued)			-
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		Х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ► GREGORY D. SEMAN & COMPANY, PC Telephone no ► (231)	922		
	Located at ►P.O. BOX 4219, TRAVERSE CITY, MI ZIP+4 ►49	685	-42	<u> 19</u>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		. •	· 🔲
	and enter the amount of tax-exempt interest received or accrued during the year		<u>/A</u>	
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of			
	the foreign country	İ		L
PE	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<del>                                      </del>		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
18	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  Yes X No.			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?  Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days )			
	or If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?			
		1b		
	Organizations relying on a current notice regarding disaster assistance check here			
٠	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010?	4.		х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	10		
-	defined in section 4942(j)(3) or 4942(j)(5)).			
9	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2010? Yes X No			
	If "Yes," list the years ▶ , , ,			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions ) N/A	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	<u> </u>		
	<b>•</b>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
b	If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after			Ŀ
	May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by grit or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2010.) N/A	3b		
<b>4</b> a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			ļ <b>7</b>
	had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b		X
	_	~~~	- DF :	

, OSCAR FOUNDATION		• • • • • • • • • • • • • • • • • • • •	1		
Form 990-PF (2010)' G/O REGINA JAGER, NW BAN			<u> 26-40684</u>	54	Page 6
Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be F	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to	<del></del>				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955), o	or to carry on, directly or indire	ectly,	İ		
any voter registration drive?		Y6	es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or			
the prevention of cruelty to children or animals?			s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i	n Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instru		•	N/A	5b	1
Organizations relying on a current notice regarding disaster assistance check h	•	•	`▶□ □		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		ned	_		
expenditure responsibility for the grant?		- /	es 🔲 No		
If "Yes," attach the statement required by Regulations section 53.494	• • • •				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to					
a personal benefit contract?	pay promising on		es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	 narcanal hanafit contract?			6b	X
If "Yes" to 6b, file Form 8870.	ersonal penetit contract.		-	00	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	holtor transaction?	v	es X No		
			·	7b	
b If Yes, did the foundation receive any proceeds or have any net income attribution. Information About Officers, Directors, Trust				/U	
Part VIII Paid Employees, and Contractors	ees, roundation wa	mayers, migni	,		
1 List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) E	xpense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	accou	xpense int, other wances
MARY P. SHEETZ	PRESIDENT	omer o	comparisation		
141 RIVERS EDGE DRIVE, SUITE 401					
TRAVERSE CITY, MI 49684	1.00	0.	0.		0.
	SECRETARY			<del> </del>	
2920 CRESCENT SHORES DRIVE	DECKETTAKT				
TRAVERSE CITY, MI 49684	1.00	0.	0.	-	0.
	TREASURER	•	•		
1520 N. PARK AVENUE	INDADORDIN				
INDIANAPOLIS, IN 46202	1.00	0.	0.		0.
INDIANALOUID, IN 40202	1.00		•		<u> </u>
2 Compensation of five highest-paid employees (other than those inc	luded on line 1) if none	enter "NONE "			
- Componential of the highest para employees (ether than those me	(b) Title, and average	I NONE	(d) Contributions to	(e) F	xpense
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	accou	xpense nt, other
NONE	devoted to position		compensation	allov	wances
NONE					
				<del> </del>	
		ļ		ļ	
				ļ	
	Ī	1		i	

Total number of other employees paid over \$50,000

Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		, component
Total number of others receiving over \$50,000 for professional services	<u> </u>	▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant stati- number of organizations and other beneficiaries served, conferences convened, research papers pro	stical information such as the oduced, etc.	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year of N/A	1 lines 1 and 2.	Amount
2		<u> </u>
		<del>.</del>
All other program-related investments. See instructions  3		
Total. Add lines 1 through 3		0.

þ	art X Minimum Investment Return (All domestic foundations must co	omplete this p	art. Foreign four	ndations, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	purposes			<del></del>
а	Average monthly fair market value of securities	1a	0.		
þ	Average of monthly cash balances	1b			
C	Fair market value of all other assets			10	
d	Total (add lines 1a, b, and c)			1d	0.
8	Reduction claimed for blockage or other factors reported on lines 1a and				
	1c (attach detailed explanation)		0.		
2	Acquisition indebtedness applicable to line 1 assets			2	0.
3	Subtract line 2 from line 1d		_	3	0.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see in	structions)		4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V	•		5	0.
6	Minimum investment return. Enter 5% of line 5			6	0.
P	art XI Distributable Amount (see Instructions) (Section 4942(j)(3) and (j)(5) foreign organizations check here  and do not complete this part )	) private operati	ng foundations an	d certain	<del></del>
1	Minimum investment return from Part X, line 6			1	0.
2a	Tax on investment income for 2010 from Part VI, line 5		•••		
b	Income tax for 2010 (This does not include the tax from Part VI.)				
C	Add lines 2a and 2b			2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	• ••		3	0.
4	Recoveries of amounts treated as qualifying distributions	•		4	0.
5	Add lines 3 and 4			5	0.
6	Deduction from distributable amount (see instructions)			6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, lin	ne 1	ï.	7	0.
P	art XII Qualifying Distributions (see instructions)				
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:				
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26			1a	750,000.
b	Program-related investments - total from Part IX-B			1b	0.
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				
a	Suitability test (prior IRS approval required)			3a	
þ	Cash distribution test (attach the required schedule)			3b	<u>.</u>
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part			4	750,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b			5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	•		6	750,000.
•	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	culating whether	r the foundation q		<u>-</u>

Form 990-PF (2010)

### Part XIII Undistributed Income (see Instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,				^
line 7	******			0.
2 Undistributed income, if any, as of the end of 2010 a Enter amount for 2009 only			0.	
b Total for prior years	·····			······································
g rotal for prior yours		0.		
3 Excess distributions carryover, if any, to 2010:				***************************************
a From 2005				
<b>b</b> From 2006				
¢ From 2007				
d From 2008				
e From 2009 186,467.				
f Total of lines 3a through e	186,467.			
4 Qualifying distributions for 2010 from				
Part XII, line 4 <sup>.</sup> ▶ \$ 750,000.				
a Applied to 2009, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2010 distributable amount				0.
e Remaining amount distributed out of corpus	750,000.	- 1, - 1,	······	
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:			***************************************	
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	936,467.			
b Prior years' undistributed income. Subtract				······································
line 4b from line 2b		0.		
c Enter the amount of pnor years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				······
amount - see instructions		0.		
e Undistributed income for 2009. Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2010 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011		······································		0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005	١		ŧ	
not applied on line 5 or line 7	0.			······
9 Excess distributions carryover to 2011.	936,467.			
Subtract lines 7 and 8 from line 6a	930,407.			
10 Analysis of line 9: a Excess from 2006	1		1	
b Excess from 2007				
E Excess from 2008	1			
d Excess from 2009 186, 467.			1	
e Excess from 2010 750,000.	1			
	<u> </u>		· · · · · · · · · · · · · · · · · · ·	Form 000 DE (2010)

023581 12-07-10

Part XIV Private Operating F	oundations (see in:	structions and Part VII	-A, question 9)	N/A	
1 a if the foundation has received a ruling o	r determination letter that	it is a private operating			
foundation, and the ruling is effective fo	r 2010, enter the date of t	he ruling	<b>•</b>		
b Check box to indicate whether the found	•	•	n section	4942(j)(3) or 49	142(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
Income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII.					
line 4 for each year listed					
d Amounts included in line 2c not	· · · · · · · · · · · · · · · · · · ·				
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon a "Assets" alternative test - enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from				-	
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info at any time during t			if the foundation	had \$5,000 or mo	ore in assets
1 Information Regarding Foundatio	n Managers:	· · · · · · · · · · · · · · · · · · ·			·
List any managers of the foundation whyear (but only if they have contributed in NONE	o have contributed more t		ributions received by the	foundation before the clos	se of any tax
b List any managers of the foundation who other entity) of which the foundation has			or an equally large portio	n of the ownership of a pa	artnership or
NONE	·				
2 Information Regarding Contributi	on Grant Gift Loan	Scholarchin etc. Dr.	oarame:		<del>-</del>
Check here foundation o the foundation makes grits, grants, etc.	nly makes contributions t	to preselected charitable (	organizations and does n		
a The name, address, and telephone numl MARY P. SHEETZ C/O N				) 922-7777	
P.O. BOX 1380, TRAVE					
b The form in which applications should b NO FORM AT PRESENT	e submitted and informat	ion and materials they sh	ioniq iucjnqe.		
c Any submission deadlines NONE					
d Any restrictions or limitations on awards NONE	, such as by geographica	ıl areas, charitable fields,	kinds of institutions, or o	ther factors:	
023601 12-07-10	<del></del>				Form <b>990-PF</b> (2010)

Part XV - Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation status of recipient Purpose of grant or contribution show any relationship to **Amount** any foundation manager Name and address (home or business) or substantial contributor a Paid during the year CHERRYLAND HUMANE SOCIETY NONE OTHER 50,000. GENERAL 1750 AHLBERG ROAD PUBLIC TRAVERSE CITY, MI 49684 CHARITY 400,000. SENIOR SERVICES - MIDLAND NONE OTHER BUILDING PROJECT CO ON AGING PUBLIC 330 WALDO AVENUE CHARITY MIDLAND, MI 48642 MUNSON HEALTHCARE NONE OTHER 50,000. GENERAL **FOUNDATION** PUBLIC BEAUMONT PLACE **TRAVERSE** CHARITY CITY, MI 49684 NMC FOUNDATION NONE OTHER GENERAL 50,000. 1701 E. FRONT STREET PUBLIC TRAVERSE CITY, MI 49684 CHARITY VET DOGS NONE OTHER GENERAL 200,000. 371 EAST JERICHO TURNPIKE PUBLIC SMITHTOWN, NY 11787 CHARITY 750,000. ▶ 3a Total b Approved for future payment NONE 0. Total

023611 12-07-10

Form **990-PF** (2010)

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelat	ed business income		ded by section 512, 513, or 514	(8)
1 Program service revenue	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
•	Code -		4000		
ā			-		<del></del>
b	·		ļ		
<u> </u>			ļ		
d			ļ		
e		<del>  -</del>	<b>_</b>		
1					
g Fees and contracts from government agencies					<u> </u>
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities			14	1,010.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal			<u> </u>		·
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other			-		<u> </u>
than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory			-	-	
•		<u>-</u>			
11 Other revenue					
<u> </u>	-				
b					
C					
d	1				
e					
12 Subtotal. Add columns (b), (d), and (e)	<u> </u>	0.	<u> </u>	1,010.	0.
13 Total. Add line 12, columns (b), (d), and (e)		•		13	1,010.
(See worksheet in line 13 instructions to verify calculations )					
Part XVI-B Relationship of Activities	<del> </del>				
Line No. Explain below how each activity for which income the foundation's exempt purposes (other than			contrit	outed importantly to the accom	plishment of
					<u></u>
	_				-·
	_				
	·				_
	<del>_</del>				<del></del>

Form 990-PF (2010) Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations Part XVII

		Exempt Organ	1124110113		<del></del>					
1	Did the oi	rganization directly or indi	rectly engage in an	y of the followin	g with any other organiza	tion described in se	ction 501(c) of		Yes	No
	the Code	(other than section 501(c)	)(3) organizations)	or in section 52	7, relating to political org	anizations?				
a	Transfers	from the reporting found	ation to a nonchari	table exempt org	ganization of					
	(1) Cash		•••					1a(1)		X
	(2) Othe	r assets						1a(2)		X
b	Other tran	nsactions.		-	•					
	(1) Sales	s of assets to a noncharita	ible exempt organiz	zation				15(1)		X
	• •	hases of assets from a no	. •		••	•	•	1b(2)		X
		al of facilities, equipment,	-	-	•		•	1b(3)		X
		ar or racilities, equipment, ibursement arrangements		••			•		-	X
	• •	•	•			•		. 1b(4)		X
		s or loan guarantees					••	1b(5)		X
		ormance of services or me		-			•••••	. <u>1b(6)</u>		X
	_	of facilities, equipment, ma	-		•			1 <u>c</u>		Α
đ		wer to any of the above is		-		-		-	ets,	
		es given by the reporting for			ed less than fair market va	alue in any transacti	on or sharing arrange	ment, show in		
		d) the value of the goods,	,							
(a) ∟	ine no	(b) Amount involved	(c) Name		exempt organization	(d) Descripti	on of transfers, transaction	ons, and sharing an	rangeme	nts
				N/A						
										_
									_	
									_	
					· · · · · · · · · · · · · · · · · · ·					
						· ·			-	
			-		• •			_		
								· · · · · · · · · · · · · · · · · · ·		
22	Is the fou	ndation directly or indirect	thy affiliated with o	r related to one	or more tay-eyempt orga	nizatione described			<u>_</u>	
		501(c) of the Code (other	•	-	• •	mzadons described		Yes	X	No
h		omplete the following sch		c/(3)) or in sect			• • • • • • • • • • • • • • • • • • • •	163		J 140
IJ	11 163, 0	(a) Name of org			(b) Type of organization	1	(c) Description of re	lationshin		
		N/A	,		(=) 13po o. organization	<u> </u>	(a) Docomption of it			
		117 21				<del> </del>				
						-				
						+				
						<del> </del>	· · ·			
	Und	er penalties of perjury, I declare	a that I have evamined	I this return include	na accompanyina schedules a	and statements, and to	the heet of my knowledge	a and ballof it to the	10.000	
o:	1 224	complete Declaration of prepa						Bala bala, it is at	10, WIIO	-4
	gn	Thanto	1 1/4 50	<del>/</del>	2/21	1/11	DECIDENT			
п	ere	There I	· since		1721	///_ L	RESIDENT			
		Signature of officer or tru		1	Date	<u>'</u>	Title	D.T.IN		
		Print/Type preparer's na	ame	Preparer's si	gnature	Date	Check rf	PTIN		
_				Bun	· Allow	24 3/2-1	self- employed			
Pa		GREGORY D.		nugor	JH DONILL	1/0/11	<u> </u>	P00009		
	eparer	Firm's name ► GRE		SEMAN &	COMPANY, P	.C.	Firm's EIN ► 3	8-33134	63	
Us	e Only		O. BOX 4							
		Firm's address ► TR	AVERSE C	ITY, MI	49685-4219		Phone no. (	231)922	<b>-77</b>	77
								Earm 000	DE /	2010)

### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2010

Name of the organization

OSCAR FOUNDATION

C/O REGINA JAGER, NW BANK TRUST DEPT

**Employer identification number** 

26-4068454

Organization type (check one): Filers of: Section: 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

OSCAR FOUNDATION

C/O REGINA JAGER, NW BANK TRUST DEPT

Employer identification number

26-4068454

PALLY	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MARY P. SHEETZ  141 RIVERS EDGE DRIVE, APT 401  TRAVERSE CITY, MI 49684	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Oncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)

of Part II

Name of organization

OSCAR FOUNDATION

C/O REGINA JAGER, NW BANK TRUST DEPT

Employer identification number

26-4068454

Part II	Noncash Property (see instructions)			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		<b>\$</b>		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		*		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	, (d) Date received	
		<u> </u>		
		<b>\$</b>		
(a) No. rom	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
(a) No. rom	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
$\top$				
-				
53 12-23-	10	Schadula R (Form 6	 990, 990-EZ, or 990-PF) (2	

Page of of Employer identification number

OSCAR	FOI	INDA	<b>WOT</b>

C/O	REGINA	JAGER,	NW	BANK	TRUST	DEPT

26-4068454

Part III	more than \$1,000 for the year. Comple Part III, enter the total of exclusively relig \$1,000 or less for the year. (Enter this in	ite columns <b>(a)</b> through <b>(e) and</b> th plous, charitable, etc., contribution	ion 501(c)(7), (8), or (10) organizations aggregating le following line entry. For organizations completing line of
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	ft
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	ft
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		ft	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	ft
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
-			

FORM 990-PF DIVIDEND	S AND	INTER	EST FROM	SECUE	RITIES	STATEMENT	1	
SOURCE			GROSS AMOUNT		TAL GAINS	COLUMN (A) AMOUNT		
NORTHWESTERN BANK	•		1,010.		0.	1,0	10.	
TOTAL TO FM 990-PF, PART I, LN 4			1,010.		0.	1,0	1,010.	
FORM 990-PF	-	LEGAL	FEES		,	STATEMENT	2	
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM			
LEGAL FEES		4,461.	4,	461.			0.	
TO FM 990-PF, PG 1, LN 16A		4,461.	4,	461.			0.	
FORM 990-PF	AC	COUNTI	NG FEES			STATEMENT	3	
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM			
ACCOUNTING FEES		5,418.	5,	418.			0.	
TO FORM 990-PF, PG 1, LN 16B		5,418.	5,	418.			0.	
FORM 990-PF	0	OTHER EXPENSES			STATEMENT	4		
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM			
CUSTODIAL FEE FILLING FEES		7,541. 850.	•				0.	
TO FORM 990-PF, PG 1, LN 23 8,3								

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS

PART VII-A, LINE 10

NAME OF CONTRIBUTOR

ADDRESS

141 RIVERS EDGE DRIVE, SUITE 401

TRAVERSE CITY, MI 49684

Seman, Angry D. & Co.

# VIT OF PUBLICATION

The annual rotum of the Oscar Foundation is available at the address noted below for inspection by written request for appointment by any citizen who so requests within 180 days after the publication of this notice.

The Oscar Foundation, P.O. Box 4219, Traverse City, MI 49685-4219.

STATE OF MICHIGAN County of Grand Traverse

Tom Rochford being duly sworn deposes and says the annexed printed copy of notice was taken from the Traverse City RECORD EAGLE, a newspaper printed and circulated in said State and County, and that said notice was published in said newspaper on the following dates:

03/25/2011

that he or she is the agent of the printers of said newspaper, and knows well the facts stated herein

Subscribed and sworn to before this 25th of March, 2011.

Tennia D. Thayen Dennis Thayer

Notary Public, State of MI County of Grand Traverse

My Commission Expires October 8, 2016

Acting in County of Grand Traverse

13421 Seman, Thegory D. & Co.

# DAVIT OF PUBLICATION

The annual roturn of the Oscar Foundation is available at the address noted below for inspection by written request for appointment by any citizen who so requests within 180 days after the publication of this notice.

The Oscar Foundation, P.O. Box 4219 Traverse City, MI 49685-4219

March 25, 2011-17

STATE OF MICHIGAN County of Grand Traverse

Tom Rochford being duly sworn deposes and says the annexed printed copy of notice was taken from the Traverse City RECORD EAGLE, a newspaper printed and circulated in said State and County, and that said notice was published in said newspaper on the following dates:

03/25/2011

that he or she is the agent of the printers of said newspaper, and knows well the facts stated herein

Subscribed and sworn to before this 25th of March, 2011.

Tennia D. Thayen Dennis Thayer

Notary Public, State of MI County of Grand Traverse

My Commission Expires October 8, 2016 **Acting in County of Grand Traverse**