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Return of Private Foundation

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

I reated as a Private Foundation

2010

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements Internal Revenue Service 29, For calendar year 2010, or tax year beginning DEC 2010 DEC 31, , and ending X Initial return G Check all that apply Initial return of a former public charity Amended return Address change Name change Name of foundation A Employer identification number JIM AND DIANA HUCKLE FAMILY FOUNDATION 37-6474117 Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number 6291 PENINSULA DRIVE (231)946-8135 City or town, state, and ZIP code C If exemption application is pending, check here 49686 TRAVERSE CITY, MI D 1. Foreign organizations, check here Foreign organizations meeting the 85% test check here and attach computation X Section 501(c)(3) exempt private foundation H Check type of organization Section 4947(a)(1) nonexempt charitable trust (Line) Other taxable private foundation If private foundation status was terminated I Fair market value of all assets at end of year | J | Accounting method X Cash Accrual under section 507(b)(1)(A), check here (from Part II, col (c), line 16) Other (specify) If the foundation is in a 60-month termination 2,005,004. (Part I, column (d) must be on cash basis) ▶\$ under section 507(b)(1)(B), check here Analysis of Revenue and Expenses Part I (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for chantable purposes expenses per books income income (cash basis only) 2,005,000 N/A Contributions, gifts, grants, etc., received Check I if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 4. 4 STATEMENT Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 68 Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 0 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 2,005,004 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc. 14 Other employee salanes and wages MAR 8 2011 15 Pension plans, employee benefits 16a Legal fees **b** Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Оссиралсу 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative 0. 0. expenses Add lines 13 through 23 0 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 0 0 0. Add lines 24 and 25 27 Subtract line 26 from line 12 2,005,004 2 Excess of revenue over expenses and disbursements 4 b Net investment income (if negative, enter -0-) N/A C Adjusted net income (if negative, enter -0-)

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

D:		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
	## L	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
		Savings and temporary cash investments		2,005,004.	2,005,004.
	3	Accounts receivable	<u> </u>		
		Less. allowance for doubtful accounts			
	4	Pledges receivable	1		
		Less allowance for doubtful accounts			
	5	Grants receivable .			
- 1	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
ŀ	7	Other notes and loans receivable			
		Less allowance for doubtful accounts]		
13	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges		_	
۲	10a	Investments - U.S. and state government obligations			
ŀ		Investments - corporate stock			
		Investments - corporate bonds			
		Investments - land, buildings, and equipment basis		· · · · · · · · · · · · · · · · · · ·	
	. •	Less: accumulated depreciation	1	1	
	12	Investments - mortgage loans			
	13	Investments - other			
		Land, buildings, and equipment basis			///// ////////////////////////////////
	.4	Less: accumulated depreciation	† 1	}	
	15	Other assets (describe			.
	13	Other assets (nescribe			
	46	Total coasts /to be completed by all fileus)	0.	2,005,004.	2,005,004.
		Total assets (to be completed by all filers)	0.	2,003,004.	2,003,004.
	17		-		
	18	Grants payable			
Liabilities	19	Deferred revenue			
Pii I	20	Loans from officers, directors, trustees, and other disqualified persons			
Lia	21	Mortgages and other notes payable			
	22	Other liabilities (describe			
\dashv	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
ဖွ		and complete lines 24 through 26 and lines 30 and 31.			
oc l		Unrestricted			
alaı	25	Temporarily restricted			
8	26	Permanently restricted			
١		Foundations that do not follow SFAS 117, check here			
or Fund Balances		and complete lines 27 through 31.	_	_	
ţ	27	, , , , , , , , , , , , , , , , , , , ,	0.	0.	
Net Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0.	0.	
۲	29	Retained earnings, accumulated income, endowment, or other funds	0.	2,005,004.	
Ž	30	Total net assets or fund balances	0.	2,005,004.	
	<u>31</u> _	Total liabilities and net assets/fund balances	0.	2,005,004.	
Ď.		Analysis of Changes in Net Assets or Fund B	lalances		
1 1	Γota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
(mus	st agree with end-of-year figure reported on prior year's return)		1	0.
2	nte	r amount from Part I, line 27a		2	2,005,004.
3 (Othe	r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	2,005,004.
		eases not included in line 2 (itemize)		5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	2,005,004.
_					Form 990-PF (2010)

	AND DIANA HUCKI			AT:	ION		<u> 37–647</u>	4117	Page 3
Part IV Capital Gains	and Losses for Tax on I	nvestmen	t Income						
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co.)			`P·	low acquired - Purchase - Donation		te acquired , day, yr)	(d) Date (mo , da		
1a	<u></u>								<u> </u>
b NO:	NE			<u> </u>					·
<u>C</u>	· 			ļ					
<u>d</u>				↓		-			- -
<u>e</u>		1		<u> </u>		<u> </u>			
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			, ,	Gain or (loss lus (f) minus	•	
<u>a</u>		ļ		_					
b		<u> </u>	··			_			
C									
<u>d</u>		1							
Complete only for seests about	an action of the and accord by	, the foundation	10/01/60						· ·
Complete only for assets snowin	ng gain in column (h) and owned by						(Col (h) gain it not less tha		
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (i) col (j), if any				es (from col		<u> </u>
<u>a</u>									
b									
C									
d									
е									
2 Capital gain net income or (net ca	ipital loss)	er in Part I, line 0- in Part I, line	7 7	}	2				
3 Net short-term capital gain or (los	ss) as defined in sections 1222(5) a	and (6)							
If gain, also enter in Part I, line 8,				1					
If (loss), enter -0- in Part I, line 8	l	. D I	· 		3				
Part V Qualification U						ncome		37 / 7	
(For optional use by domestic private	e foundations subject to the section	4940(a) tax or	ı net investment in	icome)			N/A	
If section 4940(d)(2) applies, leave t	his part blank								
iller the foundation links founds according			A N - N	40					
Was the foundation liable for the sec			•	noaz			•	Yes	L No
If "Yes," the foundation does not qual Forter the appropriate amount in	each column for each year, see inst			PS	<u>-</u>				•=-
(a)	(b)	indictions belore	making any critic	(c)				(d)	
Base period years Calendar year (or tax year beginni	واستناها أعمان واستعمار والماها	stributions	Net value of no		itable-use ass	ets	Distri (col. (b) de	bútión ratio vided by col	(c))
2009	19 117						(00: (0) 0:		(0)
2008					-				
2007									
2006									
2005					¥				
2 Total of line 1, column (d)						2			
3 Average distribution ratio for the	5-year base period - divide the total	i on line 2 by 5,	or by the number	of ye	ars				
the foundation has been in existe	nce if less than 5 years					3			
4 Enter the net value of noncharitat	ple-use assets for 2010 from Part X	, line 5				4			
5 Multiply line 4 by line 3						5			
6 Enter 1% of net investment incon	ne (1% of Part I, line 27b)					6			
7 Add lines 5 and 6						7			
	•						-		
8 Enter qualifying distributions from	n Part XII, line 4					8			
If line 8 is equal to or greater than See the Part VI instructions	n line 7, check the box in Part VI, lin	e 1b, and comp	olete that part usin	ig a 19	% tax rate.				
200 010 1 011 71 110010000010								orm 000_E	

	990-PF (2010) JIM AND DIANA HUCKLE FAMILY FOUNDATION rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49		6474			Page 4
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1	1	300 1	13110	CHO	13/
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)					
h	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1				0.
-	of Part I, line 27b		_			
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
3	Add lines 1 and 2	3				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				0.
6	Credits/Payments	"			•	
а	2010 estimated tax payments and 2009 overpayment credited to 2010 5a 5a					
	Exempt foreign organizations - tax withheld at source 6b					
	Tax paid with application for extension of time to file (Form 8868) 6c					
	Backup withholding erroneously withheld 6d					
	Total credits and payments Add lines 6a through 6d	7				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
11	Enter the amount of line 10 to be Credited to 2011 estimated tax ▶ Refunded ▶	11				
	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	n			Yes	No
	any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	or		· ····		
	distributed by the foundation in connection with the activities.					
C	Did the foundation file Form 1120-POL for this year?			10		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation. ▶ \$ 0 . (2) On foundation managers ▶ \$					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers ▶\$O.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If "Yes," attach a detailed description of the activities				Ċ	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or					
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		•	3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	law				
	remain in the governing instrument?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	
	If "Yes," complete Part II, col (c), and Part XV.					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	MI					
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)					
_	of each state as required by General Instruction G? If "No," attach explanation			8b	X	
g	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for caler	dar		_		7,
	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV	חואיייי	2	9	3.7	<u>X</u>
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses St	TMŢ	4	10	Х	

orm 990-PF (2010) JIM AND DIANA HUCKLE FAM			37-64741	17 Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			s X No	
(2) Influence the outcome of any specific public election (see section 4955), or	or to carry on, directly or indire			
any voter registration drive?			s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	s 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)?	• • •		s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or f		(TE)	
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 un	· · · · · · · · · · · · · · · · · · ·	n Regulations	N/A	_
section 53 4945 or in a current notice regarding disaster assistance (see instru			N/A	5b
Organizations relying on a current notice regarding disaster assistance check in				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f				
expenditure responsibility for the grant?		/A	s L 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 premiums on	□ v _e	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	narranal hanafit contract?			6b X
If "Yes" to 6b, file Form 8870.	personal penent contract.		<u> </u>	75 72
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	□ va	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu			_, _	7ь
Information About Officers Diseases Truck		nagers. Highly		
Part VIII Paid Employees, and Contractors	,		•	
1 List all officers, directors, trustees, foundation managers and their	compensation.			
(Managed at Land	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	allowances
JAMES E. HUCKLE	TRUSTEE			
6291 PENINSULA DRIVE	<u> </u>			
TRAVERSE CITY, MI 49686	4.00	0.	0.	0.
DIANA L. HUCKLE	TRUSTEE			
6291 PENINSULA DRIVE	1		_	_
TRAVERSE CITY, MI 49686	1.00	0.	0.	0.
	4			
	-			
				
	-			
	-			
2 Compensation of five highest-paid employees (other than those inc	cluded on line 1) If none	enter "NONE "		
- Compensation of the highest paid employees (other than those in	(b) Title, and average	I I I I I I I I I I I I I I I I I I I	(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred	account, other allowances
NONE	devoted to position		compensation	anowances
	†]		
	1		İ	
		1		
	1			
			- -	
		1		
Total number of other employees paid over \$50,000				0

Total. Add lines 1 through 3

ir market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes	
verage monthly fair market value of securities	0.
verage of monthly cash balances	2,005,004.
ir market value of all other assets 1c	
otal (add lines 1a, b, and c)	2,005,004.
eduction claimed for blockage or other factors reported on lines 1a and	
: (attach detailed explanation) 1e 0 •	
equisition indebtedness applicable to line 1 assets	0.
ubtract line 2 from line 1d	2,005,004.
ish deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	30,075.
et value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5	1,974,929.
inimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD 6	812.
Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part)	ain
inimum investment return from Part X, line 6	812.
ix on investment income for 2010 from Part VI, line 5	
come tax for 2010 (This does not include the tax from Part VI)	
dd lines 2a and 2b	0.
stributable amount before adjustments Subtract line 2c from line 1	812.
ecoveries of amounts treated as qualifying distributions	0.
dd lines 3 and 4	812.
eduction from distributable amount (see instructions)	0.
stributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	812.
Qualifying Distributions (see instructions)	1
mounts paid (including administrative expenses) to accomplish charitable, etc., purposes	0
spenses, contributions, gifts, etc total from Part I, column (d), line 26	0.
rogram-related investments - total from Part IX-B	0.
mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	
mounts set aside for specific charitable projects that satisfy the	1
urtability test (prior IRS approval required) 3a	
ash distribution test (attach the required schedule) 3b	0.
ualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	· · · · · · · · · · · · · · · · · · ·
oundations that qualify under section 4940(e) for the reduced rate of tax on net investment	n
come Enter 1% of Part I, line 27b Silvisted qualifying distributions. Subtract line 5 from line 4	0.
	
ote. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifie 4940(e) reduction of tax in those years	S for the section

Page 9

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				812.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			0.	
b Total for prior years				
		0.		
3 Excess distributions carryover, if any, to 2010			.,,,	
a From 2005				
b From 2006				
c From 2007				
d From 2008				
e From 2009				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2010 from	1			
Part XII, line 4 ►\$ 0 .				
a Applied to 2009, but not more than line 2a			0.	
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	0.			
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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		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				812.
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			······	
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2011.	Ì	***************************************		······································
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				
a Excess from 2006				
b Excess from 2007				
c Excess from 2008				
d Excess from 2009				
e Excess from 2010				

Part XIV Private Operating Fou	undations (see ın			N/A	-64/411/ Pag
1 a If the foundation has received a ruling or d		· · · · · ·			
foundation, and the ruling is effective for 2		•	▶	 	-1
b Check box to indicate whether the foundati		ng foundation described i		_ 4942(j)(3) or	4942(J)(5)
2 a Enter the lesser of the adjusted net	Tax year	41,000	Prior 3 years	111 0000	
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			<u> </u>	_	
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 afternative 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		İ			
(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		_			
art XV Supplementary Inform	nation (Comple	te this part only	if the foundatio	n had \$5,000 o	r more in assets
at any time during the					
Information Regarding Foundation	Managers:				
a List any managers of the foundation who h	ave contributed more	than 2% of the total cont	ributions received by th	ie foundation before th	ne close of any tax
year (but only if they have contributed mor	e than \$5,000) (See s	section 507(d)(2))	•		•
AMES E. HUCKLE					
b List any managers of the foundation who o	wn 10% or more of th	e stock of a corporation	or an equally large por	tion of the ownership (of a partnership or
other entity) of which the foundation has a	10% or greater interes	st		•	
ONE					
Information Regarding Contribution	ı, Grant, Gift, Loan	, Scholarship, etc., Pr	ograms:		
Check here 🕨 🗓 if the foundation only	makes contributions	to preselected charitable	organizations and does	not accept unsolicited	f requests for funds If
the foundation makes gifts, grants, etc. (se	e instructions) to indi-	viduals or organizations u	nder other conditions,	complete items 2a, b,	c, and d
a The name, address, and telephone number	r of the person to who	m applications should be	addressed		
b The form in which applications should be s	submitted and informa	tion and materials they st	ould include		
c Any submission deadlines					
d Any restrictions or limitations on awards, s	uch as by geographic	al areas, charitable fields,	kınds of institutions, or	r other factors	
3601 12-07-10		· · · ·	•		Form 990-PF (20

Part XV Supplementary Information	(continued)						
3 Grants and Contributions Paid During the Y	3 Grants and Contributions Paid During the Year or Approved for Future Payment						
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount			
	or substantial contributor	recipient	_				
a Paid during the year							
NONE							
				•			
		}					
				!			
Total			▶ 3a	0.			
b Approved for future payment							
		1					
NONE							
		<u> </u>					
Total			<u>▶ 3b</u>	0.			
023611 12-07-10			Fo	orm 990-PF (2010)			

Part XVI-A Analysis of Income-Producing Activities

Form 990-PF (2010)

Enter gross amounts unless otherwise indicated	Unrelated t	usiness income		by section 512, 513, or 514	(e)	
•	_ (a)	(b)	(c) Exclu-	(d)	Related or exempt	
1 Program service revenue:	Business code	Amount	sion	Amount	function income	
a						
b						
c	l l	,				
d						
e	1					
1				_		
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments		-	14	4.		
4 Dividends and interest from securities					-	
5 Net rental income or (loss) from real estate					<i>m</i>	
a Debt-financed property		_			•	
b Not debt-financed property						
6 Net rental income or (loss) from personal						
property						
7 Other investment income	<u> </u>					
8 Gain or (loss) from sales of assets other than inventory						
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue						
a	_					
b	_					
C						
d	_					
e	_					
12 Subtotal Add columns (b), (d), and (e)		(0.	4.	0	
13 Total. Add line 12, columns (b), (d), and (e)			-	13	4	
(See worksheet in line 13 instructions to verify calculations)					

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes)					

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Page 13

Par: AVII	intormation Re		and Transactions a	nd Relationships With Nonc	nantable	,	
1 Did the o		rectly engage in any of the following	in with any other organization	n described in section 501(c) of		Yes	No
)(3) organizations) or in section 52		· ·			110
		ation to a noncharitable exempt or	- · · · · ·	124(10115 :			
(1) Cast		ation to a nonchantable exempt of	gamzation of.		1a(1)	[1	х
(2) Othe	-		-				X
b Other tra		•			1a(2)		<u> </u>
		No average essentials			45/4)		х
	s of assets to a noncharita	•	•		1b(1)		X
• •		ncharitable exempt organization		•	1b(2)	\vdash	X
• •	tal of facilities, equipment,	•			1b(3)		X
	nbursement arrangements			••	1b(4)	<u></u> '	
•	ns or loan guarantees		-		1b(5)		X
		mbership or fundraising solicitation			1b(6)		X
-		iling lists, other assets, or paid em	· ·		10	L	X
				vays show the fair market value of the good		ets,	
			ed less than fair market valu	e in any transaction or sharing arrangeme	nt, show in		
		other assets, or services received		1			
(a) Line no	(b) Amount Involved	(c) Name of noncharitable	e exempt organization	(d) Description of transfers, transactions,	and shanng ar	rangeme	ents -
		N/A					
				_ 			
2a Is the for	undation directly or indirec	tly affiliated with, or related to, one	or more tax-exempt organiz	zations described			
ın sectio	n 501(c) of the Code (othe	r than section 501(c)(3)) or in sec	tion 527?		Yes	X	No
	complete the following sch						
	(a) Name of org		(b) Type of organization	(c) Description of relati	onship		
_	N/A						
					-		
					_		
				 			
Und	der penalties of perjury, I declar	e that I have examined this return, include	ing accompanying schedules and	statements, and to the best of my knowledge an	d belief, it is tr	ue, come	ect,
Sign	complete Declaration of prepa	arer (other than taxpayer or fiduciary) is b	ased on all information of which p	preparer has any knowledge			
Here I Januar Keessee 3-3-14 Trustee							
	Signature of officer or tru	ıstee	Date 3-		,		
	Print/Type preparer's na			Date Check If PT	IN		
Paid	ALFONSO PE	1 1111		02/25/11 self- employed			
Preparer		MILLIO WY		02/23/11 son omployed			
Use Only	I	ULSTEIN AND COMP	ANV TTD	F FINI			
USE CITIY		O FEDERAL STREE		Firm's EIN ►	7-227-	616	1
				Phone no 61	-221-	010	1
	BOSTON, MA 02110-1772						

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

Employer identification number

2010

	JIM AND DIANA HUCKLE FAMILY FOUNDATION	37-6474117					
Organization type (chec	k one):	-					
Filers of:	Section:						
Form 990 or 990-EZ	501(c)() (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						
	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	lule. See instructions.					
X For an organizat	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in amplete Parts I and II.	money or property) from any one					
Special Rules							
509(a)(1) and 17	01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the re 70(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of th on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
aggregate contr	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.						
contributions fo If this box is che purpose. Do not	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.						
	n that is not covered by the General Rule and/or the Special Rules does not file Schedule on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line						

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)

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

Name of organization

Employer identification number

JIM AND DIANA HUCKLE FAMILY FOUNDATION

37-6474117

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JAMES E. HUCKLE 6291 PENINSULA DRIVE TRAVERSE CITY, MI 49686	\$\$.	Person X 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
2	RENEE HUCKLE MITTELSTAEDT 6369 PENINSULA DRIVE TRAVERSE CITY, MI 49686	\$\$.	Person X 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.)
(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.)

Employer identification number

JIM AND DIANA HUCKLE FAMILY FOUNDATION

37-6474117

Noncash Property (see instructions)		
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	<u> </u>	
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	(oranional)	
	(b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given	(c) Description of noncash property given

Schedule B (Form 990, 990-EZ, or 990-PF) (2010) of Part III Name of organization **Employer identification number** JIM AND DIANA HUCKLE FAMILY FOUNDATION 37-6474117 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating Part III more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

023454 12-23-10

			
FORM 990-PF INTEREST	ON SAVINGS AND TEMPORARY CASH INVESTMENTS	STATEMENT	1
SOURCE		AMOUNT	
FIDELITY INVESTMENTS			4.
TOTAL TO FORM 990-PF,		4.	
FORM 990-PF LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10			2
NAME OF CONTRIBUTOR	ADDRESS		
JAMES E. HUCKLE	6291 PENINSULA DRIVE TRAVERSE CITY, MI 49686		
RENEE HUCKLE MITTELSTA	AEDT 6369 PENINSULA DRIVE TRAVERSE CITY, MI 49686		