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5 990-PF

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

OMB No 1545-0052 **2010** 

Department of the Treasury Internal Revenue Service

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

		THOSE. THE TOURISHED HE BANG			544519 50	ato topolari	3.044	
For c	alend	lar year 2010, or tax year beginning , a	and ending					
G C	heck a	all that apply: Initial return Initial re	turn of a former put	olic	charity		Final return	
		Amended return Add	ress change		Name	change	··-	·
Nar	ne of fo	oundation					eloyer identification num	nber
		HAN FAMILY FOUNDATION  nd street (or P O box number if mail is not delivered to street add	ross)	Po	om/suite	B Tele	phone number (see page 9-793-4532	10 of the instructions)
		COLONY DRIVE NORTH	iess)		TE 1		emption application is pen	ding check hore
		m, state, and ZIP code		<u>ب</u>	<u> </u>		oreign organizations, che	
•	AGII							—
		type of organization. X Section 501(c)(3) exempt private	n foundation				oreign organizations meet 5% test, check here and a	
_		n 4947(a)(1) nonexempt chantable trust \int \text{ Other taxab}		_		l	vate foundation status was	
		ket value of all assets at J Accounting method	Cash X A				on 507(b)(1)(A), check he	
		ear (from Part II, col (c), Other (specify)	Casii A	<b>\CC</b> I	uai	i	foundation is in a 60-moi	
	u or ye e 16) l		t ha an each back				er section 507(b)(1)(B), ch	_ I
_		Analysis of Revenue and Expenses (The total of		<u>.</u> T			T	
FF	11612	amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	١ '	(b) Net in	vestment	(c) Adjusted net	(d) Disbursements for charitable
		the amounts in column (a) (see page 11 of the instructions))	books	ļ	inco		income	purposes
	_		1 449 04	40	1888 178			(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	1,448,94		+ + map-1 + 4 *		AL SEPTEMBER	
,	2	Check ▶ ☐ if the foundation is not required to attach Sch B	and the dispersion to the hours of product	** 1	*****	377711		Anny property of the contract
1	3	Interest on savings and temporary cash investments	100 31	- 1		24 010		
,	4	Dividends and interest from securities	106,31	L 44	57	24,812		4-1-1-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
•	5a	Gross rents			********	4 5-4-2-1		CARTELENT PERLA
Pe	b	Net rental income or (loss)	-6	-32	refugijem	and the second	1 m 4 m 4 m 5 m 5 m 5 m 5 m 5 m 5 m 5 m 5	TIFITIERI TELL
	6a	Net gain or (loss) from sale of assets not on line 10			I I I I I I I I I I I I I I I I I I I		424 (17, 111, 141)	o i I i zapateni
Revenue	b	Gross sales price for all assets on line 6a 819,967	an advance to made and		+++=+		a Marine of a second or an a distribution of the	
֟ <b>֟</b> ֞֞֞֟֞	7	Capital gain net income (from Part IV, line 2)		R . D	7:	22,087		****
	8	Net short-term capital gain RECEIVED	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20-			0	######################################
ל	9	Income modifications	Charter Property Control	: : :	د بر پېښد کې ۱۹ ۱۰ د د د د د د د د د د د د د د د د د د د	·		**************************************
	10a	Gross sales less returns & allowances	12 7 1 2 2 2 2	<u> </u>	- 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2		7-150 81	10 - 4 - 10 - 10 - 10 - 10 - 10 - 10 - 1
	b	Less Cost of goods sold	(S)	·- * ·	a - Markabay - pitta - La	- de-fit Fitherappy at a	gramme, quadra at , y a fine at quarter	
	C	Gross profit or (loss) (attach schedule)	<u>                                      </u>	ᆛ			1	port to a single of the port of the formation of the port of the p
	11	Other income (attach schedule)  Total, Add lines 1 through 11		9		<u>-8,673</u>		II : 12.221 14# 11:22
	12		1,525,24	$\overline{}$	1,2	38,226	U	
ě	13	Compensation of officers, directors, trustees, etc		의				
Ĕ	14	Other employee salaries and wages		$\dashv$				· · · · · · · · · · · · · · · · · · ·
Expenses	15	Pension plans, employee benefits	<u> </u>					
_	16a	Legal fees (attach schedule)	0.74			4 000	ļ	4 000
Ve.	Ь	Accounting fees (attach schedule) STMT 1	9,78			4,890		4,890
ati	C	Other professional fees (attach schedule) STMT 2	9,60	UU		9,600	1	<u> </u>
str	17	Interest	100					<u> </u>
Ë	18	Taxes (attach schedule) (see page 14 of the instruction \$TMT 3	10,00	00				المناسم براهم د الما با
Operating and Administrati	19	Depreciation (attach schedule) and depletion		_			<del> </del>	16 \$ 6 10 10 10 2 10 10 10 10 10 10 10 10 10 10 10 10 10
A	20	Occupancy						4 550
Þ	21	Travel, conferences, and meetings	1,5	28				1,558
a	22	Printing and publications				00 000	<del> </del>	222
ng	23	Other expenses (att sch ) STMT 4	38	<u>80</u>	2	02,069	<del> </del>	380
ati	24	Total operating and administrative expenses.		ا ٍ ,	_			
ē		Add lines 13 through 23	31,3		2	16,559	0	- /
Q	25	Contributions, gifts, grants paid	757,00			TELLI	*****	757,000
_	26	Total expenses and disbursements. Add lines 24 and 25	788,3	_	2	16,559	0	763,828
	27	Subtract line 26 from line 12				*****		- y d - c mark in a y a
	а	Excess of revenue over expenses and disbursements	736,9			444-44		
	b	Net investment income (if negative, enter -0-)		4,	1,0	21,667		the state of the s
	C	Adjusted net income (if negative, enter -0-)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	~	2 2		0	The section of the se

For Paperwork Reduction Act Notice, see page 30 of the instructions.

Form **990-PF** (2010)

É	Part I	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year		End o	f year
	raiti	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Valu	е	(c) Fair Market Value
٦	1	Cash—non-interest-bearing				
- 1	2	Savings and temporary cash investments				
ŀ	3	Accounts receivable ▶		, a su su a um adopojo u um sug La a um de gradingo su a suc	34,4	ادر و هم از المستدر و المستدر
-		Less allowance for doubtful accounts ▶				
	4	Pledges receivable ▶		1 - 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	 	
		Less allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
1	•	disqualified persons (attach schedule) (see page 15 of the				
		instructions)				
	7	Other notes and loans receivable (att. schedule)		A 2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
	•	Less. allowance for doubtful accounts ▶ 0	- Land B. B. B. G. L. Sand Salas Salas Salas	alarministration (bearings)		
S	8	Inventories for sale or use				
Se	9	Prepaid expenses and deferred charges		·		
Assets	10a	Investments—U S. and state government obligations (attach schedule)				
	b	Investments—corporate stock (attach schedule)			-	
	c	Investments—corporate bonds (attach schedule)				
	11	Investments—land, buildings, and equipment basis		pare a tame o terre	: ryn 1 -	* * * * * * * * * * * * * * * * * * *
	•••			7 F 4 G 177 3 4 . F F	ii teknika	kananin kalakatan kanan ang dalam sa 1.73
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule) SEE STATEMENT 5	15,623,495	16.365	425	19,776,672
	14		10/020/100			
	1-4		i linkaakii akakii ah.			A CONTRACTOR OF THE CONTRACTOR
	15					
1	16	Total assets (to be completed by all filers—see the	<u></u>			
	10		15,623,495	16,365,	125	19,776,672
$\dashv$	17	Accounts payable and accrued expenses	13,023,433	10,303,		
	18	Grants payable				
es	19	Deferred sevenies				
Ξ	20	Loans from officers, directors, trustees, and other disqualified persons				######################################
Liabilities	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe SEE STATEMENT 6 )	<u> </u>	5	000	
	23	Total liabilities (add lines 17 through 22)	<u> </u>	<del></del>	000	. 28.2 . 2
_	23	Foundations that follow SFAS 117, check here	<del>                                     </del>	, <u> </u>	000	1-4-4-1 - 51 1-4-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
es		and complete lines 24 through 26 and lines 30 and 31.				
Š	24	Unrestricted	15,623,495	16,360,	425	
alances	25	Temporarily restricted	10,020,100	20,000,		
ã	26	Permanently restricted				Million of the state of the sta
פ	20	Foundations that do not follow SFAS 117, check here ▶				
or Fund		and complete lines 27 through 31.		1		A SA
Ž	27			}		****
S	28	Paid-in or capital surplus, or land, bldg , and equipment fund		1		
Net Assets	29	Retained earnings, accumulated income, endowment, or other funds				**************************************
159	30	Total net assets or fund balances (see page 17 of the		1		
it /			15,623,495	16,360,	425	200-4-4-204
Ne	31	Total liabilities and net assets/fund balances (see page 17	10,010,100			
	٠.	of the instructions)	15,623,495	16,365,	425	a mana a fire for a magazar a di mana producti a di di magazar a mana producti a di magazar a di
F	Part		,			F
_		net assets or fund balances at beginning of year—Part II, column (a), line 30 (m	nust agree with			
,		of-year figure reported on prior year's return)	.a.s. agree mar		1	15,623,495
2		r amount from Part I, line 27a		••••	2	736,930
3		- managed met metroded in time 2 (demains)		•••••	3	100,000
A		Increases not included in line 2 (itemize)		• •• ••	4	16,360,425
5		eases not included in line 2 (termine)		•••••	5	25,555,125
		net assets or fund balances at end of year (line 4 minus line 5)—Part II, column		• • • • • • • • • • • • • • • • • • • •	6	16,360,425
	100	not docom or raine beautions at one or your time - number into of the in condition	, ,=,,,	<u>·                                      </u>		<u>,                                     </u>

<b>☑Part IV</b> Capital Gains a	ind Losses for Tax on Investr	nent Income			
(a) List and describ 2-story brick ware	e the kind(s) of property sold (e.g., real estate house, or common stock, 200 shs. MLC Co)	€,	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	d (d) Date sold (mo , day, yr )
1a MARKETABLE SECU			P	04/28/1	06/07/10
	PITAL GAINS K-1S		P	VARIOUS	VARIOUS
c MORGAN STANLEY					132323
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis pense of sale		ain or (loss) s (f) minus (g)
a 67,850			97,880		-30,030
ь 752,101					752,101
c 16					16
d					
e	<u>                                     </u>				
Complete only for assets shown	ng gain in column (h) and owned by the	foundation on 12/	31/69	(I) Gains (C	Col (h) gain minus
(i) F M V as of 12/31/69	(i) F M V as of 12/31/69 (j) Adjusted basis (k) Excess of col. (i) over col. (j), if any			not less than -0-) or (from col (h))	
a					-30,030
b					752,101
C					16
d					
е					
2 Capital gain net income or (net o	capital loss) If gain, also enter in			2	722,087
3 Net short-term capital gain or (lo	oss) as defined in sections 1222(5) and	(6)			
If gain, also enter in Part I, line 8	3, column (c) (see pages 13 and 17 of t	he instructions)		İ	
If (loss), enter -0- in Part I, line 8	3 .	<u></u>		3	722,071
Part V Qualification U	nder Section 4940(e) for Red	uced Tax on I	Net Investment In	come	
If "Yes." the foundation does not qua	this part blank ction 4942 tax on the distributable amou alify under section 4940(e) Do not com each column for each year, see page 1	plete this part	·	entries	Yes X No
(a) Base period years	(b)		(c) ue of noncharitable-use ass		(d) Distribution ratio
Calendar year (or tax year beginning	9 ""/	,819	15,397,4	(60) (1	o) divided by col (c)) 0 . 055387
2009		,127	18,302,4		0.033387
2008		,523	19,578,6		0.047221
2006		,812	17,886,3		0.049469
2005		,884	15,585,9		0.052155
2 Total of line 1, column (d)				2	0.224291
_	5-year base period—divide the total or has been in existence if less than 5 year	line 2 by 5, or by		3	0.044858
4 Enter the net value of noncharite	able-use assets for 2010 from Part X, li	_		4	17,892,228
5 Multiply line 4 by line 3				5	802,610
	ome (1% of Part I, line 27b)			6	10,217
				7	812,827
	m Part XII, line 4 an line 7, check the box in Part VI, line		that part using a 1% tax	rate See the	763,828
Part VI instructions on page 18	<del></del>	<del>-</del> · · -			Form <b>990-PF</b> (2010)

4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page

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

Form 990-PF (2010)

X

27)? If "Yes," complete Part XIV

names and addresses.

Form	1990-PF (2010) WOLOHAN FAMILY FOUNDATION 38-2700797		<u> </u>	age <b>ɔ</b>
. 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 page 20 of the instructions)	11		<u> </u>
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before	1		
	August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	<u> </u>
	Website address ► N/A			
14	The books are in care of ▶ JAMES WOLOHAN  Telephone no. ▶ 989-7	9,3-	45.5	2
	5291 COLONY DRIVE NORTH, STE 1	0		
	Located at ▶ SAGINAW MI ZIP+4 ▶ 4863	<b>5</b>		: m
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here	• • • •	••	
40	and enter the amount of tax-exempt interest received or accrued during the year		Yes	No
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	res	No X
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1. If "Yes," enter	10		: .:.1
	the name of the foreign country	***	HE:	
P	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<u> </u>		
	File Form 4720 If any item is checked in the "Yes" column, unless an exception applies.	T 11 11	Yes	No
1a	During the year did the foundation (either directly or indirectly):	: 14.11	State	1777
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	29044		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		1413	111
	disqualified person?		H	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No	* **	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No	1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		1111
	(5) Transfer any income or assets to a disqualified person (or make any of either available for		144	1237
	the benefit or use of a disqualified person)?	intra in	* 1-2-4 *	# 4 - 4 - 4 # - # - # - #
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	14 At		
	foundation agreed to make a grant to or to employ the official for a period after	141	-124	
	termination of government service, if terminating within 90 days )	-3- 4-94	क्ष्या सुरुष इन्हें अरुष्	1 1 1 7
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	-,	ئقشت	
	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	1,177	- 450-45-	. # 2 4
С	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?  N/A	4-	\$ 4×	· de trat
•		1c	r ( * +-	72.73.1
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))	. dar	l Est Ka Last sc	BL LA
2	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and	7.2	:ii£	=-1
u	6e, Part XIII) for tax year(s) beginning before 2010?  Yes X No	TOTAL TOTAL	t was to	
	If "Yes," list the years ▶ 20 , 20 , 20 , 20		1 24 1	1 1
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)	n ohe ukahanakka		***
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	34-7	-24-	:: F::
	all years listed, answer "No" and attach statement—see page 22 of the instructions.)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	-7.4 , 5.1 ***	\$ 11.00 \$1.0	4
	▶ 20, 20, 20	#7 1 p		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		- +	
	at any time during the year?	A	F 12.32 12 1	
b	If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or	E	1::	
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the	Fil	i i i	
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of	2 8 8	, =1.	: · · · · · · · · · · · · · · · · · · ·
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	TE THE L	عقما	أستأ
	foundation had excess business holdings in 2010.) N/A	3b	<u> </u>	<del> </del> -
4a	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	44		75
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b	) PF	(2040)
	Fo	rm 33	v-PF	(2010)

·orn	990-PF (2010) WOLOHAN FAMILI FOUNDATION		100191		Page	2
Pa	rt VII-B Statements Regarding Activities for Which Form	4720 May Be	Required (co	ontinued)	· · · · · · · · · · · · · · · · · · ·	_
5a	During the year did the foundation pay or incur any amount to					1
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	🗌 🗅	Yes 🗓 No		1
	(2) Influence the outcome of any specific public election (see section 4955); or	to carry on,				1
	directly or indirectly, any voter registration drive?			Yes 🗓 No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?		··· 🗇 🔻	Yes 🏋 No		1
	(4) Provide a grant to an organization other than a charitable, etc., organization		🗀	_		
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the ins			Yes 🗓 No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, of					1
	purposes, or for the prevention of cruelty to children or animals?			Yes 🗓 No		4
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify un		🗀		· · · · · · · · · · · · · · · · · · ·	
	Regulations section 53.4945 or in a current notice regarding disaster assistance			N/A	5b	i.
	Organizations relying on a current notice regarding disaster assistance check h		u le il leu dellorie):	· • · ·	at latitur	1
_	If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		•••••			3
С			N/A 🗍	Yes No		
			<b>M/.テネ </b> 🗀 🧎	Yes 🔛 No		
	If "Yes," attach the statement required by Regulations section 53 4945-5(d)					
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to p	ay premiums	┌ .	v., <del>v.</del> ,		1
	on a personal benefit contract?			Yes X No		占
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a pe	ersonal benefit cor	ntract?		6ь Х	
	If "Yes" to 6b, file Form 8870					1
	At any time during the tax year, was the foundation a party to a prohibited tax s		• • • •	Yes X No		:-
	If Yes, did the foundation receive any proceeds or have any net income attribute			N/A	7b	_
.Pa	Information About Officers, Directors, Trustees, F	oundation Ma	inagers, High	nly Paid Emp	loyees,	
	and Contractors					_
1 L	ist all officers, directors, trustees, foundation managers and their comper	sation (see page	22 of the instru	ictions).	<del>, .</del>	_
		(b) Title, and average	(c) Compensation	(d) Contributions to	1, , -	
	(a) Name and address	hours per week	(If not paid, enter	employee benefit plans and deferred	(e) Expense account other allowances	Ι,
		devoted to position	-0-)	compensation	_	_
SE	E STATEMENT 7					
						_
•••		[				
						_
		ĺ	:			
2	Compensation of five highest-paid employees (other than those included	on line 1 — see	page 23 of the in	nstructions).		_
	If none, enter "NONE."	'		•		
		(b) Title, and suggested		(d) Contributions to		_
	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit	(e) Expense accoun	ıt,
		devoted to position		plans and deferred compensation	other allowances	
NC	NE .				<u> </u>	_
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ota	I number of other employees paid over \$50,000	· · · · · · · · · · · · · · · · · · ·	<u></u>			<u>0</u>
				For	m 990-PF (201	n

	010) WOLOHAN FAMILY FOUNDATION	38-2700797	Page <b>7</b>
Part VIII	Information About Officers, Directors, Trustees, Foundat	ion Managers, Highly Paid E	mployees,
3 Five highe	and Contractors (continued) est-paid independent contractors for professional services (see page 23	of the inequations). If you contact	PAIGNE !!
3 Five inglie	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(a) Name and address of each person paid more than \$55,555	(b) Type of Service	(c) Compensation
		·	
Total number of	others receiving over \$50,000 for professional services		<b>&gt;</b>
Parinxa	Summary of Direct Charitable Activities		
	on's four largest direct charitable activities during the tax year Include relevant statistical in diother beneficiaries served, conferences convened, research papers produced, etc	nformation such as the number of	Expenses
1 N/A			
2		<del> </del>	
			-
3			
4			
•			
PartiX-Bi	Summary of Program-Related Investments (see page 2	4 of the instructions)	1 .
	largest program-related investments made by the foundation during the tax year on lines		Amount
1 N/A			
2			<del></del>
	related investments. See page 24 of the instructions.		
3			
· ·	······································		

Total. Add lines 1 through 3

₽P:	Minimum Investment Return (All domestic foundations must complete this part. see page 24 of the instructions.)	Forei	gn foundations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	** **	
•	purposes:	1447	
а	Average monthly fair market value of securities	1a	18,164,698
b	Average of monthly cash balances	1b	0
C	For weather value of all other county (one page 05 of the metallications)	1c	<u></u>
d	Total (add lines 1a, b, and c)	1d	18,164,698
e	Reduction claimed for blockage or other factors reported on lines 1a and		10,104,050
E	1c (attach detailed explanation)		
2		2	0
3	Acquisition indebtedness applicable to line 1 assets	3	18,164,698
Ϊ.	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25 of	1	10,104,090
4	, ,	١. ١	272 470
_	the instructions)  Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	4	272,470 17,892,228
5	• • • • • • • • • • • • • • • • • • • •	5	
<u>6</u>	Minimum Investment return. Enter 5% of line 5	6	894,611
r: P:	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (J)(5) priv	ate ope	erating
	foundations and certain foreign organizations check here   and do not complete this part )	<del></del> .	004 611
1	Minimum investment return from Part X, line 6	1 25.8643	894,611
2a	Tax on investment income for 2010 from Part VI, line 5 2a 20, 433		
b	Income tax for 2010. (This does not include the tax from Part VI )		
C	Add lines 2a and 2b	2c	20,433
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	874,178
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	874,178
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	874,178
·P	art XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.	1 200	
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	763,828
b	Program related investments, total from Part IV R	1b	100,000
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:	1111	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	763,828
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 (see page 26 of the instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	763,828
•	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the four		
	Note: The amount of mine of which does not are visited and the rest of the res	.Gauon	

∵Pa	rt XIII Undistributed Income (see page 26 o	the instructions	)	<del>-</del> ·	
1	Distributable amount for 2010 from Part XI,	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
	line 7			مه و بنام المساور الما الما الما الما الما الما الما الم	874,178
2	Undistributed income, if any, as of the end of 2010.	18.25.m	**************************************	1,11,11,11,11,11,11,11,11	
а	Enter amount for 2009 only	~		755,972	
b	Total for prior years: 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2010		to the property of the property of	1,7 1	
а	From 2005		, articipality and a second		
b	From 2006	P. 2 43 6 mm.m. + 14mps		ing the beater the	
c	From 2007				
ď	F 2000				
-	From 2000			117	
•	Total of lines 3a through e	The state of the s	والانتجاء العاملية المارية	4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
4	Qualifying distributions for 2010 from Part XII,	~ 1 / - h + a			
7	line 4 <sup>·</sup> ▶ \$ 763,828	a Service de la company de la la company de			
_	Applied to 2009, but not more than line 2a			755,972	\$\dagger{\}_{\pi} \\ \pi \\ \p
	Applied to undistributed income of prior years			* + 1	المليدة المشارة والمشارة والمسارة
D	(Election required—see page 26 of the instructions)	Thinks of growing			
_	Treated as distributions out of corpus (Election			1	
C	required—see page 26 of the instructions)			- «Lasimphinalis	
		_17632247	***		7,856
a	Applied to 2010 distributable amount	1. 1 138-48 8% Char Jak 1 ap	- · > t-a tat not not see topher by ·		
_ e	Remaining amount distributed out of corpus				hara a 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5	Excess distributions carryover applied to 2010	A	# first eng-error	The state of the s	
	(If an amount appears in column (d), the same		**************************************	*** - * ******************************	
_	amount must be shown in column (a) )	+ 14 15 + - + + + + + + + + + + + + + + +	The bright facility of the second sec	with the mark of the plant of the party of t	The first of the state of the property of the state of th
6	Enter the net total of each column as	17 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	[[] [] [] [] [] [] [] [] [] [] [] [] []	- The second of the second sec	
	indicated below:	Language de la la Conference de la Confe	रण्येर प्रायम्ब		and allow an an adversarial and a state of the state of t
	Corpus. Add lines 3f, 4c, and 4e Subtract line 5	* * * * * * * * * * * * * * * * * * * *	Ejos fyllungere	1 1 2 3 3 4 3 5 1 1 T T T	
Ь	Prior years' undistributed income. Subtract	ATAM AND PROPERTY OF THE PROPE		त्रकृतः वैक्षेत्राच्यके हे	
	line 4b from line 2b			to have an agreed to stand the first	the company of the co
C	Enter the amount of prior years' undistributed	######################################		,	A THE STATE OF THE
	income for which a notice of deficiency has			to be a set as not control	Comment of the second s
	been issued, or on which the section 4942(a)			+ 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	
	tax has been previously assessed	T. 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		- · · · · · · · · · · · · · · · · · · ·	I that he is along
d	Subtract line 6c from line 6b. Taxable	The same of the state of the st			
	amount—see page 27 of the instructions	18 B a markeman and a gar		B 1	7 2 7 E E E E E E E E
е	Undistributed income for 2009 Subtract line	777777	* * * * * * * * * * * * * * * * * * *		1
	4a from line 2a. Taxable amount—see page	******	rrafad ida		the transfer of the transfer o
	27 of the instructions		T-14-1 - 3214 28	* *	************
f	Undistributed income for 2010 Subtract lines		A Secretary of the first of the secretary of the secretar		s
	4d and 5 from line 1. This amount must be		THE STATE OF THE S	in the draw of the contract of	
	distributed in 2011				866,322
7	Amounts treated as distributions out of corpus		L 1, k. w		The second secon
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the		# / F I ~ * ! T T T	مستقل المستاكية	The state of the s
	instructions)		1		*
8	Excess distributions carryover from 2005 not			* * * * * * * * * * * * * * * * * * * *	
	applied on line 5 or line 7 (see page 27 of the				4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4
	instructions)				1.1 2 4 2 4.
9	Excess distributions carryover to 2011.		7-11		
	Subtract lines 7 and 8 from line 6a				<u> </u>
10	Analysis of line 9	# 1 - # - #	112 14 11 A. S.		
a	Excess from 2006				
b	Excess from 2007	1::::::::::::::::::::::::::::::::::::::		، يَضَ عَيْدِ رَبِّهُ رَبِّهُ .	
c	Excess from 2008		- ,		
d	Excess from 2009	1,			
<b>.</b>	Excess from 2000	d = == = = = = = = = = = = = = = = = =			1

	rtXIV Private Operating For			etructions and B		rage 10
					T vii-A, questic	)II 3)
, 1а	If the foundation has received a ruling or			rating		
	foundation, and the ruling is effective for			··· · · · · · · · · ·	L	
Ь	Check box to indicate whether the found		rating foundation desc		942(j)(3) or 494	12(j)(5) 1
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years	Ī	(e) Total
	income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	ļ
	investment return from Part X for					
	each year listed					
b	85% of line 2a					
C	Qualifying distributions from Part XII,			İ		
	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	<del>" •</del> •••				
_	for active conduct of exempt activities					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
•	alternative test relied upon					
_	"Assets" alternative test—enter					
a						
	(1) Value of all assets					<del> </del>
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(ı)					
Ь	"Endowment" alternative test—enter 2/3					
	of minimum investment return shown in					
	Part X, line 6 for each year listed		<u> </u>	ļ	<u> </u>	
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)		<del> </del>	<del> </del>	<del> </del>	<del> </del>
	(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			1		
	(4) Gross investment income					
IP:	Supplementary Infor	mation (Comple	te this part only	if the foundation	had \$5,000 or n	nore in assets at
2.22.13	any time during the y					
1	Information Regarding Foundation M					<del></del>
a	List any managers of the foundation who	-	ore than 2% of the tot	al contributions receive	ed by the foundation	
	before the close of any tax year (but only				-	
	JAMES WOLOHAN	y ii aley have contain	ated filore than \$5,000	5) (See Section 567 (G	/( <b>2</b> / )	\$447,650
ь	List any managers of the foundation who	2 our 10% or more o	of the stock of a corpo	ration (or an equally la	rge portion of the	911//000
D	ownership of a partnership or other entit				rge pordon or the	
	N/A	y) of which the lound	auditias a 10% or gi	eater interest.		
_	Information Regarding Contribution,	Cront Cift Loon S	abelerahia eta Dec			
2						
	Check here ► X if the foundation only		*	-	•	
	unsolicited requests for funds If the fou	_		28 of the instructions	) to individuals or	
	organizations under other conditions, co					<del></del>
а	The name, address, and telephone num	ber of the person to	whom applications she	ould be addressed.		
	N/A					
		·				
b	The form in which applications should be	e submitted and infor	mation and materials	they should include.		
	N/A				-	
С	Any submission deadlines.					
	N/A	<del></del>			<del></del>	
d	Any restrictions or limitations on awards	, such as by geograp	ohical areas, charitable	e fields, kinds of institu	itions, or other	
	factors					
	N/A					

3 Grants and Contributions Paid During th	e Year or Approved for	Future Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		<del></del>
Name and address (home or business)  a Paid during the year SEE STATEMENT 8	or substantial contributor	recipient		757,000
Total			. ▶ 3a	757,000
<b>b</b> Approved for future payment				· · · · · ·
N/A				
		1		
Total			▶ 3b	

DAA

Form **990-PF** (2010)

Ent		Analysis of Income-Producing Ac		l business income	Evdudod	by section 512, 513, or 514	(e)
	-	ounts unless otherwise indicated.	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
1	_	rvice revenue		<u> </u>	<u> </u>		ule ilisudedotis )
	a				<del> </del>		
					<del>                                     </del>		
			-		<del> </del>		
					<del> </del>		· -
	1			<del></del>	├		
		d contracts from government agencies					<del></del>
		dues and assessments				<del></del> .	
		savings and temporary cash investments			1 4	504 010	
		nd interest from securities	, 4 + 4 + 3 + 4 + - 5 + 4	·+ x + k + & r + * * * * * * * * * * * * * * * * * *	14	524,812	*****
5		come or (loss) from real estate <sup>.</sup>	++++++++	<u>-                                    </u>	P-4-4-4-		<del>╟╊</del> ┆ <del>╒╄┺╵╊</del> ╗ <del>╘╈</del> ┠ <b>⋗</b> ┼ॄॡ╒
	a Debt-fin	anced property			<u> </u>		
	<b>b</b> Not deb	t-financed property			<del> </del> -		
		come or (loss) from personal property					
7	Other invest	ment income	<u> </u>		<del> </del>		
		s) from sales of assets other than inventory			14	722,087	
9	Net income	or (loss) from special events					
10	Gross profit	or (loss) from sales of inventory					
11	Other reven						
	b SEE	STATEMENT 9		-20,268	<u> </u>	-8,673	
	c				<u> </u>		
	е			· · · · · · · · · · · · · · · · · · ·	ļ.,		
12	Subtotal. Ad	id columns (b), (d), and (e)	+ - + + + + + + + + + + + + + + + + + +	-20,268	14ii	1,238,226	
13	Total. Add I	ine 12, columns (b), (d), and (e)				. 13 _	1,217,958
_		in line 13 instructions on page 29 to verify calculat					
F	Part XVI-B			ment of Exempt	Purpo	ses	
	Line No. ▼	Explain below how each activity for which income accomplishment of the foundation's exempt purp instructions)					
	▼	accomplishment of the foundation's exempt purp					
		accomplishment of the foundation's exempt purp					
	▼	accomplishment of the foundation's exempt purp					
	▼	accomplishment of the foundation's exempt purp					
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	▼	accomplishment of the foundation's exempt purp					
	▼	accomplishment of the foundation's exempt purp					

Part X		Information Reg Exempt Organiz		ransfers To a	nd Transact	ions and Relationships \	Nith Noncharit	able		
1 Did				ge in any of the fo	sllowing with any	other organization described		: :	Yes	No
	-	·-		-		section 527, relating to political				-
	anization				<b>,</b>			-	. ,	٠
_		om the reporting found	dation to a n	oncharitable exen	npt organization	of		* .	- :	
	Cash							1a(1)		X
	Other as	ssets						1a(2)		X
	er transa									-
(1)	Sales of	assets to a noncharit	able exempt	torganization				1b(1)		X
					tion			1b(2)		X
(3)	Rental c	of facilities, equipment	, or other as	sets				1b(3)		X
(4)	Reimbu	rsement arrangement	<b>S</b>					1b(4)		X
							•••	1b(5)		X
(6)	Perform	ance of services or m	embership o	or fundraising soli	citations		•••	1b(6)		X
<b>c</b> Sha	ring of fa	acılıties, equipment, m	ailing lists, d	other assets, or pa	aid employees			1c		X
						umn (b) should always show the				
						If the foundation received less that				
		_			_	of the goods, other assets, or ser				
(a) Lin		(b) Amount involved	T	of noncharitable exer		(d) Description of transfers, trai		g arrang	gement	s
N/A										
						1				
						<del>                                     </del>	<del></del>			
			<u>.</u>			<del> </del>				
			<del> </del>							
	<del></del>		<u> </u>							
						<u> </u>				
			<del>                                     </del>			<del> </del>				
					<del> </del>	<del> </del>				
				<del></del>						
						<u> </u>	<del></del>			
						<u> </u>				
						ax-exempt organizations		_	_	_
des	спьед іг	section 501(c) of the	Code (othe	r than section 501	l(c)(3)) or in sec	tion 527?			es 🛚 🔀	J No
		mplete the following so								
	(a)	Name of organization		(b) Type of o	organization	(c) Descript	tion of relationship			
N/A	7									
·			··· · -							
			<del></del>			<u> </u>				
					<del></del>	<del></del>				
<del></del>	<del></del>			<u> </u>		<del></del>				
	Under pe	enaities of perjury, I decla	re that I have : lete - <b>N</b> eclarati	examined this return on of preparer (other	i, including accomp r than taxnaver or f	panying schedules and statements, ar fiduciary) is based on all information of	id to the best of my kn f which preparer has a	owiedg	e and	
Sign	<b>L</b>	7"7"",	110	2		-15-14	Vice	P		
Here		James 2. l	NOW	nen	//	73 //		<u> </u>	<u> ગાલ</u>	<u>nt</u>
	Sign	ature of officer or trustee			Date		<del></del>			
	PDM/T	ype preparer's name			Preparer's signa	ature	Date		Check	
Paid					$\bowtie$	. 811	1/	′ /		nployed
	LAUR	A M. EBEL		i	1 Mauril	i) Chil	///	d'11		, ,,
Use Only			WS HO	OPER PAVI	IK PLC		PTIN	<i>f</i>		
Omy			GRATI				Firm's EIN ▶			
	' """ \$		IAW. M		6035			-49	7-5	30

### Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

**Schedule of Contributors** 

OMB No 1545-0047

2010

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

Name of the organization

**Employer identification number** 

WOLOHAN FAMI	LY FOUNDATION 38-2700797	_
Organization type (check	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	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	is covered by the <b>General Rule</b> or a <b>Special Rule</b> . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See	_
General Rule		
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or one contributor. Complete Parts I and II.	
Special Rules		
sections 509(a)(1)	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the 00 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts	
the year, aggregat	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during e contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or ses, or the prevention of cruelty to children or animals. Complete Parts I, II, and III	
the year, contribut aggregate to more year for an exclus	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during ions for use exclusively for religious, charitable, etc., purposes, but these contributions did not than \$1,000. If this box is checked, enter here the total contributions that were received during the vely religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule anization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more.	
990-EZ, or 990-PF), but if	that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 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 to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	

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)

Name of organization
WOLOHAN FAMILY FOUNDATION

Employer identification number 38-2700797

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
. <b>1</b>	RICHARD V. WOLOHAN 5953 SHATTUCK ROAD SAGINAW MI 48603	s <u>1,265,948</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.2 .	MICHAEL WOLOHAN 1700 N RIVER RD SAGINAW MI 48609	s <u>60,</u> 800	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
.3	CHRISTINE WOLOHAN 1705 CROSBY ROAD WAYZATA MN 55391	\$68,,200	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.4	PATRICIA KREMIN 14 EDGEWOOD ROAD SAGINAW MI 48602	\$ 50,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		<b>\$</b>	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)

1-2

Statemen	int 1 - Fo	rm 990-PF, Pa	rt I, Line 1	nent 1 - Form 990-PF, Part I, Line 16b - Accounting Fees	ng Fees			
Description		Total	In	Net Investment	Adjusted Net	sted et	Om	Charitable Purpose
AUDIT, TAX PREP, ACCTNG ASSISTAN	\$	9,780	₩	4,890	৵		\$	4,890
TOTAL	\$	9,780	φ.	4,890	·γ›	0	·γ	4,890
Statement 2 -	- Form	990-PF, Part I,	Line 16c	t 2 - Form 990-PF, Part I, Line 16c - Other Professional Fees	sional Fees			
	•		-	Net	Adjusted	sted	O,	Charitable
Description		lotal	\ul	Investment	Net	et.		Purpose

9,600 9,600

9,600

BROKER FEES - MORGAN STANLEY TOTAL

	Charitable Purpose	Charitable Purpose \$ 205 205 205 \$ 380
	Adjusted Net \$	Adjusted
Federal Statements	PF, Part I, Line 18 - Tay  Net Investment	Net
Federal S	Statement 3 - Form 990-PF, Part I, Line 18 - Taxes         Net         Total       Investment         \$       10,000         \$       0	Statement 4 - Form 990-PF, F
38-2700797	Description FEDERAL EXCISE TAXES TOTAL	EXPENSES TAXES, LICENSES & FEES OFFICE SUPPLIES MISCELLANEOUS PORTFOLIO DEDUCTIONS - K-1S TOTAL

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# Federal Statements

38-2700797

Other Investments
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Description VARIOUS BROKERAGE ACCOUNTS ACO INC RCP FUND II LP RCP FUND III LP RCP FUND IV LP WAYZATA OPPORTUNITIES FUND LLC WAYZATA OPPORTUNITIES FUND LLC		тОтът,

### **Federal Statements**

### Statement 6 - Form 990-PF, Part II, Line 22 - Other Liabilities

Description	Beginning of Year	_	End of Year
TAXES PAYABLE	\$	\$	5,000
TOTAL	\$(	\$_	5,000

38-2700797	Federal S	Federal Statements	S		•
Statement 7 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc.	90-PF, Part VIII, Line	1 - List of Offi	cers, Directors, Trus	tees, Etc.	
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
JAMES L WOLOHAN 5310 HAMPTON PLACE STE B SAGINAW MI 48604	VICE PRES	0.75	0	0	0
RICHARD P WOLOHAN 5310 HAMPTON PLACE STE B SAGINAW MI 48604	DIRECTOR	0.25	0	0	0
MICHAEL J WOLOHAN 5310 HAMPTON PLACE STE B SAGINAW MI 48604	VICE PRES	0.75	0	0	0
MARY K NESS 5310 HAMPTON PLACE STE B SAGINAW MI 48604	DIRECTOR	0.25	0	0	0
SHARON L WOLOHAN 5310 HAMPTON PLACE STE B SAGINAW MI 48604	SECRETARY	0.25	0	0	0
CHRISTINE M WOLOHAN 5310 HAMPTON PLACE STE B SAGINAW MI 48604	PRESIDENT	3.00	0	0	0
PATRICIA A KREMIN 5310 HAMPTON PLACE STE B SAGINAW MI 48604	DIRECTOR	0.25	0	0	0
TERI HULL 5310 HAMPTON PLACE STE B SAGINAW MI 48604	TREASURER	0.75	0	0	0
SHARON MCGRANN 5310 HAMPTON PLACE STE B SAGINAW MI 48604	DIRECTOR	0.25	0	0	0
					7

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### **Federal Statements**

### Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

Name of Manager		<u>Amount</u>
JAMES WOLOHAN	\$_	447,650
TOTAL	\$_	447,650

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Statement 8 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year
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	Amount	•	2,000	60,000	•	1,000		/,500	52.000	1	ц)	c	OCT 'A	1,000	•	48,000		42,000	,	1,000	Ċ	2,000	•	4,000	7,500	•	72,000		51,000	75,000	103	1,000		1,000
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Address	onship	MICHIGAN		LEXINGTON	NAW ST				2959 MARTIN LUTHER KING B	ENUE,	-	ESEE AVE	N/A ACAMPED BY/A		ROAD		65618		rer st	/A N/A	N ROAD			0	7 0 7	ER ROAD				110 GRAND AVENUE	2 4 7 7 7 5	JAMES SAVAGE ND SIES /A	GALBRAITH	
∢	Relations	N. MIC	/A	'• LEX.	2711 MACKINAW	Α'	BURT	Ą,	MARTIN	TH AV	Α/	E GENESE!	A TOWNE	LOWINE A	6401 LYONS ROAD	Α/	BOX 465618		E CENTER	'A	JOSITAI	<b>A</b>	BOX 634	/A	BOA 1982 /a	I. RIVER		BOX 543	N/A	RAND /	N/A O TAMBO	OFFICES /A	W. GA	N/A
		1232	N/A	.w 822	2711	N/A	1021	ž	2959	333 7	Z	940	N/A CT CCS	\ 2     	6401		P.0.	18 N/A	1131 E	N/A	1601	ż	PO BC	N/A	т. С. Б.		N/A	PO BC	N	110 6	200		1821 W.	Ż
			-4731	SERVICES	PEAL						ı		-1778	TONT		33073	ONERS	CINCINNATI OH 46246-5618	GNDC			48361			-1982	SSERV				& COM	J. CHITDENIH	LODENI	E	239
ø.	Address	CROSS			CES A	48602	SSION	48607	0000	40208 T BORDERS		KITCHEN	48607-1778	48604	100R	COCONUT CREEK FL	MISSIC	OH 46	ITY FC	18847		MI		55343	48602-1982	CHILDRENS	48609	FOREIGN	NOTRE DAME IN 46556	REACH	1000 1000	48642	STITU	ОН 4523
Name	Ä	RED C	AW MI	HOLIC RELIEF	SERVI	SAGINAW MI 48602	CUE MI	SAGINAW MI	ENANT HOUSE	II MI VITHOU	NEW YORK NY	SOUP	SAGINAW MI	ABGINEOROSCI	THE P	UT CRE	HOME	NNATI	COMMUN	ITHACA MI 48847		Ž	PAWS	HOPKINS MN	DEN HAKVEST SAGINAW MI				DAME	TH OUT	TA MN	ACI CENTER MIDIAND MI	JES IN	NNATI
		AMERICAN RED	SAGIN	CATHOLIC RELIEF BALTIMORE MD	CATHOLIC SERVICES APPEAL	SAGIN	CITY RESCUE MISSION	SAGIN.	COVENANT HOUSE	DOCTORS WITHOUT	NEW Y	EAST SIDE SOUP	SAGINAW MI 48607	אבישער אבי	FOOD FOR THE POOR	COCON	GLENMARY HOME MISSIONERS	CINCI	GRATIOT COMMUNITY FOUND	ITHAC.	GUEST HOUSE	LAKE	HELPING PAWS	HOPKI	HIDDEN HAKVEST SAGINAW MI	HOLY CROSS	SAGINAW	HOLY CROSS	NOTRE	INTERFAITH OUTREACH	WAYZATA	LEGACI CENTER MIDIAND MI	LIFE ISSUES INSTITUTE	CINCINNATI
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# Statement 8 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

Name	Address			
Address	Relationship	Status	Purpose	Amount
OXFAM AMERICA	226 CAUSEWAY ST.			
		N/A	OPEN - UNRESTRICTED	2,000
SAGINAW AREA CATHOLIC SCH	ISS ST			
SAGINAW MI 48603	4	N/A	OPEN - UNRESTRICTED	102,500
SAGINAW HABITAT FOR HUMAN	316 S JEFFERSON AVE.	6-3		
26	N/A	N/A	OPEN - UNRESTRICTED	10,000
SAGINAW SALVATION ARMY	2030 N. CAROLINA ST. P.O.	r. P.O.		1
-3204	N/A	N/A	OPEN - UNRESTRICTED	8,500
SERRA INTERNATIONAL	70 EAST LAKE ST. St	JITE 12		
CHICAGO IL 60604	N/A	N/A	OPEN - UNRESTRICTED	200
SETON INSTITUTE	1800 SULLIVAN AVE S	SUITE 5		
DALY CITY CA 94015-2225	5 N/A	N/A	OPEN - UNRESTRICTED	42,000
SPARROW FOUNDATION	PO BOX 30480			
LANSING MI 48909	N/A	N/A	OPEN - UNRESTRICTED	15,000
ST ALPHONSUS SCHOOL	6000 WEST LOOMIS RO	OAD		
GREENDALE WI 53129	N/A N/A	N/A	GATEWAY TO TECHNOLOGY PROGRAM	2,000
ST BARTHOLOMEW'S PARISH	630 EAST WAYZATA BI	CVD		
WAYZATA MN 55391	N/A	N/A	OPEN - UNRESTRICTED	37,000
ST DAVID'S CHILD DEV & FA	3395 PLYMOUTH ROAD			
MINNETONKA MN 55305	N/A	N/A	OPEN - UNRESTRICTED	20,000
ST. FRANCIS HOME	915 RIVER ROAD			
SAGINAW MI 48609	N/A	N/A	OPEN - UNRESTRICTED	1,000
ST. JAMES PARISH MISSION				
	N/A	N/A	OPEN - UNRESTRICTED	2,500
ST. PETER & PAUL PARISH	MICH	/E.		•
SAGINAW M	N/A N/A	N/A	OPEN - UNRESTRICTED	1,000
ST. STEPHEN PARISH	ACKINA			
SAGINAW MI 48603	N/A	N/A	OPEN - UNRESTRICTED	11,000
THEO'S WORK HOPE IN HAITI	2303 W. MARKET ST.			
GREENSBORO NC 27403	N/A	N/A	MINISTRY OF FATHER MARC IN HAITI	50,500
TWIN CITIES PUBLIC TV	2711 MACKINAW ST			
MI 48603	/A	N/A	OPEN - UNRESTRICTED	1,200
UNDERGROUND RAILROAD OF S	PATE S	SUITE A		
ИΙ	A/A	N/A	OPEN - UNRESTRICTED	8,150
OF.	S. JEFFE	ND FLOO		
MI	I/A	N/A	OPEN - UNRESTRICTED	7,500
ry of 1	P.O. BOX 519			
NOTRE DAME IN 46556-9988	38 N/A	N/A	OPEN - UNRESTRICTED	21,500

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38-2700797		Federal Statements	tements	•
<u>Statem</u>	nent 8 - Form 990-PF, Pa	rt XV, Line 3a - ( <u>Year (conti</u>	Statement 8 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)	•
Name	Address			
Address	Relationship	Status	Purpose	Amount
VOICE OF MARTYRS BARTLESVILLE OK 74005 YMCA OF SAGINAW	PO BOX 443 N/A 1915 FORDNEY	N/A	FAMILIES OF MARTYRS	8,000
	N/A	N/A	OPEN - UNRESTRICTED	13,500
IMCA OF LANSING LANSING MI 48933 TOTAL	II'S N. WASHINGION N/A	SQUARE N/A	DOWNTOWN WELLNESS CENTER	2,000
				•

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### **Federal Statements**

### Statement 9 - Form 990-PF, Part XVI-A, Line 11 - Other Revenue

Description **Business** Unrelated **Exclusion** Exclusion Related Code Amount Code **Amount** Income RCP FUND II LLC - UBI 900099 \$ -1,919\$ WAYZATA OPPORTUNITIES FD UB 900099 -8,722 WAYZATA OPPORTUNITIES FUND 900099 8,861 RCP FUND II LP 16 -5,832 RCP FUND III LP 16 -1,135RCP FUND IV LP 16 -3,711 WAYZATA OPPORTUNITIES FUND 16 -163 WAYZATA OPPORTUNITIES FUND 16 7,762 RCP FUND IV LP - UBI 900099 -14,216 RCP FUND III LP - UBI 900099 -4,390 RCP SECONDARY FUND - UBI 900099 118 RCP SECONDARY FUND 16 TOTAL -20,268 -8,673 \$

### Wolohan Family Foundation 38-2700797 Form 990PF, Part I, Line 11 – Other Income

	Revenue per	Net Investment	
Description	Books	Income	
RCP FUND II LP		\$ (5,832)	
RCP FUND III LP		(1,135)	
RCP FUND IV LP		(3,711)	
WAYZATA OPPORTUNITIES FUND		(163)	
WAYZATA OPPORTUNITIES FUND II		7,762	
RCP SECONDARY FUND		(5,594)	_
TOTAL		\$ (8,673)	

Wolohan Family Foundation 38-2700787 Form 990-T, Net Operating Losses

Year of			Amount to be
Origination	Original NOL	Amount Used	Carried Over
2006	\$ (206)	\$ -	\$ (206)
2007	(15,424)	-	(15,424)
2008	(32,696)	-	(32,696)
2009	(33,591)	-	(33,591)
2010	(20,268)	-	(20,268)
	\$ (102,185)	\$ -	\$ (102,185)

# Form **8868** (Rev January 2011)

## Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Internal Revenu		► File a	separate a	application for each return.			
		utomatic 3-Month Extension, comple	ete only Pa	irt I and check this box			► X
•	•	dditional (Not Automatic) 3-Month E	-		s form)		لبها
	-	iless you have already been granted a				368	
•		, , ,		, ,			
Electronic fil	ina (e-file). Y	ou can electronically file Form 8868 if y	ou need a	3-month automatic extension of time to	file (6 mo	nths for	
	• • •	Form 990-T), or an additional (not au					
•	•	n of time to file any of the forms listed	•				
•		ated With Certain Personal Benefit Co		· ·			
		uls on the electronic filing of this form,		· ·	•		
Part I		ic 3-Month Extension of Time				DI GIRO	
		Form 990-T and requesting an autom					
Part I only	roquirou to til	or com coo r and requeeting an auton		ar shortered representation and compr			▶ □
•	orations (inclu	ding 1120-C filers), partnerships, REM	IICs and tri	usts must use Form 7004 to request a	n extensio	n of time	·
to file income	· ·	ang 1720 o mero), parmerompo, 1121	nos, and at	adio made add i dim i dd i to request a	II OXIONOIO		
Type or	1	empt organization			Employ	er identi	fication number
print	I I I I I I I I I I I I I I I I I I I	empt organization			Linploy	er ideliti	modition number
-	WOLOHA	AN FAMILY FOUNDATION	N		38-2	70079	27
File by the due date for		reet, and room or surte no If a P O bo		uetene	<u> </u>	,00,	
filing your		COLONY DRIVE NORTH	x, see ii isii i	STE 1			
return See			o foreign og		<del></del>	····	<del></del>
instructions	SAGINA	or post office, state, and ZIP code For MI		_			
	SAGINA	7W 111	40030	<u>,                                      </u>			
Enter the Ret	urn code for th	ne return that this application is for (file	a separate	application for each return)			04
Application	`		Return	Application			Return
Is For	•		Code	Is For			Code
Form 990			01	Form 990-T (corporation)			07
Form 990-E	21		02	Form 1041-A			08
Form 990-E			03	Form 4720			09
Form 990-F	•		03	Form 5227			10
	•	or 408(a) trust)	05	Form 6069			11
			06				12
F01111 990-1	(trust other t	JAMES WOLOHAN		Form 8870			12
		5291 COLONY DRIVE NO	יים עיים	ים 1			
• The backs	are in the sere of	SZGINAW	KIN, SI	.E 1		MI	48638
		* *	EAV N			M	, 40030
•		9-793-4532	FAX No	•			. □
•		not have an office or place of business			41		
	•	turn, enter the organization's four digit	•	· · · · · · · · · · · · · · · · · · ·	this is		
	group, check			check this box	icn		
		INs of all members the extension is for		(1 5 000 T)			
		c 3-month (6 months for a corporation					
		, to file the exempt organization retu	rn for the or	rganization named above. The extension	on is		
_	organization's						
► X	calendar year						
▶ ∐	tax year begii	nning , and ending					
2 If this ta	ax vear entere	d in line 1 is for less than 12 months, o	heck reaso	n			
	hange in acco						
						т	
	• •	or Form 990-BL, 990-PF, 990-T. 4720,	or 6069, er	nter the tentative tax, less any		Ι.	4 000
		See instructions			3a	\$	1,802
<b>b</b> If this a	pplication is fo	or Form 990-PF, 990-T, 4720, or 6069	, enter any i	refundable credits and		]	44 4
		nts made Include any prior year overp			3b	\$	12,153
c Balanc	<b>e due.</b> Subtra	ct line 3b from line 3a. Include your pa	yment with	this form, if required, by using EFTPS		i	_
		ax Payment System) See instructions			3c	\$	0
Caution. If yo	ou are going to	make an electronic fund withdrawal v	vith this For	m 8868, see Form 8453-EO and Form	8879-EO	for	
novement inct	ruotione						

Form 8868 (F	Rev 1-2011)					Page <b>2</b>				
If you are	filing for an Additional (Not Automatic) 3-Mon	th Extension, o	complete only Part II and check this b	ox		▶ X				
	omplete Part II if you have already been granted				1					
	filing for an Automatic 3-Month Extension, co									
Part II	Additional (Not Automatic) 3-Mont	th Extension	of Time. Only file the origina	I (no co	pies neede	<u>d)</u>				
Type or print	Name of exempt organization				Employer identification number					
File by the	WOLOHAN FAMILY FOUNDAT	ION		38-2	38-2700797					
extended due date for	Number, street, and room or suite no If a P C									
filing your	5291 COLONY DRIVE NORT		STE 1							
return See	City, town or post office, state, and ZIP code									
instructions	SAGINAW	MI 48638	3							
Enter the Ret	urn code for the return that this application is for	(file a separate	application for each return)			04				
Application	· · · · · · · · · · · · · · · · · · ·	Return	Application			Return				
Is For	•	Code	Is For			Code				
Form 990		01	1 10 101							
Form 990-E		02	Form 1041-A			08				
Form 990-E	<del> </del>	03	Form 4720			09				
Form 990-F		04	Form 5227			10				
	(sec 401(a) or 408(a) trust)	Form 6069		-	11					
	(trust other than above)	05 06	Form 8870			12				
	ot complete Part II if you were not already gra			ısıv filed	Form 8868.					
Telephon If the orga If this is f for the whole list with the n I reques For cala If the ta  State ir  ADD	are in the care of ▶ SAGINAW e No ▶ 989-793-4532 contraction does not have an office or place of busing a Group Return, enter the organization's four group, check this box ▶ ☐ If it is for a Group Return, enter the organization's four group, check this box ▶ ☐ If it is for ames and EINs of all members the extension is set an additional 3-month extension of time until endar year 2010 or other tax year beging a year entered in line 5 is for less than 12 month thange in accounting period in detail why you need the extension ITIONAL TIME IS REQUESTE ACCURATE RETURN.	digit Group Exe r part of the grou for 11/15/11 ining ns, check reason	red States, check this box If this is up, check this box  and  and  and  and  Initial return  Final return	attach a		POMPLETE				
8a If this a	pplication is for Form 990-BL, 990-PF, 990-T, 4	720. or 6069. er	nter the tentative tax, less any		· · · ·					
	indable credits. See instructions		•	8a	\$	1,802				
	pplication is for Form 990-PF, 990-T, 4720, or 6	6069, enter any i	refundable credits and			•				
	red tax payments made Include any prior year o	•								
	t paid previously with Form 8868		•	8b	<b>]</b> \$	12,153				
c Balanc	e Due. Subtract line 8b from line 8a Include you	ur payment with	this form, if required, by using EFTPS							
	onic Federal Tax Payment System) See instruct			8c	\$	0				
	, , , , , , , , , , , , , , , , , , , ,		nd Verification	•						
Under penaltie true, correct, ar	s of perjury, I declare that I have examined this form, inc nd complete, and that I am authorized to prepare this for	cluding accompany		est of my ki	nowledge and be	lief, it is				
Signature ▶ (	Tayra Ebel	т	itle ▶ CPA		Date <b>&gt;</b>	8/9/11				
•	, , , , , , ,				Form 8	<b>868</b> (Rev. 1-2011)				