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Statute clear

Department of the Treasury

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

OMB No 1545-0052

			nue Service Note. The foundation may be able	to use a copy of this re	eturn to satis	fy state reporting	requirements	
	For c	alend		and ending				
-	G C	heck a	all that apply: Initial return X Initial re	turn of a former pub	olic chanty		Final return	
Z			Amended return Add	Iress change	N.	ame change		
95	Nai	me of fo	pundation			A Emp	loyer identification nun	nber
€	U.	PPE	R PENINSULA SENIOR COMPANION			38	-2953723	
<u>Ş</u>	P	ROG	RAM FOUNDATION			B Tele	hone number (see page 1	10 of the instructions)
7	Nui	mber ar	nd street (or P O box number if mail is not delivered to street addre	ss)	Room/suite	90	6-786-7080	
5	P	.0.	BOX 225			C If exe	emption application is pend	ding, check here 🕨 🗴
7	City	or tow	n, state, and ZIP code			D 1. Fe	oreign organizations, chec	k here
<u>-</u>	E	SCA	NABA MI 49829			2. 50	oreign organizations meeti	na the
9	H C	heck t	ype of organization X Section 501(c)(3) exempt private	e foundation			5% test, check here and at	-
∞ [-			le private foundation	n	E If priv	ate foundation status was	terminated under
(2)			ket value of all assets at J Accounting method:		yccı .	section	on 507(b)(1)(A), check her	re ▶ []
က			ear (from Part II, col (c), Other (specify)			F If the	foundation is in a 60-mon	th termination
4		e 16) l		be on cash basis)			r section 507(b)(1)(B), che	I I
•		ut I	Analysis of Revenue and Expenses (The total of	(a) Revenue and				(d) Disbursements
			amounts in columns (b), (c), and (d) may not necessarily equal	expenses per		et investment	(c) Adjusted net	for chantable
			the amounts in column (a) (see page 11 of the instructions))	books		ıncome	income	purposes (cash basis only)
•		1	Contributions, gifts, grants, etc , received (attach schedule)	-	20			
		2	Check ► X if the foundation is not required to attach Sch. B			••••		
		3	Interest on savings and temporary cash investments	1,95	56	1,956	•	
		4	Dividends and interest from securities					
: :		5a	Gross rents				· · · · · · · · · · · · · · · · · · ·	
ΞE	a.	b	Net rental income or (loss)					***************************************
	evenue	6a	Net gain or (loss) from sale of assets not on line 10	-19	98		••••••	·····
. `` -``	ě	b	Gross sales price for all assets on line 6a 500					
	Š	7	Capital gain net income (from Part IV, line 2)		·····	0		
X.0.X	_	8	Net short-term capital gain				0	
~-		9	Income modifications					
		10a	Gross sales less returns & allowances					······································
4		ь	Less: Cost of goods sold					
'		c	Gross profit or (loss) (attach schedule)					
		11	Other income (attach schedule) Stmt 1	12	21		121	
*		12	Total. Add lines 1 through 11	1,89	99	1,956	121	
•	r)	13	Compensation of officers, directors, trustees, etc.		0			
	enses	14	Other employee salanes and wages					
		15	Pension plans, employee benefits				CTATI ITE I	NIT.
	ά	16a	Legal fees (attach schedule)				DECEIV	ED
	Ш	ь	Accounting fees (attach schedule)				KLCLIV	
	<u>×</u>	С	Other professional fees (attach schedule) Stmt 2	1,60	02	1,602	MAV 1 79	9913
	īat	17	Interest NOV				1000	
	<u>is</u> t	18	Taxes (attach schedule) (see page 14 of the instructions)				-TDB 402A	4CH
	Ē	19	Depreciation (attach schedule) and depletion				OCDF	N
	튭	20	Occupancy					
	∀	21	Travel, conferences, and meetings				,	
	ĭ	22	Printing and publications					
	Operating and Administrative Exp	23	Other expenses (att sch) Stmt 3		20			
	ij	24	Total operating and administrative expenses.					
	3Ta		Add lines 13 through 23	1,62	22	1,602	0	0
	ğ	25	Contributions, gifts, grants paid	60	00			600
	<u> </u>	26	Total expenses and disbursements. Add lines 24 and 25	2,2	22	1,602	0	600
•		27	Subtract line 26 from line 12:			••••		
		а	Excess of revenue over expenses and disbursements		23			
		Ь	Net investment income (if negative, enter -0-)			354		
		С	Adjusted net income (if negative, enter -0-)				121	
			work Reduction Act Notice and name 20 of the instruction		*			50m 990-PF (2010

F	orm 990	O-PF (2010) UPPER PENINSULA SENIOR COMPANION	38-295372			Page 2
	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	E	nd of	year
_	T	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	-+	(c) Fair Market Value
	1	Cash—non-interest-bearing	4,470	3,9	-	3,991
	2	Savings and temporary cash investments	61,093	61,2	<u> 249</u>	66,034
	3	Accounts receivable				
		Less: allowance for doubtful accounts ▶				
	4	Pledges receivable ▶				
	1	Less. allowance for doubtful accounts ▶	ļ		\rightarrow	
	5	Grants receivable .			\rightarrow	
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see page 15 of the				
		instructions)			\rightarrow	
	7	Other notes and loans receivable (att. schedule)				
		Less: allowance for doubtful accounts ▶ 0				
ຊຸ	8	Inventories for sale or use				
SSets	9	Prepaid expenses and deferred charges				
₹	10a	Investments—U S and state government obligations (attach schedule)			ightharpoonup	· . ·
	b	Investments—corporate stock (attach schedule)				
	С	Investments—corporate bonds (attach schedule)				
	11	Investments—land, buildings, and equipment basis				
		Less accumulated depreciation (attach sch.) ▶				-,
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)				
	14	Land, buildings, and equipment basis ▶				
		Less accumulated depreciation (attach sch) ▶				
	15	Other assets (describe ▶)			\rightarrow	1-11-11
	16	Total assets (to be completed by all filers—see the				
_		ınstructions Also, see page 1, item I)	65,563	65,2	240	70,025
	17	Accounts payable and accrued expenses .				
ű	18	Grants payable				
≝	19	Deferred revenue				
	20	Loans from officers, directors, trustees, and other disqualified persons			_	
<u> </u>	21	Mortgages and other notes payable (attach schedule)				
_	22	Other liabilities (describe ►)				
_	23	Total liabilities (add lines 17 through 22)	0		0	
		Foundations that follow SFAS 117, check here				
ă		and complete lines 24 through 26 and lines 30 and 31.				
Fund Balances	24	Unrestricted			_	
<u> </u>	25	Temporanly restricted				
מ	26	Permanently restricted				
<u> </u>		Foundations that do not follow SFAS 117, check here ▶ X				
ī		and complete lines 27 through 31.				
ō	27	Capital stock, trust principal, or current funds				
2	28	Paid-in or capital surplus, or land, bldg., and equipment fund			_	
Assets	29	Retained earnings, accumulated income, endowment, or other funds	65,563	65,2	140	
		Total net assets or fund balances (see page 17 of the				
ž		instructions) .	65,563	65,2	40	
Z	31	Total liabilities and net assets/fund balances (see page 17				
		of the instructions)	65,563	65,2	40	
_	Part I	···· - · · · · · · · · · · · · · · · ·				
1	I Total	net assets or fund balances at beginning of year—Part II, column (a), line 30 (mu	st agree with			
		of-year figure reported on prior year's return)		L	1	65,563
		amount from Part I, line 27a			2	-323
		increases not included in line 2 (itemize)		<u> </u>	3	
4	I bbA I	nes 1, 2, and 3			A	65,240

5 Decreases not included in line 2 (itemize) ▶
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

65,240 Form **990-PF** (2010)

6

Form 990-PF (2010)	UPPER	PENINSULA	SENIOR	COMPANION	38-29537

	Part IV Capital Gains an	id Losses for Tax on Investm	ent Inc	ome				
		e the kind(s) of property sold (e.g., real estate nouse, or common stock, 200 shs MLC Co)			(b) How acquired P—Purchase D—Donation	(c) Date a (mo , da		(d) Date sold (mo , day, yr)
18	Public Traded Se	ecurities			P			
Ŀ)							
	1							
e								
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		107	other basis nse of sale			or (loss)) minus (g)
_a	500				698			-198
_ <u>t</u>								
	1		-		•			
		(1) and a set to the	<u> </u>	40/04/0	20			"
_	Complete only for assets showing	gain in column (h) and owned by the f	toundatior					(h) gain minus
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69			s of col (ı) (j), ıf any		•	less than -0-) or om col (h))
a	·							-198
_ <u>t</u>)		ļ					
			<u> </u>		·-·			
	1							
2	Capital gain net income or (net ca	ipital loss) If gain, also enter in If (loss), enter -0- in				2		-198
3	Net short-term capital gain or (loss	s) as defined in sections 1222(5) and ((6)					
	If gain, also enter in Part I, line 8,	column (c) (see pages 13 and 17 of th	e instructi	ions)				
	If (loss), enter -0- in Part I, line 8			<u> </u>		3		
	Part V Qualification Un	der Section 4940(e) for Redu	ced Tax	con Net I	<u>Investment Inco</u>	me		
(Fo	or optional use by domestic private	foundations subject to the section 4940	0(a) tax o	n net invest	ment income)			
lf s	ection 4940(d)(2) applies, leave this	s part blank.						N/A
۱۸/-	as the foundation liable for the secti	on 4942 tax on the distributable amour	nt of any s	ear in the h	vace period?			Yes No
		fy under section 4940(e) Do not comp			ase period:			163 140
<u>''</u>		ach column for each year; see page 18			oforo making any on	troc		
<u> </u>	(a)			Structions D		uies.		(d)
	Base period years Calendar year (or tax year beginning i	n) Adjusted qualifying distribution	ons	Net value	(c) of nonchantable-use ass	sets		nbution ratio livided by col. (c))
_	2009							
_	2008							
_	2007							
_	2006							
_	2005						т —	
2	Total of line 1, column (d)					2	<u> </u>	
3	-	year base period—divide the total on	•	5, or by the				
	number of years the foundation ha	as been in existence if less than 5 year	rs			3	┼	
4	Enter the net value of noncharitab	ole-use assets for 2010 from Part X, line	ie 5			4	<u> </u>	
							1	
5	Multiply line 4 by line 3					_5_	 	
6	Enter 1% of net investment incom	e (1% of Part I, line 27b)				6		
7	Add lines 5 and 6					7		
•	Add III ICS O AND O	• •		•		7	 	
8	Enter qualifying distributions from If line 8 is equal to or greater than	Part XII, line 4 line 7, check the box in Part VI, line 1	b. and cor	 mplete that	part using a 1% tax r	ate See the	 e	
_	Part VI instructions on page 18.	,	.,					

Page 3

Form	990-PF (2010) UPPER PENINSULA SENIOR COMPANION 38-2953723				age 4
	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the ins	tructions)			
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1				
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)				_
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	L.			7
	here ▶ ☐ and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of				
	Part I, line 12, col (b)				_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				0
3	Add lines 1 and 2				7
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			-	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-				7
6	Credits/Payments:				
а	2010 estimated tax payments and 2009 overpayment credited to 2010				
ь	Exempt foreign organizations—tax withheld at source				
C	Tax paid with application for extension of time to file (Form 8868) 6c				
đ	Backup withholding erroneously withheld				
7	Total credits and payments. Add lines 6a through 6d				
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached. Stmt 4	 			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
11	Enter the amount of line 10 to be: Credited to 2011 estimated tax				
	rt VII-A Statements Regarding Activities			V	T
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		4-	Yes	No X
	participate or intervene in any political campaign?		1a		-
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19					
	of the 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.		4.0		x
٠ C	Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		1c		
d	(1) On the foundation. ▶ \$ (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 \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		х
•	If "Yes," attach a detailed description of the activities		_		
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		х
4a	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? If "Yes," complete Part II, col (c), and Part X'	<i>,</i> .	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the				
	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	N/A	8b		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or				
	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page				
	27)? If "Yes," complete Part XIV		9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses ,		10		X
		Fo	m 99	0-PF	(2010)

Form 990-PF (2010)

	90-PF (2010) UPPER PENINSULA SENIOR COMPANI		<u> 2953723</u>			Pag
	VII-B Statements Regarding Activities for Which Form	14720 May Be F	Required (con	tinued)		····
5a D	uring the year did the foundation pay or incur any amount to					
(1	 Carry on propaganda, or otherwise attempt to influence legislation (section 	14945(e))?		Yes X No		
(2	 Influence the outcome of any specific public election (see section 4955); or 	r to carry on,				
	directly or indirectly, any voter registration drive?			Yes X No		
(3	3) Provide a grant to an individual for travel, study, or other similar purposes?	•		Yes 🛚 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)? (see page 22 of the in-	structions)		Yes X No		
(!	5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational	_			
	purposes, or for the prevention of cruelty to children or animals?			Yes X No	1	
b If	any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify ur	der the exceptions of	lescribed in	_		
R	egulations section 53.4945 or in a current notice regarding disaster assistant	e (see page 22 of th	e instructions)?	N/A	5b	
С	rganizations relying on a current notice regarding disaster assistance check	nere		▶ □		
	the answer is "Yes" to question 5a(4), does the foundation claim exemption					
	ecause it maintained expenditure responsibility for the grant?		N/A 🗌 '	Yes No	1	
lf	"Yes," attach the statement required by Regulations section 53 4945-5(d)		· Ш			
	id the foundation, during the year, receive any funds, directly or indirectly, to	pav premiums				
	n a personal benefit contract?	, , ,		Yes X No	1	
	id the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contr			6b	1
	"Yes" to 6b, file Form 8870.					
	t any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?		Yes X No		
	Yes, did the foundation receive any proceeds or have any net income attribu			N/A	7b	ĺ
	VIII Information About Officers, Directors, Trustees, F					
	and Contractors		agoro, mgmy	i aid Employ	,	
Lis	t all officers, directors, trustees, foundation managers and their compens	ation (see page 22	of the instruction	ns).	-	
	, , , , , , , , , , , , , , , , , , , ,			(d) Contributions to		
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	employee benefit		ense accou
	(-)	devoted to position	-0-)	plans and deferred compensation	other	allowances
lee	Statement 5				 	
	,					
					<u> </u>	
	•				1	
		 			1	
						-
	ompensation of five highest-paid employees (other than those included o	on line 1 — see page	e 23 of the instru	ctions).		
	ompensation of five highest-paid employees (other than those included on none, enter "NONE."	on line 1 — see page	e 23 of the instru	т		
	none, enter "NONE."	(b) Title, and average		(d) Contributions to	(e) Exm	ense accou
		(b) Title, and average hours per week	e 23 of the instru	(d) Contributions to employee benefit plans and deferred		ense accou
If	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average		(d) Contributions to employee benefit		
If	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred		
If	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred		
If	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred		
If	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred		
If	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred		
If	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred		
IONE	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred		
NONE	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred		
NONE	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred		

	O) UPPER PENINSULA SENIOR COMPANION	38-2953723	Page 7
	nformation About Officers, Directors, Trustees, Foundat	ion Managers, Highly Paid En	nployees,
	and Contractors (continued)		
3 Five highest	-paid independent contractors for professional services (see page 23 o		
NONE	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
	•		
		_	
Total number of oth	hers receiving over \$50,000 for professional services		<u> </u>
Part IX-A	Summary of Direct Charitable Activities		
	four largest direct chantable activities dunng the tax year. Include relevant statistical in their beneficiaries served, conferences convened, research papers produced, etc.	formation such as the number of	Expenses
1 N/A	-		
,			
2	•		
		•	
3		•	
		•	
•			
Part IX-B	Summary of Program-Related Investments (see page 24	4 of the instructions)	
	gest program-related investments made by the foundation during the tax year on lines	1 and 2	Amount
1 N/A			
2	••	·]	
All other program-re	lated investments. See page 24 of the instructions		
3			
	•	1	
	·		
Total. Add lines 1 tl	hrough 3	>	

Pi	Minimum Investment Return (All domestic foundations must complete this part. Fore	ign f	oundations,
	see page 24 of the instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:	İ	
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	4,231
С	Fair market value of all other assets (see page 25 of the instructions)	1c	66,034
d	Total (add lines 1a, b, and c)	1d	70,265
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	70,265
4	Cash deemed held for chantable activities. Enter 1½ % of line 3 (for greater amount, see page 25 of		
	the instructions)	4	1,054
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	69,211
6	Minimum investment return. Enter 5% of line 5	6	3,461
Pa	Tit XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private op	peratir	ng
	foundations and certain foreign organizations check here and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	3,461
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010. (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	7
3	Distributable amount before adjustments Subtract line 2c from line 1	3	3,454
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	3,454
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	3,454
	Qualifying Distributions (see page 25 of the instructions)		
r s	#1 All Qualitying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish chantable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	600
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out chantable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	<u>.</u>
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	600
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	600

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

qualifies for the section 4940(e) reduction of tax in those years

Form 990-PF (2010)

P	art XIII Undistributed Income (s	see page 26 of	the instructions)	· · · · · · · · · · · · · · · · · · ·		
			(a)	(b)	(c)	(d)
1	Distributable amount for 2010 from Part XI,		Corpus	Years pnor to 2009	2009	2010
	line 7				·······	3,454
2	Undistributed income, if any, as of the end of	of 2010:			***	
а	Enter amount for 2009 only					
b	Total for pnor years 20 , 20	, 20				
3	Excess distributions carryover, if any, to 201					
а	From 2005					
b	From 2006					
C	From 2007					
d	From 2008					
е	From 2009					
f	Total of lines 3a through e					
4	Qualifying distributions for 2010 from Part X	II,				
	line 4 > \$600					
а	Applied to 2009, but not more than line 2a					
b	Applied to undistributed income of prior year	rs				
	(Election required—see page 26 of the instru					
С	Treated as distributions out of corpus (Electi	ion				
	required—see page 26 of the instructions)					
d	Applied to 2010 distributable amount				······································	600
е _	Remaining amount distributed out of corpus					
5	Excess distributions carryover applied to 20					
	(If an amount appears in column (d), the sar	ne				
_	amount must be shown in column (a).)					
6	Enter the net total of each column as					
_	indicated below:	E				
a	Corpus Add lines 3f, 4c, and 4e Subtract line. Prior years' undistributed income. Subtract	ie 5				
b	line 4b from line 2b					
С	Enter the amount of prior years' undistribute	d	<u></u>			
٠	income for which a notice of deficiency has	u				
	been issued, or on which the section 4942(a	1				
	tax has been previously assessed	,				
d	Subtract line 6c from line 6b. Taxable		······································		······	
	amount—see page 27 of the instructions					
е	Undistributed income for 2009 Subtract line					
	4a from line 2a Taxable amount—see page					
	27 of the instructions					
f	Undistributed income for 2010. Subtract line	s				
	4d and 5 from line 1. This amount must be					
	distributed in 2011					2,854
7	Amounts treated as distributions out of corpo	us				
	to satisfy requirements imposed by section					
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the	ne				
	instructions)					
8	Excess distributions carryover from 2005 no					
	applied on line 5 or line 7 (see page 27 of the	e				
_	instructions)					
9	Excess distributions carryover to 2011.					
4.6	Subtract lines 7 and 8 from line 6a					
10	Analysis of line 9:					
a	Excess from 2006	_				
b	Excess from 2007					
C	Excess from 2008	- -				
d	Excess from 2009					
ее	Excess from 2010		l			

Page **10**

P	ert XIV Private Operating For	undations (see pa	age 27 of the inst	ructions and Part	VII-A, question 9)		
1a	If the foundation has received a ruling or	determination letter th	at it is a private opera	ting				
	foundation, and the ruling is effective for	2010, enter the date of	of the ruling	•				
b								
2a	Enter the lesser of the adjusted net	Tax year	l groundation accord	Prior 3 years	, . <u></u>			
Lu	income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total		
		(4) 2010	(0) 2000	(0) 2000	(0) 2001			
	investment return from Part X for							
	each year listed							
b	85% of line 2a							
C	Qualifying distributions from Part XII,							
	line 4 for each year listed							
đ	Amounts included in line 2c not used directly							
	for active conduct of exempt activities			-				
е	Qualifying distributions made directly							
	for active conduct of exempt activities.							
	Subtract line 2d from line 2c							
3	Complete 3a, b, or c for the							
	alternative test relied upon:							
а	"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							
С	"Support" alternative test—enter	•						
·	(1) Total support other than gross							
	investment income (interest,							
	dividends, rents, payments on							
	securities loans (section							
	512(a)(5)), or royalties)							
	(2) Support from general public							
	and 5 or more exempt							
	organizations as provided in							
	section 4942(j)(3)(B)(iii)							
	(3) Largest amount of support from							
	an exempt organization .							
	(4) Gross investment income							
Pa	rt XV Supplementary Inform				ad \$5,000 or more	e in assets at		
	any time during the year—see page 28 of the instructions.)							
1	Information Regarding Foundation Mai	nagers:						
а	List any managers of the foundation who	have contributed more	e than 2% of the total	contributions received	by the foundation			
	before the close of any tax year (but only	if they have contribute	ed more than \$5,000)	(See section 507(d)(2)))			
	N/A							
b	List any managers of the foundation who	own 10% or more of t	the stock of a corporat	ion (or an equally large	portion of the			
	ownership of a partnership or other entity) of which the foundat	ion has a 10% or grea	ter interest				
	N/A							
2	Information Regarding Contribution, G	rant, Gift, Loan, Scho	larship, etc., Progran	ns:				
	Check here ▶ X if the foundation only	makes contributions	to preselected charitat	ble organizations and d	loes not accept			
	unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or							
	organizations under other conditions, cor	nplete items 2a, b, c,	and d					
a	The name, address, and telephone numb	per of the person to wh	nom applications shoul	ld be addressed:				
-	N/A	,	.,					
	-							
	The form in which applications should be	submitted and inform	ation and materials the	ev should include:		·		
~	N/A	- sammod dha imoliii	and materials the	o, onouna morado.				
	Any submission deadlines:		·					
U	N/A							
	Any restrictions or limitations on awards,	euch oc by accesses	and arone shart-ble &	olda kinda of trassitutes	ns or other			
d		such as by geographi	cai areas, charitable fi	eius, kirias of institutio	ns, or outer			
	factors:							
	N/A							

Part XV Supplementary Information (c 3 Grants and Contributions Paid During th		Future Payment		
Recipient	If recipient is an individual,	Foundation	Duman oft or	· · · · · · · · · · · · · · · · · · ·
	show any relationship to any foundation manager	status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	roopion	 	
a Paid during the year HUMAN RESOURCE AUTHORITY 507 1ST AVE NORTH ESCANABA MI 49829	N/A	pub. charity		600
Total .			▶ 3a	600
b Approved for future payment			- Ja	
N/A				
Total			▶ 3b	- 000 DE

Page 12

	10/ CITER I DENTINO DE LA COMPANSIONE		30 2			rage 12
	Analysis of Income-Producing Ac			T		· · · · · · · · · · · · · · · · · · ·
Enter gross amou	ints unless otherwise indicated	(a) Business code	(b) Amount	(c) Exclusion	(d) Amount	(e) Related or exempt function income
1 Program servi	ice tevenile.	Dusiness code	Amount	code	Amount	(See page 28 of the instructions)
a Fundr				† †		121
c						
f						
g Fees and	contracts from government agencies					
2 Membership d	dues and assessments					
3 Interest on sa	vings and temporary cash investments			+-+		1,956
	d interest from securities			<u> </u>		
	ome or (loss) from real estate:			-		
	nced property			+		
	financed property			+ +		
	ome or (loss) from personal property			+ +		
7 Other investm				+ +		-198
	from sales of assets other than inventory r (loss) from special events			++		-130
	r (loss) from sales of inventory	—		+ +	1	
	e: a			1 1		
				 		
e						·
12 Subtotal Add	columns (b), (d), and (e)		. (0	0	1,879
	e 12, columns (b), (d), and (e)				13	1,879
(See worksheet in	line 13 instructions on page 29 to verify calculation	ons.)				
Part XVI-B	Relationship of Activities to the A	ccomplishm	ent of Exempt P	urposes	5	····
▼	Explain below how each activity for which income accomplishment of the foundation's exempt purpoinstructions.)					of the
N/A						
			 '			** ··
						·
	 					
						<u>.</u>
	. Allege					
						
						
				<u>·</u>		

Pa	HV YH	Exempt Organiza	-	nsters 10 and	u i ransactioi	ns and Relationships t	with Noncharitan	ie		
1	Did the ora			in any of the foll	owing with any o	ther organization described			Yes	No
•	-	•		•		ction 527, relating to political				
	organizatio		i man section	1 30 I(C)(3) Olgani	izauoris) or iii sei	ction 327, relating to politicar				
•	•	rom the reporting found	ation to a non	charitable evemn	st organization of	•				
а		rom the reporting round	alion to a non	icriantable exemp	n organization of			1a(1)		x
	(1) Cash	an ata								X
L	(2) Other a		•					1a(2)		
D	Other trans		- L. 1					4 1./4		v
	• •	of assets to a noncharita	•	_				1b(1)		X
		ses of assets from a no			on			1b(2)		X
	• •	of facilities, equipment,		ets				1b(3)		X
	• •	ursement arrangements	i					1b(4)		X
	• •	or loan guarantees		£	L-4!			1b(5)		X
_	• •	nance of services or me	•	-				1b(6)		X
	-	facilities, equipment, ma	-	•		(b)	- f	1c		
a						nn (b) should always show the				
		-	_	•	-	the foundation received less t				
 ;				nonchantable exem		the goods, other assets, or se		2 255200	nmonte	
<u>\</u> \\	a) Line no	(b) Amount involved	(C) Name of	nonchantable exem	ipt organization	(d) Description of transfers	, uansacuons, and snanny	arrangi	ements	
N / A	<u>n.</u>			 						
						• • •				—
			-							—
								.		
										—
										—
					·····					—
		1								—
		 								
		<u> </u>								
2a		dation directly or indirec	•	•		. •		\Box	v	1
		n section 501(c) of the	-	nan section 501(c	c)(3)) or in section	n 5277		☐ Y6	es X	No
<u>b</u>		mplete the following sc	hedule.	(L) T(-		(-) D				
	<u>·</u>	Name of organization		(b) Type of o	rganization	(c) Des	cription of relationship			
	N/A									
							·			
										
	<u>-</u>	•								
	1							_		
	Under p	enalties of perjury, I declare is true, correct, and comple	that I have exa	imined this return, ir of preparer (other th	ncluding accompany nan taxpaver or fidu	ying schedules and statements, ar ciary) is based on all information o	id to the best of my knowled of which preparer has any i	edge and knowled	d de	
Sigi	n L	mal	200	Po)			9-	
ler	e 🕨 🦳	MAHIMICA	PT Kel	ill	< 		07574			
		nature of officer or trustee			Date	· - · · · · · · · · · · · · · · · · · ·	1			
	Pr y nt∕	Type preparer's name	C a V	∠ ຄ ເ	Preparer's signat	ture	Date		Check	r
Paid	, n	mie M. Var	E-11	CPA	<u>_</u> .				self-em	ployed
-	arer Jani					Van Effen, CPA	10/0			
Jse	7	s name ► Kivio		an Effen				0220		
	Firm's	s address ► 120 N		th Street			Firm's EIN ▶ 27			
		Escar	aba, M	I 49829	- 3933			<u> </u>		
							F	orm 99	v-PF	(2010)

51040 UPPER PENINSULA SENIOR COMPANION 38-2953723

FYE: 12/31/2010

Federal Statements

10/9/2014 11:50 AM

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Adjusted Net Income	\$ 121	\$ 121
Net Investment Income	w	٠
Revenue per Books	\$ 121	\$ 121
Description	Fundraisers	Total

Statement 2 - Form 990-PF, Part I, Line 16c - Other Professional Fees

Charitable Purpose	·v-	\$
Adjusted Net	w	\$
Net vestment	1,120	1,602
<u>u</u>	৵	w
Total	1,120	1,602
	w	w
Description	COMM. FOUNDADMIN FEES COMM. FOUNDINVEST FEES	Total

Statement 3 - Form 990-PF, Part I, Line 23 - Other Expenses

Charitable Purpose	৵	\$
Adjusted Net	w	\$
Investment	w	٠ د
Total	\$	\$ 20
Description	Expenses	Total

51040 UPPER PENINSULA SENIOR COMPANION 38-2953723

Federal Statements

FYE: 12/31/2010

Statement 4 - Explanation for Not Filing on Time

Description

The 990-N postcard filing requirement for organizations with average gross receipts less than \$50,000 was not known in 2010. When the 990-EZ was being completed, the public supported test failed, resulting in the 990-PF filing requirement.

10/9/2014 11:50 AM

51040 UPPER PENINSULA SENIOR COMPANION 38-2953723 FYE: 12/31/2010	IION Federal Statements	atements		10/9/20	10/9/2014 11:50 AM
Statement 5 - Form 990-PF,		List of Officer	Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc.	Etc.	
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
ALICE GUSTAFSON P.O. BOX 225 ESCANABA MI 49829	PRESIDENT		0	0	0
LINDA LEWANDOWSKI P.O. BOX 225 ESCANABA MI 49829	VICE PRESIDE	0.05	0	0	0
CHERYL ROCHON P.O. BOX 225 ESCANABA MI 49829	SECRETARY	0.05	0	0	0
RUTH CHOUINARD P.O. BOX 225 ESCANABA MI 49829	TREASURER	0.05	0	0	0
GILBERT SABLACK P.O. BOX 225 ESCANABA MI 49829	TRUSTEE	0.05	0	0	0
AMY WILSON P.O. BOX 225 ESCANABA MI 49829	TRUSTEE	0.05	0	0	0
FRED COATES P.O. BOX 225 ESCANABA MI 49829	TRUSTEE	0.05	0	0	0
JULIE MALLARD P.O. BOX 225 ESCANABA MI 49829	TRUSTEE	0.05	0	0	0
DOLORES DYSZEL P.O. BOX 225 ESCANABA MI 49829	TRUSTEE	0.05	0	0	0

0

0

0

0.05

TRUSTEE

CONNIE MAULE

2

51040 UPPER PENINSULA SENIOR COMPANION 38-2953723 FYE: 12/31/2010		Federal Statements	S	10	10/9/2014 11:50 AM
Statement 5 - Form 990-PF,		Line 1 - List of C (continued)	Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc. (continued)	ustees,	
Name and Address P.O. BOX 225	Title	Average Hours	Compensation	Benefits	Expenses
NOREEN CORWIN P.O. BOX 225 ESCANABA MI 49829	TRUSTEE	0.05	0	0	0
					ю