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Form **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 reporting requirements

For calendar year 2010, or tax year beginning , and ending

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return  
☐ Amended return ☐ Address change ☐ Name change

Name of foundation <b>BETMAR CHARITABLE FOUNDATION, INC</b>		A Employer identification number <b>38-3515213</b>
Number and street (or P O box number if mail is not delivered to street address) <b>4868 FAIRWAY RIDGE SOUTH</b>		B Telephone number (see page 10 of the instructions) <b>(248) 855-0606</b>
City or town, state, and ZIP code <b>WEST BLOOMFIELD MI 48323</b>		C If exemption application is pending, check here <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		D 1. Foreign organizations, check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) <b>\$ 1,483,502</b>	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)				
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	12,329	12,329		
	4 Dividends and interest from securities	22,368	22,368		
	5 a Gross rents		0		
	b Net rental income or (loss)	0			
	6 a Net gain or (loss) from sale of assets not on line 10	3,480			
	b Gross sales price for all assets on line 6a	403,647			
	7 Capital gain net income (from Part IV, line 2)		3,480		
	8 Net short-term capital gain			0	
	9 Income modifications				
	10 a Gross sales less returns and allowances	0			
b Less Cost of goods sold	0				
c Gross profit or (loss) (attach schedule)	0				
11 Other income (attach schedule)	0	0	0		
12 Total. Add lines 1 through 11	38,177	38,177	0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	78,000	78,000		
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16 a Legal fees (attach schedule)	183	0	183	0
	b Accounting fees (attach schedule)	4,800	0	4,800	0
	c Other professional fees (attach schedule)	0	0	0	0
	17 Interest				
	18 Taxes (attach schedule) (see page 14 of the instructions)	6	0	0	0
	19 Depreciation (attach schedule) and depletion	1,452	0	1,452	
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	6,551	0	6,551	0
	24 Total operating and administrative expenses. Add lines 13 through 23	90,992	78,000	12,986	0
	25 Contributions, gifts, grants paid	96,151			96,151
26 Total expenses and disbursements. Add lines 24 and 25	187,143	78,000	12,986	96,151	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-148,966				
b Net investment income (if negative, enter -0-)		0			
c Adjusted net income (if negative, enter -0-)			0		

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

Form **990-PF** (2010)

(HTA)

14

**Part II Balance Sheets** Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .			
	<b>2</b> Savings and temporary cash investments . . . . .	78,882	11,245	11,245
	<b>3</b> Accounts receivable ▶ . . . . . 561			
	Less: allowance for doubtful accounts ▶ . . . . . 0	0	561	561
	<b>4</b> Pledges receivable ▶ . . . . . 0			
	Less: allowance for doubtful accounts ▶ . . . . . 0	0	0	0
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions) . . . . .	0	0	0
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ . . . . . 0			
	Less: allowance for doubtful accounts ▶ . . . . . 0	0	0	0
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10 a</b> Investments—U S and state government obligations (attach schedule) . . . . .	0	0	0
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .	1,160,933	1,122,596	1,272,612
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .	177,005	172,310	178,924
<b>Liabilities</b>	<b>11</b> Investments—land, buildings, and equipment basis ▶ . . . . . 0			
	Less: accumulated depreciation (attach schedule) ▶ . . . . . 0	0	0	0
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .	50,086	20,160	20,160
	<b>14</b> Land, buildings, and equipment basis ▶ . . . . . 8,815			
	Less: accumulated depreciation (attach schedule) ▶ . . . . . 7,088	2,279	1,727	0
	<b>15</b> Other assets (describe ▶ . . . . . )	0	0	0
	<b>16 Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I) . . . . .	1,469,185	1,328,599	1,483,502
	<b>17</b> Accounts payable and accrued expenses . . . . .			
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons . . . . .	0	0	
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .	0	0	
	<b>22</b> Other liabilities (describe ▶ . . . . . )	0	0	
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	0	0	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here . . . . .</b> ▶ <input type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	<b>24</b> Unrestricted . . . . .			
	<b>25</b> Temporarily restricted . . . . .			
	<b>26</b> Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here . . . . .</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	<b>27</b> Capital stock, trust principal, or current funds . . . . .		0	
	<b>28</b> Paid-in or capital surplus, or land, bldg, and equipment fund . . . . .			
	<b>29</b> Retained earnings, accumulated income, endowment, or other funds . . . . .	1,469,185	1,328,599	
	<b>30 Total net assets or fund balances</b> (see page 17 of the instructions) . . . . .	1,469,185	1,328,599	
	<b>31 Total liabilities and net assets/fund balances</b> (see page 17 of the instructions) . . . . .	1,469,185	1,328,599	

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	1,469,185
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	-148,966
<b>3</b> Other increases not included in line 2 (itemize) ▶ See Attached Statement . . . . .	<b>3</b>	8,586
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	1,328,805
<b>5</b> Decreases not included in line 2 (itemize) ▶ See Attached Statement . . . . .	<b>5</b>	206
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	<b>6</b>	1,328,599

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a</b> See Attached Statement				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
<b>a</b>	0	0	0	
<b>b</b>	0	0	0	
<b>c</b>	0	0	0	
<b>d</b>	0	0	0	
<b>e</b>	0	0	0	
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
<b>a</b>	0	0	0	
<b>b</b>	0	0	0	
<b>c</b>	0	0	0	
<b>d</b>	0	0	0	
<b>e</b>	0	0	0	
<b>2</b> Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }			<b>2</b>	3,480
<b>3</b> Net short-term capital gain or (loss) 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 the instructions). If (loss), enter -0- in Part I, line 8			<b>3</b>	0

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2009	91,679	1,360,030	0.067410
2008	84,554	1,599,139	0.052875
2007	92,066	2,126,790	0.043289
2006	92,141	1,967,171	0.046839
2005	95,876	1,730,555	0.055402
<b>2</b> Total of line 1, column (d)			<b>2</b> 0.265815
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			<b>3</b> 0.053163
<b>4</b> Enter the net value of noncharitable-use assets for 2010 from Part X, line 5			<b>4</b> 1,430,098
<b>5</b> Multiply line 4 by line 3			<b>5</b> 76,028
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			<b>6</b> 0
<b>7</b> Add lines 5 and 6			<b>7</b> 76,028
<b>8</b> Enter qualifying distributions from Part XII, line 4			<b>8</b> 96,151

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions on page 18.

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)**1 a 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 here ☒ and enter 1% of Part I, line 27b

c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).

2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)

3 Add lines 1 and 2

4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)

5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-

6 Credits/Payments:

a 2010 estimated tax payments and 2009 overpayment credited to 2010

6a 1,151

b Exempt foreign organizations—tax withheld at source

6b

c Tax paid with application for extension of time to file (Form 8868)

6c 0

d Backup withholding erroneously withheld

6d

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

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 1,151 Refunded

**Part VII-A Statements Regarding Activities**

1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?

Yes No  
1a X

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.

c Did the foundation file Form 1120-POL for this year?

1c X

d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.

(1) On the foundation \$ (2) On foundation managers. \$

e 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 X

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 X

4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?

4a X

b If "Yes," has it filed a tax return on Form 990-T for this year?

4b N/A

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 XV.

7 X

8 a 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

8b X

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

**Part 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		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? . . . . .	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? . . . . .	13	X	
Website address ▶ n/a				
14	The books are in care of ▶ Allan Jacobs	Telephone no. ▶	(248) 855-0606	
Located at ▶ 4868 Fairway Ridge South West Bloomfield MI		ZIP+4 ▶	48323	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year . . . . .	15		
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	Yes	No
See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ▶				X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required****File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

	Yes	No
1a During the year did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . . .	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? . . . . .	1b	X
Organizations relying on a current notice regarding disaster assistance check here ▶ <input type="checkbox"/>		
c 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? . . . . .	1c	X
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)):		
a At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If "Yes," list the years ▶ 20____, 20____, 20____, 20____		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see page 22 of the instructions) . . . . .	2b	N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2010.) . . . . .	3b	N/A
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 charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010? . . . . .	4b	X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)****5a** During the year did the foundation pay or incur any amount to:

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, 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
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions) ☐ Yes ☒ 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 ☒ No

**b** If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? ☐ Yes ☒ No

Organizations relying on a current notice regarding disaster assistance check here ☐

**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ 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 pay premiums on a personal benefit contract? ☐ Yes ☒ No

**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

If "Yes" to 6b, file Form 8870.

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No

**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ Yes ☒ No

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1** List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Allan Jacobs 4868 Fairway Ridge South West Bloomfield MI	Dir, Pres & Sec 13.00	39,000	0	0
Douglas Shiffman 28920 Apple Blossom Lane Farmington Hills MI	Dir, V. Pres & Treas 13.00	39,000	0	0
Goldie Jacobs 5734 Templar Crossing West Bloomfield MI 483	Director .00	0	0	0
		0	0	0

**2** Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

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

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** (continued)**3 Five highest-paid independent contractors for professional services** (see page 23 of the instructions). If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE .....		0
.....		0
.....		0
.....		0
.....		0
.....		0

Total number of others receiving over \$50,000 for professional services . . . . . ▶

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 N/A .....	
2 .....	
3 .....	
4 .....	

**Part IX-B Summary of Program-Related Investments** (see page 24 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

	Amount
1 N/A .....	
2 .....	
All other program-related investments. See page 24 of the instructions	
3 .....	0
<b>Total.</b> Add lines 1 through 3 . . . . . ▶	0



**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities . . . . .	<b>1a</b>	1,393,488
<b>b</b>	Average of monthly cash balances . . . . .	<b>1b</b>	38,228
<b>c</b>	Fair market value of all other assets (see page 25 of the instructions) . . . . .	<b>1c</b>	20,160
<b>d</b>	<b>Total</b> (add lines 1a, b, and c) . . . . .	<b>1d</b>	1,451,876
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) . . . . .	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets . . . . .	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d . . . . .	<b>3</b>	1,451,876
<b>4</b>	Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see page 25 of the instructions) . . . . .	<b>4</b>	21,778
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 . . . . .	<b>5</b>	1,430,098
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5 . . . . .	<b>6</b>	71,505

**Part XI Distributable Amount** (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6 . . . . .	<b>1</b>	71,505
<b>2a</b>	Tax on investment income for 2010 from Part VI, line 5 . . . . .	<b>2a</b>	0
<b>b</b>	Income tax for 2010 (This does not include the tax from Part VI.) . . . . .	<b>2b</b>	0
<b>c</b>	Add lines 2a and 2b . . . . .	<b>2c</b>	0
<b>3</b>	<b>Distributable amount before adjustments.</b> Subtract line 2c from line 1 . . . . .	<b>3</b>	71,505
<b>4</b>	Recoveries of amounts treated as qualifying distributions . . . . .	<b>4</b>	
<b>5</b>	Add lines 3 and 4 . . . . .	<b>5</b>	71,505
<b>6</b>	Deduction from distributable amount (see page 25 of the instructions) . . . . .	<b>6</b>	
<b>7</b>	<b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1 . . . . .	<b>7</b>	71,505

**Part XII Qualifying Distributions** (see page 25 of the instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26 . . . . .	<b>1a</b>	96,151
<b>b</b>	Program-related investments—total from Part IX-B . . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes . . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required) . . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule) . . . . .	<b>3b</b>	0
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 . . . . .	<b>4</b>	96,151
<b>5</b>	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) . . . . .	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 . . . . .	<b>6</b>	96,151

**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.

**Part XIII Undistributed Income** (see page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
<b>1</b> Distributable amount for 2010 from Part XI, line 7 . . . . .				71,505
<b>2</b> Undistributed income, if any, as of the end of 2010:				
<b>a</b> Enter amount for 2009 only . . . . .			0	
<b>b</b> Total for prior years: 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2010:				
<b>a</b> From 2005 . . . . .	605			
<b>b</b> From 2006 . . . . .	0			
<b>c</b> From 2007 . . . . .	0			
<b>d</b> From 2008 . . . . .	5,371			
<b>e</b> From 2009 . . . . .	24,761			
<b>f</b> Total of lines 3a through e . . . . .	30,737			
<b>4</b> Qualifying distributions for 2010 from Part XII, line 4: ► \$ 96,151				
<b>a</b> Applied to 2009, but not more than line 2a . . . . .			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see page 26 of the instructions) . . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see page 26 of the instructions) . . . . .	0			
<b>d</b> Applied to 2010 distributable amount . . . . .				71,505
<b>e</b> Remaining amount distributed out of corpus . . . . .	24,646			
<b>5</b> Excess distributions carryover applied to 2010 . . . . .	0			0
<i>(If an amount appears in column (d), the same amount must be shown in column (a) )</i>				
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e. Subtract line 5 . . . . .	55,383			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .		0		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed . . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see page 27 of the instructions . . . . .		0		
<b>e</b> Undistributed income for 2009. Subtract line 4a from line 2a. Taxable amount—see page 27 of the instructions . . . . .			0	
<b>f</b> Undistributed income for 2010. Subtract lines 4d and 5 from line 1 This amount must be distributed in 2011 . . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions) . . . . .				
<b>8</b> Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions) . . . . .	605			
<b>9</b> Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a . . . . .	54,778			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2006 . . . . .	0			
<b>b</b> Excess from 2007 . . . . .	0			
<b>c</b> Excess from 2008 . . . . .	5,371			
<b>d</b> Excess from 2009 . . . . .	24,761			
<b>e</b> Excess from 2010 . . . . .	24,646			

**N/A**

- ☐ 4942(j)(3) or ☐ 4942(j)(5)

- (4) Gross investment income**

Tax year	Prior 3 years			(e) Total
(a) 2010	(b) 2009	(c) 2008	(d) 2007	
0	0			0
0	0	0	0	0
0	0			0
				0
0	0	0	0	0
				0
				0
0	0			0
				0
				0
0	0			0
				0
				0
				0
				0

**Part XV** Supplementary Information (continued)**3** Grants and Contributions Paid During the 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
Name and address (home or business)				
<b>a</b> Paid during the year SEE ATTACHED				96,151
<b>Total</b>			▶ <b>3a</b>	96,151
<b>b</b> Approved for future payment				
<b>Total</b>			▶ <b>3b</b>	0





Form **4562**

# Depreciation and Amortization

## (Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

OMB No. 1545-0172

**2010**Attachment  
Sequence No **67**

Name(s) shown on return

BETMAR CHARITABLE FOUNDATION, INC

Business or activity to which this form relates

990PF

Identifying number

38-3515213

**Part I Election To Expense Certain Property Under Section 179***Note: If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount (see instructions) . . . . .	1	500,000
2 Total cost of section 179 property placed in service (see instructions). . . . .	2	900
3 Threshold cost of section 179 property before reduction in limitation (see instructions). . . . .	3	2,000,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . .	5	500,000

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7 Listed property. Enter the amount from line 29 . . . . .	7		
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .			0
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 . . . . .			0
10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562. . . . .			
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .			
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . . .			0
13 Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12 . . . . . ▶	13		0

*Note: Do not use Part II or Part III below for listed property. Instead, use Part V.***Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) . . . . .	14	
15 Property subject to section 168(f)(1) election . . . . .	15	
16 Other depreciation (including ACRS) . . . . .	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)****Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2010 . . . . .	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . ▶ <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System**

20 a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21 Listed property. Enter amount from line 28 . . . . .	21	1,452
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions . . . . .	22	1,452
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2010)

(HTA)

**Part V Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

**24a** Do you have evidence to support the business/investment use claimed? ☒ Yes ☐ No **24b** If "Yes," is the evidence written? ☒ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/ investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) . . . . .							<b>25</b>	450
<b>26</b> Property used more than 50% in a qualified business use:								
Apple Computer 1	1/1/2007	100.00%	5,452	5,452	5	200DB - HY	628	
Apple Computer 2	1/1/2007	100.00%	2,463	2,463	5	200DB - HY	284	
Apple Computer 3	4/5/2010	100.00%	900	450	5	200DB - HY	90	
<b>27</b> Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . . . . .							<b>28</b>	1,452
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 . . . . .							<b>29</b>	0

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles) . . . . .												
<b>31</b> Total commuting miles driven during the year . . . . .												
<b>32</b> Total other personal (noncommuting) miles driven . . . . .												
<b>33</b> Total miles driven during the year. Add lines 30 through 32 . . . . .												
<b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .												
<b>36</b> Is another vehicle available for personal use? . . . . .												

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . .		
<b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) . . . . .		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2010 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2010 tax year . . . . .					<b>43</b>
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report . . . . .					<b>44</b>
					0



Part III (990-PF) - Changes in Net Assets or Fund Balances

Line 3 - Other increases not included in Part III, Line 2

1	Non-dividend distributions	1	21
2	partnership distributions	2	8,565
3	Total	3	8,586

Line 5 - Decreases not included in Part III, Line 2

1	Adjustment to basis	1	204
2	adjustment for rounding	2	2
3	Total	3	206

# Part IV (990-PF) - Capital Gains and Losses for Tax on Investment Income

		Amount		Totals																	
		Long Term CG Distributions		Short Term CG Distributions																	
		4,800		0																	
	K'ind(s) of Property Sold	CUSIP #	How Acquired	Date Acquired	Date Sold	Gross Sales Price	Depreciation Allowed	Cost or Other Basis Plus Expense of Sale	Gain or Loss	F M V as of 12/31/69	Adjusted Basis as of 12/31/69	Excess of FMV Over Adj Basis	Gains Minus Excess of FMV Over Adjusted Basis or Losses								
1	Capital Gains Distributions					72,762	0	64,516	8,246		0	0	8,246								
2	Morgan Stanley SB 11553 LT					97,576	0	108,765	-11,189			0	-11,189								
3	Morgan Stanley SB 1574C ST					128,248	0	136,898	-8,650			0	-8,650								
4	Morgan Stanley SB 1574C LT					40,578	0	36,028	4,550			0	4,550								
5	Morgan Stanley SB 24117 ST					1,036	0	974	62			0	62								
6	Morgan Stanley SB 24117 LT					21,610	0	20,502	1,108			0	1,108								
7	Morgan Stanley SB 28026 ST					10,410	0	9,382	1,028			0	1,028								
8	Morgan Stanley SB 28026 LT					26,627	0	23,102	3,525			0	3,525								
9						0	0	0	0			0	0								
10						0	0	0	0			0	0								

BETMAR CHARITABLE FOUNDATION INC. 2010

GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR 2010

RECIPIENT NAME AND ADDRESS	RELATIONSHIP & PURPOSE	RECIPIENT STATUS	AMOUNT
ADAT SHALOM SYNAGOGUE 29901 MIDDLEBELT ROAD FARMINGTON HILLS, MI 48334	NONE CHARITABLE	PUBLIC CHARITY	3,500
AMERICAN ASSOCIATION OF ENDODONTISTS FOUNDATION 211 E. CHICAGO AVENUE CHICAGO, ILLINOIS 60611	NONE RESEARCH	PUBLIC CHARITY	7,000
AMERICAN CANCER SOCIETY P.O. BOX 30280 LANSING, MI 48909	NONE RESEARCH	PUBLIC CHARITY	1,000
AMERICAN COLLEGE OF DENTISTS FOUNDATION 839J QUINCE ORCHARD BLVD	NONE RESEARCH	PUBLIC CHARITY	6,000
AMERICAN DIABETES ASSOCIATION P.O. BOX 1834 MERRIFIELD, VIRGINIA 22116	NONE RESEARCH	PUBLIC CHARITY	1,500
AMERICAN HEART ASSOCIATION P.O. BOX 71-1870 COLUMBUS, OHIO 43271	NONE RESEARCH	PUBLIC CHARITY	1,000
ANTI-DEFAMATION LEAGUE 823 UNITED NATIONS PLAZA, NEW YORK, NY. 10017	NONE EDUCATION	PUBLIC CHARITY	750

BET MAR CHARITABLE FOUNDATION 2010

BAR ILAN UNIVERSITY 6735 TELEGRAPH SUITE 130 BLOOMFIELD HILLS, MI 48301	NONE  EDUCATION	PUBLIC CHARITY	2,500
BIRMINGHAM BLOOMFIELD ART 1516 S. CRANBROOK RD. BIRMINGHAM, MI 48009	NONE  EDUCATION	PUBLIC CHARITY	1,200
CHILDREN'S HOSPITAL OF MICHIGAN 3901 BEAUBIEN DETROIT, MI 48202	NONE  RESEARCH	PUBLIC CHARITY	1,000
CONGREGATION EMANU-EL OF NEW YORK ONE EAST 65 <sup>TH</sup> STREET NEW YORK, NY 10065	NONE  COMMUNITY ASSISTANCE	PUBLIC CHARITY	390
CORNERSTONE SCHOOLS 13436 GROVE STREET DETROIT, MI 48915	NONE  EDUCATION	PUBLIC CHARITY	1,200
DENTAL VOLUNTEERS FOR ISRAEL 1640 EAST 2 <sup>ND</sup> ST STE 200 AUSTIN, TX 78702	NONE  COMMUNITY ASSISTANCE	PUBLIC CHARITY	1,500
DETROIT PUBLIC TELEVISION WTVS STUDIOS 7441 SECOND AVE. DETROIT, MI 48202	NONE  PUBLIC TELEVISION	PUBLIC CHARITY	500
DETROIT SYMPHONY ORCHESTRA 3711 WOODWARD AVE. DETROIT, MI 48201	NONE  EDUCATION	PUBLIC CHARITY	500

BET MAR CHARITABLE FOUNDATION 2010

DETROIT INSTITUTE OF ARTS 5200 WOODWARD AVE DETROIT, MI 48201	NONE  EDUCATION	PUBLIC CHARITY	500
EPILEPSY FOUNDATION OF MICHIGAN 20300 CIVIC CENTER DRIVE SUITE 250 SOUTHFIELD, MI 48033	NONE  RESEARCH	PUBLIC CHARITY	500
FRIENDSHIP CIRCLE 6892 WEST MAPLE ROAD WEST BLOOMFIELD, MI 48322	NONE  COMMUNITY ASSISTANCE	PUBLIC CHARITY	500
FURNITURE BANK OF OAKLAND 333 NORTH PERRY PONTIAC, MICHIGAN 48342	NONE  FOOD BANK	PUBLIC CHARITY	500
GILDA'S CLUB METRO DETROIT 3517 ROCHESTER ROAD ROYAL OAK, MI 48073	NONE  EDUCATION	PUBLIC CHARITY	2,000
GLEANER'S COMMUNITY FOOD BANK OF SOUTHEASTERN MICHIGAN 3131 BEAUFIT DETROIT, MI 48207	NONE  FOOD BANK	PUBLIC CHARITY	500
HADASSAH 5030 ORCHARD LAKE ROAD WEST BLOOMFIELD, MI 48323	NONE  COMMUNITY ASSISTANCE	PUBLIC CHARITY	250

BET MAR CHARITABLE FOUNDATION 2010

HENRY FORD HOSPITAL TRANSPLANT DIVISION 2799 WEST GRAND BLVD DETROIT, MICHIGAN 48202	NONE  RESEARCH	PUBLIC CHARITY	150
INDIANA UNIVERSITY 901 WEST NEW YORK STREET INDIANAPOLIS, INDIANA 46202	NONE	PUBLIC CHARITY	500
INTERNATIONAL RETT SYNDROME FOUNDATION 4600 DEVITT DRIVE CINCINNATI, OHIO 45246	NONE  RESEARCH	PUBLIC CHARITY	250
JANICE CHARACH EPSTEIN GALLERY JEWISH COMMUNITY CENTER OF METROPOLITAN DETROIT 6600 W. MAPLE ROAD WEST BLOOMFIELD, MI 48322	NONE  EDUCATION	PUBLIC CHARITY	250
JARC 30301 NORTHWESTERN HWY FARMINGTON HILLS, MI 48334	NONE  COMMUNITY ASSISTANCE	PUBLIC CHARITY	1,800
JEWISH FAMILY SERVICE MENTOR PROGRAM 6555 WEST MAPLE ROAD WEST BLOOMFIELD, MI 48322	NONE  COMMUNITY ASSISTANCE	PUBLIC CHARITY	500

BETMAR CHARITABLE FOUNDATION 2010

JEWISH FEDERATION OF METROPOLITAN DETROIT 6735 TELEGRAPH ROAD P.O. BOX 2030 BLOOMFIELD, HILLS, MI 48303	NONE  CHARITABLE	PUBLIC CHARITY	5,400
JEWISH HOSPICE AND CHAPLAINCY NETWORK 6555 W. MAPLE ROAD WEST BLOOMFIELD, M. 48322	NONE  EDUCATION	PUBLIC CHARITY	500
LEUKEMIA AND LYMPHOMA SOCIETY 1421 EAST 12 MILE RD #A MADISON HEIGHTS, MI 48071	NONE  RESEARCH	PUBLIC CHARITY	600
MACCABI USA SPORTS FOR ISRAEL P.O. BOX 96462 WASHINGTON, D.C. 20090	NONE  CHILDRENS SPORTS DEVELOPMENT	PUBLIC CHARITY	500
MARCH OF DIMES FOUNDATION 1275 MAMARONECK AVE WHITE PLAINS, NY 10605	NONE  RESEARCH	PUBLIC CHARITY	500
MAZON 1990 S. BUNDY DRIVE SUITE 260 LOS ANGELES, CA 90025	NONE  FOOD BANK	PUBLIC CHARITY	500
MICHIGAN JEWISH SPORTS FOUNDATION 29425 NORTHWESTERN HWY. FARMINGTON HILLS, MI 48334	NONE  EDUCATION	PUBLIC CHARITY	5,775

BETMAR CHARITABLE FOUNDATION 2010

MICHIGAN STATE UNIVERSITY HILLEL 360 CHARLES STREET EAST LANSING, MI 48823	NONE  COMMUNITY ASSISTANCE	PUBLIC CHARITY	500
MUSCULAR DYSTROPHY ASSOCIATION USA 3300 E. SUNRISE DRIVE TUCSON, AZ 85718	NONE  RESEARCH	PUBLIC CHARITY	1,000
NAVY LEAGUE OF THE UNITED STATES TAMPA COUNCIL TAMPA, FLORIDA 33663	NONE  COMMUNITY ASSITANCE	PUBLIC CHARITY	4,000
OVARIAN CANCER RESEARCH FUND FOUNDATION 14 PENNSYLVANIA PLAZA SUITE 1400 NEW YORK, NY 10022	NONE  RESEARCH	PUBLIC CHARITY	14,150
RONALD MCDONALD HOUSE OF DETROIT 3911 BEAUBIAN DETROIT, MI 48201	NONE  COMMUNITY ASSISTANCE	PUBLIC	500
QUEEN FOR A DAY METRO DETROIT CHAPTER/ QUEEN FOR A DAY 609 EAST 14 MILE ROAD CLAWSON, MI 48017	NONE  COMMUNITY ASSISTANCE	PUBLIC CHARITY	500
SALVATION ARMY 34 OAKLAND AVENUE PONTIAC, MI 48324	NONE  COMMUNITY ASSISTANCE	PUBLIC CHARITY	500



BETMAR CHARITABLE FOUNDATION 2010

SIMON WEISENTHAL CENTER 1399 ROXBURY DRIVE LOS ANGELES, CA 90035	NONE  EDUCATION	PUBLIC CHARITY	500
ST JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105	NONE  RESEARCH	PUBLIC CHARITY	500
TEMPLE ISRAEL 5725 WALNUT LAKE ROAD WEST BLOOMFIELD, MI 48323	NONE  COMMUNITY ASSISTANCE	PUBLIC CHARITY	13,336
UNIVERSITY OF MICHIGAN 3003 S STATE STREET ROOM 8070 ANN ARBOR, MI. 48109	NONE  EDUCATION	PUBLIC CHARITY	6,000
UNIVERSITY OF MICHIGAN HILLEL MANDELL BERMAN CENTER 1429 HILL STREET ANN ARBOR, MI 48104	NONE  COMMUNITY ASSISTANCE	PUBLIC	500
UNIVERSITY OF DETROIT MERCY SCHOOL OF DENTISTRY 8200 WEST OUTER DRIVE DETROIT, MICHIGAN 48219	NONE  EDUCATION	PUBLIC CHARITY	250
WAYNE STATE UNIVERSITY OFFICE OF ALUMNI RELATIONS 5475 WOODWARD AVE DETROIT, MI. 48202	NONE  EDUCATION	PUBLIC CHARITY	500

BETMAR CHARITABLE FOUNDATION 2010

WILD SWAN CHILDRENS THEATER 410 SOUTH MAPLE ROAD ANN ARBOR, MICHIGAN 48103	NONE  COMMUNITY ASSITANCE	PUBLIC CHARITY	500
WEST BLOOMFIELD POLICE FOUNDATION 4600 WALNUT LAKE ROAD WEST BLOOMFIELD, MICHIGAN 48323	NONE	PUBLIC CHARITY	400
YAD EZRA 2850 WEST 11 MILE ROAD BERKLEY, MI 49072	NONE  FOOD BANK	PUBLIC CHARITY	1,000

Form **8868**

(Rev. January 2011)

Department of the Treasury  
Internal Revenue Service**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed)A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization		Employer identification number
	BETMAR CHARITABLE FOUNDATION, INC		38-3515213
	Number, street, and room or suite no. If a P O box, see instructions		
	4868 FAIRWAY RIDGE SOUTH		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions		
	WEST BLOOMFIELD		MI 48323

Enter the Return code for the return that this application is for (file a separate application for each return)

**04**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► Allan Jacobs

Telephone No ► (248) 855-0606

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15/2011 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year 2010 or
- ☐ tax year beginning \_\_\_\_\_ , and ending \_\_\_\_\_

- 2 If the tax year entered in line 1 is for less than 12 months, check reason. ☐ Initial return ☐ Final return
- ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	1,151
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Paperwork Reduction Act Notice, see Instructions.

(HTA)

Form **8868** (Rev. 1-2011)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box. ☐
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print  File by the extended due date for filing your return. See instructions.	Name of exempt organization	Employer identification number
	Number, street, and room or suite no. If a P O box, see instructions	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	

Enter the Return code for the return that this application is for (file a separate application for each return).

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of ☐ Telephone No ☐ FAX No ☐
- If the organization does not have an office or place of business in the United States, check this box. ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until \_\_\_\_\_
- For calendar year \_\_\_\_\_, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_
- If the tax year entered in line 5 is for less than 12 months, check reason. ☐ Initial return ☐ Final return  
☐ Change in accounting period
- State in detail why you need the extension \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$ 0

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ☐Title ☐ Certified Public AccountantDate ☐ 5/16/11Form **8868** (Rev 1-2011)

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	<b>BETMAR CHARITABLE FOUNDATION, INC.</b>	<b>38-3515213</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>4868 FAIRWAY RIDGE SOUTH</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WEST BLOOMFIELD MI 48328</b>	

**Check type of return to be filed** (File a separate application for each return):

<input type="checkbox"/> Form 990	<input checked="" type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• The books are in the care of ☒ Telephone No. ☐ FAX No. ☐

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **11/15/10**.

5 For calendar year **2009**, or other tax year beginning ☐ and ending ☐

6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension

**ADDITIONAL TIME IS NEEDED TO COMPLETE THE RETURN AS ALL OF THE BUSINESS RECORDS ARE NOT CURRENTLY AVAILABLE.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0
c <b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ☐

Title ☐

Date **08/13/10**

Form **8868** (Rev 4-2009)