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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

For calendar year 2010, or tax year beginning G Check all that apply: Initial return Initial return of a former public charty Analysis of flower and a fewer for PC box number if mail is not delivered to attend address change  Name of foundation  THE MICHARL F. MCMANUS FOUNDATION  Number and steed for PC box number if mail is not delivered to attend address)  P O BOX 74188  City or town, state, and ZIP code  ROMULUS, MI 48174-0188  H Check they of organization: X Section 501(c)(3) exempt private foundation  Section 4947(a)(1) nonexempt charitable trust. Other taxable private foundation  Fair market value of all assets at end of year  Free folds of amounts in columns (b), (a), and of may not expenses per books  Tombridge of the color of t		nt of the Treasury . Note . The foundation may	be able to use a copy of this		rting requirements.	2010
Intel return   Intel return   Intel return   Intel return of a former public charty   Intel return   Address change   Name cf foundation   Amended return   Address change   A Employer identification number   38 – 6174305					<u> </u>	<u> </u>
Name of foundation  THE MICHAEL F. MCMANUS FOUNDATION  1		<del></del>	Initial return of a f	ormer public charity	Final return	
THE MICHAEL P. MCMANUS POUNDATION    Particle and street for PO do accelerate if and its not delivered to street endersol   Po BOX 74188		Amended return	Address char	nge 🔲	Name change	
Recommendation   P O Book T 97 L 18.8	Name o	foundation			A Employer identification r	number
Recommendation   P O Book T 97 L 18.8						
P O BOX 74188  City of rown, state, and ZP pode ROMULUS, MI 48174-0188  If City conditions are considered as a constant of the	<u> </u>					<del></del>
Control town, state, and ZP code   ROMULUS   MI   48174-0188	Number a	·	et address)	Room/suite		
ROMUTUS, MT 48174-0188			<u> </u>			
H. Check type of organization: Xi Section 501(c)(3) evempt private foundation    Section 4947(a)(1) nonewapt characteriste trust	City or t		100			
Section 49/7(a)(1) nonexempt charitable trust	L	<del></del>			2. Foreign organizations meet	ing the 85% test,
Far market value of all assests at end of year (from Part II, col., (c), line 16)				ation	ł	
Contributions grits grants to each to sate of contributions of the co					E If private foundation statu under section 507(b)(1)(/	s was terminated
Part I Analysis of Revenue and Expenses (The lotal of amounts in column (a) must be on ceach bases.)  Part II Analysis of Revenue and Expenses (The lotal of amounts (a) (a) and (b) may not income (b) (a) and (b) may not income (b) (b) expenses (c) and (b) may not income (c) Adjusted and (c) Adj		· I	•		1	•
1 Contributions, grits, grants, etc., received   1,987,407.   N/A		3,120,962. (Part I, coi		basis.)		
1 Contributions, grits, grants, etc., received   1,987,407.   N/A	Part I	Analysis of Revenue and Expenses  (The total of amounts in columns (b) (c) and (d) may not				(d) Disbursements
Const.		necessarily equal the amounts in column (a)	_ <u></u>	income		
treeset on asungs and temporary conventments  493. 493. 493.  493. STATEMENT 1  7,821. 7,821. 7,821.  7,821. 7	1	Contributions, gifts, grants, etc., received	1,987,407.		N/A	
Same   State	2	· —	400	400		
b Net rental income or (teos)  6 A Net gain or (hosp them sale of assets not on line 10 hospital gain assets on line for 11 hospital gain assets on line for 12 hospital gain assets on line for 13 hospital gain assets on line for 14 hospital gain assets on line for 15 hospital gain assets on line for 15 hospital gain assets on line for 16 hospital gain assets on 16 hospital gain assets on line for 16 hospital gain assets on 16 hospital gain assets on 16 hospi	3	cash investments				
b Net rental income or (teos)  6 A Net gain or (hosp them sale of assets not on line 10 hospital gain assets on line for 11 hospital gain assets on line for 12 hospital gain assets on line for 13 hospital gain assets on line for 14 hospital gain assets on line for 15 hospital gain assets on line for 15 hospital gain assets on line for 16 hospital gain assets on 16 hospital gain assets on line for 16 hospital gain assets on 16 hospital gain assets on 16 hospi			1,821.	12021	· · · · · · · · · · · · · · · · · · ·	STATEMENT Z
68 Net gain or floss) from sale of assets not on line 10 b Cress sales price of all 68, 136. 7 Capital gain net income from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications 10 Gross sales less returns 10 Gross sales less returns 10 Capital gain net income from Part IV, line 2) 10 Note short-term capital gain 11 Capital and callowances 12 Total. Add lines 1 through 11 11 Capital gain or floss) 11 Other income 12 Total. Add lines 1 through 11 11 Capital gain gain gain gain gain gain gain gain	60			<del>                                     </del>		
b assets on line & a Capatal gam net income (from Part IV, line 2)  b assets on line & a Capatal gam net income (from Part IV, line 2)  b asset on line & a Capatal gam net income (from Part IV, line 2)  b asset cost of poods sold  c Gross adder lises returns  b Leas Cost of goods sold  c Gross profit or (loss)  11 Other income  12 Total. Add lines 1 through 11  13 Compensation of officers, directors, trustees, etc  14 Other employee salaries and wages  15 Pension plans, employee benefits  16 Legal fees  b Accounting fees  c Other professional fees  17 Interest  18 Taxes  STMT 3  165. 165. 0.  O.  19 Depreciation and depletion  20 Occupancy  17 Travel, conferences, and meetings  22 Printing and publications  23 Other expenses  STMT 4  152. 152. 0.  O.  152. Total operating and administrative  25 Total expenses and disbursements.  Add lines 24 and 25  Total expenses and disbursements.  Add lines 24 and 25  Total expenses and fish printing and content of the pathwey, enter -0-)  c Adjusted thet income (f negative, enter -0-)  17,997.	F=1		-8 473			<del></del>
b Less Cost of goods sold c Gross profit or (loss)  11 Other income 12 Total. Add lines 1 through 11  13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25  27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	≘ ં	Gross sales price for all	0,473.		1	
b Less Cost of goods sold c Gross profit or (loss)  11 Other income 12 Total. Add lines 1 through 11  13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25  27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	<b>⋛</b>   3 €			100	56	
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11 Other income   12   Total. Add lines   through   11   1   987   248   8   314     1   1   1   1   1   1   1   1   1	t	Less Cost of goods sold				
12 Total. Add lines 1 through 11  13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16 Legal fees 17 Interest 18 Taxes 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 25 Contributions, grits, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)		Gross profit or (loss)				
13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees c Other professional fees 17 Interest 18 Taxes STMT 3 165. 165. 0. 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: 8 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)			1 22 2 12	0.044		
14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees c Other professional fees 17 Interest 18 Taxes STMT 3 165. 165. 0. 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 4 25 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)				87314.		
15 Pension plans, employee benefits 16a Legal fees b Accounting fees c Other professional fees 17 Interest 18 Taxes 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c N/A				BECEIVED.	h <del>ol</del>	0.
16a Legal fees   Accounting fees   C Other professional	1		101	2.14		<del></del>
c Other professional fees  Interest Int					<del>                                     </del>	
c Other professional fees  Interest Int	SE I	-	5	WIFT		
25 Contributions, girts, grains paid  26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	Ä	_		FARREN. L		
25 Contributions, girts, grains paid  26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	<b>9</b> 17			AMARIA		
25 Contributions, girts, grains paid  26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	<u>투</u> 18	Taxes STMT 3	165.	165.		0.
25 Contributions, girts, grains paid  26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	[절 19	Depreciation and depletion				
25 Contributions, girts, grains paid  26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	[ 20	• •		<u></u>		
25 Contributions, girts, grains paid  26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	<b>₹</b> 21					<del></del>
25 Contributions, girts, grains paid  26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	Ē 22	- ·	150	150		
25 Contributions, girts, grains paid  26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	B 23	•	152.			
25 Contributions, girts, grains paid  26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	TO 24	-	217	217		0
26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	و ام	•			<del> </del>	
Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A			<u> </u>		<u> </u>	<u> </u>
27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	20	·	84.842.	317.		84.525.
a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	27			]		
b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	l -		1,902,406.	<u> </u>		
		·				
			<u> </u>		N/A	

_		0-PF (2010) THE MICHAEL F. MCMANUS			38-6174305 Page 2			
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	<del></del>			
_		column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value			
		Cash - non-interest-bearing						
	!	Savings and temporary cash investments	14,352.	2,399,655.	<u>2,399,655.</u>			
	3	Accounts receivable -	_					
		Less: allowance for doubtful accounts						
	4	Pledges receivable ►						
		Less: allowance for doubtful accounts						
	_	Grants receivable .						
	6	Receivables due from officers, directors, trustees, and other						
		disqualified persons						
	7	Other notes and loans receivable	_					
		Less: allowance for doubtful accounts						
şţ	8	Inventories for sale or use						
Assets		Prepaid expenses and deferred charges						
⋖	10a	Investments - U.S. and state government obligations						
	b	Investments - corporate stock STMT 5	714,513.	684,489.	679,055.			
	C	Investments - corporate bonds						
	11	Investments - land, buildings, and equipment basis						
		Less accumulated depreciation						
	12	investments - mortgage loans						
	13	Investments - other STMT 6	<u>479,517.</u>	26,644.	<u>42,252.</u>			
	14	Land, buildings, and equipment basis ▶						
		Less accumulated depreciation						
	15	Other assets (describe >)						
_	16	Total assets (to be completed by all filers)	1,208,382.	3,110,788.	3,120,962.			
	17	Accounts payable and accrued expenses						
	18	Grants payable						
63	19	Deferred revenue						
∄	20	Loans from officers, directors, trustees, and other disqualified persons						
Liabilities	21	Mortgages and other notes payable						
_	22	Other liabilities (describe )						
			_	_				
_	23	Total liabilities (add lines 17 through 22)	0.					
		Foundations that follow SFAS 117, check here			ı			
so.	1	and complete lines 24 through 26 and lines 30 and 31.						
Ş	24	Unrestricted	1,208,382.	3,110,788.				
alar	25	Temporarily restricted						
Ä	26	Permanently restricted						
Š		Foundations that do not follow SFAS 117, check here						
F	ł	and complete lines 27 through 31.						
Net Assets or Fund Balances	27	Capital stock, trust principal, or current funds						
SSe	28	Paid-in or capital surplus, or land, bldg., and equipment fund						
Ą	29	Retained earnings, accumulated income, endowment, or other funds	4 000 000	2 442 522				
ž	30	Total net assets or fund balances	1,208,382.	3,110,788.				
			1 000 200	2 440 500				
_	31	Total liabilities and net assets/fund balances	1,208,382.	3,110,788.	<del></del>			
F	art	III Analysis of Changes in Net Assets or Fund E	Balances					
_			- 20	<del></del>	<del></del>			
1		I net assets or fund balances at beginning of year - Part II, column (a), line	r 30		1 200 202			
_	•	st agree with end-of-year figure reported on prior year's return)		1	1,208,382.			
		r amount from Part I, line 27a		2	1,902,406.			
		r increases not included in line 2 (itemize)		3	<u>0.</u> 3,110,788.			
		lines 1, 2, and 3		4				
		eases not included in line 2 (itemize)  Inet assets or fund balances at end of year (line 4 minus line 5) - Part II, i	column (h) line 20	5 6	$\frac{0.}{3,110,788}$			
<u>o_</u>	ioia	i net assets ur tunu valances at enu vi yedi (line 4 ininus ilile 3) - Palt II, (	commit (b), nine 30	101	Form <b>990-PF</b> (2010)			

		nd(s) of property sold (e.g. or common stock, 200 shs			` P -	ow acquired Purchase Donation		) Date a mo., da	cquired ly, yr.)	(d) Date sold (mo., day, yr.)
1a										
b SEE ATTACHE	STAT	PEMENT								
<u>c</u>					<u> </u>		<u> </u>			
<u>d</u>					<u> </u>					
<u>e</u>					L	<del></del>	1			
(e) Gross sales price	(f) D	epreciation allowed (or allowable)		t or other basis xpense of sale			(		ın or (loss) (f) mınus (ç	
<b>a</b> b	ļ									
C										
d					_					
e 68,136		<del></del>		76,60	9.					<u>-8,473</u>
Complete only for assets show	ring gain in c	column (h) and owned by	the foundation	on 12/31/69					ol. (h) gain r	
(i) F.M.V. as of 12/31/69	(,	i) Adjusted basis as of 12/31/69		cess of col. (1) col. (1), if any	COI.				ot less than from col. (h	
8			 			<del></del>			<del></del>	
<u>b</u>				<del> </del>	$- \bot$	<u>.</u>				<del> </del>
<u> </u>			<u> </u>				_			<del></del>
<u>d</u>	<del> </del>			<u> </u>						-8,473
е				_ <del>,</del> _	<del>-</del>				···	-8,4/3
2 Capital gain net income or (net	capital loss)	If gain, also enter If (loss), enter -0	r in Part I, line ' - in Part I, line	7 7	}	2				-8, <u>4</u> 73
Net short-term capital gain or (I	oss) as defir	`								
If gain, also enter in Part I, line I			(-)-		31					
If (loss), enter -0- in Part I, line  Part V Qualification	8	ection 4940(e) for				3			N/A	
Vas the foundation liable for the se	ialify under s	section 4940(e). Do not co	mplete this pa	rt.						Yes X No
1 Enter the appropriate amount in	n each colur	nn for each year; see instr	uctions before	making any entri			1			(d)
(a) Base period years Calendar year (or tax year begin	ning in)	(b) Adjusted qualifying dis		Net value of no	(c) nchari			(	Distribi col. (b) divi	(d) ution ratio ided by col. (c))
2009			1,989.			639,7				.06563
2008			7,070.	<del></del> -		826,3				.04486
2007			6,600.		_	805,4				.05785
2006			2,025.			900,3				.05778
2005		4	6,050.			824,6	36.	-		.05584
2 Total of line 1, column (d)								2		.28197
3 Average distribution ratio for th	•	•	on line 2 by 5,	or by the number	of yea	rs				.05639
the foundation has been in exis	tence in less	man 5 years	• •				f	3		.03033
4 Enter the net value of noncharit	able-use ass	sets for 2010 from Part X,	line 5					4		1,126,689
5 Multiply line 4 by line 3						5		63,540		
6 Enter 1% of net investment income (1% of Part I, line 27b)							6		80	
7 Add lines 5 and 6								7		63,620
8 Enter qualifying distributions fr	om Part XII,	line 4		-				8		84,525
	an line 7, ch									

	990-PF (	2010) THE	MICHAEL	F. M	CMANUS	FOUNDAT	NOI	<u></u>			<u> 38-</u>	6174	<u> 305</u>		Page 4
	rt VI	Excise Tax Ba								or 49	<del>)48</del> -	- see i	nstru	ctior	1S)
1a		perating foundations of													
	Date of re	uling or determination	etter:		(attach cop	y of letter if nec	essary-	-see instru	ctions)						
b	Domestic	c foundations that mee	t the section 4940(	e) requiren	nents in Part V	, check here 🕨	· LXJ	and enter	1%	-	1_	ļ			<u>80.</u>
	of Part I,	• •								1		}			
		domestic foundations							col. (b). 丿			ļ			_
2	Tax unde	er section 511 (domest	ic section 4947(a)(	1) trusts a	nd taxable four	ndations only. Ot	hers en	nter -0-)		.	2	<u> </u>			0.
-	Add lines				•					-	3_	<del>                                     </del>			<u>80.</u>
		A (income) tax (domes					thers er	nter -0-)		}	4	<del></del>			0.
		ed on investment inco	me. Subtract line 4	from line 3	3. If zero or les	s, enter -0-				}	5_				<u>80.</u>
		Payments:					١.	ı	0.0	,,					
		imated tax payments a			d to 2010		6a		95	96.					
		foreign organizations -			000)		6b	1							
	-	with application for ex		ie (Form 8	868)		6c								
	•	withholding erroneousl	-	۲.			6d	.L			_		•	۵	96.
		dits and payments. Ad				0000 is otto	abad			}	7 8		_		<del>90.</del>
		y penalty for underpay					cneu				9	<del> </del>			
		. If the total of lines 5 a ment. If line 7 is more									10			<u> a</u>	16.
		e amount of line 10 to b				Junt Overpaid		91	S . Refunded		11				0.
Pa	rt VII-	A Statements	Regarding A	ctivitie	S			<u> </u>	J I REIUIIUE			<u> </u>			
_		he tax year, did the fou				ate, or local legis	lation o	or did it par	ticipate or inte	rvene	n			Yes	No
14	-	tical campaign?	noution attompt to		ing manomany on	ato, o. 100a. logio							1a	-	Х
h	• .	end more than \$100 di	iring the year (eith)	er directly o	or indirectly) fo	or political purpos	ses (see	e instructio	ns for definition	on)?			1b		X
•		nswer is "Yes" to 1a									d or				
		ted by the foundation					•	,	•						ĺ
c		oundation file Form 11											1c		х
		e amount (if any) of tax			ction 4955) imp	posed during the	year:								
_	(1) On 1	the foundation. > \$	•	Ò.	(2) On foun	dation managers	s. <b>▶</b> \$			0.					
е	Enter the	e reimbursement (if any	/) paid by the found	dation duri	ng the year for	political expendi	iture tax	x imposed	on foundation						
		rs. 🕨 💲	_												
2	Has the	foundation engaged in	any activities that h	ave not pr	eviously been	reported to the If	RS?						2		<u>X</u>
	If "Yes,	" attach a detailed d	escription of the	activities.											
3	Has the	foundation made any c	hanges, not previo	usly report	ed to the IRS,	ın its governing i	ınstrum	ient, article	s of incorpora	tion, o	r				l
		or other sımılar ınstrun											_3_		X
		foundation have unrela				re during the yea	ar?					_ • _	4a		X
		has it filed a tax return									N	I/A	4b_		<del></del>
5		re a liquidation, termin				during the year?	?						5		X
		attach the stateme													
6		requirements of section		sections 4	4941 through 4	4945) satisfied ei	ither:								
		iguage in the governing				h		4 Ab-4 <i>-</i>	طه طهرر، هم اکست		la				
		ite legislation that effec		joverning i	nstrument so t	nat no mandator	y unect	tions that c	onnict with th	e State	iaw		6	x	-
_		in in the governing inst		at any tima	during the year	vr2							7	X	<del> </del>
1		foundation have at leas * complete Part II, c			during the yea	ıı •							'-	Λ	<del></del>
0-		e states to which the fo			h it is renistera	ad (epp instructio	ne) 🕨								1
08	MI	e states to winter the fe	ъпивання геропъ О	. widi Will	ar it io regional	is toon monach									
		swer is "Yes" to line 7,	has the foundation	furnished:	a copy of Form	990-PF to the A	lttornev	General (c	or designate)						
		state as required by Ge											8b	X	
9		oundation claiming state					ection 49	942(1)(3) o	or 4942(1)(5) fo	or calei	ndar				
Ū		10 or the taxable year b											9		х
10	-	persons become subs								S	TMT	<u>. 7</u>	10	X	
												For	m <b>990</b>	-PF(	(2010)

orm 990-PF (2010) THE MICHAEL F. MCMANUS F			<u>38-61743</u>	<u> 105</u>	Page <b>6</b>
Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be F	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es X No		ŀ
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indire				
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		. L Ye	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section	Г <del></del>	- F		
509(a)(1), (2), or (3), or section 4940(d)(2)?			es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or i		₩. I	}	-
the prevention of cruelty to children or animals?	da- ita ayaaniyaaa daasiybad		es X No		1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni		in negulations	N7 / N	E .	
section 53.4945 or in a current notice regarding disaster assistance (see instru Organizations relying on a current notice regarding disaster assistance check t			N/A	5b	<del></del>
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f		inad			
expenditure responsibility for the grant?		. —	es 🗀 No		
If "Yes," attach the statement required by Regulations section 53.494		·/ Δ	is C NO	ł	Ì
6a Did the foundation, during the year, receive any funds, directly or indirectly, to					
a personal benefit contract?	pay promiumo on		es 🗓 No	-	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		.5 [22] 110	6b	x
If "Yes" to 6b, file Form 8870.			<u> </u>	-	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Y6	s X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribi				7b	
Don't VIII Information About Officers, Directors, Trust		nagers, Highly	<i>y</i>		
List all officers, directors, trustees, foundation managers and their	<del></del>	1. 10	(4)		
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) l	Expense unt, other
· · · · · · · · · · · · · · · · · · ·	to position	enter -0-)	compensation		wances
J. RODNEY GUEST	TREASURER				
P.O. BOX 74188	1 00				•
ROMULUS, MI 48174	1.00	0.	0.		0.
	PRES & SECR				
P.O. BOX 74188  ROMULUS, MI 48174	0.25		_		^
ROMULUS, MI 48174	0.25	0.	0.	-	0.
<del></del>	-				
<del></del>				<del> </del>	
	1				
Compensation of five highest-paid employees (other than those inc	cluded on line 1). If none,	enter "NONE."			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) l	Expense unt, other
(a) Haine and address of each employee paid more than \$\phi_00000	devoted to position	(C) Compensation	and deterred compensation	allo	wances
NONE					
	_				
		_		<u> </u>	
	-				
		<del> </del>		-	
	-				
		<del> </del>		-	
	†	1		}	
Total number of other employees paid over \$50 000	<u> </u>	1	<b>_</b>	I	0

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Form 990-PF (2010) THE MICHAEL F. MCMANUS FOUNDATION		6174305	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)			
3 Five highest-paid independent contractors for professional services. If none, enter "NO			
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Com	pensation
NONE			
<del></del>			
Total number of others receiving over \$50,000 for professional services		<b>•</b>	0
Part IX-A Summary of Direct Charitable Activities			
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in number of organizations and other beneficiaries served, conferences convened, research papers produced,	formation such as the etc.	Expenses	s
1 NONE			
			0.
2			
3			
4			
Part IX-B Summary of Program-Related Investments			
Describe the two largest program-related investments made by the foundation during the tax year on lines 1	and 2.	Amount	
1 NONE			
			0.
2			
All other program-related investments. See instructions.			
3			
Total Add lines 1 through 3	<b>•</b> 1		1.1

P	art X Minimum Investment Return (All domestic foundations	s must complete this pa	rt. Foreign four	ndations, s	ee instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charita	able, etc., purposes:			
a	Average monthly fair market value of securities			1a	631,480.
b	Average of monthly cash balances			1b	631,480. 512,367.
C	Fair market value of all other assets			1c	
d	Total (add lines 1a, b, and c)			1d	1,143,847.
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	1,143,847.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amou	int, see instructions)		4	<u>17,158.</u>
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and	on Part V, line 4		5	1,126,689.
6	Minimum investment return Enter 5% of line 5			6	56,334.
P	postributable Amount (see instructions) (Section 4942(j)(3) foreign organizations check here and do not complete this pa		g foundations ar	nd certain	
1	Minimum investment return from Part X, line 6			1	56,334.
2a	Tax on investment income for 2010 from Part VI, line 5	2a	80.		
b	Income tax for 2010. (This does not include the tax from Part VI.)	2b			
C	Add lines 2a and 2b			2c	80.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	56,254.
4	Recoveries of amounts treated as qualifying distributions			4	<u> </u>
5	Add lines 3 and 4			5	<u>56,254.</u>
6	Deduction from distributable amount (see instructions)			6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Pa	art XIII, line 1		7	56,254.
P	art XII Qualifying Distributions (see instructions)				
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., p	urposes:			
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26			1a	<u>84,525.</u>
þ	Program-related investments - total from Part IX-B			1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out chart	table, etc., purposes		2	
3	Amounts set aside for specific charitable projects that satisfy the:				
a	Suitability test (prior IRS approval required)			3a	
b	Cash distribution test (attach the required schedule)			3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8,			4	84,525.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net in	vestment			
	income. Enter 1% of Part I, line 27b			5	80.
6	Adjusted qualifying distributions. Subtract line 5 from line 4			6	84,445.
	Note. The amount on line 6 will be used in Part V. column (b), in subsequent years	s when calculating whether	the foundation (	qualifies for	the section

4940(e) reduction of tax in those years.

Form 990-PF (2010) THE MICHAEL	F. MCMANUS	FOUNDATION	38-61	74305 Page 9
Part XIII Undistributed Income (see	e instructions)			
	(a) Corpus	(b) Years prior to 2009	(c) 2009	( <b>d)</b> 2010
1 Distributable amount for 2010 from Part XI,				56,254.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			0.	
b Total for prior years:				
, and the second		0.		
3 Excess distributions carryover, if any, to 2010:				
a From 2005 5,598.				
<b>b</b> From 2006 7,818.				
c From 2007 7,852.				
<b>d</b> From 2008				
e From 2009 10,144.				
f Total of lines 3a through e	31,412.			
4 Qualifying distributions for 2010 from				
Part XII, line 4: ► \$ 84,525.				
a Applied to 2009, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			56.054
d Applied to 2010 distributable amount				56,254
e Remaining amount distributed out of corpus	28,271.			
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0 .
6 Enter the net total of each column as indicated below:	-			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	<u>59,683.</u>	,		-
<b>b</b> Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2009. Subtract line			0.	
4a from line 2a. Taxable amount - see instr.			<u> </u>	<del> </del>
f Undistributed income for 2010. Subtract				
lines 4d and 5 from line 1. This amount must				0
be distributed in 2011				<u>V</u>
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	0 .			
section 170(b)(1)(F) or 4942(g)(3)		·		
8 Excess distributions carryover from 2005	5,598			
not applied on line 5 or line 7  9 Excess distributions carryover to 2011.				
Subtract lines 7 and 8 from line 6a	54,085			
10 Analysis of line 9:	54,000			
a Excess from 2006 7,818.				
b Excess from 2007 7,852.				
c Excess from 2008				

d Excess from 2009 e Excess from 2010 10,144.

Part XIV Private Operating Fo	oundations (see ins			N/A	74303
1 a If the foundation has received a ruling or			1	24/ 22	
foundation, and the ruling is effective for					
<b>b</b> Check box to indicate whether the found			section	4942(J)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
investment return from Part X for					
each year listed		-			-
b 85% of line 2a		-			
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the					
alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(i)(3)(B)(i)  b "Endowment" alternative test - enter				<del>                                     </del>	
2/3 of minimum investment return					
shown in Part X, line 6 for each year					
listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest,	ļ				
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		to this work and a	if the afairm detion	 	
Part XV Supplementary Info			it the foundation	i nad \$5,000 or m	ore in assets
at any time during t		insu ucuons.)			
1 Information Regarding Foundation	•	4baa 00/ af 4ba 4a4al aaa4		favordation before the ele	on of any toy
a List any managers of the foundation whee year (but only if they have contributed remains a second of the foundation).			ributions received by the	toundation before the cio	se or any tax
• • •	nore triair pojecej. (ede e	001011 007 (0)(2)-)			
NONE  b List any managers of the foundation wh	a sun 100/ er mere ef th	a stock of a corneration	for an aqually large ports	on of the ownership of a n	arterohin or
other entity) of which the foundation ha			tor an equally large porti	on or the ownership or a p	artifer strip of
NONE	Ū				
2 Information Regarding Contribut	ion Grant Gift Loan	Scholarship etc. Pr	ourame.		
Check here X if the foundation of				not accept unsolicited regi	uests for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num	<u> </u>				
a The hame, address, and telephone ham	but of the person to who	m applications oncore be	ada, 0000a.		
b The form in which applications should t	oe submitted and informa	tion and materials they sl	hould include:		
y mo form in times approaches encour	,				
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields,	kinds of institutions, or	other factors:	
					Form <b>990-PF</b> (2010)
DODED4 40 07 40					- coron 325 le 2 2 (7(1)(1)

Part XV Supplementary Informa				· · · · · · · · · · · · · · · · · · ·
3 Grants and Contributions Paid During t	he Year or Approved for Future	Payment	<del></del>	
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid duning the year SEE ATTACHED LIST	NONE	501(C)(3)	FINANCIAL AID	84,525
		]		
		1		
Total			▶ 3a	84,525
<b>b</b> Approved for future payment				
NONE				
		1	1	
		<del></del>	<u>▶ 3b</u>	0 .

THE MICHAEL F. MCMANUS FOUNDATION

### Part XVI-A Analysis of Income-Producing Activities

<del></del>			1 - 1 - 1		
er gross amounts unless otherwise indicated.	(a) Business	(b) Amount	Excluded by  (c)  Exclusion code	(d) Amount	(e) Related or exempt function income
Program service revenue:	code		code	741104111	12/10/10/11/11/10/11/0
	-				
			<del></del>		
	1				<del> </del>
		<del></del>		<del></del>	
			+ + -		<del> </del>
	<del>-</del>				
Fees and contracts from government agencies		<del></del>	+ +		
embership dues and assessments	<del></del>				
terest on savings and temporary cash			14	493.	
vestments			14	7,821.	<del> </del>
vidends and interest from securities			14	1,021.	
et rental income or (loss) from real estate:			-		<del></del>
Debt-financed property					
Not debt-financed property					
et rental income or (loss) from personal					
roperty	<del></del>		+		
ther investment income					
ain or (loss) from sales of assets other			18	-8,473.	
nan inventory	-		10	-0,4/3.	<del></del>
et income or (loss) from special events					
ross profit or (loss) from sales of inventory		<del> </del>			
ther revenue:					
	1 1		<del></del>		<del></del>
	1 1		<del></del>		
			++-		
Library Add columns (b) (d) and (c)	_		).	-159.	
Subtotal. Add columns (b), (d), and (e)	L	<u> </u>	<u>'•l</u>	13	
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations	. 1			13	
Relationship of Activitie  No. Explain below how each activity for which in the foundation's exempt purposes (other the second s	ncome is reported in	column (e) of Part XV	I-A contributed		plishment of
NONE					
					· · · · · · · · · · · · · · · · · ·
					····
2002	_				
				······································	· · · · · · · · · · · · · · · · · · ·
					. <u>-</u>
					<u> </u>
					<del>-</del>
	<del></del> .				

Pa	rt XVII	Information Re Exempt Organ		sfers To a	ind Transac	tions a	ind Relations	hips With No	ncharitable	₽	
1	Did the o	rganization directly or indi		of the followin	g with any other	organizatio	on described in sect	ion 501(c) of		Yes	No
•		(other than section 501(c)						.0 00 .(0, 0.	j		110
а		from the reporting found									1
_	(1) Cash	• •			,				1a(1)		x
	(2) Othe								1a(2)		X
ь		nsactions:									<u> </u>
	(1) Sales	s of assets to a noncharita	ble exempt organiza	ation					1b(1)		х
		hases of assets from a no							1b(2)		Х
		al of facilities, equipment,		•					1b(3)		Х
	(4) Reim	bursement arrangements					1b(4)		X		
	(5) Loan	ns or loan guarantees							1b(5)		X
	(6) Perfe	ormance of services or me	mbership or fundra	using solicitatio	ns				1b(6)		Х
C	Sharing o	of facilities, equipment, ma	iling lists, other ass	ets, or paid em	ployees				1c		X
d		wer to any of the above is							_	sets,	
		es given by the reporting f			ed less than fair n	narket valu	ie in any transaction	or sharing arrange	ement, show in		
<del></del>		d) the value of the goods,			- <del></del>		T				
(a)L	ine no	(b) Amount involved	(c) Name o		exempt organiza	ition	(d) Description	of transfers, transacti	ons, and sharing ar	Tangeme	nts
				N/A			<u> </u>				
							<del></del>				
							-	<del></del>			
				<del></del>							
									-		
			<del></del>	<del>-</del>							
							<del></del>				
		<del></del>									
	<del>-  </del>										
2a		undation directly or indirectly or indirectly of the Code (othe	•	•		npt organi	zations described		Yes	X	] No
<u>b</u>	If "Yes," o	complete the following sch			(h) Toma = f = : -	00170115-		(a) December of	olotionobie		
		(a) Name of org	janization		(b) Type of org	anization		(c) Description of r	erationship		
		N/A		<del></del>				<del></del>	<del></del>		
		<del></del>				<del></del>			<del> </del>		
										-	
		der penalties of perjury, I declar I complete Declaration of prepa	arer (other than taxpaye		ased on all information		preparer has any knowl		e and belief, it is tr	ив, согте	ct,
		Signature of officer or tri				Date		rtle			
		Print/Type preparer's na	amè-/	Preparer's s	gnature		Date	Check if	PTIN		
ъ.	.:		m				05,04,33	self- employed	1		
	nid Tanarar	RONALD P.						E FILE	L		
	eparer se Only	1					, P.C.	Firm's EIN			
J.	oe Only	Firm's address ST	.420 GREA'				53	Phone no. (	586)772	_ <u>R</u> 1	00
		51	• CHUTK	CHOKES,	TT 4000	,, 43	J.J	i none no. (	500,112	OI	00
									Form <b>990</b>	)-PF(	2010)

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

Department of the Treasury Internal Revenue Service

Name of the organization

**Schedule of Contributors** 

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

OMB No 1545-0047

2010

**Employer identification number** 

THE MICHAEL F. MCMANUS FOUNDATION 38-6174305 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule K) For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, chantable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify

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

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

Name of organization

Employer identification number

nuc	MEATINET	13	MOMANTIC	

38-6174305

ine M	ICHAEL F. MCMANUS FOUNDATION		-61/4305
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ESTATE OF MICHAEL MCMANUS  81 MANOR RD  BLOOMFIELD HILLS, MI 48304	\$ 1,986,382.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II of there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		*	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of drganization

Employer identification number

### THE MICHAEL F. MCMANUS FOUNDATION

38-6174305

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b> \$</b>	
(a) No. rom	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	
(a) No. rom	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(a) No. rom	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_			
453 12-23-		Schedule R (Form )	990, 990-EZ, or 990-PF) (2

ie of orga	nization		Employer Identification number		
	CHAEL F. MCMANUS FOUND	ATION	38-6174305		
rt III	Exclusively religious, charitable, etc., in more than \$1,000 for the year. Complete Part III, enter the total of exclusively religions \$1,000 or less for the year. (Enter this info	e columns (a) through (e) and thous, chantable, etc., contribution	ion 501(c)(7), (8), or (10) organizations aggregating the following line entry. For organizations completing this of		
No. om	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
art I					
-		(e) Transfer of gi	ift		
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee		
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-		(e) Transfer of g	ift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
_					
		(e) Transfer of g	ift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
) No.					
om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of g	iff		
	Transferee's name, address, a		Relationship of transferor to transferee		

	THE MICHAEL F MCMANUS FOUNDATION	2010
AMERICAN HEART ASSOCIATION	24445 Northwestern Hwy-Sulte 100, Southfield, MI 48075	10
ANGEL'S PLACE	25140 Lasher Rd-Suite232, Southfiled, MI 48034	50
BIRMINGHAM COMMUNITY HOUSE	380 S Bates St, Birmingham, MI 48009	201
BOY SCOUTS OF AMERICA	1776 W. Warren Avenue, Detroit, MI 48208-2215	20
CAPUCHIN MISSION ASSOCIATION	1820 Mt. Eiliott St., Detroit, MI 48207-3485	100
CHILD'S HOPE	19000 Hubbard Drive, Dearborn, MI 48126	250
CRANBROOK ACADEMY OF ART	39221 Woodward Ave,P O Box 801, Bloomfield Hills, MI 48304	200
CUMBERLAND COLLEGE	6191 College Station Dr., Williamsburg, KY 40769-1372	1000
CYO (Catholic Youth Organization)	305 Michigan Ave., Detroit, Mi 48226	500
DETROIT INSTITUTE OF ARTS	5220 Woodward Ave , Detroit, MI 48202-4008	250
DETROIT PUBLIC TV	1 Clover Court, Wixom, MI 48393	500
DETROIT RESCUE MISSION	150 Stimson, Box 312087, Detroit, MI 48231-2087	500
DETROIT ZOOLOGICAL SOCIETY	8450 W Ten Mile Rd., Royal Oak, MI 48067	250
DISCALCED CARMELITE AUXILIARY	35750 Moravian Dr. Clinton, MI 48035	5275
GLEANERS COMMUNITY FOOD BANK	P O BOX 1380, Troy, MI 48099-1380	250
GRACE BAPTIST CHURCH	280 E Lincoln Street, Birmingham, MI 48009	5000
GRACE CENTERS OF HOPE (PONTIAC RESCUE MISSION)		200
HOLY NAME CHURCH	630 Harmon, Birmingham, MI 48009	10000
JAPHET SCHOOL	31201 Dorchester, Madison Heights, Mr 48071	5000
LADIES OF CHARITY-BLOOMFIELD	P O Box 602, Bloomfield Hills, MI 48303-0602	500
LITTLE SISTERS OF THE POOR	930 South Wynn Road, Oregon, OH 43816	2500
LITTLE TRAVERSE CONSERVANCY	3264 Powell Rd , Harbor Springs, MI 49740-9469	200
LOURDES CAMPUS FUND	2300 Walkins Lake Road, Waterford, MI 48328	200
OYOLA HIGH SCHOOL	15325 Pinehurst, Detroit, MI 48238	500
MADONNA UNIVERSITY	36600 Schoolcraft, Livonia, MI 48150-1173	5000
WAKE-A-WISH FOUNDATION	37727 Professional Center Dr -Sulte 135D, Livonia, MI 48154-1196	9000
MANRESA JESUIT RETREAT HOUSE	1390 Quarton Road, Bloomfield Hills, MI 48304	200
MICHIGAN CATHOLIC RADIO	P O Box 4905, Troy, MI 48009	100
MICHIGAN HUMANE SOCIETY	30300 Telegraph Road-Suite 220, Bingham Farms, MI 48025	500
MONASTERY OF THE BLESSED SACRAMENT	29575 Middlebelt Rd., Farmington, MI 48334-2311	500
MOST HOLY TRINITY EDUCATIONAL FOUNDATION	1050 Porter Street, Detroit, MI 48226-2405	500
NORTHERN MICHIGAN HOSPITAL FOUNDATION	360 Connable Ave., Petosky, Mt 49770	250
C PRIDE STARS 14U	P O Box 87381, Canton, MI 48188	2500
ROSE HILL FOUNDATION	5130 Rose Hill Blvd , Holly, MI 48442	200
SISTERS HOME VISITORS OF MARY	121 East Boston Blvd, Detroit, MI_48202-1318	200
SOCIETY OF ST VINCENT DE PAUL	3000 Gratiot, Detroit, MI 48207	500
SOLANUS CENTER (Father Abler)	1820 Mt Elliott Ave., Detrolt, MI 48207-3496	500
SPECIAL OLYMPICS MICHIGAN	P O Box 474, Alma, MI 48801-0474	250
ST ELIZABETH BRIARBANK	39315 Woodward Ave., Bloomfield Hills, MI 48304	250
ST MARY CATHOLIC CENTRAL HIGH SCHOOL	108 West Elm Ave , Monroe, MI 48162-2718	20000
ST VINCENT & SARAH FISHER CENTER	18800 Trinity St., Detroit, MI 48219-3968	500
HÉ JESUITS	7303 West 7 Mile Rd . Detroit, MI 48221-2121	1000
HE NATIVITY SCHOOL OF WORCESTER	10 Irving Street, Worcester, MA 01609	_ 500
HE SALVATION ARMY	P O Box 44530, Detroit, MI 48244-0530	1000
OF D JESUIT HIGH SCHOOL	8400 S Cambridge, Detroit, MI 48221-1699	5000
INIVERSITY OF DETROIT MERCY	P O Box 19900, Detroit, MI 48219-0900	1000
OTAL FOR 2010		84525

THE MICHAEL F. MCMANUS FOUNDATION PAGE Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired (c) Date acquired (a) List and describe the kind(s) of property sold, e.g., real estate, (d) Date sold 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) (mo., day, yr.) D - Donation <u> 12/22/09|09/01/10</u> 1a 4.256 SHS HARBOR INT'L FUND 06/21/1009/01/10 b 47.899 SHS WASHINGTON MUTUAL P <u> 12/23/0809/01/10</u> c 410.291 SHS HARBOR INT'L FUND P P 06/22/09|09/01/10 d 1589.191 SHS WASHINGTON MUTUAL P /10 e I SHARES SIVER TRUST-RET OF CAPITAL CAPITAL GAINS DIVIDENDS \_g -1 k m n 0 (g) Cost or other basis (h) Gain or (loss) (f) Depreciation allowed (e) Gross sales price plus expense of sale (e) plus (f) minus (g) (or allowable) 226. 222. <u>a</u> 1,153. 1,160. b -8,002.21,242. 29,244. C 45,930. 38,485 d 56 56. 6,971. 6,971. g h m n 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (i) (i) F.M.V. as of 12/31/69 but not less than "-0-") as of 12/31/69 over col. (j), if any a b -8,002. C d 0. e 6.971. g m n If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 2 -8,473. 2 Capital gain net income or (net capital loss)

N/A

If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8

Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):

FORM 990-PF INTEREST ON SAVI	INGS AN	ID TEM	PORARY CA	ASH IN	IVESTMENTS	STATEMENT	1
SOURCE						AMOUNT	
WACHOVIA SECURITIES					•	4	93.
TOTAL TO FORM 990-PF, PART I	, LINE	3, CO	LUMN A			4	93.
FORM 990-PF DIVIDENI	DS AND	INTER	EST FROM	SECUE	RITIES	STATEMENT	2
SOURCE		GROSS	AMOUNT		TAL GAINS	COLUMN (A AMOUNT	.)
WACHOVIA SECURITIES			14,792.		6,971.	7,8	21.
TOTAL TO FM 990-PF, PART I, I	LN 4 =		14,792.		6,971.	7,8	21.
FORM 990-PF		TAX	ES			STATEMENT	3
DESCRIPTION	(A EXPEN PER E	ISES	(B) NET INV MENT IN	EST- COME	(C) ADJUSTED NET INCOM		
FOREIGN TAX		165.		165.			0.
TO FORM 990-PF, PG 1, LN 18		165.		165.			0.
FORM 990-PF	O	THER E	XPENSES			STATEMENT	4
DESCRIPTION	EXPEN	A) NSES BOOKS	(B) NET INV MENT IN	EST-	(C) ADJUSTED NET INCOM		
MISCELLANEOUS EXPENSE		152.	·	152.			0.
TO FORM 990-PF, PG 1, LN 23		152.		152.			0.

FORM 990-PF C	CORPORATE STOCK		STATEMENT 5
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
WASH MUTL INVS FD SHARES GROWTH FD OF AMERICA SHARES SELECTED AMER SHARES DODGE & COX STOCK FUND SHARES FRANKLIN B/S SHARES DODGE & COX INTL FD SHARES FAIRHOLME FUND SHARES HARBOR INT'L FUND		0. 181,907. 100,515. 180,689. 58,555. 97,186. 65,637.	0. 176,891. 109,993. 180,471. 48,841. 91,021. 71,838.
TOTAL TO FORM 990-PF, PART II, LI	INE 10B	684,489.	679,055.
FORM 990-PF 07	THER INVESTMENTS		STATEMENT 6
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
LIFE INSURANCE CONTRACT I SHARE SILVER TRUST	COST COST	0. 26,644.	42,252.
TOTAL TO FORM 990-PF, PART II, L	INE 13	26,644.	42,252.
	BSTANTIAL CONTRIB VII-A, LINE 10	UTORS	STATEMENT 7
NAME OF CONTRIBUTOR	ADDRESS		
ESTATE OF MICHAEL MCMANUS	81 MANOR RD		

BLOOMFIELD HILLS, MI 48304