

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

OMB No 1545-0052

		of the Treasury	ed as a Private				2010
		enue Service Note. The foundation may be able dar year 2010, or tax year beginning 07/01/10		oturn to satisfy s	tate reporting	requirements	
			turn of a former publ			Final return	
			fress change		ne change	rmarretum	
Na	me of f	cundation				loyer identification num	her
						-7078893	50.
S	INA	I MEDICAL STAFF FOUNDATION				hone number (see page 10	of the instructions)
Nu	mber a	nd street (or P O. box number if mail is not delivered to street address	s)	Room/suite		8-353-0150	,
_2	<u>000</u>	TOWN CENTER		1780	C If exe	mption application is pend	ng, check here
	•	vn, state, and ZIP code			D 1. Fo	oreign organizations, check	here ▶
		HFIELD MI 48075-1			2. Fo	reign organizations meetir	g the
$\overline{}$		type of organization. X Section 501(c)(3) exempt private			85	% test, check here and att	ach computation 🕨
			e private foundation		_	ate foundation status was	. 1
		rket value of all assets at J Accounting method:	X Cash A	ccrual	section	on 507(b)(1)(A), check here	· • L
	•	ear (from Part II, col. (c), Uther (specify)			i i	foundation is in a 60-mont	
	ne 16) art i			- , -	undei	section 507(b)(1)(B), chec	
r	art t	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net	nvestment	(c) Adjusted net	(d) Disbursements for charitable
		the amounts in column (a) (see page 11 of the instructions).)	books		come	income	purposes
	1		<u> </u>				(cash basis only)
	2	Contributions, gifts, grants, etc., received (attach schedule) Check X if the foundation is not required to attach Sch B	***************************************		************		************************
	3	Interest on savings and temporary cash investments	26,18		26 102	26 100	
	4	Dividends and interest from securities	56,45		26,182	26,182 56,451	
	5a	Cross sonts	30,43	,,,,	56,451	30,431	
41	Ь	Net rental income or (loss)	<u> </u>				
Revenue	6a	Net gain or (loss) from sale of assets not on line 10 Stmt 1	41,97	7			
Ver	Ь	Gross sales price for all assets on line 6a 690,066					***************************************
Re	7	Capital gain net income (from Part IV, line 2)		1	0		
_	8	Net short-term capital gain	 	***		0	
	9	Income modifications					
	10a	Gross sales less returns & allowances		<u> </u>	***************************************		***************************************
	ь	Less: Cost of goods sold					······································
	С	Gross profit or (loss) (attach schedule)			***********		······································
	11	Other income (attach schedule) Stmt 2	63	10		630	
	12	Total. Add lines 1 through 11	125,24	0	82,633	83,263	
w	13	Compensation of officers, directors, trustees, etc.		0			
ses	14	Other employee salaries and wages					
ē	15	Pension plans, employee benefits					
봈	16a	Legal fees (attach schedule)					
e	b	Accounting fees (attach schedule) Stmt 3	2,05			2,056	····
Operating and Administrative Expen	С	Other professional fees (attach schedule) Stmt 4	41,52	5	41,525		
_ t	17	Interest				·· ·· ·· ·· ··	
nis Sir	18	Taxes (attach schedule) (see page 14 of the instructions) Stmt 5	3,15	6	3,156		
Ē	19	Depreciation (attach schedule) and depletion					
Ag	20	Occupancy	0.05				
֚֚֟֞֟֟ 	21	Travel, conferences, and meetings	2,85			2,857	
5	22	Printing and publications Other expenses (at soft) Stmt 6	3,16			2.460	
ing	23	Other expenses (at sof) Stmt 6 Total operating and administrative expenses.	3,10			3,168	
Tat	**		52,76	2	44 601	9 001	^
be [25	Add lines 13 through 23	170,60		44,681	8,081	170 600
50	26	Contributions gifts, grants paid Total expenses and disbursengents And lines 24 and 25	223,36		44,681	8,081	170,600
	27	Subtract line 26 from line 12:	223,30	-	, UOT	0,081	170,600
Š	a a	Excess of revenue over expenses and disbursements	-98,12	2			
)	ь	Net investment income (if negative lenter -0-)	50,12	_	37,952		
	c	Adjusted net income (if negative, enter -0-)		1		75,182	· · · · · · · · · · · · · · · · · · ·
		, , , , , , , , , , , , , , , , , , , ,		.,, £,. <u></u>			***************************************

DAA

	Part II	Ralance Shoots Attached schedules and amounts in the description column	Beginning of year	End of	f year
'	raiti	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
Т	1 •	Cash—non-interest-bearing		0	
-	2		165,891	164,205	164,205
-					
	3	Accounts receivable ▶		†	
-		Less: allowance for doubtful accounts ▶	-		
- 1	4	Pledges receivable ▶			
-		Less: allowance for doubtful accounts ▶			
-	5	Grants receivable		1	
-	6	Receivables due from officers, directors, trustees, and other			
١	•	disqualified persons (attach schedule) (see page 15 of the			
- [
-		instructions)			
	7	Other notes and loans receivable (att. schedule)			,
- [Less: allowance for doubtful accounts ▶			
2	8	Inventories for sale or use			
Sets	9	Prepaid expenses and deferred charges			
S	10a	Investments—U S. and state government obligations (attach schedule)			
	_	trustees the same state government obligations (attach school state)	2,229,710	2,719,357	2,719,357
-	b	Investments—corporate stock (attach schedule) See Stmt 7	· · · · · · · · · · · · · · · · · · ·		
-	С	investments—corporate bonds (attach schedule) See Stmt 8	470,383	351,605	351,605
	11	Investments—land, buildings, and equipment basis ▶		1	
-		Less accumulated depreciation (attach sch.)			
-	12	Investments—mortgage loans			
-	13	Investments—other (attach schedule)			
-	14				
	14	Land, buildings, and equipment basis		•	
1		Less accumulated depreciation (attach sch.) ▶			
-	15	Other assets (describe ►)			
-	16	Total assets (to be completed by all filers—see the			
ot		instructions Also, see page 1, item l)	2,865,984	3,235,167	3,235,167
	17	Accounts payable and accrued expenses			
	18	Grants payable			
B	19				
		Deferred revenue			
<u></u>	20	Loans from officers, directors, trustees, and other disqualified persons			
믜	21	Mortgages and other notes payable (attach schedule) Other liabilities (describe ► See Statement 9)			
7	22		424,264		, ,
\perp	23	Total liabilities (add lines 17 through 22)	424,264	0	
		Foundations that follow SFAS 117, check here			
Ø		and complete lines 24 through 26 and lines 30 and 31.			
Ses	24	Unrestricted	2,441,720	3,235,167	
딞	25				
ē		Temporanly restricted			
	26	Permanently restricted			
ᆲ		Foundations that do not follow SFAS 117, check here ▶			`
Assets or Fund Balar		and complete lines 27 through 31.			
님	27	Capital stock, trust principal, or current funds			
S	28	Paid-in or capital surplus, or land, bldg., and equipment fund			.
ĕ	29	Retained earnings, accumulated income, endowment, or other funds			`
SS		•			
	30	Total net assets or fund balances (see page 17 of the	2 441 720	2 225 167	
흳		instructions)	2,441,720	3,235,167	
	31	Total liabilities and net assets/fund balances (see page 17			
		of the instructions)	2,865,984	3,235,167	<u>L</u>
<u>. </u>	Part I	Analysis of Changes in Net Assets or Fund Balances			
1	Total	net assets or fund balances at beginning of year-Part II, column (a), line 30 (must a	agree with		
		of-year figure reported on prior year's return)		1	2,441,720
2		amount from Part I, line 27a		2	-98,122
~				3	891,569
3		r increases not included in line 2 (itemize) ▶ See Statement 10			
_		ines 1, 2, and 3			3,235,167
5					2 22 4 5 5
_6	Total	net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b),	line 30	6	3,235,167
					Form 990-PF (2010)

Part IV Capital Gains a	nd Losses for Tax on Investme	nt Income				
	be the kind(s) of property sold (e.g., real estate, ehouse, or common stock, 200 shs. MLC Co.)		(b) How acquired P—Purchase D—Donation		acquired day, yr)	(d) Date sold (mo , day, yr)
1a SEE ATTACHED SC	HEDULE					
b						
с .						_
_d .			· · ·			
е				<u> </u>		
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis xpense of sale			or (loss) minus (g)
_a 690,066			648,089)		41,977
<u>b</u>		· 				
С		·	<u> </u>	ļ	- <u>-</u> -	
<u>d</u>				 		
e		debe 40/04//	~~	 		
Complete only for assets snowing	gain in column (h) and owned by the four					(h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (i) col (j), if any	COI		less than -0-) or om col. (h))
<u>a</u>						
_b				ļ		
С			· . — — · · · · · · · · · · · · · · · ·			
				<u> </u>		·
Ө						
2 Capital gain net income or (net ca	pital loss)	1	•			
2. Net about town conital pain on the	If (loss), enter -0- in F	Part I, line /		2		
, ,	s) as defined in sections 1222(5) and (6):					
If gain, also enter in Part I, line 6, If (loss), enter -0- in Part I, line 8	column (c) (see pages 13 and 17 of the in	structions)	•	3		
	nder Section 4940(e) for Reduc	ed Tay on Ne	t Investment Inco			
	foundations subject to the section 4940(a)					
•		tax on not invoor	anom moomo.			
If section 4940(d)(2) applies, leave thi	s part blank.					
Was the foundation liable for the secti	on 4942 tax on the distributable amount o	f any year in the b	pase period?			Yes X No
If "Yes," the foundation does not quali	fy under section 4940(e) Do not complete	this part.				
1 Enter the appropriate amount in e	ach column for each year, see page 18 of	the instructions b	efore making any entrie	s.		
(a)	(b)		(c)		Dist	(d) ibution ratio
Base penod years Calendar year (or tax year beginning			lue of noncharitable-use as	sets		ivided by col (c))
2009		, 950	3,001,			0.044293
2008		, 385	2,683,			0.049327
2007		,069	3,263,			0.061001
2006		,873	3,604,			0.051296
2005	185	,156	3,588,	628		0.051595
2 Total of line 1, column (d)				. 2		0.257512
3 Average distribution ratio for the 5	i-year base period—divide the total on line	2 by 5, or by the				
number of years the foundation ha	as been in existence if less than 5 years			3		0.051502
4 Enter the net value of noncharitat						
	ele-use assets for 2010 from Part X, line 5			4		3,189,009
				ì		3,189,009
5 Multiply line 4 by line 3	ele-use assets for 2010 from Part X, line 5			4		
				5		164,240
				5		
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)			. 6		164,240 380
6 Enter 1% of net investment incom				. 6		164,240
6 Enter 1% of net investment incom 7 Add lines 5 and 6	e (1% of Part I, line 27b)			5		164,240 380 164,620
6 Enter 1% of net investment incom 7 Add lines 5 and 6	ne (1% of Part I, line 27b)			<u>6</u>		164,240 380

Forn	1 990-PF (2010) SINAI MEDICAL STAFF FOUNDATION 23-7078893		_ F	Page 4
P	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions			
1a			,	
	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			380
	here ▶ X and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of			
	Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			
3	Add lines 1 and 2			380
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			C
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			380
6	Credits/Payments:			
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 6a			
b	Exempt foreign organizations—tax withheld at source 6b		•	
C	Tax paid with application for extension of time to file (Form 8868)			
ď	Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			380
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 ▶ Refunded ▶ 11			-
Pa	art VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			1
	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			1
	published or distributed by the foundation in connection with the activities.			1
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 ▶ \$			1
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			I
	on foundation managers. > \$			1
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	<u> </u>	X
	If "Yes," attach a detailed description of the activities.			I
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			1
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	ļ	X
4a	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?	_	 	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	ļ	X
	If "Yes," attach the statement required by General Instruction T.		1	I
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			l
	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	<u> </u>
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
	instructions) None			l
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			1.
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation	86	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			1
	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page		ŀ	
	27)? If "Yes," complete Part XIV	9	├	X
0	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	29229100K DUS ZOMEN	1 40	1	, ¥

For	m 990-PF (2010) SINAI MEDICAL STAFF FOUNDATION 23-7078893		F	Page :
<u> P</u>	art VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12	<u></u>	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	<u> </u>
	Website address ► N/A			
14	The books are in care of ▶ ROBERT KARBEL, PLLC Telephone no. ▶ 248-	353-	·015	io
	2000 TOWN CENTER, STE. 1780	_		
	Located at ▶ SOUTHFIELD MI ZIP+4 ▶ 4807	5		_
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here			▶ [
4.0	and enter the amount of tax-exempt interest received or accrued during the year		T.:	F
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority	,	Yes	No
	over a bank, secunties, or other financial account in a foreign country?	16	<u></u>	X
	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 ► art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			<u> </u>
		- F	1	1
1.	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? Yes X No.			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X 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)? (6) Agree to pay money or report to a government efficiel? (Exception, Charles to the pay money or report to a government efficiel? (Exception, Charles to the pay money or report to a government efficiel? (Exception, Charles to the pay money or report to a government efficiel? (Exception, Charles to the pay money or report			
	(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 penod after			
	<u> </u>			
ь	termination of government service, if terminating within 90 days)			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	1		Ī
	Organizations relying on a current notice regarding disaster assistance check here	1b		
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
Ŭ	were not corrected before the first day of the tax year beginning in 2010? N/A			ŀ
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	1c		
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	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?			
	If "Yes," list the years ▶ 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) N/A	2b	1 1	
С	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			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
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.) N/A	3b	İ	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its chantable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	chantable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b		X

	990-PF (2010) SINAL MEDICAL STAFF FOUNDATION	23-1					Page	
Pa	art.VII-B Statements Regarding Activities for Which Form 4	720 May Be Re	equired (conti	nued)		 ,		_
5a	During the year did the foundation pay or incur any amount to:		-	_	1			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 494	15(e))?	📙 Y	es X	No			
	(2) Influence the outcome of any specific public election (see section 4955); or to o	carry on,	_	_			I	
	directly or indirectly, any voter registration drive?		📙 Y		No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes?		📙 Y	es X	No			
	(4) Provide a grant to an organization other than a chantable, etc., organization de	scribed in			•			
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instruc-	tions)	🗌 ۲	'es X	No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or ed	ducational			į		-	
	purposes, or for the prevention of cruelty to children or animals?		🔲 Y	′es X	No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the				I	j	-	
	Regulations section 53 4945 or in a current notice regarding disaster assistance (se	ee page 22 of the in	structions)?	N	/A [5b		
	Organizations relying on a current notice regarding disaster assistance check here			▶ 🗌	•			
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from			_	ŧ			
	because it maintained expenditure responsibility for the grant?		N/A 🗌 Y	'es	No [
	If "Yes," attach the statement required by Regulations section 53.4945-5(d).				ŀ			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay p	remiums			Į.		1	
	on a personal benefit contract?			'es X	No	1	· [
b		nal benefit contract	7		. [6b	X	
	If "Yes" to 6b, file Form 8870.				· [
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelte	er transaction?		es X	No [
	If Yes, did the foundation receive any proceeds or have any net income attributable			n	/A	7b	Ţ	
	rt VIII Information About Officers, Directors, Trustees, Fou				loyee	es,		
	and Contractors							
1 L	ist all officers, directors, trustees, foundation managers and their compensati	on (see page 22 o	f the instructions).				
		(b) Title, and average	(c) Compensation	(d) Contribut				
	(a) Name and address	hours per week		employee b	enefit	l (e) Exi	ense accour	7t,
	· · · · · · · · · · · · · · · · · · ·		(If not paid, enter					
		devoted to position	-0-)	plans and de compensa	eferred		allowances	
RO				plans and de	eferred			
	BERT KARBEL, PLLC SOUTHFIELD 00 TOWN CENTER MI 48075	devoted to position		plans and de	eferred			
20	BERT KARBEL, PLLC SOUTHFIELD 00 TOWN CENTER MI 48075	devoted to position FOUNDATION M	-0-)	plans and de	ferred			0
20 RO	BERT KARBEL, PLLC SOUTHFIELD 00 TOWN CENTER MI 48075	devoted to position FOUNDATION M 20.00	-0-)	plans and de	ferred			0
20 RO 29	BERT KARBEL, PLLC SOUTHFIELD 00 TOWN CENTER MI 48075 BERT S. MICHAELS SOUTHFIELD 877 TELEGRAPH, #300 MI 48034	devoted to position FOUNDATION M 20.00 PRESIDENT	-0-)	plans and de	eferred tuon 0			
20 RO 29 MA	BERT KARBEL, PLLC SOUTHFIELD 00 TOWN CENTER MI 48075 BERT S. MICHAELS SOUTHFIELD	devoted to position FOUNDATION M 20.00 PRESIDENT 0.00	-0-)	plans and de	eferred tuon 0			
20 RO 29 MA 22	BERT KARBEL, PLLC SOUTHFIELD 00 TOWN CENTER MI 48075 BERT S. MICHAELS SOUTHFIELD 877 TELEGRAPH, #300 MI 48034 RC FELDMAN, MD PARMINGTON HILLS 162 MALDEN MI 48336	devoted to position FOUNDATION M 20.00 PRESIDENT 0.00 VICE PRESIDE	0	plans and de	eferred ition 0			0
20 RO 29 MA 22 GA	BERT KARBEL, PLLC SOUTHFIELD 00 TOWN CENTER MI 48075 BERT S. MICHAELS SOUTHFIELD 877 TELEGRAPH, #300 MI 48034 RC FELDMAN, MD PARMINGTON HILLS	devoted to position FOUNDATION M 20.00 PRESIDENT 0.00 VICE PRESIDE 0.00	0	plans and de	eferred ition 0	othe		0
20 RO 29 MA 22 GA 13	BERT KARBEL, PLLC SOUTHFIELD 00 TOWN CENTER MI 48075 BERT S. MICHAELS SOUTHFIELD 877 TELEGRAPH, #300 MI 48034 RC FELDMAN, MD FARMINGTON HILLS 162 MALDEN MI 48336 YLORD D. ALEXANDER BLOOMFIELD HILLS	devoted to position FOUNDATION M 20.00 PRESIDENT 0.00 VICE PRESIDE 0.00 Sec./Treas 0.00	-0-) 0 0	plans and de compensa	oferred than	othe		0
20 RO 29 MA 22 GA 13	BERT KARBEL, PLLC SOUTHFIELD 00 TOWN CENTER MI 48075 BERT S. MICHAELS SOUTHFIELD 877 TELEGRAPH, #300 MI 48034 RC FELDMAN, MD FARMINGTON HILLS 162 MALDEN MI 48336 YLORD D. ALEXANDER BLOOMFIELD HILLS 30 E. INDIAN MOUND MI 48322	devoted to position FOUNDATION M 20.00 PRESIDENT 0.00 VICE PRESIDE 0.00 Sec./Treas 0.00	-0-) 0 0	plans and de compensa	oferred than	othe		0
20 RO 29 MA 22 GA 13	BERT KARBEL, PLLC SOUTHFIELD 00 TOWN CENTER MI 48075 BERT S. MICHABLS SOUTHFIELD 877 TELEGRAPH, #300 MI 48034 RC FELDMAN, MD FARMINGTON HILLS 162 MALDEN MI 48336 YLORD D. ALEXANDER BLOOMFIELD HILLS 30 E. INDIAN MOUND MI 48322 Compensation of five highest-paid employees (other than those included on	devoted to position FOUNDATION M 20.00 PRESIDENT 0.00 VICE PRESIDE 0.00 Sec./Treas 0.00	-0-) 0 0	plans and de compensa	oferred toon O O O ions to	othe	rallowances	0 0
20 RO 29 MA 22 GA 13	BERT KARBEL, PLLC SOUTHFIELD 00 TOWN CENTER MI 48075 BERT S. MICHABLS SOUTHFIELD 877 TELEGRAPH, #300 MI 48034 RC FELDMAN, MD FARMINGTON HILLS 162 MALDEN MI 48336 YLORD D. ALEXANDER BLOOMFIELD HILLS 30 E. INDIAN MOUND MI 48322 Compensation of five highest-paid employees (other than those included on	devoted to position FOUNDATION M 20.00 PRESIDENT 0.00 VICE PRESIDE 0.00 Sec./Treas 0.00 line 1 — see page (b) Title, and average hours per week	-0-) 0 0	plans and de compensa	oferred toon 0 0 0 ions to benefit	(e) Ex		0 0
20 RO 29 MA 22 GA 13	BERT KARBEL, PLLC 00 TOWN CENTER MI 48075 BERT S. MICHAELS 877 TELEGRAPH, #300 MI 48034 RC FELDMAN, MD FARMINGTON HILLS 162 MALDEN MI 48336 YLORD D. ALEXANDER BLOOMFIELD HILLS 30 E. INDIAN MOUND MI 48322 Compensation of five highest-paid employees (other than those included on if none, enter "NONE."	devoted to position FOUNDATION M 20.00 PRESIDENT 0.00 VICE PRESIDE 0.00 Sec./Treas 0.00 line 1 — see page	0 0 0 23 of the instruc	plans and de compensa	o o o o o o o o o o o o o o o o o o o	(e) Ex	pense account	0 0
20 RO 29 MA 22 GA 13	BERT KARBEL, PLLC SOUTHFIELD 00 TOWN CENTER MI 48075 BERT S. MICHABLS SOUTHFIELD 877 TELEGRAPH, #300 MI 48034 RC FELDMAN, MD FARMINGTON HILLS 162 MALDEN MI 48336 YLORD D. ALEXANDER BLOOMFIELD HILLS 30 E. INDIAN MOUND MI 48322 Compensation of five highest-paid employees (other than those included on if none, enter "NONE."	devoted to position FOUNDATION M 20.00 PRESIDENT 0.00 VICE PRESIDE 0.00 Sec./Treas 0.00 line 1 — see page (b) Title, and average hours per week	0 0 0 23 of the instruc	plans and de compensa tions). (d) Contribut employee b plans and de	o o o o o o o o o o o o o o o o o o o	(e) Ex	pense account	0 0
20 RO 29 MA 22 GA 13 2	BERT KARBEL, PLLC SOUTHFIELD 00 TOWN CENTER MI 48075 BERT S. MICHABLS SOUTHFIELD 877 TELEGRAPH, #300 MI 48034 RC FELDMAN, MD FARMINGTON HILLS 162 MALDEN MI 48336 YLORD D. ALEXANDER BLOOMFIELD HILLS 30 E. INDIAN MOUND MI 48322 Compensation of five highest-paid employees (other than those included on if none, enter "NONE."	devoted to position FOUNDATION M 20.00 PRESIDENT 0.00 VICE PRESIDE 0.00 Sec./Treas 0.00 line 1 — see page (b) Title, and average hours per week	0 0 0 23 of the instruc	plans and de compensa tions). (d) Contribut employee b plans and de	o o o o o o o o o o o o o o o o o o o	(e) Ex	pense account	0
20 RO 29 MA 22 GA 13 2	BERT KARBEL, PLLC SOUTHFIELD 00 TOWN CENTER MI 48075 BERT S. MICHABLS SOUTHFIELD 877 TELEGRAPH, #300 MI 48034 RC FELDMAN, MD FARMINGTON HILLS 162 MALDEN MI 48336 YLORD D. ALEXANDER BLOOMFIELD HILLS 30 E. INDIAN MOUND MI 48322 Compensation of five highest-paid employees (other than those included on if none, enter "NONE."	devoted to position FOUNDATION M 20.00 PRESIDENT 0.00 VICE PRESIDE 0.00 Sec./Treas 0.00 line 1 — see page (b) Title, and average hours per week	0 0 0 23 of the instruc	plans and de compensa tions). (d) Contribut employee b plans and de	o o o o o o o o o o o o o o o o o o o	(e) Ex	pense account	0 0
20 RO 29 MA 22 GA 13 2	BERT KARBEL, PLLC SOUTHFIELD 00 TOWN CENTER MI 48075 BERT S. MICHABLS SOUTHFIELD 877 TELEGRAPH, #300 MI 48034 RC FELDMAN, MD FARMINGTON HILLS 162 MALDEN MI 48336 YLORD D. ALEXANDER BLOOMFIELD HILLS 30 E. INDIAN MOUND MI 48322 Compensation of five highest-paid employees (other than those included on if none, enter "NONE."	devoted to position FOUNDATION M 20.00 PRESIDENT 0.00 VICE PRESIDE 0.00 Sec./Treas 0.00 line 1 — see page (b) Title, and average hours per week	0 0 0 23 of the instruc	plans and de compensa tions). (d) Contribut employee b plans and de	o o o o o o o o o o o o o o o o o o o	(e) Ex	pense account	0 0
20 RO 29 MA 22 GA 13 2	BERT KARBEL, PLLC SOUTHFIELD 00 TOWN CENTER MI 48075 BERT S. MICHABLS SOUTHFIELD 877 TELEGRAPH, #300 MI 48034 RC FELDMAN, MD FARMINGTON HILLS 162 MALDEN MI 48336 YLORD D. ALEXANDER BLOOMFIELD HILLS 30 E. INDIAN MOUND MI 48322 Compensation of five highest-paid employees (other than those included on if none, enter "NONE."	devoted to position FOUNDATION M 20.00 PRESIDENT 0.00 VICE PRESIDE 0.00 Sec./Treas 0.00 line 1 — see page (b) Title, and average hours per week	0 0 0 23 of the instruc	plans and de compensa tions). (d) Contribut employee b plans and de	o o o o o o o o o o o o o o o o o o o	(e) Ex	pense account	0
20 RO 29 MA 22 GA 13 2	BERT KARBEL, PLLC SOUTHFIELD 00 TOWN CENTER MI 48075 BERT S. MICHABLS SOUTHFIELD 877 TELEGRAPH, #300 MI 48034 RC FELDMAN, MD FARMINGTON HILLS 162 MALDEN MI 48336 YLORD D. ALEXANDER BLOOMFIELD HILLS 30 E. INDIAN MOUND MI 48322 Compensation of five highest-paid employees (other than those included on if none, enter "NONE."	devoted to position FOUNDATION M 20.00 PRESIDENT 0.00 VICE PRESIDE 0.00 Sec./Treas 0.00 line 1 — see page (b) Title, and average hours per week	0 0 0 23 of the instruc	plans and de compensa tions). (d) Contribut employee b plans and de	o o o o o o o o o o o o o o o o o o o	(e) Ex	pense account	0
20 RO 29 MA 22 GA 13 2	BERT KARBEL, PLLC SOUTHFIELD 00 TOWN CENTER MI 48075 BERT S. MICHABLS SOUTHFIELD 877 TELEGRAPH, #300 MI 48034 RC FELDMAN, MD FARMINGTON HILLS 162 MALDEN MI 48336 YLORD D. ALEXANDER BLOOMFIELD HILLS 30 E. INDIAN MOUND MI 48322 Compensation of five highest-paid employees (other than those included on if none, enter "NONE."	devoted to position FOUNDATION M 20.00 PRESIDENT 0.00 VICE PRESIDE 0.00 Sec./Treas 0.00 line 1 — see page (b) Title, and average hours per week	0 0 0 23 of the instruc	plans and de compensa tions). (d) Contribut employee b plans and de	o o o o o o o o o o o o o o o o o o o	(e) Ex	pense account	0
20 RO 29 MA 22 GA 13 2	BERT KARBEL, PLLC SOUTHFIELD 00 TOWN CENTER MI 48075 BERT S. MICHABLS SOUTHFIELD 877 TELEGRAPH, #300 MI 48034 RC FELDMAN, MD FARMINGTON HILLS 162 MALDEN MI 48336 YLORD D. ALEXANDER BLOOMFIELD HILLS 30 E. INDIAN MOUND MI 48322 Compensation of five highest-paid employees (other than those included on if none, enter "NONE."	devoted to position FOUNDATION M 20.00 PRESIDENT 0.00 VICE PRESIDE 0.00 Sec./Treas 0.00 line 1 — see page (b) Title, and average hours per week	0 0 0 23 of the instruc	plans and de compensa tions). (d) Contribut employee b plans and de	o o o o o o o o o o o o o o o o o o o	(e) Ex	pense account	0
20 RO 29 MA 22 GA 13 2	BERT KARBEL, PLLC SOUTHFIELD 00 TOWN CENTER MI 48075 BERT S. MICHABLS SOUTHFIELD 877 TELEGRAPH, #300 MI 48034 RC FELDMAN, MD FARMINGTON HILLS 162 MALDEN MI 48336 YLORD D. ALEXANDER BLOOMFIELD HILLS 30 E. INDIAN MOUND MI 48322 Compensation of five highest-paid employees (other than those included on if none, enter "NONE."	devoted to position FOUNDATION M 20.00 PRESIDENT 0.00 VICE PRESIDE 0.00 Sec./Treas 0.00 line 1 — see page (b) Title, and average hours per week	0 0 0 23 of the instruc	plans and de compensa tions). (d) Contribut employee b plans and de	o o o o o o o o o o o o o o o o o o o	(e) Ex	pense account	0
20 RO 29 MA 22 GA 13 2	BERT KARBEL, PLLC SOUTHFIELD 00 TOWN CENTER MI 48075 BERT S. MICHABLS SOUTHFIELD 877 TELEGRAPH, #300 MI 48034 RC FELDMAN, MD FARMINGTON HILLS 162 MALDEN MI 48336 YLORD D. ALEXANDER BLOOMFIELD HILLS 30 E. INDIAN MOUND MI 48322 Compensation of five highest-paid employees (other than those included on if none, enter "NONE."	devoted to position FOUNDATION M 20.00 PRESIDENT 0.00 VICE PRESIDE 0.00 Sec./Treas 0.00 line 1 — see page (b) Title, and average hours per week	0 0 0 23 of the instruc	plans and de compensa tions). (d) Contribut employee b plans and de	o o o o o o o o o o o o o o o o o o o	(e) Ex	pense account	0 0

Form 990-PF (2010)

	7078893	Page
Part VIII Information About Officers, Directors, Trustees, Foundation Mana	gers, Highly Paid Employ	yees,
and Contractors (continued) 3 Five highest-paid Independent contractors for professional services (see page 23 of the instructions)	-ti	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(a) Components
NONE	(b) Type of Service	(c) Compensation
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 organizations and other beneficianes served, conferences convened, research papers produced, etc.	as the number of	Expenses
1 See Statement 11		
		170,600
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see page 24 of the in	structions)	
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	•••••••	

Total. Add lines 1 through 3

P	Art X Minimum Investment Return (All domestic foundations must complete this part. Forei see page 24 of the instructions.)	gn foun	idations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
•	purposes:		
а	Average monthly fair market value of secunties	1a	2,597,344
b	Average of monthly cash balances	1b	286,084
С	Fair market value of all other assets (see page 25 of the instructions)	1c	354,145
d	Total (add lines 1a, b, and c)	1d	3,237,573
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	3,237,573
4	Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see page 25 of		
	the instructions)	4	48,564
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,189,009
6	Minimum Investment return. Enter 5% of line 5	6	159,450
Pa	IT XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operations	rating	
	foundations and certain foreign organizations check here ▶ and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	159,450
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010. (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	380
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	159,070
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	159,070
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	fine 1	7	159,070
D.	art XII Qualifying Distributions (see page 25 of the instructions)		
E . X	TEXT Qualifying Distributions (see page 25 of the mistractions)	,	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	170,600
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 charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific chantable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	170,600
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	380
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	170,220
	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.		

Pa	undistributed income (see page 26 of	the instructions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2010 from Part XI,	Corpus	Years prior to 2009	2009	2010
	line 7]			159,070
2	Undistributed income, if any, as of the end of 2010.		1		
а	Enter amount for 2009 only		<u> </u>	149,476	
b	Total for prior years: 20 , 20 , 20	 	1		
3	Excess distributions carryover, if any, to 2010.	ł			1
а	From 2005		1		
b	From 2006		1		
C	From 2007		1		
d	From 2008		1		
8	From 2009		1		
f	Total of lines 3a through e		1		
4	Qualifying distributions for 2010 from Part XII,				
	line 4· ▶ \$ 170,600				
а	Applied to 2009, but not more than line 2a		1	149,476	
	Applied to undistributed income of prior years	***************************************		243/4/0	
-	(Election required—see page 26 of the instructions)				
	Treated as distributions out of corpus (Election	<u> </u>			······
·	required—see page 26 of the instructions)				
a					01 104
	Applied to 2010 distributable amount		 		21,124
	Remaining amount distributed out of corpus		<u> </u>		
5	Excess distributions carryover applied to 2010		<u> </u>		
	(If an amount appears in column (d), the same		1		
	amount must be shown in column (a).)		1		
6	Enter the net total of each column as		1		
	Indicated below:		1		
	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				********************
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b				
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				
d	Subtract line 6c from line 6b. Taxable				
	amount—see page 27 of the instructions				
8	Undistributed income for 2009. Subtract line				****************
	4a from line 2a. Taxable amount—see page				
	27 of the instructions				
f	Undistributed income for 2010 Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2011				137,946
7	Amounts treated as distributions out of corpus	······	·		137,340
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the		•		
8	instructions) Excess distributions carryover from 2005 not				
٥					
	applied on line 5 or line 7 (see page 27 of the			74. A.	*** * *
	instructions)	·			
9	Excess distributions carryover to 2011.				
_	Subtract lines 7 and 8 from line 6a	·	-		
0	Analysis of line 9:				
a	Excess from 2006		!		
b	Excess from 2007		1		
С	Excess from 2008		!		
d	Excess from 2009		•		
ө	Excess from 2010		‡		

Pa	rt XIV Private Operating Fou	indations (see p	age 27 of the instr	uctions and Part	VII-A, question 9)	
1a	If the foundation has received a ruling or d	etermination letter th	at it is a private operating]		
	foundation, and the ruling is effective for 2	010, enter the date of	f the ruling			
b	Check box to indicate whether the foundat	ion is a private opera	ting foundation describe	d in section 4	1942(j)(3) or 494	2(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	<u> </u>
	investment return from Part X for			}		
	each year listed				 	
þ	85% of line 2a		<u> </u>		 	
C	Qualifying distributions from Part XII,			}	, į	
	line 4 for each year listed		 			
d	Amounts included in line 2c not used directly			}		1
	for active conduct of exempt activities		 		 	
ө	Qualifying distributions made directly			1	1	i
	for active conduct of exempt activities.			}		
	Subtract line 2d from line 2c		 	 	 	
3	Complete 3a, b, or c for the			•		1
	alternative test relied upon.			}	}	
а	"Assets" alternative test—enter			ļ		
	(1) Value of all assets			 		
	(2) Value of assets qualifying under			,		
	section 4942(j)(3)(B)(i)		 	 	 	
b	"Endowment" alternative test—enter 2/3					1
	of minimum investment return shown in			j]
	Part X, line 6 for each year listed		 		 	
C	"Support" alternative test—enter:				j	
	(1) Total support other than gross investment income (interest,			j		
	dividends, rents, payments on			}	j	
	secunties loans (section					
	512(a)(5)), or royalties)		<u> </u>	<u> </u>	<u> </u>	
	(2) Support from general public			1	ſ	
	and 5 or more exempt			1		
	organizations as provided in			1		
	section 4942(j)(3)(B)(iii)			 		
	(3) Largest amount of support from an exempt organization				ĺ	
	(4) Gross investment income		 		 	
Pa	ert XV Supplementary Inform	nation (Complet	e this part only if t	he foundation ha	ad \$5.000 or more	in assets at
, ,	any time during the ye				22 (0,000 0	
1	Information Regarding Foundation Mar					
a	List any managers of the foundation who h	=	e than 2% of the total co	ntributions received by	the foundation	
_	before the close of any tax year (but only i					
	N/A	,,				
b	List any managers of the foundation who	own 10% or more of t	he stock of a corporation	(or an equally large p	ortion of the	
	ownership of a partnership or other entity)					
	N/A					
2	Information Regarding Contribution, G	rant, Gift, Loan, Sch	olarship, etc., Program	15:		
	Check here ▶	makes contributions	to preselected chantable	organizations and do	es not accept	
	unsolicited requests for funds. If the found	ation makes gifts, gra	ants, etc (see page 28 o	f the instructions) to in	dividuals or	
	organizations under other conditions, com	plete items 2a, b, c, a	and d			
а	The name, address, and telephone number	er of the person to wh	om applications should t	be addressed:		
	SINAI MEDICAL STAFF					
	2000 TOWN CENTER, #1	780 SOUTHE	IELD MI 4807	75		
b	The form in which applications should be	submitted and inform	ation and materials they	should include:		
	See Statement 12					
С	Any submission deadlines.					
	N/A					<u></u>
ď	Any restrictions or limitations on awards, s	such as by geographi	cal areas, charitable field	ls, kinds of institutions,	, or other	
	factors:					
	See Statement 13					000.55
DAA						Form 990-PF (2010

23-7078893

Page 10

F37078893-PF (2696) 1187NAI MEDICAL STAFF FOUNDATION

Part XV Supplementary Information (continued)

Grants and Contributions Paid During the Recipient	If recipient is an individual,	Foundation	Burness of second	
	show any relationship to any foundation manager	status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business) a Paid during the year	or substantial contributor			
National Council of Jewis 26400 LAHSER, #306 SOUTHFIELD MI 48033		501 (c) 3	CHARITABLE	100
ALS Mid Chapter 675 E. BIG BEAVER, #207 TROY MI 48083		501 (c) 3	CHARITABLE	1,000
JELS 6735 TELEGRAPH RD. BLOOMFIELD HILLS MI 48322		501 (C) 3	CHARITABLE	30,000
MADONNA UNIVERSITY 36600 SCHOOLCRAFT LIVONIA MI 48150		501(C) 3	CHARITABLE	42,000
University of Michigan 109 Zina Pitcher Place ANN ARBOR MI 48109		501 (C) 3	CHARITABLE	87,500
Henry Ford Hospital One Ford Place, 5B DETROIT MI 48202		501 (C) 3	CHARITABLE	10,000
Total			▶ 3a	170,600
b Approved for future payment N/A				
Total .			> 3b	

	er gross amo	Analysis of Income-Producing Action unto unless otherwise indicated.		business income	Excluded t	by section 512, 513, or 514	(e)
		·	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of
1	Program ser				 		the instructions)
		•	-		++		
					 		
	d			 			
							- · · · · · · · · · · · · · · · · · · ·
	f						
	g Fees and	d contracts from government agencies					
2	Membership	dues and assessments					
3	Interest on s	avings and temporary cash investments			14	26,182	
4		nd interest from securities			14	56,451	
5		come or (loss) from real estate:	, i				
	a Debt-fina	anced property					
	b Not debt	-financed property					
6	Net rental ind	come or (loss) from personal property					
7	Other investi	ment income					
8	Gain or (loss	from sales of assets other than inventory					41,977
9	Net income of	or (loss) from special events					
		or (loss) from sales of inventory	<u> </u>				
11	Other revenu	ue: a		. <u> </u>			
	b		<u> </u>		1	630	
					+		
	d						
4.0	e	d lune - (h) (d) d (e)	-		0	92 262	41 077
12	Subtotal. Add	d columns (b), (d), and (e)	L		<u> </u>	83,263	<u>41,977</u>
						42	125 240
13	Total. Add lin	ne 12, columns (b), (d), and (e)				13	125,240
13 (Se	Total. Add line worksheet i	ne 12, columns (b), (d), and (e) n line 13 instructions on page 29 to verify calculations.	.)			13	125,240
13 (Se	Total. Add lin	ne 12, columns (b), (d), and (e)	.) complishme	nt of Exempt P	urposes		125,240
13 (Se	Total. Add line worksheet in art XVI-B	ne 12, columns (b), (d), and (e) n line 13 instructions on page 29 to verify calculations Relationship of Activities to the Activities	.) complishme reported in colur	nt of Exempt P	urposes contributed	importantly to the	
13 (Se	Total. Add line worksheet in Part XVI-B	ne 12, columns (b), (d), and (e) In line 13 instructions on page 29 to verify calculations Relationship of Activities to the Act Explain below how each activity for which income is accomplishment of the foundation's exempt purpose	.) complishme reported in colur	nt of Exempt P	urposes contributed	importantly to the	
13 (Se	Total. Add line worksheet in art XVI-B	ne 12, columns (b), (d), and (e) In line 13 instructions on page 29 to verify calculations Relationship of Activities to the Act Explain below how each activity for which income is accomplishment of the foundation's exempt purpose instructions.)	.) complishme reported in colur	nt of Exempt P	urposes contributed	importantly to the	
13 (Se	Total. Add line worksheet in art XVI-B	ne 12, columns (b), (d), and (e) In line 13 instructions on page 29 to verify calculations Relationship of Activities to the Act Explain below how each activity for which income is accomplishment of the foundation's exempt purpose instructions.)	.) complishme reported in colur	nt of Exempt P	urposes contributed	importantly to the	
13 (Se	Total. Add line worksheet in art XVI-B	ne 12, columns (b), (d), and (e) In line 13 instructions on page 29 to verify calculations Relationship of Activities to the Act Explain below how each activity for which income is accomplishment of the foundation's exempt purpose instructions.)	.) complishme reported in colur	nt of Exempt P	urposes contributed	importantly to the	
13 (Se	Total. Add line worksheet in art XVI-B	ne 12, columns (b), (d), and (e) In line 13 instructions on page 29 to verify calculations Relationship of Activities to the Act Explain below how each activity for which income is accomplishment of the foundation's exempt purpose instructions.)	.) complishme reported in colur	nt of Exempt P	urposes contributed	importantly to the	
13 (Se	Total. Add line worksheet in art XVI-B	ne 12, columns (b), (d), and (e) In line 13 instructions on page 29 to verify calculations Relationship of Activities to the Act Explain below how each activity for which income is accomplishment of the foundation's exempt purpose instructions.)	.) complishme reported in colur	nt of Exempt P	urposes contributed	importantly to the	
13 (Se	Total. Add line worksheet in art XVI-B	ne 12, columns (b), (d), and (e) In line 13 instructions on page 29 to verify calculations Relationship of Activities to the Act Explain below how each activity for which income is accomplishment of the foundation's exempt purpose instructions.)	.) complishme reported in colur	nt of Exempt P	urposes contributed	importantly to the	
13 (Se	Total. Add line worksheet in art XVI-B	ne 12, columns (b), (d), and (e) In line 13 instructions on page 29 to verify calculations Relationship of Activities to the Act Explain below how each activity for which income is accomplishment of the foundation's exempt purpose instructions.)	.) complishme reported in colur	nt of Exempt P	urposes contributed	importantly to the	
13 (Se	Total. Add line worksheet in art XVI-B	ne 12, columns (b), (d), and (e) In line 13 instructions on page 29 to verify calculations Relationship of Activities to the Act Explain below how each activity for which income is accomplishment of the foundation's exempt purpose instructions.)	.) complishme reported in colur	nt of Exempt P	urposes contributed	importantly to the	
13 (Se	Total. Add line worksheet in art XVI-B	ne 12, columns (b), (d), and (e) In line 13 instructions on page 29 to verify calculations Relationship of Activities to the Act Explain below how each activity for which income is accomplishment of the foundation's exempt purpose instructions.)	.) complishme reported in colur	nt of Exempt P	urposes contributed	importantly to the	
13 (Se	Total. Add line worksheet in art XVI-B	ne 12, columns (b), (d), and (e) In line 13 instructions on page 29 to verify calculations Relationship of Activities to the Act Explain below how each activity for which income is accomplishment of the foundation's exempt purpose instructions.)	.) complishme reported in colur	nt of Exempt P	urposes contributed	importantly to the	
13 (Se	Total. Add line worksheet in art XVI-B	ne 12, columns (b), (d), and (e) In line 13 instructions on page 29 to verify calculations Relationship of Activities to the Act Explain below how each activity for which income is accomplishment of the foundation's exempt purpose instructions.)	.) complishme reported in colur	nt of Exempt P	urposes contributed	importantly to the	
13 (Se	Total. Add line worksheet in art XVI-B	ne 12, columns (b), (d), and (e) In line 13 instructions on page 29 to verify calculations Relationship of Activities to the Act Explain below how each activity for which income is accomplishment of the foundation's exempt purpose instructions.)	.) complishme reported in colur	nt of Exempt P	urposes contributed	importantly to the	
13 (Se	Total. Add line worksheet in art XVI-B	ne 12, columns (b), (d), and (e) In line 13 instructions on page 29 to verify calculations Relationship of Activities to the Act Explain below how each activity for which income is accomplishment of the foundation's exempt purpose instructions.)	.) complishme reported in colur	nt of Exempt P	urposes contributed	importantly to the	
13 (Se	Total. Add line worksheet in art XVI-B	ne 12, columns (b), (d), and (e) In line 13 instructions on page 29 to verify calculations Relationship of Activities to the Act Explain below how each activity for which income is accomplishment of the foundation's exempt purpose instructions.)	.) complishme reported in colur	nt of Exempt P	urposes contributed	importantly to the	
13 (Se	Total. Add line worksheet in art XVI-B	ne 12, columns (b), (d), and (e) In line 13 instructions on page 29 to verify calculations Relationship of Activities to the Act Explain below how each activity for which income is accomplishment of the foundation's exempt purpose instructions.)	.) complishme reported in colur	nt of Exempt P	urposes contributed	importantly to the	
13 (Se	Total. Add line worksheet in art XVI-B	ne 12, columns (b), (d), and (e) In line 13 instructions on page 29 to verify calculations Relationship of Activities to the Act Explain below how each activity for which income is accomplishment of the foundation's exempt purpose instructions.)	.) complishme reported in colur	nt of Exempt P	urposes contributed	importantly to the	
13 (Se	Total. Add line worksheet in art XVI-B	ne 12, columns (b), (d), and (e) In line 13 instructions on page 29 to verify calculations Relationship of Activities to the Act Explain below how each activity for which income is accomplishment of the foundation's exempt purpose instructions.)	.) complishme reported in colur	nt of Exempt P	urposes contributed	importantly to the	
13 (Se	Total. Add line worksheet in art XVI-B	ne 12, columns (b), (d), and (e) In line 13 instructions on page 29 to verify calculations Relationship of Activities to the Act Explain below how each activity for which income is accomplishment of the foundation's exempt purpose instructions.)	.) complishme reported in colur	nt of Exempt P	urposes contributed	importantly to the	
13 (Se	Total. Add line worksheet in art XVI-B	ne 12, columns (b), (d), and (e) In line 13 instructions on page 29 to verify calculations Relationship of Activities to the Act Explain below how each activity for which income is accomplishment of the foundation's exempt purpose instructions.)	.) complishme reported in colur	nt of Exempt P	urposes contributed	importantly to the	
13 (Se	Total. Add line worksheet in art XVI-B	ne 12, columns (b), (d), and (e) In line 13 instructions on page 29 to verify calculations Relationship of Activities to the Act Explain below how each activity for which income is accomplishment of the foundation's exempt purpose instructions.)	.) complishme reported in colur	nt of Exempt P	urposes contributed	importantly to the	
13 (Se	Total. Add line worksheet in art XVI-B	ne 12, columns (b), (d), and (e) In line 13 instructions on page 29 to verify calculations Relationship of Activities to the Act Explain below how each activity for which income is accomplishment of the foundation's exempt purpose instructions.)	.) complishme reported in colur	nt of Exempt P	urposes contributed	importantly to the	

Part /	KVII .	Information Reg		ansfers To and	d Transactio	ns and Relati	onships Wit	h Noncharitabl	е		
1 Dià	the orga	anization directly or indi		e in any of the follo	wing with any oth	er organization de	escribed		T	Yes	No
		01(c) of the Code (othe								162	NO
	anization			.,	2	ion oza, roldung k	o pondodi				
		om the reporting founda	ation to a nor	nchantable exempt	organization of:						
	Cash	• =		- · · · · · · · · · · · · · · · · · · ·	ū				1a(1)	İ	X
		ssets		• •• •					1a(2)		X
	ner transa		• • • • •			• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	13.57		
(1)	Sales of	f assets to a nonchanta	ble exempt o	organization					1b(1)	Ī	x
		ses of assets from a no			 1				1b(2)		X
		of facilities, equipment,				•• • • • • • • • • • • • • • • • • • • •			1b(3)		X
(4)	Reimbu	rsement arrangements		••					1b(4)		X.
(5)	Loans o	r loan guarantees	•••			••		••••	1b(5)		X
(6)	Perform	ance of services or me	mbership or						1b(6)		X
		acılıties, equipment, ma			•				1c		X
		r to any of the above is						narket			
		goods, other assets, or		_		•					
		transaction or sharing									
	пе по.	(b) Amount involved	1	of noncharitable exen				ansactions, and sharing	arrange	ments	
N/A											
											
											
											
								··· · · · · · · · · · · · · · · · · ·			
				 							
											
		! 									
		l									
											
					- 			-			
						-		- · · · · · · · · · · · · · · · 			
						·					
		<u></u>	L			L					
		ation directly or indirect	-			. •	าร				
		section 501(c) of the C		nan section 501(c)(3)) or in section	527?			Y€	s X	No
b If "		plete the following sch	edule.	T		· · · · · · · · · · · · · · · · · · ·		·· , ,			
27.		Name of organization		(b) Type of o	organization		(c) Descrip	tion of relationship			
N/2	<u> </u>										
					····································						
				<u> </u>							
				l		<u> </u>	<u> </u>				
1	Under pe	nalties of perjury, I declare s true, correct, and comple	that I have exa	amined this return, inc	luding accompanyi	ng schedules and sta	tements, and to the	e best of my knowledge	and		
Sign	Delier, it is	s true, correct, and comple	te. Declaration	or preparer (other tha		, .	ntormation of which	preparer has any kno-	Medge.		
Here	X_	intal	<u>arkel</u>		(8)	25/2011	FOUN	DATION MAI	NAGE	<u>R</u>	
	▼ Sign	ature of officer or trustee			Date	<u> </u>	Title				
	Print/T	ype preparer's name			Preparer's signa	ture		Date		Check	$\overline{\neg}$
Paid										self-emp	if
Preparer	Steve	en M. Epstein			<u></u>			08/0	2/11		
Jse Only	Firm's	name Moss	& Epst	ein Accou	intants,	P.C.			0940	959	
•	1			Ten Mile		.04		Firm's EIN ▶ 38-			 3
	Southfield, MI 48075 Phone no 248-55										

237078893 SINAI MEDICAL STAFF FOUNDATION 23-7078893

Federal Statements

FYE: 6/30/2011

Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets

	Net Gain / Loss		41,977	41,977
	Depreciation		\$	\$ 0
	Expense		\$	\$ 0
	Cost		648,089 \$	648,089 \$
How Received	Sale Price	Purchase	\$ 990,069	\$ 990,069
	1		ω 	w.
	Date Sold		Various	
Description	Date Acquired	ENT	Various	
	Whom Sold	SEE ATTACHED STATEMENT		Total

	Adjusted Net Income	\$ 630
ncome	Net Investment Income	\$ \$
2 - Form 990-PF, Part I, Line 11 - Other Income	Revenue per Books	\$ 630
Statement 2 - F	Description	Total

	Charitable Purpose	\$	0
ting Fees	Adjusted Net	\$ 2,056	\$ 2,056
orm 990-PF, Part I, Line 16b - Accountin	Net Investment	\$	\$
<u>-</u>	Total	\$ 2,056	\$ 2,056
Statement 3	Description	Indirect Accounting Fees	Total

Charitable Purpose	w	\$
Adjusted Net	v,	8
Net Investment	23,300	41,525
l	ጭ	ا گا
Total	23,300 18,225	41,525
	თ	ν.
Description	Brokerage Fees Management Fees	Total

Statement 4 - Form 990-PF, Part I, Line 16c - Other Professional Fees

8/2/2011 11:22 AM	Charitable Purpose		Charitable Purpose \$
	Adjusted Net		Adjusted Net 3,168 \$ 3,168
Federal Statements	PF, Part I, Line 18 - Tay Net Investment \$ 1,130 2,026 \$ 3.156	Line 23	Net Investment \$ 0 \$
	Statement 5 - Form 990-PF, Part I, Line 18 - Taxes Net Total Investment \$ 1,130 \$ 1,130 2,026 2,026 5 3 156	9	
237078893 SINAI MEDICAL STAFF FOUNDATION 23-7078893 FYE: 6/30/2011	Description Excise taxes Foreign taxes withheld		Expenses Web design Total

•							
	et 357		ا يـ	605			
	Market /alue / 719, 35		air Market Value	51,			
	Fair N Val 2,7	-II I	Fair N Val	m m			

Basis of Valuation Market

351,605 351,605

470,383 470,383

End of Year

Beginning of Year

Description

Total

Statement 8 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments

Basis of Valuation

End of Year

Statement 7 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Federal Statements

237078893 SINAI MEDICAL STAFF FOUNDATION

FYE: 6/30/2011 23-7078893

Market

2,719,357 2,719,357

2,229,710 2,229,710

۱۳۰ Ś

Beginning of Year

Description

Total

7-8

8/2/2011 11:22 AM ·

237078893 SINAI MEDICAL STAFF FOUNDATION

Federal Statements

FYE: 6/30/2011

23-7078893

Statement 9 - Form 990-PF, Part II, Line 22 - Other Liabilities

Description	Beginning of Year		End of Year	
VALUATION ALLOWANCE	\$	424,264	\$	0
Total	\$	424,264	\$	0

Statement 10 - Form 990-PF, Part III, Line 3 - Other Increases

Description	 Amount
MARKET VALUE ADJUSTMENT	\$ 891,569
Total	\$ 891,569

8/2/2011 11:22 AM

237078893 SINAI MEDICAL STAFF FOUNDATION 23-7078893 Federal Sta

Federal Statements

FYE: 6/30/2011

Statement 11 - Form 990-PF, Part IX-A, Line 1 - Summary of Direct Charitable Activities

Description	
UNIVERSITY OF MICHIGAN, NEUROLOGY DEPT. 109 ZINA PITCHER PLACE	
ANN ARBOR, MI 48109	\$ 87,500
MADONNA UNIVERSITY	\$ 42,000
JELS 6735 TELEGRAPH RD. BLOOMFIELD HILLS, MI	\$ 30,000
HENRY FORD HEALTH SYSTEM ONE FORD PLACE, 5B	
DETROIT, MI 48202-3405	\$ 10,000
ALS MID CHAPTER	\$ 1,000
NATIONAL COUNCIL OF JEWISH WOMEN	\$ 100

8/2/2011 11:22 AM

237078893 SINAI MEDICAL STAFF FOUNDATION

Federal Statements

FYE: 6/30/2011

23-7078893

8/2/2011 11:22 AM

Statement 12 - Form 990-PF, Part XV, Line 2b - Application Format and Required Contents

Description

PURPOSE OF REQUEST

PROOF OF 501(C)3 STATUS

RECENT FINANCIAL STATEMENTS

LIST OF OFFICERS AND DIRECTORS

Statement 13 - Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

Description

MEDICAL RESEARCH
DISEMINATION OF MEDICAL INFORMATION
MEDICAL EDUCATION IN MICHIGAN