

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



Form **990-PF** Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

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

2011

OMB No 1545-0052

Fo	r cale	ndar year 2011, or tax year beginning		, 2	2011, and end		, 20		
1	lame o	of foundation	I DD I GU GOUND	7 M T () I		A Employer identif			
			LDRICH FOUND						
_	Number and street (or P O box number if mail is not delivered to street address) PO BOX 766 Room/suite					517-787-9481			
	ity or	town, state, and ZIP code				C If exemption application check here	is pending,		
		JACKSON MI 49204-	0766						
G	Chec	🖈 all that apply 🔲 Initial return	Initial Return of a f	former public	charity	D 1 Foreign organization 2 Foreign organization			
		Final return	Amended return			test, check here and E If private foundation sta	fattach computation		
<u>.</u>		Address change	Name change			terminated under section	n		
Н			(c)(3) exempt private fou			507(b)(1)(A), check her	e ▶		
Ш	Secti	on 4947(a)(1) nonexempt charitable trust	Other taxable priva			F If the foundation is in a	60-month		
		alver Agine of all assers at elig of	_ `	Cash 📋	Accrual	termination under section	on _		
y ▶:	-	rom Part II, col. (c), line 16) 78,234.	Other (specify)	ho on cash t	acie)	507(b)(1)(B), check her	·		
_	<u> </u>	Analysis of Revenue and Expenses	(Part I, column (d) must	be on cash c	Jasis)	<u> </u>	(d) Dishursements		
<u> </u>		(The total of amounts in columns (b),	(a) Revenue and expenses per	(b) Net in	I .	(c) Adjusted net	(d) Disbursements for charitable		
		(c), and (d) may not necessarily equal the amounts in column (a) (see instr.)	books	inco	ome	income	purposes (cash basis only)		
	1	Contributions, gifts, grants, etc., received					<u> </u>		
	2	Check Figure 1 If the foundation is not required to attach Sch. B	[
	3	Interest on savings and temp cash investments							
	4	Dividends and interest from securities	1,970.						
	5a	Gross rents							
	b	(Net rental income or (loss)					!		
ā	6a	Net gain/(loss) from sale of assets not on line 10					,		
en	b	Gross sales price for all assets on line 6a							
Revenue	7	Capital gain-net-income (from-Part-IV-line-2)					<u> </u>		
	8	Net short-term capital gain VED							
	9		<u>) </u>				1		
	10a	Gross salestess rtns & allowences Less Cost of D	<u> </u>						
	0	Gross profit or (loss)-(attach schedule)	<u>) </u>	1					
	11	Other income (attach schedule)	<u>- </u>						
	12	Total. Add lines 1 through 11	1,970.						
_	13	Compensation of officers,							
	14	directors, trustees, etc Other employee salaries and wages							
ses	15	Pension plans, employee benefits							
_	16a	Legal fees (attach schedule) .	1,468.	1	,468.				
Operating and Administrative Expe	b	Accounting fees (attach schedule) .							
ĕ	С	Other professional fees (attach schedule)							
trati	17	Interest							
nist	18	Taxes (attach schedule) (see instructions)	·						
Ë	19	Depreciation (attach sch.) and depletion							
Ă	20	Occupancy							
auc	21	Travel, conferences, and meetings							
ing	22	Printing and publications							
erat	23	Other expenses (attach schedule)		·					
Ö	24	Total operating and administrative expenses Add lines 13 through 23	1,468.	1	,468.		1		
_	25	Contributions, gifts, grants paid	1,500.		, 100.		1,500.		
	26	Total exp & disbursements Add lines 24 and 25	2,968.	1	,468.		1,500.		
_	27	Subtract line 26 from line 12	2,000.		, - - +		1,555.		
	а	Excess of revenue over expenses and disbursements	(998.)						
	b	Net investment income (if neg , enter -0-)	· · · · · · · · · · · · · · · · · · ·						
	1	Adjusted net income (if neg , enter -0-)							

For Paperwork Reduction Act Notice, see instructions.

BCA

US990P\$1

Form 990-PF (2011)

Attached schedules and amounts in the form	the Beginning of year	End o	
Part II Balance Sheets description column should be for end-of-year amounts only (See inst.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1 Cash - non-interest-bearing			
2 Savings and temporary cash investments	22,101.	32,103.	32,103.
3 Accounts receivable ▶			
Less allowance for doubtful accts ▶			
4 Pledges receivable ▶			
Less allowance for doubtful accts ▶			
5 Grants receivable			
5 Grants receivable			
6 Receivables due from officers, directors, trustees, and other			
disqualified persons (attach schedule) (see the instructions)			
7 Other notes and loans			
receivable (attach schedule) Less allowance for			
doubtful accounts			
8 Inventories for sale or use	·		
9 Prepaid expenses and deferred charges			
10a Investments - U S and state govt obligations (attach schedu			<u> </u>
b Investments - corporate stock (attach schedule)	27,927.	27,927.	35,377.
c Investments - corporate bonds (attach schedule)	21,000.	10,000.	10,754.
11 Investments - land, buildings, and equipment basis			
Less accumulated depreciation (attach schedule)			
12 Investments - mortgage loans			
13 Investments - other (attach schedule)			
14 Land, buildings, and equipment basis			
Less accumulated depreciation			
(attach schedule)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
15 Other assets (describe ▶	- '		
16 Total assets (to be completed by all filers - see the	71 000	70 020	70 224
instructions Also, see page 1, item l)	71,028.	70,030.	78,234.
17 Accounts payable and accrued expenses			
18 Grants payable			
19 Deferred revenue			
20 Loans from officers, directors, trustees, and other disqualified persons			
21 Mortgages and other notes payable (attach schedule)			
22 Other liabilities (describe ▶)	•	
23 Total liabilities (add lines 17 through 22)			
Foundations that follow SFAS 117, check here			
and complete lines 24 through 26 and lines 30 and 31.			
24 Unrestricted	.		
25 Temporarily restricted			
26 Permanently restricted			
Foundations that do not follow SFAS 117, ck. here			
·			
and complete lines 27 through 31.	71,028.	70,030.	
27 Capital stock, trust principal, or current funds	/1,020.	70,030.	
28 Paid-in or capital surplus, or land, bldg, and equipment fund			
29 Retained earnings, accumulated income, endowment, or other funds	·		
	7	70 000	
30 Total net assets or fund balances (see instructions)	. 71,028.	70,030.	
31 Total liabilities and net assets/fund balances (see			
instructions)	71,028.	70,030.	
art III Analysis of Changes in Net Assets or Fund E		· · · · · · · · · · · · · · · · · · ·	
Total net assets or fund balances at beginning of year - Part II, colu	mn (a), line 30 (must agree v	with	
end-of-year figure reported on prior year's return)		. 1	71,028.
Enter amount from Part I, line 27a			(998.)
Other increases not included in line 2 (itemize)		3	
A 111 a a 4 0 a a 4 0		4	70,030.
Decreases not included in line 2 (itemize) ▶	, ,	5	
Total net assets or fund balances at end of year (line 4 minus line 5) - Part II column (b) line 30	 }	70,030.

	Losses for Tax on Inve					
(a) List and describe the king 2-story brick warehouse,	nd(s) of property sold (e g , real or common stock, 200 shs MLC	estate, Co)	P - Purchase D - Donation	(c) Date acc (mo , day	, yr)	(d) Date sold (mo , day, yr)
1a 11 FREDDIE MAC	D	08/24/2	2009	08/15/2011		
b		-			 	
<u>c</u>						
d e				<u> </u>	_	
						n or (loss) (f) minus (g)
a 11,000.			11,000.			
b						
С						<u> </u>
d						
e Complete only for assets showing	gain in column (h) and owned b	ov the foundation or	n 12/31/69	(I) Ga	ins (Co	of (h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess over col (of col (i)	col (k), l	but not	less than -0-) or from col (h))
а						
b						
С		120	····			<u> </u>
_d						
_е				 		
2 Capital gain net income or (net ca	-	so enter in Part I, lii enter -0- in Part I, lir	ne 7	2		
3 Net short-term capital gain or (los) and (6)	_			
If gain, also enter in Part I, line 8,			>	3		
If (loss), enter -0- in Part I, line 8 Part V Qualification Und	er Section 4940(e) for R	 educed Tax on	Net Investm	<u> </u>	6	
(For optional use by domestic private					-	
If postion 4040(d)(2) applies leave th	is nort blank					
If section 4940(d)(2) applies, leave th						
Was the foundation liable for the sect				iod?		☐ Yes 🏻 No
If "Yes," the foundation does not qual 1 Enter the appropriate amount in 6				ntries		
(a)	(b)		(c)			(d)
Base period years Calendar year (or tax year beg in)	Adjusted qualifying distribution		let value of itable-use assets	, (c	Dist ol (b) d	ribution ratio livided by col. (c))
2010	10	0.	72,16	9.		0.0014
2009			69,56			
2008			54,79	6		
2007	4,00		35,37 28,21			0.1418
2006	4,00	0.	20,21			0.1410
2 Total of line 1, column (d)				2		0.1432
3 Average distribution ratio for the			or by the number			
of years the foundation has been	in existence if less than 5 years			3		0.0286
						70 657
4 Enter the net value of noncharital	ole-use assets for 2011 from Par	t X, line 5 .		. 4		70,657.
5 Multiply line 4 by line 3				. 5		2,021.
3 Widney me 4 by me 5		• •				
6 Enter 1% of net investment incon	ne (1% of Part I, line 27b)			. 6		
						0.001
7 Add lines 5 and 6				7		2,021.
8 Enter qualifying distributions from	Part XII, line 4		•• • •	. 8		1,500.
If line 8 is equal to or greater that instructions	n line 7, check the box in Part VI	, line 1b, and compl	lete that part usir	ig a 1% tax ra	ite See	e the Part VI

Form 990-PF (2011) DWIGHT & LUCILI	E ALDRICH FO	UNDATION	20-	-640	6772	Page 6
Part VII-B Statements Regarding Act			Required (conf	tinue	d)	
5a During the year did the foundation pay or incu	ir any amount to					
(1) Carry on propaganda, or otherwise attem	pt to influence legislatio	n (section 4945(e))? .		⊠ N	0	'
(2) Influence the outcome of any specific pub	olic election (see section	4955), or to carry	_	_		'
on, directly or indirectly, any voter registra	ation drive?		Yes	X N	0	
(3) Provide a grant to an individual for travel,	study, or other similar p	ourposes?	Yes	X N	o	
(4) Provide a grant to an organization other to	han a charitable, etc , o	rganization described	_	_		
in section 509(a)(1), (2), or (3), or section	4940(d)(2)? (see instru	ctions)	Yes	X N	o	
(5) Provide for any purpose other than religio	us, charitable, scientific	, literary, or				
educational purposes, or for the prevention	on of cruelty to children	or animals?	Yes	X N	o	
b If any answer is "Yes" to 5a(1)-(5), did any of	the transactions fail to	qualify under the exception	ns described in		\	
Regulations section 53 4945 or in a current ne	otice regarding disaster	assistance (see the instru	ctions)? .	<u></u>	5b	
Organizations relying on a current notice rega	irding disaster assistand	e check here	▶			1 1
c If the answer is "Yes" to question 5a(4), does	the foundation claim ex	emption from the	_			
tax because it maintained expenditure respon	isibility for the grant? .		Yes	N	0	
If "Yes," attach the statement required by Reg	gulations section 53 494	5-5(d)				
6a Did the foundation, during the year, receive a	ny funds, directly or indi	rectly, to pay		_		.
premiums on a personal benefit contract?			. Yes	X N	o _	. ,
b Did the foundation, during the year, pay prem	iums, directly or indirect	tly, on a personal benefit o	ontract?	<u> </u>	6b	X
If "Yes" to 6b, file Form 8870				_		
7a At any time during the tax year, was the found	dation a party to a prohi	bited tax shelter transactio	n?	X N	o	
b If "Yes," did the foundation receive any proces	eds or have any net inc	ome attributable to the tran	nsaction?		7b	
Part VIII Information About Officers	, Directors, Trust	ees, Foundation Ma	nagers, Highl	y Paid	d Emplo	yees,
and Contractors						
1 List all officers, directors, trustees, foundation	on managers and thei	r compensation (see inst	tructions).			
	(b) Title, and average		/all Cambridge strange		–	
(a) Name and address	(b) Title, and average	(c) Compensation	(d) Contribution		(e) Expe	nse account,
(a) Name and address	hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	employee benefit and deferred co	plans	, , ,	nse account, illowances
ALBERT ALDRICH	hours per week	(If not paid, enter -0-)	employee benefit	plans	, , ,	
ALBERT ALDRICH PO BOX 73	hours per week devoted to position TRUSTEE 1	(=)	employee benefit	plans	, , ,	
ALBERT ALDRICH PO BOX 73 PHILIP J CURTIS	hours per week devoted to position	(If not paid, enter -0-)	employee benefit	plans	, , ,	
ALBERT ALDRICH PO BOX 73	hours per week devoted to position TRUSTEE 1	(If not paid, enter -0-)	employee benefit	plans	, , ,	
ALBERT ALDRICH PO BOX 73 PHILIP J CURTIS	hours per week devoted to position TRUSTEE 1 TRUSTEE	(If not paid, enter -0-)	employee benefit	plans	, , ,	
ALBERT ALDRICH PO BOX 73 PHILIP J CURTIS	hours per week devoted to position TRUSTEE 1 TRUSTEE	(If not paid, enter -0-)	employee benefit	plans	, , ,	
ALBERT ALDRICH PO BOX 73 PHILIP J CURTIS	hours per week devoted to position TRUSTEE 1 TRUSTEE	(If not paid, enter -0-)	employee benefit	plans	, , ,	
ALBERT ALDRICH PO BOX 73 PHILIP J CURTIS	hours per week devoted to position TRUSTEE 1 TRUSTEE	(If not paid, enter -0-)	employee benefit	plans	, , ,	nse account, illowances
ALBERT ALDRICH PO BOX 73 PHILIP J CURTIS PO BOX 766 Compensation of five highest-paid employee	hours per week devoted to position TRUSTEE 1 TRUSTEE 1	(If not paid, enter -0-)	employee benefit and deferred co	plans	, , ,	
ALBERT ALDRICH PO BOX 73 PHILIP J CURTIS PO BOX 766	hours per week devoted to position TRUSTEE 1 TRUSTEE 1	(If not paid, enter -0-)	employee benefit and deferred co	t plans	, , ,	
ALBERT ALDRICH PO BOX 73 PHILIP J CURTIS PO BOX 766 Compensation of five highest-paid employee If none, enter "NONE."	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 (b) Title, and average	(If not paid, enter -0-) 0 0 cluded on line 1 - see in	employee benefit and deferred co	t plans	other a	illowances
ALBERT ALDRICH PO BOX 73 PHILIP J CURTIS PO BOX 766 Compensation of five highest-paid employee	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 (b) Title, and average hours per week	(If not paid, enter -0-)	structions). (d) Contribution employee ben plans and defe	ns to efit	(e) Expe	illowances
ALBERT ALDRICH PO BOX 73 PHILIP J CURTIS PO BOX 766 Compensation of five highest-paid employee If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 (b) Title, and average	(If not paid, enter -0-) 0 0 cluded on line 1 - see in	structions). (d) Contribution employee benefit	ns to efit	(e) Expe	nse account
ALBERT ALDRICH PO BOX 73 PHILIP J CURTIS PO BOX 766 Compensation of five highest-paid employee If none, enter "NONE."	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 (b) Title, and average hours per week	(If not paid, enter -0-) 0 0 cluded on line 1 - see in	structions). (d) Contribution employee ben plans and defe	ns to efit	(e) Expe	nse account
ALBERT ALDRICH PO BOX 73 PHILIP J CURTIS PO BOX 766 Compensation of five highest-paid employee If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 (b) Title, and average hours per week	(If not paid, enter -0-) 0 0 cluded on line 1 - see in	structions). (d) Contribution employee ben plans and defe	ns to efit	(e) Expe	nse account
ALBERT ALDRICH PO BOX 73 PHILIP J CURTIS PO BOX 766 Compensation of five highest-paid employee If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 (b) Title, and average hours per week	(If not paid, enter -0-) 0 0 cluded on line 1 - see in	structions). (d) Contribution employee ben plans and defe	ns to efit	(e) Expe	nse account
ALBERT ALDRICH PO BOX 73 PHILIP J CURTIS PO BOX 766 Compensation of five highest-paid employee If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 (b) Title, and average hours per week	(If not paid, enter -0-) 0 0 cluded on line 1 - see in	structions). (d) Contribution employee ben plans and defe	ns to efit	(e) Expe	nse account
ALBERT ALDRICH PO BOX 73 PHILIP J CURTIS PO BOX 766 Compensation of five highest-paid employee If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 (b) Title, and average hours per week	(If not paid, enter -0-) 0 0 cluded on line 1 - see in	structions). (d) Contribution employee ben plans and defe	ns to efit	(e) Expe	nse account
ALBERT ALDRICH PO BOX 73 PHILIP J CURTIS PO BOX 766 Compensation of five highest-paid employee If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 (b) Title, and average hours per week	(If not paid, enter -0-) 0 0 cluded on line 1 - see in	structions). (d) Contribution employee ben plans and defe	ns to efit	(e) Expe	nse account
ALBERT ALDRICH PO BOX 73 PHILIP J CURTIS PO BOX 766 Compensation of five highest-paid employee If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 (b) Title, and average hours per week	(If not paid, enter -0-) 0 0 cluded on line 1 - see in	structions). (d) Contribution employee ben plans and defe	ns to efit	(e) Expe	nse account
ALBERT ALDRICH PO BOX 73 PHILIP J CURTIS PO BOX 766 Compensation of five highest-paid employee If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 (b) Title, and average hours per week	(If not paid, enter -0-) 0 0 cluded on line 1 - see in	structions). (d) Contribution employee ben plans and defe	ns to efit	(e) Expe	nse account
ALBERT ALDRICH PO BOX 73 PHILIP J CURTIS PO BOX 766 Compensation of five highest-paid employee If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 (b) Title, and average hours per week	(If not paid, enter -0-) 0 0 cluded on line 1 - see in	structions). (d) Contribution employee ben plans and defe	ns to efit	(e) Expe	nse account
ALBERT ALDRICH PO BOX 73 PHILIP J CURTIS PO BOX 766 Compensation of five highest-paid employee If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 (b) Title, and average hours per week devoted to position	(If not paid, enter -0-) 0 0 cluded on line 1 - see in	structions). (d) Contribution employee ben plans and defe	ns to efit	(e) Expe	nse account

Form 990-PF (2011)

All other program-related investments. See instructions

Part X Minimum Investment Return (All domestic foundations must complete this part Foreign f	oundations, s	ee instructions)
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a Average monthly fair market value of securities	. 1a	
b Average of monthly cash balances	1b	27,104.
c Fair market value of all other assets (see instructions)	. 1c	44,629.
d Total (add lines 1a, b, and c)	1d	71,733.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		
(attach detailed explanation)		
2 Acquisition indebtedness applicable to line 1 assets	. 2	
3 Subtract line 2 from line 1d	. 3	71,733.
4 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount,		
see instructions)	4	1,076.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4.	. 5	70,657.
6 Minimum investment return. Enter 5% of line 5	6	3,533.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found	ations	
and certain foreign organizations check here ▶ and do not complete this part)		
1 Minimum investment return from Part X, line 6	1	3,533.
2 a Tax on investment income for 2011 from Part VI, line 5		
b Income tax for 2011 (This does not include the tax from Part VI) 2b		
c Add lines 2a and 2b	2c	
3 Distributable amount before adjustments Subtract line 2c from line 1	. 3	3,533.
4 Recoveries of amounts treated as qualifying distributions	4	-
5 Add lines 3 and 4	5	3,533.
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	3,533.
Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a Expenses, contributions, gifts, etc -total from Part I, column (d), line 26	1a	1,500.
b Program-related investments-total from Part IX-B	1b	· · · · · · · · · · · · · · · · · · ·
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, 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, and Part XIII, line 4	4	1,500.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	<u> </u>	,
Enter 1% of Part I, line 27b (see instructions)	5	
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,500.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the	. 🖳	
qualifies for the section 4940(e) reduction of tax in those years		•

Form **990-PF** (2011)

ш	art Alli Ollaisti batca moonio (see iii			 	
	•	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1	Distributable amount for 2011 from Part XI, line 7	Corpus	Tears prior to 2010	2010	3,533.
_					
	Undistributed income, if any, as of the end of 2011				
	Enter amount for 2010 only				
	Total for prior yrs 20, 20, 20			-	
3	Excess distribs carryover, if any, to 2011				
а	From 2006				
b	From 2007				1
С	From 2008				
d	From 2009				
е	From 2010 .			İ	
f	Total of lines 3a through e				
4	Qualifying distributions for 2011 from Part XII,				
	line 4 ▶\$ 1,500.				
а	Applied to 2010, but not more than line 2a .				
	Applied to undistributed income of prior			1	
	years (Election required - see instructions)				
С	Treated as distributions out of corpus				
	(Election required - see instructions)				
d	Applied to 2011 distributable amount				1,500.
	Remaining amt_distributed out of corpus				
	Excess distribs carryover applied to 2011				
•	(If an amount appears in column (d), the		· · · · · · · · · · · · · · · · · · ·		
	same amount must be shown in col (a))				
6	Enter the net total of each column as				
•	indicated below:				
а	Corpus Add lines 3f, 4c, & 4e Subtract line 5				
	Prior years' undistributed income Subtract				
_	line 4b from line 2b				
_	Enter the amount of prior years' undistributed				
٠	income for which a notice of deficiency				
	has been issued, or on which the section				
	4942(a) tax has been previously assessed	•			
А	Subtract line 6c from line 6b Taxable				
u	amount - see instructions				
_	Undistributed income for 2010 Subtract				
-	line 4a from line 2a Taxable amount -				
£	Undistributed income for 2011 Subtract				
٠	lines 4d and 5 from line 1. This amount				
	must be distributed in 2012				2,033.
7	Amounts treated as distributions out of				2,033.
′					
	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (see				
_	instructions)				<u>-</u>
8	Excess distributions carryover from 2006				
	not applied on line 5 or line 7 (see				
_	instructions)		+		
9	Excess distributions carryover to 2012.				
	Subtract lines 7 and 8 from line 6a			-	
	Analysis of line 9				
	Excess from 2007				
	Excess from 2008			İ	
-	Excess from 2009				
	Excess from 2010 .				
•	Evenes from 2011		i	I	i

Page 10

Form 990-PF (2011)

BCA

	art XIV Private Operating Found				<u>,</u>	
1a	If the foundation has received a ruling or d			erating		
	foundation, and the ruling is effective for 2			▶		
b	Check box to indicate whether the foundat	on is a private ope	rating foundation des	cribed in section	4942(j)	(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year	<u> </u>	Prior 3 years		
	income from Part I or the minimum investment return from Part X for each year listed	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
b	85% of line 2a			<u> </u>		
С	Qualifying distributions from Part XII,					
	line 4 for each year listed					<u> </u>
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly					
	for active conduct of exempt activities					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative					
	test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets					
	(2) Value of assets qualifying					
	under section 4942(j)(3)(B)(i) .					
þ	"Endowment" alternative test - enter					
	2/3 of minimum investment return shown in Part X, line 6 for each year listed					
С	"Support" alternative test - enter					
	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments					
	on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5					
	or more exempt organizations as					
	provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support					
	from an exempt organization .					
	(4) Gross investment income					
Р	art XV Supplementary Informat	ion (Complete	this part only if	the foundation	had \$5,000 or i	more in
	assets at any time during				, . ,	
1	Information Regarding Foundation Man	<u> </u>	<u> </u>			
	List any managers of the foundation who h of any tax year (but only if they have contri	ave contributed mo			ved by the foundation	on before the close
b	List any managers of the foundation who o partnership or other entity) of which the foundation			ation (or an equally	large portion of the o	ownership of a
2	Information Regarding Contribution, Gr. Check here ► ☐ if the foundation only requests for funds. If the foundation makes complete items 2a, b, c, and d	makes contributio	ns to preselected cha	- Iritable organizations		
а	The name, address, and telephone numbe	r of the person to w	rhom applications sho	ould be addressed		
b	The form in which applications should be s	ubmitted and inforn	nation and materials t	they should include		
С	Any submission deadlines					
d	Any restrictions or limitations on awards, se	ıch as by geograph	ical areas, charitable	fields, kinds of instit	utions, or other factor	ors

US990P10

Part XV Supplementary Information (continued)

Grants and Contributions Paid During the Year or Approved for Future Payment									
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of		Amount					
	or substantial contributor	recipient		 					
a Paid during the year CONCORD	or substantial contributor	PUBLIC		1,500.					
				1 500					
Total	, , ,	, , , ,	. ▶ 3a	1,500.					
b Approved for future payment									
Total									

Page 12

	Analysis of income-i reducin	9 / 10 11 1 11 1				,	
Enter gross amounts unless otherwise indicated			ed business income		section 512, 513, or 514	(e) Related or exempt	
		(a) Business	(b) Amount	(c) Excl	(d) Amount	function income (See instructions)	
1		code		code		····-	
a						 	
b c							
d							
e							
f							
g	Fees and contracts from government agencies	[
2	Membership dues and assessments	ļ					
3	Interest on savings and temporary cash investments .			1 4	1 070		
4	Dividends and interest from securities .			14	1,970.		
5	Net rental income or (loss) from real estate						
a							
ь 6	Not debt-financed property						
7	Other investment income						
8	Gain or (loss) from sales of assets other than inventory	1		1	-	 -	
9	Net income or (loss) from special events				. 10		
10	Gross profit or (loss) from sales of inventory						
11	Other revenue a						
b							
С		ļi					
d							
е				+ +	1 070		
	Subtotal Add columns (b), (d), and (e)	l			1,970.	1,970.	
	Total. Add line 12, columns (b), (d), and (e) . worksheet in line 13 instructions to verify calculation		••••	•	. 13	1,910.	
	t XVI-B Relationship of Activities to t		plishment of Exe	empt Purp	oses		
	e No. Explain below how each activity for wh					antly to the	
	▼ accomplishment of the foundation's ex					-	
	NONE						
					·····		
							
				 -			
	****		• •		·		
				-			
						- 	
_						<u> </u>	
							
					·		
					· · · ·		
			······				
	1						

. ·	III AVII	Exempt Org	•	ansiers to and transa					
1	Did the o			e in any of the following with air	ny other organization o	described in section		Yes	No
				organizations) or in section 5					
				ncharitable exempt organizatio					
	(1) Ca						1a(1)		X
	• •	her assets					1a(2)		X
b	Other tra	ansactions							
	(1) Sa	ales of assets to a non	charitable exemp	t organization			1b(1)		X
		irchases of assets from					1b(2)		X
		ental of facilities, equip					1b(3)		X
		eimbursement arrange					1b(4)		X
	• •	oans or loan guarantee					1b(5)		X
	(6) Pe	erformance of services	or membership o	or fundraising solicitations			1b(6)		X
С	Sharing	of facilities, equipmen	t, mailing lists, oth	ner assets, or paid employees		•	1c		X
d	If the an	swer to any of the abo	ve is "Yes," comp	lete the following schedule C	olumn (b) should alway	ys show the fair market	value of	the	
				porting foundation. If the found					
				value of the goods, other asse					
				-					
(a) L	ine no	(b) Amount involved	(c) Name of non-	charitable exempt organization	(d)Desc of transfer	s, transactions, and sha	arıng arra	ngeme	ents
				, <u>, , , , , , , , , , , , , , , , , , </u>					
									-
				•					
 2a	Is the f	foundation directly or i	indirectly affiliated	with, or related to, one or mor	e tax-exempt organiza	ations described in			
	section	n 501(c) of the Code (other than section	501(c)(3)) or in section 527?				es 🏻	No
b	If "Yes	s," complete the follow	ıng schedule				_	_	
	((a) Name of organization	tion	(b) Type of organization	on	(c) Description of rela	ationship		
				nined this return, including accompanying			e and		
		belief, it is true,correct, and or	Symplete Declaration of	peparer (other than taxpayer) is based	on all information of which pro	eparer has any knowledge			
	ign		V// -//			May the I	RS discuss	this retu	ιυ
п	ere		Make	04/26/2	2012 TRUS	TEE with the p	reparer sho	wn belo	~
	'	Signature of officer of	or trustee	Date	Title	(see instr	uctions)?	X	No
— Pai	d	Print/Type prepa		Preparer's sygnature	Date	Check f	PTIN		
		PHILIP J	CURTIS	Mrs / los	04/26/2		0145		
	parer e Only	Firm's name	▶CURTIS &			Firm's EIN ▶ 38 - 1			
USI	e Only	Firm's address	▶PO BOX 7	766		Phone no 517-7			
			JACKSON	MI 49204-0766					
_							orm 990-	PF (20	211)

. . . .