See a Social Security Number? Say Something!
Report Privacy Problems to [https://public.resource.org/privacy](https://public.resource.org/privacy)
Or call the IRS Identity Theft Hotline at 1-800-908-4490
Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2010 or other tax year beginning ___________ and ending ___________, see separate instructions.

Name of organization (Check box if name changed and see instructions)

Community Foundation for Southeast Michigan

Number, street, and room or suite no. If a P.O. box, see instructions

333 West Fort Street, Suite 2010

City or town, state, and ZIP code

Detroit MI 48226-3134

Employer identification number (Employees' trust, see instructions)

38-2530980

Unrelated business activity codes (See instructions)

Check organization type (X) 501(c) corporation 501(c) trust 401(a) trust Other trust

Book value of all assets at end of year

Group exemption number (See instructions)

No

Describe the organization's primary unrelated business activity.

J The books are in care of (X) Karen L. Leppanen

Telephone number (313) 961-6675

Part I Unrelated Trade or Business Income

(A) Income (B) Expenses (C) Net

1 a Gross receipts or sales

2 Less returns and allowances

3 Gross profit Subtract line 2 from line 1c

4 a Capital gain net income (attach Schedule D)

4b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)

4c Capital loss deduction for trusts

5 Income (loss) from partnerships and S corporations (attach statement)

6 Rent income (Schedule C)

7 Unrelated debt-financed income (Schedule E)

8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)

9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)

10 Exploited exempt activity income (Schedule I)

11 Advertising income (Schedule J)

12 Other income (See instructions; attach schedule)

13 Total. Combine lines 3 through 12

14

Part II Deductions Not Taken Elsewhere

(See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income)

14 Compensation of officers, directors, and trustees (Schedule K)

15 Salaries and wages

16 Repairs and maintenance

17 Bad debts

18 Interest (attach schedule)

19 Taxes and licenses

20 Charitable contributions (See instructions for limitation rules.)

21 Depreciation (attach Form 4562)

22 Less depreciation claimed on Schedule A and elsewhere on return

23 Depletion

24 Contributions to deferred compensation plans

25 Employee benefit programs

26 Excess exempt expenses (Schedule I)

27 Excess readership costs (Schedule J)

28 Other deductions (attach schedule)

29 Total deductions. Add lines 14 through 28

30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

31 Net operating loss deduction (limited to the amount on line 30)

32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30

33 Specific deduction (Generally $1,000, but see line 33 instructions for exceptions)

34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32

For Privacy Act and Paperwork Reduction Act Notice, see instructions.
### Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization

<table>
<thead>
<tr>
<th></th>
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<tbody>
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</tbody>
</table>

Enter here and on page 1, Part I, line 9, column (A) Enter here and on page 1, Part I, line 9, column (B)

### Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income

<table>
<thead>
<tr>
<th>1. Description of exploited activity</th>
<th>2. Gross unrelated business income from trade or business</th>
<th>3. Expenses directly connected with production of unrelated business income</th>
<th>4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7</th>
<th>5. Gross income from activity that is not unrelated business income</th>
<th>6. Expenses attributable to column 5</th>
<th>7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Enter here and on page 1, Part I, line 10, col (A) Enter here and on page 1, Part I, line 10, col (B) Enter here and on page 1, Part II, line 26

### Schedule J—Advertising Income

#### Part I Income From Periodicals Reported on a Consolidated Basis

<table>
<thead>
<tr>
<th>1. Name of periodical</th>
<th>2. Gross advertising income</th>
<th>3. Direct advertising costs</th>
<th>4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7</th>
<th>5. Circulation income</th>
<th>6. Readership costs</th>
<th>7. Excess readership costs (column 6 minus column 5, but not more than column 4)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Totals (carry to Part II, line (5))

#### Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

<table>
<thead>
<tr>
<th>1. Name of periodical</th>
<th>2. Gross advertising income</th>
<th>3. Direct advertising costs</th>
<th>4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7</th>
<th>5. Circulation income</th>
<th>6. Readership costs</th>
<th>7. Excess readership costs (column 6 minus column 5, but not more than column 4)</th>
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</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

(1) (2) (3) (4) (9) Totals from Part I

Enter here and on page 1, Part I, line 11, col (A) Enter here and on page 1, Part I, line 11, col (B) Enter here and on page 1, Part II, line 27

Totals, Part II (lines 1-5)

### Schedule K—Compensation of Officers, Directors, and Trustees

<table>
<thead>
<tr>
<th>1. Name</th>
<th>2. Title</th>
<th>3. Percent of time devoted to business</th>
<th>4. Compensation attributable to unrelated business</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. Enter here and on page 1, Part II, line 14
Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

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

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

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I  Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only.

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<table>
<thead>
<tr>
<th>Type or print</th>
<th>Name of exempt organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>COMMUNITY FOUNDATION FOR SOUTHEAST MICHIGAN</td>
<td>38-2530980</td>
</tr>
</tbody>
</table>

File by the due date for filing your return. See instructions.

333 WEST FORT STREET, SUITE 2010
DETOUR, MICHIGAN 48226

Enter the Return code for the return that this application is for (file a separate application for each return) 07

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

The books are in the care of KAREN L. LEPPANEN.

Telephone No. 313-961-6675 FAX No. 313-961-2886

- If the organization does not have an office or place of business in the United States, check this box.
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) for the whole group, check this box if it is for part of the group, check this box if this is for the organization's return for:
  - [☐] calendar year 20_10 or
  - [☐] tax year beginning ________________, 20_11, and ending ________________, 20_11.
- [☐] 1 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. $3a

3b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. $3b

3c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. $3c

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

For Paperwork Reduction Act Notice; see Instructions.
**Part II**  
Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

<table>
<thead>
<tr>
<th>Type or print</th>
<th>Name of exempt organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>File by the extended due date for filing your return. See instructions.</td>
<td>Number, street, and room or suite no. If a P.O. box, see instructions.</td>
<td>City, town or post office, state, and ZIP code. For a foreign address, see instructions.</td>
</tr>
</tbody>
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Enter the Return code for the return that this application is for (file a separate application for each return).

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<td>06</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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

**Signature and Verification**

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

**Signature**  

**Title**  

**Date**  

4/15/11
Part I, Line 5

S-Corporation shareholders percentage of loss -1,927
Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)

1. Description of property

2. Rent received or accrued

   (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)  
   (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)  
   (c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)  

3. (a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)  

   (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)  

Schedule E—Unrelated Debt-Financed Income

1. Description of debt-financed property

2. Gross income from, or allocable to debt-financed property

   (a) Straight line depreciation  
   (b) Other deductions

3. Deductions directly connected with or allocable to debt-financed property

   (a) Straight line depreciation (attach schedule)  
   (b) Other deductions (attach schedule)

4. Amount of average acquisition debt on, or allocable to debt-financed property (attach schedule)

5. Average adjusted basis of, or allocable to debt-financed property (attach schedule)

6. Column 4 divided by column 5

7. Gross income reportable (column 2 x column 6)

8. Allocable deductions (column 5 x total of columns 3(a) and 3(b))

   Enter here and on page 1, Part I, line 7, column (A)  

   Enter here and on page 1, Part I, line 7, column (B)

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations

1. Name of controlled organization

2. Employer identification number

3. Net unrelated income (loss) (see instructions)

4. Total of specified payments made

5. Part of column 4 that is included in the controlling organization’s gross income

6. Deductions directly connected with income in column 5

Nonexempt Controlled Organizations

7. Taxable income

8. Net unrelated income (loss) (see instructions)

9. Total of specified payments made

10. Part of column 9 that is included in the controlling organization’s gross income

11. Deductions directly connected with income in column 10

Add columns 9 and 10  
Add columns 6 and 11

Enter here and on page 1, Part I, line 8, column (A)  
Enter here and on page 1, Part I, line 8, column (B)
Part III  Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here ▶ See instructions and:
   a Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order):
      (1) $ ▶
      (2) $ ▶
      (3) $ ▶
   b Enter organization's share of (1) Additional 5% tax (not more than $11,750) ▶ $ ▶
      (2) Additional 3% tax (not more than $100,000) ▶ $ ▶
   c Income tax on the amount on line 34 ▶ 35c ▶

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: ▶ Tax rate schedule or ▶ Schedule D (Form 1041) ▶ 36 ▶

37 Proxy tax. See instructions ▶ 37 ▶

38 Alternative minimum tax ▶ 38 ▶

39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies ▶ 39 ▶ 0 ▶

Part IV  Tax and Payments

40 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) ▶ 40a ▶
   b Other credits (see instructions) ▶ 40b ▶
   c General business credit. Attach Form 3800 ▶ 40c ▶
   d Credit for prior year minimum tax (attach Form 8801 or 8827) ▶ 40d ▶
   e Total credits. Add lines 40a through 40d ▶ 40e ▶ 0 ▶

41 Subtract line 40e from line 39 ▶ 41 ▶ 0 ▶

42 Other taxes. Check if from ▶ Form 4255 ▶ Form 8511 ▶ Form 8967 ▶ Form 8866 ▶ Other (attach schedule) ▶ 42 ▶

43 Total tax. Add lines 41 and 42 ▶ 43 ▶ 0 ▶

44 a Payments: A 2009 overpayment credited to 2010 ▶ 44a ▶
   b 2010 estimated tax payments ▶ 44b ▶
   c Tax deposited with Form 8868 ▶ 44c ▶
   d Foreign organizations: Tax paid or withheld at source (see instructions) ▶ 44d ▶
   e Backup withholding (see instructions) ▶ 44e ▶
   f Credit for small employer health insurance premiums (Attach Form 8941) ▶ 44f ▶
   g Other credits and payments: ▶ Form 2439 ▶
      ▶ Form 4136 ▶ Other ▶ Total ▶ 44g ▶ 0 ▶

45 Total payments. Add lines 44a through 44g ▶ 45 ▶ 0 ▶

46 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ▶ 46 ▶

47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed ▶ 47 ▶ 0 ▶

48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ▶ 48 ▶ 0 ▶

49 Enter the amount of line 48 you want credited to 2011 estimated tax ▶ 49 ▶

Part V  Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2010 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? Yes ▶ No ▶
   ▶ If YES, the organization may have to file Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ X ▶

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? Yes ▶ No ▶
   ▶ If YES, see instructions for other forms the organization may have to file. ▶ X ▶

3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $ ▶

Schedule A—Cost of Goods Sold. Enter method of inventory valuation ▶

1 Inventory at beginning of year ▶ 1 ▶
2 Purchases ▶ 2 ▶
3 Cost of labor ▶ 3 ▶
4 a Additional section 263A costs (attach schedule) ▶ 4a ▶
   b Other costs (attach schedule) ▶ 4b ▶
5 Total. Add lines 1 through 4b ▶ 5 ▶ 0 ▶

6 Inventory at end of year ▶ 6 ▶
7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 ▶ 7 ▶ 0 ▶
8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes ▶ No ▶

Sign Here  ▶
Signature of officer ▶ ▶
Date ▶ 8-9-11 ▶
President ▶

Paid Preparer’s Use Only
Print/Type preparer’s name ▶ Lori Boyce ▶
Preparer’s signature ▶ ▶
Date 8/10/11 ▶
Check ▶ if self-employed ▶
PTIN ▶
Firm’s name ▶ Deloitte Tax LLP ▶
Firm’s address ▶ 600 Renaissance Center, Suite 900, Detroit, MI 48243 ▶
Phone no (313) 396-3000 ▶

Form 990-T (2010)