

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-1150

2009

Open to Public Inspection

Form 990-EZ

Department of the Treasury  
Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.  
The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2009 calendar year, or tax year beginning and ending**

|   |   |  |              |   |
|---|---|--|--------------|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. | <b>C Name of organization</b>  |              | <b>D Employer identification number</b> |
|   |   | TED LINDSAY FOUNDATION   |              | 38-3597256                              |
|   |   | Number and street (or P.O. box, if mail is not delivered to street address) Room/suite |              | <b>E Telephone number</b>               |
| 1819 E BIG BEAVER ROAD  |   |  | 248-433-2573 |   |
| City or town, state or country, and ZIP + 4   |   | <b>F Group Exemption Number</b>  |              |   |
| TROY, MI 48083-2015   |   |  |              |   |

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G Accounting method:**  Cash  Accrual  
Other (specify) \_\_\_\_\_

**I Website:** WWW.TEDLINDSAY.COM

**H Check**  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**J Tax-exempt status** (check only one) —  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

**K Check**  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ** ..... \$ 343,349.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

| Revenue    | 1   | Contributions, gifts, grants, and similar amounts received   | 1         | 166,786.  |  |
|------------|---|--|-----------|-----------|--|
|            | 2   | Program service revenue including government fees and contracts  | 2         |           |  |
|            | 3   | Membership dues and assessments  | 3         |           |  |
|            | 4   | Investment income  | 4         | 260.      |  |
|            | 5a  | Gross amount from sale of assets other than inventory  | 5a        |           |  |
|            | b   | Less: cost or other basis and sales expenses   | 5b        |           |  |
|            | c   | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  | 5c        |           |  |
|            | 6   | Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>       |           |           |  |
|            | a   | Gross revenue (not including \$ 128,307. of contributions reported on line 1)  | 6a        | 176,303.  |  |
|            | b   | Less: direct expenses other than fundraising expenses  | 6b        | 191,809.  |  |
| c          | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | 6c   | <15,506.> |           |  |
| 7a         | Gross sales of inventory, less returns and allowances                                   | 7a   |           |           |  |
| b          | Less: cost of goods sold  | 7b   |           |           |  |
| c          | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)          | 7c   |           |           |  |
| 8          | Other revenue (describe _____)  | 8  |           |           |  |
| 9          | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8                           | 9  | 151,540.  |           |  |
| Expenses   | 10  | Grants and similar amounts paid (attach schedule) STMT 4   | 10        | 194,400.  |  |
|            | 11  | Benefits paid to or for members  | 11        |           |  |
|            | 12  | Salaries, other compensation, and employee benefits  | 12        |           |  |
|            | 13  | Professional fees and other payments to independent contractors  | 13        |           |  |
|            | 14  | Occupancy, rent, utilities, and maintenance SEE STATEMENT 3  | 14        | 2,310.    |  |
|            | 15  | Printing, publications, postage, and shipping  | 15        | 9,333.    |  |
|            | 16  | Other expenses (describe SEE STATEMENT 1)  | 16        | 18,411.   |  |
| 17         | <b>Total expenses.</b> Add lines 10 through 16  | 17   | 224,454.  |           |  |
| Net Assets | 18  | Excess or (deficit) for the year (Subtract line 17 from line 9)  | 18        | <72,914.> |  |
|            | 19  | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19        | 268,933.  |  |
|            | 20  | Other changes in net assets or fund balances (attach explanation)  | 20        |           |  |
|            | 21  | Net assets or fund balances at end of year. Combine lines 18 through 20  | 21        | 196,019.  |  |

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

|    |  | (A) Beginning of year |          | (B) End of year |          |
|----|--|-----------------------|----------|-----------------|----------|
| 22 | Cash, savings, and investments   | 22                    | 226,504. | 22              | 155,900. |
| 23 | Land and buildings   | 23                    |          | 23              |          |
| 24 | Other assets (describe SEE STATEMENT 2)  | 24                    | 42,429.  | 24              | 40,119.  |
| 25 | <b>Total assets</b>  | 25                    | 268,933. | 25              | 196,019. |
| 26 | <b>Total liabilities</b> (describe _____)  | 26                    | 0.       | 26              | 0.       |
| 27 | <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) | 27                    | 268,933. | 27              | 196,019. |

|   |  |  |
|---|--|--|
| <b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III.)   |  | <b>Expenses</b>  |
| What is the organization's primary exempt purpose? <b>SEE STATEMENT 6</b>   |  | (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.) |
| Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. |  |  |
| 28  | <b>RAISE FUNDS THROUGH FUNDRAISING ACTIVITIES TO MAKE CONTRIBUTIONS TO 501(C)(3) ORGANIZATIONS SPECIFICALLY RELATED TO AUTISM AND GENERAL DISABILITIES</b><br>(Grants \$ <u>194,400.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/> | <b>28a</b> 194,400.  |
| 29  | _____  |  |
|   | (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>   | <b>29a</b>   |
| 30  | _____  |  |
|   | (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>   | <b>30a</b>   |
| 31  | Other program services (attach schedule) _____   |  |
|   | (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>   | <b>31a</b>   |
| <b>32</b>   | <b>Total program service expenses</b> (add lines 28a through 31a) _____  | <b>32</b> 194,400.   |

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

| (a) Name and address   | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-.) | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|--|---|--|
| TED LINDSAY, 2598 INVITATIONAL DRIVE, OAKLAND, MI 48363              | CEO<br>10.00   | 0.   | 0.  | 0.                                       |
| LEWIS LAPAUGH, 123 LONGFORD DRIVE, ROCHESTER HILLS, MI 48309         | PRESIDENT<br>15.00                                       | 0.   | 0.  | 0.                                       |
| STEWART FRANK, 30700 TELEGRAPH RD, STE 3655, BINGHAM FARMS, MI 48025 | VICE PRESIDENT<br>5.00                                   | 0.   | 0.  | 0.                                       |
| STEVE EICK, 1241 WESTWOOD, BIRMINGHAM, MI 48009                      | VICE PRESIDENT<br>1.00                                   | 0.   | 0.  | 0.                                       |
| CHERYL ASH, 19198 WOODCREST, HARPER WOODS, MI 48225                  | TREASURER<br>15.00                                       | 0.   | 0.  | 0.                                       |
| LYNN LAPAUGH, 123 LONGFORD DRIVE, ROCHESTER HILLS, MI 48309          | SECRETARY<br>5.00  | 0.   | 0.  | 0.                                       |
| JOHN CZARNECKI, 17723 MAPLEHILL DRIVE, NORTHVILLE, MI 48168          | EXECUTIVE DIRECTOR<br>10.00                              | 0.   | 0.  | 0.                                       |
| DON FICHTER JR, 4180 CARSON, TROY, MI 48098                          | BOARD MEMBER<br>0.00                                     | 0.   | 0.  | 0.                                       |
| JOHN FINLEY D.O., 7305 DEEP RUN #612, BLOOMFIELD HILLS, MI 48301     | BOARD MEMBER<br>0.00                                     | 0.   | 0.  | 0.                                       |
| DAVE FLOORE, 14119 BOURNEMUTH, SHELBY TWP, MI 48315                  | BOARD MEMBER<br>0.00                                     | 0.   | 0.  | 0.                                       |
| LARRY SISSON, 4753 MORRIS LAKE, WEST BLOOMFIELD, MI 48323            | BOARD MEMBER<br>0.00                                     | 0.   | 0.  | 0.                                       |
| JEAN PIERRE RENZI, 3985 OAK POINTE CT, ROCHESTER HILLS, MI 48306     | BOARD MEMBER<br>0.00                                     | 0.   | 0.  | 0.                                       |
| BILL STANLEY, 303 E SNELL ROAD, ROCHESTER, MI 48306                  | BOARD MEMBER<br>0.00                                     | 0.   | 0.  | 0.                                       |
| JIM MOELLER, 6328 ELSEY DRIVE, TROY, MI 48098                        | BOARD MEMBER<br>0.00                                     | 0.   | 0.  | 0.                                       |
| JOANNE LINDSAY, 2598 INVITATIONAL DRIVE, OAKLAND, MI 48363           | BOARD MEMBER<br>0.00                                     | 0.   | 0.  | 0.                                       |
|  |  |  |   |  |
|  |  |  |   |  |
|  |  |  |   |  |

Part V Other Information (Note the statement requirements in the instructions for Part V.)

|     |  | Yes | No |
|-----|--|-----|----|
| 33  | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity   |     | X  |
| 34  | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes   |     | X  |
| 35  | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.   |     |    |
| a   | Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?   |     | X  |
| b   | If "Yes," has it filed a tax return on Form 990-T for this year?   | N/A |    |
| 36  | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N  |     | X  |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. <span style="float:right">0.</span>  |     |    |
| b   | Did the organization file Form 1120-POL for this year?   |     | X  |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?   |     | X  |
| b   | If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right">N/A</span>  |     |    |
| 39  | Section 501(c)(7) organizations. Enter:  |     |    |
| a   | Initiation fees and capital contributions included on line 9 <span style="float:right">N/A</span>  |     |    |
| b   | Gross receipts, included on line 9, for public use of club facilities <span style="float:right">N/A</span>   |     |    |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <span style="float:right">0.</span> ; section 4912 <span style="float:right">0.</span> ; section 4955 <span style="float:right">0.</span>   |     |    |
| b   | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I |     | X  |
| c   | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">0.</span>  |     |    |
| d   | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">0.</span>  |     |    |
| e   | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T   |     | X  |
| 41  | List the states with which a copy of this return is filed. <span style="float:right">MI</span>   |     |    |
| 42a | The organization's books are in care of <span style="float:right">JOHN CZARNECKI</span> Telephone no. <span style="float:right">248-619-1733</span><br>Located at <span style="float:right">1819 E BIG BEAVER ROAD, TROY, MI</span> ZIP + 4 <span style="float:right">48083-2015</span>  |     |    |
| b   | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?   |     | X  |
|     | If "Yes," enter the name of the foreign country: _____<br>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  |     |    |
| c   | At any time during the calendar year, did the organization maintain an office outside of the U.S.?   |     | X  |
|     | If "Yes," enter the name of the foreign country: _____   |     |    |
| 43  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">N/A</span>   |     |    |
| 44  | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ   |     | X  |
| 45  | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ  |     | X  |

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
49a Did the organization make any transfers to an exempt non-charitable related organization?
b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000, (b) Title and average hours per week devoted to position, (c) Compensation, (d) Contributions to employee benefit plans & deferred compensation, (e) Expense account and other allowances. Content: NONE

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000, (b) Type of service, (c) Compensation. Content: NONE

d Total number of other independent contractors each receiving over \$100,000

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer, Date, Type or print name and title

Paid Preparer's Use Only Preparer's signature, Date, Check if self-employed, Preparer's identifying number (See instr.), Firm's name (or yours if self-employed), address, and ZIP + 4, EIN, Phone no.

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public Inspection

Name of the organization **TED LINDSAY FOUNDATION** Employer identification number **38-3597256**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

|  | Yes             | No |
|--|-----------------|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ..... | <b>11g(i)</b>   |    |
| (ii) A family member of a person described in (i) above? .....   | <b>11g(ii)</b>  |    |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....  | <b>11g(iii)</b> |    |
- h Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? |    | (v) Did you notify the organization in col. (i) of your support? |    | (vi) Is the organization in col. (i) organized in the U.S.? |    | (vii) Amount of support |
|------------------------------------|----------|---|---|----|--|----|---|----|-------------------------|
|                                    |          |   | Yes   | No | Yes  | No | Yes   | No |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
| <b>Total</b>                       |          |   |   |    |  |    |   |    |                         |

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)  | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  | 339,640. | 217,373. | 251,905. | 265,921. | 166,786. | 1241625.  |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3  | 339,640. | 217,373. | 251,905. | 265,921. | 166,786. | 1241625.  |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |          |          |          |          |          | 154,218.  |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          | 1087407.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total                |
|--|----------|----------|----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4   | 339,640. | 217,373. | 251,905. | 265,921. | 166,786. | 1241625.                 |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  | 729.     | 712.     | 1,942.   | 2,904.   | 260.     | 6,547.                   |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on  |          |          |          |          |          |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  |          |          |          |          |          |                          |
| <b>11 Total support.</b> Add lines 7 through 10  |          |          |          |          |          | 1248172.                 |
| <b>12</b> Gross receipts from related activities, etc. (see instructions)  |          |          |          |          | 12       | 818,453.                 |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> |          |          |          |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |                                     |       |   |
|---|-------------------------------------|-------|---|
| <b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))  | <b>14</b>                           | 87.12 | % |
| <b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14  | <b>15</b>                           | 83.71 | % |
| <b>16a 33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization  | <input checked="" type="checkbox"/> |       |   |
| <b>b 33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization   | <input type="checkbox"/>            |       |   |
| <b>17a 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization    | <input type="checkbox"/>            |       |   |
| <b>b 10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | <input type="checkbox"/>            |       |   |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions  | <input type="checkbox"/>            |       |   |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6.)   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....                                 |          |          |          |          |          |           |
| <b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 .....                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for <b>2009</b> (line 10c, column (f) divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17 .....                        | <b>18</b> | % |

**19a 33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2009**

**Name of the organization**

TED LINDSAY FOUNDATION

**Employer identification number**

38-3597256

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

|   |   |
|---|---|
| <b>Name of organization</b><br><br>TED LINDSAY FOUNDATION | <b>Employer identification number</b><br><br>38-3597256 |
|---|---|

**Part I Contributors** (see instructions)

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Aggregate contributions | (d)<br>Type of contribution  |
|------------|--|--------------------------------|--|
| 1          | WABEEK COUNTRY CLUB<br><hr/> 4000 CLUB GATE DRIVE<br><hr/> BLOOMFIELD HILLS, MI 48302<br><hr/> | \$ 8,000.                      | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| _____      | <hr/><br><hr/><br><hr/><br><hr/>   | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| _____      | <hr/><br><hr/><br><hr/><br><hr/>   | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| _____      | <hr/><br><hr/><br><hr/><br><hr/>   | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| _____      | <hr/><br><hr/><br><hr/><br><hr/>   | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| _____      | <hr/><br><hr/><br><hr/><br><hr/>   | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| _____      | <hr/><br><hr/><br><hr/><br><hr/>   | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

|                 |    | (a) Event #1  | (b) Event #2  | (c) Other events | (d) Total events                |             |
|-----------------|----|---|---------------|------------------|---------------------------------|-------------|
|                 |    | GOLF OUTING   | EASEL PROGRAM | 1                | (add col. (a) through col. (c)) |             |
|                 |    | (event type)  | (event type)  | (total number)   |                                 |             |
| Revenue         | 1  | Gross receipts .....  | 154,607.      | 149,643.         | 360.                            | 304,610.    |
|                 | 2  | Less: Charitable contributions .....                              | 128,307.      |                  | 2,001.                          | 130,308.    |
|                 | 3  | Gross income (line 1 minus line 2) .....                          | 26,300.       | 149,643.         | <1,641.>                        | 174,302.    |
| Direct Expenses | 4  | Cash prizes .....   |               |                  |                                 |             |
|                 | 5  | Noncash prizes .....  |               |                  |                                 |             |
|                 | 6  | Rent/facility costs .....   |               |                  |                                 |             |
|                 | 7  | Food and beverages .....  |               |                  |                                 |             |
|                 | 8  | Entertainment .....   |               |                  |                                 |             |
|                 | 9  | Other direct expenses .....                                       | 68,304.       | 121,504.         |                                 | 189,808.    |
|                 | 10 | Direct expense summary. Add lines 4 through 9 in column (d) ..... |               |                  |                                 | ( 189,808 ) |
|                 | 11 | Net income summary. Combine line 3, column (d), and line 10 ..... |               |                  |                                 | <15,506.>   |

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |   | (a) Bingo                   | (b) Pull tabs/instant bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming (add col. (a) through col. (c))                    |
|-----------------|---|-----------------------------|---|---|---|
|                 |   | 1                           | Gross revenue .....   |   |   |
| Direct Expenses | 2   | Cash prizes .....           |   |   |   |
|                 | 3   | Noncash prizes .....        |   |   |   |
|                 | 4   | Rent/facility costs .....   |   |   |   |
|                 | 5   | Other direct expenses ..... |   |   |   |
|                 | 6   | Volunteer labor .....       | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |
| 7               | Direct expense summary. Add lines 2 through 5 in column (d) .....       |                             |   |   | ( )   |
| 8               | Net gaming income summary. Combine line 1, column (d), and line 7 ..... |                             |   |   |   |

|  | Yes | No |
|--|-----|----|
| 9 Enter the state(s) in which the organization operates gaming activities: _____   |     |    |
| a Is the organization licensed to operate gaming activities in each of these states? .....   | 9a  |    |
| b If "No," explain: _____  |     |    |
| 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .....   | 10a |    |
| b If "Yes," explain: _____   |     |    |
| 11 Does the organization operate gaming activities with nonmembers? .....  | 11  |    |
| 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ..... | 12  |    |

**13** Indicate the percentage of gaming activity operated in:

- a** The organization's facility ..... 

|            |  |   |
|------------|--|---|
| <b>13a</b> |  | % |
| <b>13b</b> |  | % |
- b** An outside facility ..... 

|            |  |   |
|------------|--|---|
| <b>13b</b> |  | % |
|------------|--|---|

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ..... **15a**

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_ .
- c** If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

- Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ..... **17a**
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

|            | Yes | No |
|------------|-----|----|
|            |     |    |
| <b>15a</b> |     |    |
|            |     |    |
| <b>17a</b> |     |    |

2009 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-EZ PAGE 1

990-EZ

| Asset No. | Description                            | Date Acquired | Method | Life | Line No. | Unadjusted Cost Or Basis | Bus % Excl | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|-----------|--|---------------|--------|------|----------|--------------------------|------------|----------------------|------------------------|--------------------------|-----------------|------------------------|
| 2         | AUTOMOBILE SALVAGE VALUE               | 07/24/07      | NC     | .000 |          | 2,000.                   |            |                      | 2,000.                 |                          |                 | 0.                     |
|           | * 990-EZ PG 1 TOTAL OTHER              |               |        |      |          | 2,000.                   |            | 0.                   | 2,000.                 | 0.                       | 0.              | 0.                     |
| 1         | AUTOMOBILE                             | 07/24/07      | SL     | 6.00 | 16       | 13,860.                  |            |                      | 13,860.                | 3,273.                   |                 | 2,310.                 |
|           | * 990-EZ PG 1 TOTAL MANAGEMENT AND GEN |               |        |      |          | 13,860.                  |            | 0.                   | 13,860.                | 3,273.                   | 0.              | 2,310.                 |
|           | * GRAND TOTAL 990-EZ PG 1 DEPR         |               |        |      |          | 15,860.                  |            | 0.                   | 15,860.                | 3,273.                   | 0.              | 2,310.                 |

FORM 990-EZ OTHER EXPENSES STATEMENT 1

| DESCRIPTION                   | AMOUNT  |
|-------------------------------|---------|
| BANK AND CREDIT CARD FEES     | 6,124.  |
| FOOD AND ENTERTAINMENT PRIZES | 2,579.  |
| SALES TAX                     | 1,184.  |
|                               | 8,524.  |
| TOTAL TO FORM 990-EZ, LINE 16 | 18,411. |

FORM 990-EZ OTHER ASSETS STATEMENT 2

| DESCRIPTION                   | BEG. OF YEAR | END OF YEAR |
|-------------------------------|--------------|-------------|
| INVENTORIES                   | 29,842.      | 29,842.     |
| OTHER DEPRECIABLE ASSETS      | 12,587.      | 10,277.     |
| TOTAL TO FORM 990-EZ, LINE 24 | 42,429.      | 40,119.     |

FORM 990-EZ OCCUPANCY, RENT, UTILITIES AND MAINTENANCE STATEMENT 3

| DESCRIPTION                   | AMOUNT |
|-------------------------------|--------|
| DEPRECIATION                  | 2,310. |
| TOTAL TO FORM 990-EZ, LINE 14 | 2,310. |

FORM 990-EZ CASH GRANTS AND ALLOCATIONS STATEMENT 4

| CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS                                | GRANTEE'S RELATIONSHIP | AMOUNT          |
|---|------------------------|-----------------|
| FOR THE KIDS FOUNDATION<br>3219 ELM ST<br>BIRMINGHAM, MI 48009              | NONE                   | 3,500.          |
| THOUGHTFUL HOUSE CENTER<br>3001 BEE CAVES ROAD, STE 120<br>AUSTIN, TX 78746 | NONE                   | 175,000.        |
| RED WING ALUMNI ASSOCIATION<br>600 CIVIC CENTER DRIVE<br>DETROIT, MI 48226  | NONE                   | 600.            |
| MT CLEMENS LIONS CLUB<br>16184 FOREST WAY<br>MACOMB, MI 48042               | NONE                   | 300.            |
| POWER PLAY INTERNATIONAL<br>4926 FERNLEE<br>ROYAL OAK, MI 48073             | NONE                   | 15,000.         |
| TOTAL INCLUDED ON FORM 990-EZ, LINE 10                                      |                        | <u>194,400.</u> |

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

RAISING FUNDS TO CONTRIBUTE TO OTHER 501(C)(3) ORGANIZATIONS

**TED LINDSAY FOUNDATION**  

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**(a Michigan not-for-profit corporation)**

**Financial Statements**

For the Year Ended  
December 31, 2009

**TED LINDSAY FOUNDATION**  
Year Ended December 31, 2009

TABLE OF CONTENTS

|  | <u>Page</u> |
|--|-------------|
| FINANCIAL STATEMENTS                       |             |
| Statement of Financial Position . . . . .  | 1           |
| Statement of Activities . . . . .          | 2           |
| Statement of Cash Flows . . . . .          | 3           |
| Statement of Functional Expenses . . . . . | 4           |
| Notes to Financial Statements . . . . .    | 5-6         |

**TED LINDSAY FOUNDATION**  
Statement of Financial Position  
December 31, 2009

**Assets**

|                                     |                |                   |
|-------------------------------------|----------------|-------------------|
| Current Assets                      |                |                   |
| Cash and cash equivalents           |                | \$ 155,900        |
| Transportation Equipment            | 15,860         |                   |
| Less Accumulated Depreciation       | <u>(5,583)</u> | 10,277            |
| Inventory - Wine, Prizes, and Gifts |                | <u>29,842</u>     |
| Total assets                        |                | <u>\$ 196,019</u> |

**Liabilities and Net Assets**

|                                  |  |                   |
|----------------------------------|--|-------------------|
| Current Liabilities              |  |                   |
| Accounts Payable                 |  | \$ -              |
| Net Assets                       |  |                   |
| Unrestricted                     |  | <u>196,019</u>    |
| Total liabilities and net assets |  | <u>\$ 196,019</u> |

The accompanying notes are an integral part of these financial statements.

**TED LINDSAY FOUNDATION**  
Statement of Activities  
For the Year Ended December 31, 2009

**Unrestricted Support**

|  |                  |
|--|------------------|
| General Contributions                    | \$ 38,478        |
| Donated Services                         | 6,000            |
| Golf Outing Revenues and Contributions   | 154,607          |
| Direct Benefits to Golf Outing Attendees | (68,304)         |
| Photo Sale Revenues and Contributions    | 360              |
| Costs of Photo Printing                  | (2,001)          |
| Easel Program Revenues                   | 149,643          |
| Easel Program Expenses                   | <u>(121,504)</u> |
| <b>Total Unrestricted Support, Net</b>   | <u>157,279</u>   |

**Expenses**

|                        |               |
|------------------------|---------------|
| Program Expenses       | 194,400       |
| Management and General | <u>36,053</u> |
| <b>Total Expenses</b>  | 230,453       |

Interest on Temporary Cash Investments 260

Increase in Unrestricted Net Assets (72,914)

**Net Assets, Beginning of Year** 268,933

**Net Assets, End of Year** \$ 196,019

The accompanying notes are an integral part of these financial statements.

**TED LINDSAY FOUNDATION**  
Statement of Cash Flows  
For the Year Ended December 31, 2008

|   |                   |
|---|-------------------|
| <b>Cash Flows from Operating Activities</b>   |                   |
| Increase in Net Assets  | \$ (72,914)       |
| Adjustment to reconcile change in net assets to<br>net cash used by operating activities: |                   |
| Depreciation  | 2,310             |
| Net cash used by operating activities   | (70,604)          |
| <b>Net Decrease in Cash and Cash Equivalents</b>  | (70,604)          |
| <b>Cash and Cash Equivalents at Beginning of Year</b>                                     | <u>226,504</u>    |
| <b>Cash and Cash Equivalents at End of Year</b>   | <u>\$ 155,900</u> |

The accompanying notes are an integral part of these financial statements.

**TED LINDSAY FOUNDATION**  
Statement of Functional Expenses  
For the Year Ended December 31, 2009

|                             | <b>Program &amp; Supporting Services</b> |                           |                  |                   |
|-----------------------------|--|---------------------------|------------------|-------------------|
|                             | Program                                  | Management<br>and General | Fund-<br>Raising | Total             |
| Cash Grants:                |  |                           |                  |                   |
| For The Kids Foundation     | \$ 3,500                                 | \$ -                      | \$ -             | \$ 3,500          |
| Thoughtful House Center     | 175,000                                  | -                         | -                | 175,000           |
| Red Wing Alumni Association | 600                                      | -                         | -                | 600               |
| Mt. Clemens Lions Club      | 300                                      | -                         | -                | 300               |
| Power Play International    | 15,000                                   | -                         | -                | 15,000            |
| Legal and Accounting Fees   | -  | 6,000                     | -                | 6,000             |
| Depreciation - Vehicle      | -  | 2,310                     | -                | 2,310             |
| Food & Entertainment        | -  | 2,579                     | -                | 2,579             |
| Bank and Credit Card Fees   | -  | 6,124                     | -                | 6,124             |
| Prizes                      | -  | 1,184                     | -                | 1,184             |
| Sales Tax                   | -  | 8,524                     | -                | 8,524             |
| Office Expenses             | -  | 9,332                     | -                | 9,332             |
|                             | <u>\$ 194,400</u>                        | <u>\$ 36,053</u>          | <u>\$ -</u>      | <u>\$ 230,453</u> |

The accompany notes are an integral part of these financial statements.

**TED LINDSAY FOUNDATION**  
Notes to Financial Statements  
For the Year Ended December 31, 2009

**Note 1: Nature of Organization and Significant Accounting Policies**

Ted Lindsay Foundation (the Organization) is a nonprofit organization dedicated to making grants to organizations that promote and foster health, education or welfare, ease the suffering of the sick, distressed or poor, and /or prevent cruelty to children. To date, the majority of contributions have been made to organizations specifically related to autism research. Revenues are derived principally from the Organization's annual golf outing and related sales of sports memorabilia and from contributions.

Support and Expenses. Contributions received are measured at their fair values and are reported as an increase in net assets.

The Organization reports gifts of cash and other assets as restricted support if they are received with donor stipulations that limit the use of the donated assets, or if they are designated as support for future periods. Thus far no such contributions have been received.

The Organization reports gifts of goods and equipment as unrestricted support unless explicit donor stipulations specify how the donated assets must be used. Thus far no gifts with such restrictions have been received.

Expenses are recorded when incurred in accordance with the accrual basis of accounting.

Donated Services, Goods and Facilities. A substantial number of volunteers have donated an unknown number of hours to the Organization's program services and fund-raising campaigns during the year; however, these donated services are not reflected in the financial statements since the services do not require specialized skills. Donated professional services (which include accounting and legal services) are reflected in the statement of activities at their fair value.

Materials and other assets received as donations are recorded and reflected in the accompanying financial statements at their fair values at the date of receipt.

Conditional Promises to Give. As of December 31, 2009 the Organization had received no conditional promises to give.

Use of Estimates. The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents. Cash and cash equivalents consist of cash held in the Organization's checking account and in a money market account. At year-end and throughout the year, the Organization's cash balances were deposited in one bank and with Smith Barney. Management believes the Organization is not exposed to any significant credit risk on its cash balances.

Income Taxes. The Organization is a nonprofit corporation whose revenue is derived from contributions and other fund-raising activities and is not subject to federal and state income taxes.

**TED LINDSAY FOUNDATION**  
Notes to Financial Statements  
For the Year Ended December 31, 2009

**Note 2: Functional Allocation of Expenses**

With the exception of the contribution to the Detroit Red Wing Alumni association, all of the foundation's program expenses are in the form of direct cash grants to organizations dedicated to autism research and support of children with general disabilities. Through its contribution to the Detroit Red Wing Alumni Association, a 501(c)(3) organization, the Foundation provides indirect funding to that organization's grantees, all of whom are not-for-profit 501(c)(3) organizations.

During 2009, the Organization conducted program activities that also included requests for contributions. The cost to participate in the main fundraiser, the annual celebrity golf outing, includes the cost of a round of golf, dinner and a donation to the Organization the amount of which is dependent on the participant's desired level of contribution. Autographed photos are also sold as a method to raise funds. The direct costs related to these events are included in the Statement of Activities as Direct Benefits to Outing Attendees, Costs of Photo Printing and Easel Program Expenses.

**Note 3: Litigation**

As of December 31, 2009 and at the time of the issuance of this report, no legal actions were pending against the Organization.