Form	990-EZ
Departi	ment of the Treasury

Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, of 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 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.

OMB No. 1545-1150

Open to Public Inspection

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٨	Ear th	a 2010 colondar year, or tax year baginning	onding			·
			ending	DEmai		lantification number
_	Check if applicat	le: <b>C</b> Name of organization		D Ellible	oyeria	lentification number
	Addr					
	Nam	change FOD FAMILY SUPPORT GROUP				71342
	Initia	return Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite			
	Term	inated PO BOX 54		51	.7-3	881-1940
	Ame	Ided return City or town, state or country, and ZIP + 4		F Grou	p Exerr	nption
		ation pending OKEMOS, MI 48805-0054		Num	ber 🕨	
G	Accour	ting Method: X Cash Accrual Other (specify)		H Chec	k 🕨	if the organization is <b>not</b>
L	Websi	e: NWW.FODSUPPORT.ORG		requi	red to a	attach Schedule B
J	Tax-e>	empt status (check only one) _ X 501(c)(3) 501(c) ( )◀(insert no.) 4947(a)(	1) or 527	(Forn	n 990,	990-EZ, or 990-PF).
		▶ if the organization is not a section 509(a)(3) supporting organization <b>and</b> its gross receipts		t more th	ian \$50	),000. A Form 990-EZ or
		90 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if t	-			
		te return.	5			,
_		es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if t	otal assets (Part	11.		
		column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ			▶ \$	128,869.
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balance				
	<u> </u>	Check if the organization used Schedule O to respond to any question in this Part I	•			
	1	Contributions, gifts, grants, and similar amounts received			1	123,292.
	2	Program service revenue including government fees and contracts			2	5,203.
	3	Membership dues and assessments			3	5,205.
	4	Investment income SEE SCHE		····· -	4	374.
					4	574.
	5a	Gross amount from sale of assets other than inventory     5a       Less: cost or other basis and sales expenses     5b		_		
	b			_	<b>F a</b>	
	C C			·····  -	5c	
	6	Gaming and fundraising events		_		
ne	a	Gross income from gaming (attach Schedule G if greater than		_		
Revenue		\$15,000) 6a		-		
Be	b	Gross income from fundraising events (not including \$ of contribution o	ons	_		
_		from fundraising events reported on line 1) (attach Schedule G if the sum of such		_		
		gross income and contributions exceeds \$15,000) 6b		_		
		Less: direct expenses from gaming and fundraising events 6c		_		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	
		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 in Schedule 0)			8	
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	128,869.
	10	Grants and similar amounts paid (list in Schedule 0)	DULE O		10	30,000.
	11	Benefits paid to or for members			11	
es	12	Salaries, other compensation, and employee benefits			12	
Expenses	13	Professional fees and other payments to independent contractors			13	750.
ğ	14	Occupancy, rent, utilities, and maintenance			14	2,577.
ш	15	Printing, publications, postage, and shipping		15	1,492.	
	16	Other expenses (describe in Schedule 0) SEE SCHE	DULE O		16	38,159.
	17	Total expenses. Add lines 10 through 16		. 🕨 🗌	17	72,978.
<i>(</i> ,	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	55,891.
šets	19	Net assets or fund balances at beginning of year (from line 27, column (A))				
Ass		(must agree with end-of-year figure reported on prior year's return)			19	49,505.
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)			20	0.
2	21	Net assets or fund balances at end of year. Combine lines 18 through 20			21	105,396.
LH,	A Foi	Paperwork Reduction Act Notice, see the separate instructions.		•		Form <b>990-EZ</b> (2010)

032171 02-02-11

Pa	art II Balance Sheets. (see the instructions for Part II.)							
	Check if the organization used Schedule O to respond to any question	in this Part II			. <u>.</u>			. 📖
			(A	) Beginning of year			Ind of ye	
22	, , , , , , , , , , , , , , , , , , , ,			49,505.	_		105,	396.
23					23			
24				40 505	24		105	200
25				49,505.			105,	396.
26				0.			105	0.
27				49,505.	27			396.
Pá	art III Statement of Program Service Accomplishme	(		,		E: Required (	xpenses	on
	Check if the organization used Schedule O to respond to any question			l	Х	501(c)(3)		
	at is the organization's primary exempt purpose? <u>SEE</u> SCHEDULEC					organizati		
	scribe what was achieved in carrying out the organization's exempt put				e	4947(a)(1 for others		optional
	services provided, the number of persons benefited, and other relevant						-7	
28	CREATE AWARENESS AND EDUCATE REGARD	DING THE NE	ED	FOR				
	EXPANDED NEWBORN SCREENING.							
							<b>F</b> 0	0.65
	(Grants \$ 30,000.) If this amount includes foreign	grants, check here		🕨 l		28a	58,	965.
29	SEE SCHEDULE O							
								400
	(Grants \$) If this amount includes foreign	grants, check here		🕨 l		29a	4,	483.
30								
	(Grants \$) If this amount includes foreign	grants, check here		🕨 l		30a		
31				n l				
	(Grants \$ ) If this amount includes foreign	grants, check here		🕨 l		31a		
32	Total program service expenses (add lines 28a through 31a)	•			🕨	32		448.
Pa	art IV List of Officers, Directors, Trustees, and Key E		one ev	ven if not compensated. (se	ee the	instructions f	for Part IV.	
	Check if the organization used Schedule O to respond to any question						1	. 📖
		(b) Title and average h		(-)		ontributions employee		xpense
	(a) Name and address	per week devoted t	.0	(If not paid, enter -0)	bene	efit plans & leferred		unt and lowances
		·		,	com	pensation		lowanooo
	BORAH LEE GOULD	PRESIDENT &	& E	1	OR			•
	BOX 54, OKEMOS, MI 48805-0054	40.00		0.		0.		0.
	NIEL GOULD	TREASURER &		1		•		•
	BOX 54, OKEMOS, MI 48805-0054	5.00		0.		0.		0.
	ARY LINGLE	SECRETARY &	& D			•		•
PC	) BOX 54, OKEMOS, MI 48805-0054	3.00		0.		0.		0.
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		2						. /

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Form 990-EZ (2010) FOD FAMILY SUPPORT GROUP

10030509 788987 3089001 2010.03040 FOD FAMILY SUPPORT GROUP 30890011

Check If the organization used Schedule to respond to any question in this Part V       (X)         30       Dd the organization engen any activity no previously reported to the IRS? If Yes, 'anotica detailed description of each activity in Schedule 0.       33       X         34       Warr any significant changes made to be organization same. Otherwise, spacehole 0 (see instructions)       34       X         35       If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), to not reported by the organization activities, such as those reported on lines 2, 6a, and 7a (among others), to not aside. 35 (0) (0) (0) (0) (0) (0) (0) (0) (0) (0)	Pa	<b>Other Information</b> (Note the statement requirements in the instructions for Part V.)				
30       bit the organization seques is any activity not previously reported to the IRS? If Yes, "provide a detailed description of each activity in Schedule 0		Check if the organization used Schedule O to respond to any question in this Part V				
Schedule 0       33       X         4       Were any significant changes made to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions)       34       X         5       If the organization had income from business activities, such as those reported on horm 990-1, ceptain a fiber organization do norm 990-1, ceptain and schedule 0 (see instructions)       34       X         5       If the organization had income from business activities, such as those reported on horm 990-1.       10 <t< td=""><td></td><td></td><td></td><td></td><td>Yes</td><td>No</td></t<>					Yes	No
34       We any significant changes made to the organization of governing documents? If "Yes," affach a conformed ony of the amended documents the repreted on Form 901       34       X         35       If the organization had income from business activities, such as those reported on from 901       35       36       If the organization had income from business activities, such as those reported on from 901       36       16       16       36       X         35       If the organization in form 1992-11 co this year?       36       X       36       X         36       If the organization is units as activities, such as those reported on from 901       36       X       36       X         37       Extra amount of political eparts of Studeol W M       37       0.       37       38       X         38       D If the organization in form 1992-10 co this year?       37       37       X       X         39       D If the organization in form 1992-01 co this year?       37       37       X       X         39       Section 501(c)(7) organizations. Do the organization of the task exert on form 990-10.       38       X         30       Section 501(c)(7) organizations. Do the two exar covered by the returns.       0.       37       X         30       Section 501(c)(7) organizations. Do the organizatin do nony tenvice of the anony or two exar parameter on	33			33		x
36       If the organization has large the business activities, such as those reported on lines 2, 6a, and 7a (among others), but not report the income on Form 990-T:.       36         30       Ib of the organization have unrelated business goes income of \$1,000 more or was at a social 50 (1c)(4), 50 (1c)(5), or 50 (1c)(5), or 50 (1c)(6) organization subject to section 60 more organization form organization the unrelated business goes income of \$1,000 more or was at a social 50 (1c)(4), 50 (1c)(5), or 50 (1c)(6), or come to a social a social 50 (1c)(4), 50 (1c)(5), or come organization have unrelated business goes income or of \$1,000 more or was at a social come organization fibe form 1000 more organization fibe form 1120-POL for this year?         36       Diff the organization fibe form 1120-POL for this year?         38       Diff the organization fibe form 1120-POL for this year?         39       Diff the organization fibe form 1120-POL for this year?         38       Diff the organization fibe form 1120-POL for this year?         39       Section 501(c)(7) organizations. Enter         30       Diff the organization fibe form 1120 ePOL for this year?         39       Section 501(c)(7) organizations. Enter         30       Diff the organization. Fiber and on the torganization during the year or diff the organization. Both ere organization during the year organization and particle in the organization during the year organization. Section 4012 building         30       Section 501(c)(3) and 501(c)(4) organizations. Enter	34					
reported on Form 990-T. a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(5) or 501(c)(5) or ganization subject to section 603(6) onder, reporting, and roxy tax requirements? b "Ves," has tilled a tax return on Form 990-Tor this year? b "Ves," has tilled a tax return on Form 990-Tor this year? a Enter amount tree, direct or indirect, as described in the instructions. b 37a Complete applicable parts of Schedule N are and subjects and the organization indirect as described in the instructions. b 37a Complete Schedule LP at II and enter the total amount involved a section 501(c)(3) or ganizations. Enter amount of tax imposed on the organization days of Mice, section 4912 Complete Schedule LP at II and enter the total amount involved b Gross receipts, included on line 9, the setting" b Gross receipts, included on line 9, the setting of the organization during the year under: section 4911 Complete Schedule LP at II and enter the total amount involved b Gross receipts, included on line 9, the setting of the organization during the year under: section 4911 Complete Schedule LP at II and enter the total amount of tax inposed on the organization during the year under: section 4911 Complete Schedule LP at II and enter the total amount of tax inposed on organization during the year under: section 4911 Complete Schedule LP at II and enter the total amount of tax inposed on organization managers or dispatilite persons during the year value requires the amount of tax inposed on organization managers or dispatilite persons during the year value requires the amount of tax inposed on organization managers or dispatilite persons during the year value requires the organization amount of tax inposed on organization managers or dispatilite persons during the year value requires the organization append to a prohibited tax shetter transaction 911 'P CO Cystem 2005, M 12 (C) (C) and 2012(C) (C		documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see inst	ructions)	34		X
a bit the organization have unrelated business gross income of \$1000 or more or was it a section 501(c)(4), 501(c)(5), or       35         b 11^ves; has it liked a tax return on <b>Fom 90-</b> To this year?       30         32       Did the organization subject to section (assolution, termination, or significant disposition of net assets during the year? If Yes; "complete adjuctation, dissolution, termination, or significant disposition of net assets during the year? If Yes;"       38       X         33       Did the organization is form 1120-00. for this year?       37       Enter amount of political expenditures, direct or indirect, as described in the instructions.       37       37       Enter amount of political expenditures, direct or indirect, as described in the instructions.       37       38       X         34       Did the organization is form 1120-00. for this year?       38       X       38       X         35       Did the organization is form 1120-00. for this year?       38       X       38       X         36       Did the organization and path or this year?       38       X       38       X         37       Enter amount of political expenditures, direct or indirect, as described in the instructions.       38       X       38       X         38       Did the organizations form 1120 minito the year of the transition during the year of all the organizations included on line 9       39       N/A       38       38       <	35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others)	, but <b>not</b>			
50 ft(c)(6) organization subject to section 603(e) notice, reporting, and proxy tax requirements?       35a       X         b If Yes; has it like a tax return on Form 990-T for this year?       35a       X/A         35a       X/A       35a       X/A         35a       X/A       35a       X/A         35a       X/A       35a       X/A         35a       X/A       35a       X/A         35a       X       35a       X/A         35a       X       35a       X         35a       Did the organization file form 1120-PGL for this year?       37b       X         35a       Did the organization file form 1020-PGL for this year?       37b       X         35a       Did the organization nor mole any batic bary office. (director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?       37b       X         36a       M/A       38b       N/A       38b       N/A         40a       Section 501(c)(3) and 501(c)(4) organizations. Enter       0. ; section 4955       0       0         40a       Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on time 640 reimbursed by the prior form 590 or 990-E22       0       10c year form 590 or 990-E22       0		reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.				
b       If Yes, 'has it filed a tax return on Form 990-T for this year?       350       N/A         30       Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes,' complete aprixed in Steaded N       350       N/A         371       Enter amount of political expenditures, direct or indirect, as described in the instructions.       371       372       C       373         373       Enter amount of political expenditures, direct or indirect, as described in the instructions.       373       C       374         374       Enter amount of political expenditures, direct or indirect, as described in the instructions.       373       C       374         374       Enter amount of political expenditures, director, trustee, or key employee or were any such loans made in a pror year and still ourisation the tax year covered by this return?       386       N/A         385       B/ (X)       Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 501(c)(3) anguizations. Enter amount of tax imposed on organization managers       0       0         97       Guide theorganization expended tax shorts       0       0       0       0         97       M dia diagoni an access benefit transaction a party to a prohibited tax shorts       0       0       0         98       Guide tax shorts       0       0 </td <td>a</td> <td>Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5</td> <td>), or</td> <td></td> <td></td> <td></td>	a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5	), or			
38       Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N       38       X         39       Did the organization infer form 1120-POL tor this year?       37       X         30       Did the organization infer form, or make any base to, any officer, director, trustee, or key employee or were any such bans made       38       X         30       Did the organization once form, or make any base to, any officer, director, trustee, or key employee or were any such bans made       38       X         31       Did the organization once form, or make any base to, any officer, director, trustee, or key employee or were any such bans made       38       X         32       Did the organization once form, or make any base to, any officer, director, trustee, or key employee or were any such bans made       38       X         33       Section 501(c)?) organizations. Enter       38       N/A       39       X         4       Intation tess and capital contributions included on line 9       0. ; section 4912        0. ; section 491				35a		
complex applicable particulte parts of Schedule N       38       X         37 a Enter amount of political expenditures, direct or indirect, as described in the instructions.       37a	b			35b	N/	A
b Did the organization file Form 1120-POL for this year?       37b       X         38 Did the organization borrow form, or make any loars to, any officer, director, fustee, or key employee or were any such loars made in a prory serial still outstanding at the end of the tax year covered by this return?       38b       X         b If 'vss,' complete Schedule L, Part II and enter the total amount involved       38b       N/A         39 Section 501(c)(7) organizations. Enter:       38b       N/A         30 a Scctos 701(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911)	36			36		x
38a bild 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 tax year covered by this return?       38b N/A         38a bild the organizations. Enter:       38a N/A         38a bild the organizations. Enter:       38a N/A         38b bild the organization such that the tax year covered by this return?       38a N/A         38b bild the organizations. Enter:       38a N/A         38b bild the organization of tax imposed on the organization engage in any section 4955 bild to organization or organization engage in any section 4956 excess benefit transaction during the year under:       0.; section 491 bild to organizations. Enter amount of tax imposed on organization managers         0       5 section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers       0.         0       6 section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax in line 40c reimbursed by the organization aparty to a prohibited tax shelter       0.         11       List the states with which a copy of this roturn is filed. MII       20e X         21       The organization shocks are in care of bild bild bild bild bild bild bild bild				·		
in a prior year and still outstanding at the end of the tax year covered by this return? 38b X   b If 'res,' complete Schedule L, Part I and enter the total amount involved 38b N/A   38 Section 501(c)(3) organizations. Enter 39a N/A   40 Section 501(c)(3) organizations. Enter 39b N/A   40 Section 501(c)(3) organizations. Enter 0.; section 4912 0.; section 4912   5 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization during the year under: section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on reparted on any of its prior Form 599 or 990-E2?   If 'Yes,' complete Schedule L, Part I 0.; section 4912 0.   6 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 0.   6 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax in eq0e reimbursed by the organization 0.   e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 0.   1 List the states with which a coup of this return is filed. ► MI 20   42a The organization shocks are in care of ► DEBORAH LEE GOULD to cated at ► PO BOX 54. 0.   1 Yes,' enter the name of the foreign country. ► set the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.   44b X   44c X   44c X   45 N/A    46 X <td></td> <td></td> <td></td> <td>37b</td> <td></td> <td>X</td>				37b		X
b       If "Yes," complete Schedule L, Part II and enter the total amount involved       38b       N/A         39       Section 501(c)(7) organizations. Enter:       39a       N/A         30       Bection 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization during the year under:       39b       N/A         30       Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 ▶ 0       0. ; section 4915 ▶ 0.;       0.         b       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 4956       0       0         c       Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax inposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4956       0       0         c       Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization aparty to a prohibited tax shetter transaction 11 * Yes, complete Form 8806.T       0       0         41       List the states with which a copy of this return is flied. ▶ MIT       21P + 4 ▶ 48805       > 48805         b       Arry time during the calendar year, did the organization have an interest in or a signature or other natultority over a financial account in a foreign country: ▶       21P + 4 ▶ 48805         c       Atary time during the calendar year, did the organization maint	38 a					
39       Section 50 t(c)(7) organizations. Enter:       39a       N/A         a initiation fees and capital contributions included on line 9       39a       N/A         40       Section 50 t(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶       0.; section 4912 ▶       0.         40a       Section 50 t(c)(4) organizations. Did the organization engage in any section 4985 ▶       0.       0.         5       Section 50 t(c)(3) and 50 t(c)(4) organizations. Did the organization engage in any section 4985 ▶       0.       0.         6       Section 50 t(c)(3) and 50 t(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958       0.       0.         6       Bordon 50 t(c)(3) and 50 t(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year, west the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T       0.       0.         41       List the states with which a copy of this returm is filed. ▶ MI       Telephone no. ▶ 517-381-1940       20e X         42a       The organization books are in care of ▶ DEBORAH LEE GOULD       Telephone no. ▶ 517-381-1940       20e X         43       At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account is oreign country : b       Section 50 * 0. <td></td> <td></td> <td></td> <td>38a</td> <td></td> <td>X</td>				38a		X
a Initiation fees and capital contributions included on line 9       39a       N/A         b Gross receipts, included on line 9, for public use of club facilities       39a       N/A         40a Section 501(c)(3) and 501(c)(4) organizations. Did the organization during the year under: section 4911 ▶ 0.; section 4955 ▶ 0.       0.         b Gross receipts, included on line 9, for public use of club facilities       0.; section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year of disculation during the regarization and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912 ▶ 0.       0.         c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shetter transaction? If Yes,' complete Form 8866-T       0.         c All organizations. At any time during the tax year, was the organization a party to a prohibited tax shetter transaction? If Yes,' complete Form 8866-T       1.         cucated at ▶ PO BOX 54, OKEMOS, MI       ZiP + 4 ▶ 48805         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: ▶       1.         c At any time during the calendar year, did the organization maintain an office outside of the U.S.?       1.         c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	b		N/A	_		
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40a       Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0. b       0. c         b       Section 501(c)(4) and 501(c)(4) organizations. Did the organization engage in any section 4955 ▶ 0. b       0. c         c       Section 501(c)(4) and 501(c)(4) organizations. Did the organization engage in any section 4956 ▶ 0. c       0.         c       Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disquilified persons during the year under sections 4912, 4955, and 4956 ▶ 0. c.       0.         c       Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. c       0.         organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'ves,' complete Form 8886-T       40e       X         11       List the states with which a copy of this return is filed. ▶ MI       21       Te organization's books are in care of ▶ DEBORAH LEE GOULD to repanization a party to a prohibited tax shelter transaction? I' 'ves,' enter the name of the foreign country: ▶       21				_		
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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 did t engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ?       40b       X         If "Yes," complete Schedule L, Part I       0.       0.       0.       0.         If 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       0.       0.         If Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.       0.       0.         It is the states with which a copy of this return is filed.       MII       40e       X         It is the states with which a copy of this return is filed.       MII       21P + 4       48805         It are organization shocks are in care of by DEBORAH LIEE GOULD       Teleptone no.       517-381-1940       21P + 4       48805         It are use and the during the calendar year, did the organization nave an interest in or a signature or other financial accounts.       Yes No       42e       X         If "Yes," enter the name of the foreign country:       .       .       .       .       .       .       .       42e       X         If "Yes," enter the name of the foreign country:       .       .       . <t< td=""><td>40 a</td><td></td><td>0</td><td></td><td></td><td></td></t<>	40 a		0			
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organization       0.         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       40e       X         41       List the states with which a copy of this return is filed. ▶ MI       40e       X         42a The organization's books are in care of ▶ DEBORAH LEE GOULD Located at ▶ PO BOX 54, OKEMOS, MI       Telephone no. ▶ 517-381-1940         Located at ▶ PO BOX 54, OKEMOS, MI       2IP + 4 ▶ 48805         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)?       Yes No         If "Yes," enter the name of the foreign country: ▶       42e       X         See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.       42e       X         If "Yes," enter the name of the foreign country: ▶       42e       X       42e       X         43       Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year       43       N/A         44a       X       44a       X       44a       X         b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead o	Ь					
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transaction? If "Yes," complete Form 8886-T       40e       X         41       List the states with which a copy of this return is filed. ▶ MI       42a       The organization's books are in care of ▶ DEBORAH LEE GOULD Telephone no. ▶ 517-381-1940         Located at ▶ PO BOX 54, OKEMOS, MI       ZIP + 4 ▶ 48805       b         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)?       Yes No         11 "Yes," enter the name of the foreign country: ▶       42b       X         See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.       42c       X         c At any time during the calendar year, did the organization maintain an office outside of the U.S.?       If "Yes," enter the name of the foreign country: ▶       43         43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       44a       X         b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       44a       X         c Did the organization receive any payments for indoor taming services during the year?       fi "Yes," provide an explanation in Schedule O       44c       X <td>e</td> <td></td> <td></td> <td></td> <td></td> <td></td>	e					
41       List the states with which a copy of this return is filed. ▶ MI         42a       The organization's books are in care of ▶ DEBORAH LEE GOULD       Telephone no. ▶ 517-381-1940         Located at ▶ PO BOX 54, OKEMOS, MI       ZIP+4 ▶ 48805         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)?       Yes No         11" Yes," enter the name of the foreign country: ▶	Ū			40e		x
42a The organization's books are in care of ▶ DEBORAH LEE GOULD       Telephone no. ▶ 517-381-1940         Located at ▶ PO BOX 54, OKEMOS, MI       ZIP + 4 ▶ 48805         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)?       Yes No         If "Yes," enter the name of the foreign country: ▶       Yes No         See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.       42b         X       If "Yes," enter the name of the foreign country: ▶       42b         See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.       42c         X       If "Yes," enter the name of the foreign country: ▶       42b         Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year       43       N/A         44a       X       44a       X         b Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       44a       X         b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       44b       X         c Did t	41					
Located at ▶ PO BOX 54, OKEMOS, MI       ZIP + 4 ▶ 48805         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)?       Yes No         If "Yes," enter the name of the foreign country: ▶       See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.       42b       X         If "Yes," enter the name of the foreign country: ▶			phone no. ► 517-38	31-1	940	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority       Yes         over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?       Yes       No         If "Yes," enter the name of the foreign country:						
account)?       42b       X         If "Yes," enter the name of the foreign country:	b					
If "Yes," enter the name of the foreign country:		over a financial account in a foreign country (such as a bank account, securities account, or other financial			Yes	No
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.       42c       X         c At any time during the calendar year, did the organization maintain an office outside of the U.S.?       42c       X         If "Yes," enter the name of the foreign country:       ▶       43       42c       X         43       Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year       ▲       43       N / A         44a       Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       ★       44a       X         b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of of Form 990-EZ       44b       X         c Did the organization receive any payments for indoor tanning services during the year?       44c       X         d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 44d       44d		/		42b		X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?       42c       X         If "Yes," enter the name of the foreign country:       ►       43       X         43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year       ►       43       N/A         44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       ¥4a       X         b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of of Form 990-EZ       ¥4b       X         c Did the organization receive any payments for indoor tanning services during the year?       If "No, " provide an explanation in Schedule O       ¥4c       X						
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<ul> <li>43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year</li> <li>43 N/A</li> <li>44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ</li> <li>b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of of Form 990-EZ</li> <li>c Did the organization receive any payments for indoor tanning services during the year?</li> <li>d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an explanation</i></li> <li>44d</li> </ul>	C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		42c		X
and enter the amount of tax-exempt interest received or accrued during the tax year						
44a       Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       44a       X         b       Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       44b       X         c       Did the organization receive any payments for indoor tanning services during the year?       44c       X         d       If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       44d       44d	43				🕨	
44a       Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of       44a       X         Form 990-EZ       44a       X         b       Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead       44a       X         of Form 990-EZ       44b       X         c       Did the organization receive any payments for indoor tanning services during the year?       44c       X         d       If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation       44d       X         in Schedule O       44d       X		and enter the amount of tax-exempt interest received or accrued during the tax year	🕨 43	N/A		
44a       Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of       44a       X         Form 990-EZ       44a       X         b       Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead       44a       X         of Form 990-EZ       44b       X         c       Did the organization receive any payments for indoor tanning services during the year?       44c       X         d       If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation       44d       X         in Schedule O       44d       44d       X						
Form 990-EZ       44a       X         b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead       44a       X         of Form 990-EZ       44b       X         c Did the organization receive any payments for indoor tanning services during the year?       44c       X         d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation       44d       44d					Yes	No
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c Did the organization receive any payments for indoor tanning services during the year?       44c       X         d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation       44c       X         in Schedule O       44d       44d       44d	Ď			446		v
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation       44d         in Schedule O       44d	-	UI FUI III 330-EZ				
in Schedule O				44C		
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Form 990-EZ (2010)

FOD FAMILY SUPPORT GROUP

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Page 3

## 83-0471342 Page 4 Yes No

						45		X
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?								
	If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ							
	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?							
Part VI	complete Schedule C, Part I	and as ation 4047	/_///			46	504/	X
	Section 501(c)(3) organizations				-			(3)
	organizations and section 4947(a)(1) nonexem Check if the organization used Schedule O to re							
	Check in the organization used Schedule O to re	spond to any question in					Yes	
7 Did the	organization engage in lobbying activities? If "Ye	a " complete Sebedul				47	163	X
	rganization a school as described in section 170(					48		X
19 a Did the	organization make any transfers to an exempt no	n-charitable related organ	nization?			49a		X
b If "Yes."	was the related organization a section 527 organ	ization?				49b		
	te this table for the organization's five highest co					ach rece	ived r	ore
	00,000 of compensation from the organization. If				,			
		(t	) Title and average hours	(c) Compensation	(d) Contributions	(e)	Expe	se
	(a) Name and address of each employee paid	more	per week devoted to		to employee benefit plans &		ount	
	than \$100,000 NON	Ξ	position		deferred compensation	other	allow	nce
					•			
f Total nu	mber of other employees paid over \$100,000		•	•				
51 Comple	te this table for the organization's five highest co	mpensated independent c	ontractors who each recei	ved more than \$100,	000 of compens	ation fro	m the	
	ation. If there is none, enter "None." NON							
	(a) Name and address of each independent c	ontractor paid more than	\$100,000	(b) Type of ser	vice (	;) Comp	ensat	on
				1				
d Total nu	Imber of other independent contractors each rece	eiving over \$100,000			•			
	organization complete Schedule A? Note: All sec		ons and 4947(a)(1) nonexe	mpt				
charitat	le trusts must attach a completed Schedule A				► [	X Yes		Ν
	Under penalties of perjury, I declare that I have examined correct, and complete. Declaration of preparer (other than	this return, including accompa officer) is based on all information	anying schedules and statemer ation of which preparer has any	nts, and to the best of my knowledge.	knowledge and be	llef, it is t	rue,	
		,,	,	5				
Sign	Signature of officer				Date			
here	DEBORAH LEE GOULD,	PRESIDENT &	EXEC DIRECT	'OR				
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN			
Paid	ANGELA BACKUS, CPA,	1 0		self- emplo	yed			
Preparer		ANGELA BACKI	JS,CPA,05/09	/11				
Jse Only				Firm's EIN	▶			
<b>_</b>	Firm's address > 3505 COOLIDO		-	Phone no.		51-5	50	
		G, MI 48823			J 1 / J			<u></u>
	PAST LANSING							3
lay the IRS		-				X Vee		
32174	discuss this return with the preparer shown above	-				X Yes		No
May the IRS ( 032174 03-04-11		-	4			<u>X</u> Yes orm 99		N
032174 03-04-11	liscuss this return with the preparer shown above	? See instructions		SUPPORT GI			0-EZ	_ <b>N</b> 201

SCHEDULE A
------------

Department of the Treasury

#### (Form 990 or 990-EZ)

# **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. .

Interr	al Reve	nue Service	► At	tach to Form 990 or Fo	orm 990-E	Z. 🕨 See	separate	instructio	ons.		Insp	pection	
Nar	ne of t	the organizati	on						E	mployer	identifica	ition nu	umber
				ILY SUPPORT						83	3-047	1342	2
Pa	nrt I	Reason	for Public Char	<b>ity Status</b> (All organiz	zations mu	st complet	te this par	t.) See ins <sup>.</sup>	tructions.				
The	organ	nization is not a	a private foundation	because it is: (For lines <sup>-</sup>	1 through	11, check	only one b	oox.)					
1		A church, co	nvention of churches	s, or association of chur	ches desc	ribed in <b>se</b>	ection 170	(b)(1)(A)(i)	).				
2		A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3		A hospital or	a cooperative hospi	tal service organization (	described	in section	170(b)(1)	(A)(iii).					
4		A medical res	search organization of	operated in conjunction	with a hos	pital desc	ribed in <b>se</b>	ection 170	(b)(1)(A)(ii	i). Enter t	the hospit	al's nar	ne,
		city, and stat	e:										
5		An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	/ a govern	mental uni	t describ	ed in		
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6		A federal, sta	te, or local governm	ent or governmental uni	t describe	d in <b>sectio</b>	n 170(b)( <sup>.</sup>	1)(A)(v).					
7		An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general	public des	scribed	in
		section 170(	<b>b)(1)(A)(vi).</b> (Comple	te Part II.)									
8		A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9	X	An organizati	on that normally rec	eives: (1) more than 33 <sup>-</sup>	1/3% of its	support f	rom contri	ibutions, n	nembershi	p fees, ar	nd gross r	eceipts	s from
		activities rela	ted to its exempt fur	nctions - subject to certa	ain excepti	ons, and (	2) no more	e than 33 1	1/3% of its	support	from gros	s inves	stment
		income and ι	inrelated business ta	axable income (less sect	tion 511 ta	ix) from bu	isinesses a	acquired b	y the orga	nization	after June	30, 19	75.
			509(a)(2). (Complete	,									
10		An organizati	on organized and op	perated exclusively to te	st for publ	ic safety. S	See <b>sectic</b>	on 509(a)(4	4).				
11		An organizati	on organized and op	perated exclusively for the	ne benefit	of, to perfo	orm the fu	nctions of,	, or to carr	y out the	purposes	s of one	; or
		more publicly	supported organiza	ations described in section	on 509(a)( <sup>-</sup>	1) or section	on 509(a)(2	2). See <b>see</b>	ction 509(	<b>a)(3).</b> Che	eck the bo	ox that	
			•••••	organization and compl		-					1		
		a 📖 Type I		51		e III - Func	,	0		d 📖	Type III		
e		, .		t the organization is not			-			•			
			-	han one or more publicly		-				9(a)(1) or	section 50	09(a)(2)	•
f		•		ten determination from t					e III				
				nis box									🗀
ç	l	•		rganization accepted ar					•.				<b>T</b>
		., .		irectly controls, either al	Ũ		•		., .			Yes	No
				upported organization?								-	+
				n described in (i) above?									+
L				person described in (i) of							11g(ii	7	<u> </u>
h		Provide the h	bilowing information	about the supported or	ganization	(S).							
	N	- <b>f</b>		(iii) Type of	(iv) is the c	organization	(v) Did vo	u notify the	(vi) Is	the	() /		
()		e of supported anization	(ii) EIN	organization		sted in your		tion in col.	organizatio	on in col.	• •	Amount Ipport	OT
	Ulgi	amzation		(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	U.S	.?	31	ιμμοιτ	
				(see instructions)	Yes	No	Yes	No	Yes	No			
				. "									
					+	I		I	I				

LHA For Paperwork Reduction Act Notice, see the Instructions for

OMB No. 1545-0047

**Open to Public** 

Form 990 or 990-EZ.

<u>Total</u>

#### Schedule A (Form 990 or 990-EZ) 2010

Part II	Supp

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	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)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4	(u) 2000	(0) 2001	(0) 2000	(4) 2000	(0) 2010	(i) rotar
	Gross income from interest,						
U	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
٥	Net income from unrelated business						
9							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
	Total support. Add lines 7 through 10		 				
	Gross receipts from related activities,	•	,			<b>12</b>	
13	First five years. If the Form 990 is for						
Sec	organization, check this box and stop ction C. Computation of Publ	ic Support Pe	ercentage				
	Public support percentage for 2010 (I			column (f))		14	%
	Public support percentage from 2009		•			15	%
	33 1/3% support test - 2010. If the o						
IUa	stop here. The organization qualifies	•		•			
h	33 1/3% support test - 2009.If the o						
	and stop here. The organization qual						
17-	10% -facts-and-circumstances tes						
17 d							
	and if the organization meets the "fac			-	-		
1-	meets the "facts-and-circumstances"	•	•		•		
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
40	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio	n dia not check a	0, 10 xox on line 13, 10	oa, 160, 17a, or 17	D, CHECK THIS DOX	and see instruct	

Schedule A (Form 990 or 990-EZ) 2010

032022 12-21-10

10030509 788987 3089001

### Schedule A (Form 990 or 990-EZ) 2010 FOD FAMILY SUPPORT GROUP Part III Support Schedule for Organizations Described in Section 509(a)(2)

30890011

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		23,289.	29,847.	15,952.	123,292.	192,380.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		1,712.	1,034.	184.	5,203.	8,133.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5		25,001.	30,881.	16,136.	128,495.	200,513.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons		11,060.	10,059.	8,000.		29,119.
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						0.
C	Add lines 7a and 7b		11,060.	10,059.	8,000.		29,119
	Public support (Subtract line 7c from line 6.)						171,394.
	ction B. Total Support		,				<b>F</b>
	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e)2010 128,495.	(f) Total 200,513
	Amounts from line 6		25,001.	30,881.	16,136.	128,495.	200,513
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		12.	186.	374.	374.	946
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b		12.	186.	374.	374.	946
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part IV.)		25,013.	31,067.	16,510.	128,869.	201,459.
14	First five years. If the Form 990 is for	the organization'	s first, second, third	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here	•					
Sec	ction C. Computation of Publ						
15	Public support percentage for 2010 (	line 8, column (f) d	livided by line 13, c	olumn (f))		15	85.08 9
16	Public support percentage from 2009	Schedule A, Part	III, line 15			16	59.10 %
	ction D. Computation of Investion						
17	Investment income percentage for 20	<b>10</b> (line 10c, colur	mn (f) divided by lin	e 13, column (f))		17	.47 🦻
18	Investment income percentage from	2009 Schedule A,	Part III, line 17			18	.79 🦻
	33 1/3% support tests - 2010. If the					3 1/3% , and line 1	7 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	e organization quali	fies as a publicly s	upported organiza	ation	►X
	33 1/3% support tests - 2009. If the	organization did r	not check a box on	line 14 or line 19a		10 than 00 1/0/0,	
		-					
b	<b>33 1/3% support tests - 2009.</b> If the line 18 is not more than 33 1/3%, che <b>Private foundation.</b> If the organization	eck this box and <b>s</b>	top here. The orga	nization qualifies a	is a publicly supp	orted organization	

2010.03040 FOD FAMILY SUPPORT GROUP

10030509 788987 3089001

SCHEDULE O	
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(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

Name of the organization

FOD FAMILY SUPPORT GROUP

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:

INTEREST INCOME

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: HOSPITAL

GRANTEE NAME: CHILDREN'S HOSPITAL OF PITTSBURGH

GRANTEE ADDRESS: 600 GRANT STREET PITTSBURGH, PA 15219-2702

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 08/03/10

AMOUNT GIVEN:

ACTIVITY CLASSIFICATION: HOSPITAL

GRANTEE NAME: TUFTS MEDICAL CENTER

GRANTEE ADDRESS: 800 WASHINGTON STREET, #231 BOSTON, MA 02111

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 12/29/10

AMOUNT GIVEN:

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

 DESCRIPTION OF OTHER EXPENSES:
 AMOUNT:

 AWARENESS ITEMS
 420.

 BANK & PAYPAL FEES
 320.

 FEES & LICENSES
 719.

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

12

10030509 788987 3089001

032211 01-24-11

2010.03040 FOD FAMILY SUPPORT GROUP

83-0471342

AMOUNT:

Employer identification number

374.

15,000.

30890011

15,000.

30,000.



OMB No. 1545-0047

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.	-EZ	10 Public
Internal Revenue Service Name of the organizatior		Employer identificatio	
	FOD FAMILY SUPPORT GROUP	83-0471342	
INSURANCE 2,111			
OFFICE SUPPLIES			2,954.
FUNERAL GIFTS			500.
GIFTS 15.			
WEBSITE			L,375.
CONFERENCES			L,714.
BOOKS & PUBLICATIONS			90.
CONFERENCE SUPPLIES			606.
ADVERTISING			715.
CONFERENCE SPONSORSHIPS			5,620.
TOTAL TO FORM 990-EZ, LINE 16			8,159.
FORM 990-EZ,	PART III, PRIMARY EXEMPT PURPOSE - THE PRIMA	RY PURPOSE OF	F FOD
FAMILY SUPPO	RT GROUP IS TO PROVIDE EMOTIONAL/ PRACTICAL S	UPPORT TO	
FAMILIES AND RAISE FUNDS FOR AND DISSEMINATE INFORMATION WITH RESPECT			
TO, RESEARCH	RELATED TO SCREENING, DIAGNOSIS, CLINICAL T	REATMENT	
AND/OR CURES FOR THE FATTY OXIDATION DISORDERS (FOD'S) AND MAKING			
GRANTS TO OTHER CLINICAL OR RESEARCH ORGANIZATIONS INVOLVED WITH			

FAMILIES AFFECTED BY FATTY OXIDATION DISORDERS.

FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:

TELEPHONE SUPPORT AND EDUCATION. DIRECTOR TALKS WITH OVER

200 FOD FAMILIES AROUND THE WORLD TO ALLAY THEIR FEARS,

EDUCATE THEM ABOUT THEIR SPECIFIC FOD, REFER THEM TO

EXPERT MEDICAL PROFESSIONALS, AND OFFER GRIEF SUPPORT WHEN A

CHILD/ADULT DIES FROM ONE OF THESE DISORDERS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2010) 01-24-11
13 SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.



Name of the organization FOD FAMILY SUPPORT GROUP Employer identification number 83 - 0471342

## FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

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

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 FAMILY
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 GROUP
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