0373 11/10/2010 3 55 PM

**Return of Organization Exempt From Income Tax** 

OMB No 1545-0047 Open to Public Inspection

617

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Department of the Treasury Internal Revenue Service

<u>A</u>	For the	e 2009 ca	endar y	ear, or tax year beginn	lng , ar	nd ending							
В	Check if a	applicable	Please	C Name of organization				-			D En	nployer iden	tification number
$\Box$	Address	change	use IRS label or		PACKARD MOTOR CAR	FOUNI	OITAC	1					
$\exists$	Name ch	2000	print or	Down Business As							3	2101	
	Name Gr	ange	type.	7	O box if mail is not delivered to street addre	ess)			Room/si	uite	E Te	lephone numb	oer
Ш	Initial retu	um	See	1	RLINE DRIVE	,						10-744	
	Terminat	ion	Specific		country, and ZiP + 4			···	1			receipts \$	55,846
$\Box$	d	d entiren	Instruc-	GRAND BLAN		48439					G Gloss	receipts \$	33,040
$\sqcup$	Amended	return	tions		<del></del>	10433		**					_
	Application	on pending	F Nam	e and address of principa	l officer							this a group retu	
												filiates? re all affiliates	Yes X No
												cluded?	Yes No
			L				<del></del>				If	"No," attach a lis	st (see instructions)
1	Tax-ex	empt statu	s X	501(c) ( 3 ) •	◀ (insert no ) 4947(a)(1) or		527						
J_	Websi	te: ► W	WW.I	PACKARDMOTO	RFDN.ORG						H(c) G	roup exemption	number 🕨
ĸ	Type of e	organization	X co	rporation Trust	Association Other			L	Year of for	nation 1	997	M State of	of legal domicile. MI
F	art I	Sı	ımma			•						-	
	~~~				ion or most significant activities								
	1	_			RODUCTS, HISTORY,		ROPER	TIES C	אר הו	י ארני	(ARD	мотор	
9			COMP		MODOCIS, MISTORI,	11110 1	NOI DIN	1100 0	,, ,,,,,	1 11101	USIND	110101	
חשר		CAR	COMP	HIVI.									
ē	]		_	<del></del>									
ő	2	Check th		_	on discontinued its operations o	r dispose	d of more	than 25%	% of its n	et assets	,	1	
ಹ	3	Number	of voting	members of the gove	erning body (Part VI, line 1a)						3		
es	4	Number (	of indep	endent voting membe	rs of the governing body (Part V	/I, line 1b	)				4	15	
₩.	_ 5	Total nun	nber of e	employees (Part V, lin	e 2a)						5	0	
125	₽6	Total nun	nber of v	volunteers (estimate if		6	30						
Activities & Governance	7a				e from Part VIII, column (C), line	≘ 12 🚗		· 			7	а	
C	J.	-			from Form 990-T, line 34	-	RF	EEIV	FD		7	b	0
C	<del>5 -</del>	1101 011101	atou bu	Sinoso taxasis interne	, , , , , , , , , , , , , , , , , , , ,					Prior Yea			Current Year
ر	8	Contribut	ions and	d grants (Part VIII, line	: 1h)	4				1227	5,90		51,650
हैंग	9			revenue (Part VIII, lin		\$	I NO	V 182	1010	9		_	
Revenue	10	•		ne (Part VIII, column (	<del>-</del> -	1	1		1		2,30	1	370
8	ם, כו				1 <u>E</u>	2,50		3,826					
	2.5				nes 5, 6d, 8c, 9c, 10c, and 11e)			ニテン	ــــــــــــــــــــــــــــــــــــــ	$-\frac{1}{27}$	2 20	<del>_</del>	
_	*******				(must equal Part VIII, column (	A), line 12	2)		-	21	3 <u>,</u> 20	9	55,846
•	1			• •	IX, column (A), lines 1-3)								
1	<b>1</b> 14	Benefits	paid to c	or for members (Part I	X, column (A), line 4)								
ω,	7215	Salaries,	other co	ompensation, employe	e benefits (Part IX, column (A),	lines 5-1	IO) <sub>.</sub>						
benses	16a	Professio	nal fund	fraising fees (Part IX,	column (A), line 11e)						24	8	
ᅙ	b	Total fund	draising	expenses (Part IX, co	lumn (D), line 25) ▶								
ŭ	1				nes 11a-11d, 11f-24f)					6.	5,39	4	54,997
					t equal Part IX, column (A), line	25)					5,64		54,997
	1	-		penses Subtract line							2,56		849
7.8	13	revenue	icas ex	perises oubtract line	70 Horri mile 12				Beginn	ing of Cur			End of Year
Net Assets or	20	Total ass	ets (Par	t X, line 16)						2,70			2,701,357
Ass	21		•	art X, line 26)							0,00		400,000
Z c	21			d balances Subtract	lan 21 from line 20					2,30			2,301,357
				re Block	ine 21 nom me 20				<u> </u>	2,30	, 50	01 2	<u>., 501, 557</u>
	art II												<del></del>
		Und	der penali I belief it	ties of perjury, I declare the	nat I have examined this return, inclu plete Declaration of preparer (other t	ding accor	npanying s r) is based	chedules a	nd statem	ents, and which ore:	to the be narer has	st of my know any knowledo	ledge ne
			N _				, 15 56566	O11 Gil 1111011	madon or	mar proj	)		
Siç	ın		30	$\chi_{\mu\nu}$								(11-1)	4-10
He	re		Signatu	re or Micer	ON.		-				D	ate	
				- Br	wee Blevins		rea!	Surg	in				
			Type or	print name and title	1			•		-			
		Des		N	- //			Date /	7	Check	f .		er's identifying number
Pa	id		parer's nature	1/4 == (/			ĺ	il!	1100	self-			structions)
	pare			1 - W 7 0	ADDIT IDOTID *			111,	,, ,	employ	Т		0006463
	e On		n's name		ABELL, LESLIE &	<u>co.</u>					EIN	<u>▶</u> 38	<u>3-1998967</u>
		if so	elf-employ		MACOMB PLACE						Pho		
			iress, and			3043					no	<b>▶</b> 586-	<u>-465-6285</u>
					shown above? (see instructions								X Yes No
For		cy Act an	d Pape	rwork Reduction Act	Notice, see the separate inst	ructions.				101	1	· -	Form 990 (2009)
										1	T.		, , ,

_	-	-		$\sim$	$\sim$	-	$\sim$	-	
-			<b>—</b>	1	٠,	- 1	1 1		
. )		-1		.,	1	- 1	11	- 1	

Page 2

Pą	<u>rt III </u>	Statement of Program S	ervice Accomp	ishments		<u></u>		*****	- <del></del>
P	RESE	escribe the organization's mission RVATION OF THE PROMPANY.	ODUCTS, HI	STORY, A	AND PRO	PERTIES	OF THE	PACKARD	MOTOR
2	the prior	rganization undertake any significa Form 990 or 990-EZ? describe these new services on Sc		during the year	which were r	not listed on			Yes X No
3	Did the c	rganization cease conducting, or n	nake signıficant chan	ges in how it co	onducts, any p	program			Yes X No
4	Describe Section !	the exempt purpose achievement 501(c)(3) and 501(c)(4) organizations to others, the total expenses, an	s for each of the orga ns and section 4947(	(a)(1) trusts are	required to re	eport the amount			
R		)(Expenses \$ RATION AND RENOVA MICHIGAN.	43,609 m TION OF PA			GROUNDS	) (Revenu AT	e \$	)
								·	
					•				
4b	(Code	) (Expenses \$	ır	ncluding grants o	of \$		) (Revenu	e \$	)
		•							
4c	(Code	) (Expenses \$	ır	ocluding grants o	of \$		) (Revenu	e \$	)
4d	Other pro	ogram services (Describe in Scheo	dule O )						
	(Expense		including grants of			) (Revenue \$		)	
40	Total pro	ogram service expenses	43,60	<u> 19</u>			<del></del>		000
									Form <b>990</b> (2009)

			_		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"					
	complete Schedule A .		<u> </u>	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		⊢	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		l			
	candidates for public office? If "Yes," complete Schedule C, Part I		ļ.	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete		ļ			
	Schedule C, Part II		<u> </u>	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)		Į.			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		_	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have					
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"					
	complete Schedule D, Part I			6		Χ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			ĺ		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"					
	complete Schedule D, Part III		Ł	8		Χ
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part					
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"		1	ł		
	complete Schedule D, Part IV			9		Χ
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or					
	quasi-endowments? If "Yes," complete Schedule D, Part V		L	10		Χ
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,					
	VII, VIII, IX, or X as applicable		L	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete					
	Schedule D, Part VI				1	
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more					
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII					
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more		ŀ			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		[			
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets		ŀ			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX				Ī	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X				I	
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses				1	
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X				Ī	
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete					
	Schedule D, Parts XI, XII, and XIII		F	12		X
I2A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	X		I	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		Ŀ	13	_	Χ
l4a	Did the organization maintain an office, employees, or agents outside of the United States?		1	4a		Χ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,					
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		1	4b	1	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any					
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		L	15	İ	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance					
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III		L.	16		Χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services					
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		.	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on				}	· · · · · ·
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?					
	If "Yes," complete Schedule G, Part III			19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H			20	7	X
				Corm	aan	(2009)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		}	
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	1		l
	United States on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			ļ
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	L	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		]	
	to defease any tax-exempt bonds?	24c		ļ
d		24d	<u> </u>	1
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			}
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	L	X
b	Is the organization 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	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		l	
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27	L	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			•
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	ļ	X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			İ
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,		1	
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	[		
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			١
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			١
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			١,,
	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			\ <sub>V</sub>
	III, IV, and V, line 1	34		<u>X</u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	25		,
	Schedule R, Part V, line 2	_35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			v
. ~	organization? If "Yes," complete Schedule R, Part V, line 2	36_		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	27		Х
18	Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	37		<del>  ^-</del>
,,,	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Х	
	10		4.	

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	i				
	U.S. Information Returns. Enter -0- if not applicable	1a	6			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b		_		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and report	able				
	gaming (gambling) winnings to prize winners?			1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0	_		
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	•		2b	<u> </u>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered b	y				
	this return?			3a		X
þ	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Ļ	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authors.					
	over, a financial account in a foreign country (such as a bank account, secunties account, or other financial	ial				.,
	account)?			4a		X
b	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 Bai	1K				
	and Financial Accounts			ا		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	H	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction if "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regardi			5b		Λ
C	Prohibited Tax Shelter Transaction?	ig		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			30		
Ju	organization solicit any contributions that were not tax deductible?			6a		Χ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or		1		
-	gifts were not tax deductible?			6ь		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo	ds				
	and services provided to the payor?			7a		Χ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?	. ,		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		_[		
0	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal transfer of the organization of the property of the organization of the property of the organization of the property of the organization of the organization of the property of the organization of the property of the organization of the property of the property of the organization of the property of the organization of the property of the organization of the property of the property of the organization of the property of the property of the property of the organization of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of th	onal				
	benefit contract?			7е		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	•		7f		<u>X</u>
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			79		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as					
_	required?			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring				İ	
9	organization, have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.			8		<del></del>
	Did the organization make any taxable distributions under section 4966?			0.	†	
a b	Did the organization make a distribution to a donor, donor advisor, or related person?			9a 9b		
10	Section 501(c)(7) organizations. Enter:			35		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			I	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		7	1	
11	Section 501(c)(12) organizations. Enter		·····	7	1	
а	Gross income from members or shareholders	11a			Ī	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			7	I	
	amounts due or received from them )	11b			Į	
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	41?		12a	l	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

	Form 990 (2009)	·PACKARD	MOTOR	CAR F	OUNDATION_	31-1502101	
٠	Part VI	Governance,	Managem	ent, and	Disclosure For	each "Yes" response to lines	2 through 7b below, and
		for a "No" res	ponse to li	ine 8a, 8i	b, or 10b below,	describe the circumstances,	processes, or changes in
		Schedule O. S	See instru	ctions			

	Schedule U. See instructions.			
Sec	tion A. Governing Body and Management		T .	
4.	Enter the number of voting members of the governing body	F	Yes	No
1a	l a c		1	
ь 2				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	١,	•	Х
3	· · · · · · · · · · · · · · · · · · ·	2	<del>                                     </del>	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	<del> </del>	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members of stockholders, or other persons who may elect one or more members	•		
, 4	of the governing body?	7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	<u> </u>	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	1,0	-	<u> </u>
٠	the year by the following			
а	The governing body?	8a	x	Ī
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	-05	1	<del> </del>
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal		L	
	venue Code.)			
	ondo oodo.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	.,,,,,	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	1,42	<del> </del>	··-
-	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	142		
• •	form?	11	Х	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	1		
_	rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	1.5.5		
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Х
14	Does the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	] [	_X_
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ MI			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website X Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ▶ BRUCE BLEVINS 9157 TIMBERLINE DRIVE			
G1	RAND BLANC MI 48439	810-74	4 – 1	820

#### Form 990 (2009) PACKARD MOTOR CAR FOUNDATION Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Part VII Employees, and Independent Contractors

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors; institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average	Pos	ition		C) k all 1	that ap	nh/)	(D) Reportable	(E) Reportable	( <b>F</b> ) Estimated
Name and Tiue	hours per week	or director				Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
BUD JUNEAU										
PRESIDENT	10.00	X		<b> </b>	_	$\vdash$		0	0	0
JOHN F. MACARTHUR		l			}					_
VICE PRESIDE	10.00	X	٫		_			0	0	0
BRUCE BLEVINS	10.00	١							0	_
TREASURER	10.00	X		┝	<u> </u>	$\vdash$		0	0	0
CHARLES BLACKMAN	10.00	,		i					0	_
TRUSTEE	10.00	X		-	-			0	0	0
RICHARD KUGHN	10.00								^	0
TRUSTEE	10.00	X	<u> </u>	<del>                                     </del>		1 1		0	0	<u> </u>
NEAL PORTER	10.00	1,,				1 1			0	0
TRUSTEE	10.00	X	-	$\vdash$	├-	1-1		0	<u> </u>	
BRIAN BURKE	10 00	,,			[			0	0	0
SECRETARY	10.00	X	⊢	├	├-	+			0	0
DAVID KANE	10.00	X	1					0	0	0
TRUSTEE GREGORY STACHURA	10.00	┯	1	$\vdash$	├	+		· · · · · · · · · · · · · · · · ·		0
TRUSTEE	10.00	X						0	0	0
RUSSELL MURPHY	10.00	1	-	-		+			<u> </u>	
TRUSTEE	10.00	X	]		ł			0	0	0
DONALD SOMMER	10.00	<del>  ``</del>	<u> </u>	t —				<u>_</u>	<u>~</u>	<u></u>
TRUSTEE	10.00	X	ľ					0	0	0
MARK SMUCKER	20:00	<del>                                     </del>	1					<del></del>		
TRUSTEE	10.00	X						0	0	0
RICHARD LANGWORTH		1								
TRUSTEE	10.00	X			ļ			0	0	0
RALPH MARANO			Γ	Γ		П				
TRUSTEE	10.00	Х						0	0	0
LINDA WELLS										
TRUSTEE	10.00	X	L	<u></u>				0	0	0
		_		$oxed{oxed}$	<u> </u>	$\downarrow \downarrow \downarrow$				
j		1	1							
		1	1	1	l	1		1		

Part	VII Section A. Officers	, Directors, Trus	tees	, Ke	y En	nplo	yees	, and	d Highest Compensated E	mployees (continued)					
•	` (A) Name and Title	(B) Average hours per	<u></u>		(chec			_	(D)  Reportable  compensation	(E) Reportable compensation	(F) Estimated amount of				
		week	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	cc o	othe ompens from t organiza and rela rganiza	r sation he ation sted		
			_												
										-					
<del></del>															
-									, ,						
<u>1b 1</u>								<u> </u>							
	Fotal number of individuals (inc eportable compensation from t				ose I	listed	l abo	ve) \ 	who received more than \$10	00,000 in 					
	Did the organization list any for employee on line 1a? If "Yes," o							loye	e, or highest compensated		Γ	3	Yes	No X	
4 F	For any individual listed on line he organization and related org	1a, is the sum of	repo	rtab	le co	mpe	nsati					1			
<b>5</b> [	ndividual Did any person listed on line 1a services rendered to the organi											5	-	X	
	on B. Independent Contracto											<u> </u>			
1 0	Complete this table for your five compensation from the organization from the organization.	ation	sate	d ind	leper	nden	t con	trac							
	Name and	(A) business address							Descript	(B) uon of services		Соп	(C) pensat	ion	
	······································			-		_									
	<del></del>	<del></del>							·		-				
			<del></del> -								$\neg \uparrow$				
										<del>,</del>					
	otal number of independent conore than \$100,000 in compen		-			ited	to the	ose I	isted above) who received			0			
DAA	· · · · · · · · · · · · · · · · · · ·												990	(2009)	

Pa	nt V	III Statement of Reve	nue				· <del></del>	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
SS	1a	Federated campaigns	1a		, , , , - , , - , , - , , - , , - , , - , , - , , - , , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - ,	TOVERIBE		312, 313, 01 314
ant	h	Membership dues	1b					
ρĘ	C		1c					
ifts	d		1d					
7,5 E	e	Government grants (contributions)	1e					
Sign	f	All other contributions, grifs, grants,						
The state	•	and similar amounts not included above	1f	51,650				
doi	g	Noncash contributions included in lines 1a-1		31,030				
Son	h h		•	▶	51,650			
Program Service Revenue Contributions, gifts, grants		Town 7100 miles 14 11		Busn. Code				
eun	2a			200,11,0000		······		
Se.	ь					****		
S	C							
ē	d			-				·
E	8			-	•			· · · · · · · · · · · · · · · · · · ·
gra	f	All other program service reven	ue				····	
P	g	Total. Add lines 2a-2f		<b></b>				,
	3	Investment income (including d	vidends, ır	nterest, and		, , , , , , , , , , , , , , , , , , , ,		
		other similar amounts)		<b>•</b>	370			370
	4	Income from investment of tax-	exempt bo	nd proceeds 🕨				
	5	Royalties		▶ [				
		(ı) Real		(ii) Personal				
	6a	Gross Rents						
	b	Less rental exps						
	С	Rental inc or (loss)						
	d	Net rental income or (loss)		<b>&gt;</b>				
	7a	Gross amount from (i) Securities sales of assets		(ii) Other				
		other than inventory						
	b	Less cost or other		1				
		basis & sales exps						
	С	Gain or (loss)	<u>_</u>		1			
	d	Net gain or (loss)		<b>•</b>				
	8a	Gross income from fundraising even	ts		1			
Other Revenue		(not including \$						
Seve.		of contributions reported on line 1c).				,		
er R		See Part IV, line 18	a					
Ě	b	Less: direct expenses	ь		<b>‡</b>			
	С	Net income or (loss) from fundr		nts 🕨				<del></del>
	9a	Gross income from gaming activities	•					
		See Part IV, line 19	a		1			
	b	•	b					· · · · · · · · · · · · · · · · · · ·
	С	Net income or (loss) from gamin	ng acti <u>vitie</u>	s 🕨				·····
	10a	Gross sales of inventory, less			1			
		returns and allowances	a		1			
		Less: cost of goods sold	b[		<b>!</b>			<b>'</b>
	С	Net income or (loss) from sales	of invento			······································		
		Miscellaneous Revenue	<del></del>	Busn. Code	2 00		•	2 2 2 2
	11a	GIFT SHOP SALES			3,826			3,826
	b						<del></del>	
	C	All ather reverses						<del></del>
	d	All other revenue			3,826			:
	12	Total Revenue See instruction	ı.e.		55,846	0	0	4 100
_	12	Total Revenue. See instruction	3			0		4,196

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Toll despends  Program serve expenses   Productions   Grains and other assistance to governments and orgenizations in the U.S See Print V, line 2?  Grants and other assistance to individuals in the U.S See Print V, line 2?  Grants and other assistance to governments, organizations, and individuals outside the U.S. See Print V, line 2?  Grants and other assistance to governments, organizations, and individuals outside the U.S. See Print V, line 2?  Bennetis paid or for members  Compensation of current officers, directions, trustees, and see yenoployees  Compensation of current officers, directions, trustees, and see yenoployees  Person plan contributions (include section 401(k) and section 400(k) and section 400(k) employer contributions)  Other sembers and vages  Person plan contributions (include section 401(k) and section 400(k) employer contributions)  Other employees benefits  Person in plan contributions (include section 401(k) and section 400(k) employee other includes the section 400(k) employee other includes the section 400(k) employee other includes the section 400(k) employee other includes the section 400(k) employee other includes the section 400(k) employee other includes the section 400(k) employee other includes the section 400(k) employee other includes the section 400(k) employee other includes the section 400(k) employee other includes the section 400(k) employee other includes the section 400(k) employee other includes the section 400(k) employee other includes the section 400(k) employee other includes the section 400(k) employee other includes the section 400(k) employee other includes the section 400(k) employee other includes the section 400(k) employee other includes the section 400(k) employee other includes the section 400(k) employee other includes the section 400(k) employee other includes the section 400(k) employee other includes the section 400(k) employee other includes the section 400(k) employee other includes the section 400(k) employee other includes the section 400(k) emplo			(A)	(B)	(C)	(D)
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 2? 2 Grants and other assistance to governments, organizations, and individuals out the U.S. See Part IV, line 17 and the U.S. See Part IV, line 18 and 16 8 Benefits part for or for members 5 Compensation of current offices, directors, trustees, and key employees 6 Compensation of current offices, directors, trustees, and key employees 7 Compensation of current offices, directors, trustees, and key employees 8 Part IV, line 18 and 16 9 Benefits part for individual does not employees 9 Compensation of endaded above, but dequalified persons (as effend under section 4950(IV)) and persons described assignment of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the pe		•	Total expenses	Program service	Management and	Fundraising
Grants and other assistance to individuals in the U.S. See Part V. Ine 22  Grants and other assistance to individuals in the U.S. See Part V. Ine 22  Grants and other assistance to governments, organizations, and individuals cutside the U.S. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See Part V. Ine St. See		·		expenses	general expenses	expenses
2 Grants and other assistance to individuals in the U.S. See Part IV, Inex 2 S See Part IV, Inex 2 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part IV, Inex 1 S See Part	1	•				•
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and section 400(b) employer contributions)  Olther employee benefits  Payroll taxes  1 Fees for services (non-employees)  a Management  b Legal  d Lobbying  e Professional fundrasing services See Part IV, line 17  f Investment management fees  g Other  2 Advertising and promotion  3 Office expenses  1, 416 277 1,139  1 Information technology  18 Royaltes  Cocupancy  17 Travel  18 Payments of travel or entertainment expenses for any federal, state, or local public officials  10 Conferences, conventions, and meetings  Interest  22, 056 22, 056  1, 13, 121  1 Insurance  24 Other expenses shown on line 25 below)  a INSURANCE  PROPERTY MAINTENANCE  4, 043 4, 043  3 GIFF TAXES  6 PROPERTY TAXES  6 PROPERTY TAXES  7 All other expenses  5 Total functional expenses. Add lines 1 through 24f  5 I dolt costs. Check here ▶	7	Other salanes and wages				
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15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 1 INSURANCE 1 PROPERSIONAL FEES 1 PROPERTY MAINTENANCE 2 PROPERTY MAINTENANCE 3 GIFT SHOP MERCHANDISE 4 PROPERTY TAXES 5 PROPERTY TAXES 1 Total functional expenses. Add lines 1 through 24f 1 Joint costs. Check here ▶ 1 If following SOP 98-2 Complete this line only if the origanization reported in column (8) joint costs from a combined educational camping and	13	Office expenses	1,416	277	1,139	
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5% of total expenses shown on line 25 below )  a INSURANCE		covered above (Expenses grouped together				
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c PROPERTY MAINTENANCE d GIFT SHOP MERCHANDISE e PROPERTY TAXES f All other expenses  25 Total functional expenses. Add lines 1 through 24f  26 Joint costs. Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	þ	PROFESSIONAL FEES	6,032		6,032	
d GIFT SHOP MERCHANDISE  e PROPERTY TAXES  f All other expenses  5,220  2,547  2,673  25 Total functional expenses. Add lines 1 through 24f  Joint costs. Check here   organization reported in column (B) joint costs from a combined educational campaign and	С	PROPERTY MAINTENANCE		4,043		
e PROPERTY TAXES  f All other expenses  5,220  2,547  2,673  25 Total functional expenses. Add lines 1 through 24f  Joint costs. Check here   If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	d	GIFT SHOP MERCHANDISE	1,565			
f All other expenses  5,220 2,547 2,673  25 Total functional expenses. Add lines 1 through 24f  26 Joint costs. Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	е	PROPERTY TAXES	1,544		1,544	
Total functional expenses. Add lines 1 through 24f  Joint costs. Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	f	All other expenses		2,547		
26 Joint costs. Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and		•				<del>- "</del>
organization reported in column (B) joint costs from a combined educational campaign and	26	Joint costs. Check here ▶ ☐ If following				
from a combined educational campaign and						

Pa	ert X	' Balance Sheet				
			_	(A) Beginning of year		(B) End of year
$\overline{}$	1	Cash—non-interest bearing		83,324	1	6,740
	2	Savings and temporary cash investments		106,093	2	70,037
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, tr	ustees, key			
		employees, and highest compensated employees Compl	t			
		Schedule L			5	
}	6	Receivables from other disqualified persons (as defined u	nder section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B	E E			
ŀ		Part II of Schedule L	,		6	
ts	7	Notes and loans receivable, net			7	
Assets	я	Inventories for sale or use			8	· · · · · · · · · · · · · · · · · · ·
۲	9	Prepaid expenses and deferred charges		···-	9	
1		Land, buildings, and equipment cost or	1 [	, -,,	Ť	
1	104	other basis Complete Part VI of Schedule D	10a 2,628,224			
l	<b>.</b>	Less accumulated depreciation	10b 3,644	2,511,091	10c	2,624,580
- 1		Investments—publicly traded securities	37044	2/311/031	11	2,024,500
	11 12	Investments—other securities See Part IV, line 11	ļ-		12	
Ì			<u> </u>		13	
Ì	13	Investmentsprogram-related See Part IV, line 11	<u> </u>		14	
1	14	Intangible assets		<del></del>	15	
- 1	15	Other assets See Part IV, line 11	-	2,700,508	16	2,701,357
-	16_	Total assets. Add lines 1 through 15 (must equal line 34)		2,700,300	17	2,101,331
	17	Accounts payable and accrued expenses	•		18	
	18	Grants payable Deferred revenue	<b> </b>		19	
	19		<b>-</b>	·····	20	
,,	20	Tax-exempt bond liabilities	Sahadula D	<del></del>	21	
Liabilities	21	Escrow or custodial account liability Complete Part IV of	P P		21	
<b>=</b>	22	Payables to current and former officers, directors, trustees	-			
ia b		employees, highest compensated employees, and disqua	iinea :	400,000	22	400 000
7		persons Complete Part II of Schedule L		400,000		400,000
	23	Secured mortgages and notes payable to unrelated third p		-	23	
	24	Unsecured notes and loans payable to unrelated third par	ties		24	
l	25	Other liabilities Complete Part X of Schedule D	-	400 000	25	400 000
_	26	Total liabilities. Add lines 17 through 25	7	400,000	26	400,000
es		Organizations that follow SFAS 117, check here	and			
Balances		complete lines 27 through 29, and lines 33 and 34.		1,140,641	-	1 154 266
ale	27	Unrestricted net assets	}			1,154,366 79,991
8	28	Temporarily restricted net assets	}	92,867	28	
Net Assets or Fund	29	Permanently restricted net assets	<u> </u>	1,067,000	29	1,067,000
고		Organizations that do not follow SFAS 117, check her	e► ∐			
6		and complete lines 30 through 34.	<b>!</b>			
និ	30	Capital stock or trust principal, or current funds	<u> </u>		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment f			31	
As	32	Retained earnings, endowment, accumulated income, or	other funds	0 000 500	32	0 000 000
et	33	Total net assets or fund balances	<u> </u>	2,300,508	33	2,301,357
Z	34	Total liabilities and net assets/fund balances		2,700,508	34	2,701,357

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2009)

3b

SCHEDULE A. (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

### **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

Employer identification number

			PACKARD MO	TOR	CAR FOUNDATIO	N				31	-150	2101		
P	art i	Reas	on for Public Char	ity Sta	tus (All organization	s must c	omplete	this p	art.) S	ee ins	structi	ons.		
Γhe	orgai	nization is not	a private foundation beca	use it is	. (For lines 1 through 11, cl	heck only o	ne box )							
1	$\Box$	A church, cor	nvention of churches, or	associati	on of churches described i	n section 1	70(b)(1)(	A)(i).						
2	$\Box$	A school des	cribed in section 170(b)	1)(A)(ii)	. (Attach Schedule E )									
3	П				ganization described in sec	tion 170(b	)(1)(A)(iii)	).						
4	П	•			onjunction with a hospital d				)(A)(iii).	Enter th	ne hosp	ital's name.		
	ر	city, and state	*		•						•	•		
5	$\Box$	•		fit of a c	ollege or university owned	or operated	by a gove	ernment	al unit de	scribed	l in			
	Ш	•	b)(1)(A)(iv). (Complete F				, , ,							
6	$\Box$	•	., .,		mental unit described in si	ection 170	b)(1)(A)(\	<b>/</b> ).						
7	X		. •	-	antial part of its support fro			•	n the ae	neral pu	ıblıc			
	رت	•	section 170(b)(1)(A)(vi).		•									
8					)(1)(A)(vi). (Complete Part	II )								
9	П	•		-	re than 33 1/3 % of its supp	· <del>-</del>	ntnbution	s, memt	ership f	ees, and	d gross			
	ب	-			nctions—subject to certain						-			
		support from	gross investment income	and un	related business taxable in	come (less	section 5	11 tax) fi	om busi	nesses				
		acquired by the	he organization after Jun	e 30, 19 <sup>-</sup>	75 See section 509(a)(2).	(Complete	Part III)							
10		An organizati	on organized and operate	ed exclu	sively to test for public safe	ty See sec	tion 509(	a)(4).						
11		An organizati	on organized and operate	d exclu	sively for the benefit of, to p	erform the	functions	of, or to	carry ou	it the				
		purposes of c	one or more publicly supp	orted or	ganizations described in se	ection 509(a	)(1) or se	ction 50	9(a)(2) \$	See <b>sec</b>	tion			
		509(a)(3). Ch	eck the box that describe	s the typ	pe of supporting organization	on and com	plete lines	s 11e thr	ough 11	h				
		a Type	l <b>b</b> Type II		c Type III-Function	nally integra	ated	d	🗌 Тур	e III–Ot	her			
θ		By checking t	his box, I certify that the	organiza	tion is not controlled direct	ly or indirec	tly by one	or more	dısquali	fied				
		persons other	r than foundation manage	ers and o	other than one or more pub	licly suppor	ted organ	ıızatıons	descnbe	ed in sec	ction			
		509(a)(1) or s	section 509(a)(2)											
f		If the organization	ation received a written d	etermina	ation from the IRS that it is	a Type I, Ty	/pe II, or T	Гуре III s	upportin	g				
		-	check this box		• •									
g		Since August	17, 2006, has the organ	zation a	ccepted any gift or contribu	ition from a	ny of the							
		following per	sons?											
		(i) A persor	n who directly or indirectly	control	s, either alone or together v	with person	s describe	ed in (ii)				_	Yes	No
			below, the governing bod	•	* * *							11g(i	_	ļ
		` '	member of a person des		**							11g(i		1
			ontrolled entity of a perso									11g(i	i)	1
h			following information about	it the su		1,,,,,	<del></del>			T				
(1)		of supported anization	(ii) EIN		(iii) Type of organization (described on lines 1–9	1 ' '	organization sted in your		ou notify	(VI) organizat	is the ion in col		nount of	
	5				above or IRC section	, , ,	document?	∞l (i)	of your	(i) organi	zed in the		F	
					(see instructions))	Yes	No	Yes	Nο	Yes	S?			
				+		163	10	163	110	163	-10	<del></del>		
	_											_	-	
				$\dashv$		_						<u> </u>		
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Schedule A (Form 990 or 990-EZ) 2009 PACKARD MOTOR CAR FOUNDATION 31-1502101 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 368,699 183,276 400,201 275,908 51,650 1,279,734 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 368,699 400,201 275,908 183,276 51,650 1,279,734 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) 276,085 Public support. Subtract line 5 from line 4 1,003,649 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 368<u>, 6</u>99 Amounts from line 4 183,276 400,201 7 275,908 51,650 1,279,734 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 370 77 514 3,511 2,301 6,773 Net income from unrelated business activities, whether or not the business is regularly carned on Other income Do not include gain or 10 loss from the sale of capital assets 3,826 3,826 (Explain in Part IV) Total support. Add lines 7 through 10 11 1,290,333 Gross receipts from related activities, etc. (see instructions) 12 12 13 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 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 14 77.78% 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 74.56% 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box 16a and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test-2008. 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 stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or 17a more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2008. 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 stop here. Explain in Part IV how the

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18

Page 3

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.)

Sec	tion A. Public Support		<u> </u>					
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")				. ,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2	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							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization'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							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
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		l				1	
	amount on line 13 for the year							
C	Add lines 7a and 7b					,		
8	Public support (Subtract line 7c from line 6)							
	tion B. Total Support	<del></del>	1		·	γ		
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
9	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b			ļ				
11	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 assets (Explain in Part IV)							
13	Total support. (Add lines 9, 10c, 11,		]			1	]	
-	and 12)	-				L		
14	First five years. If the Form 990 is for the organization, check this box and stop here		second, third, fourt	h, or fifth tax year a	s a section 501(c)(	(3)		▶ □
Sec	tion C. Computation of Public Su	pport Percent	age					
15	Public support percentage for 2009 (line 8,	column (f) divided	by line 13, column	(f)) <sub>.</sub>			15	%_
16	Public support percentage from 2008 Sche						16	%_
	tion D. Computation of Investme							
17	Investment income percentage for 2009 (lin			olumn (f))			17	
18	Investment income percentage from 2008 S						18	
19a	33 1/3 % support tests—2009. If the organ							. □
	17 is not more than 33 1/3 %, check this bo		=	-			ı	▶ ∐
Ь	33 1/3 % support tests—2008. If the organ			-		-	'	⊾ □
20	line 18 is not more than 33 1/3 %, check thin Private foundation. If the organization did	•	<del>-</del>	-				<b>I</b> H
	. Tivato rounidation, il tile digamzation tile	GINGON & DOX OF	1-1, 10a, 01 13	S, SHOOK HIND DOX O				·····

Schedule A (Form 990 or 990-EZ) 2009 PACKARD MOTOR CAR FOUNDATION

31-1502101

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

## SCHEDULE D. (Form 990)

Department of the Treasury Internal Revenue Service

#### Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009
Open to Public

Inspection

Employer identification number Name of the organization 31-1502101 PACKARD MOTOR CAR FOUNDATION Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV. line Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a Total number of conservation easements 2b Total acreage restricted by conservation easements c Number of conservation easements on a certified histonic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service. provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

•	•							
Sche	dule D (Form 990) 2009 PACKARD MC	TOR CAR F	OUND	ATION	31	<u>L-1502</u>	101	Page 2
Pa	ert III Organizations Maintaining	Collections of	Art, Hi	storical Treas	ures, or O	ther Sim	ilar Assets (	continued)
3	Using the organization's acquisition, accession, collection items (check all that apply)	and other records,	check ar	ny of the following	that are a sign	ficant use	of its	
а	Public exhibition	d ∏ I	Loan or	exchange program	ıs			
b	Scholarly research		Other					
С	Preservation for future generations	_	•					
4	Provide a description of the organization's collect Part XIV.	ctions and explain h	ow they	further the organiz	ation's exemp	t purpose ıı	1	
5	Dunng the year, did the organization solicit or re assets to be sold to raise funds rather than to be							Yes No
Pa	IV, line 9, or reported an amo	-	•	_	ation answe	ered "Yes	s" to Form 99	0, Part
1a	Is the organization an agent, trustee, custodian			·	assets not		-	
	included on Form 990, Part X?		•					Yes No
b	If "Yes," explain the arrangement in Part XIV and	d complete the follo	wing tab	le				۰۰۰ ا
		<b>,</b>	3					Amount
С	Beginning balance						1c	
	Additions during the year						1d	
	Distributions during the year						1e	
f							1f	
	Did the organization include an amount on Form	1 990. Part X. line 21	12					Yes No
	If "Yes," explain the arrangement in Part XIV	, , , , , , , , , , , , , , , , , , , ,						
****	Endowment Funds. Comple	te if organization	on ans	wered "Yes" to	Form 990	. Part IV	. line 10.	
		(a) Current year		(b) Pnor year	(c) Two years		Three years back	(e) Four years back
1a	Beginning of year balance							
Ь	Contributions							
C	Net investment earnings, gains,							
	and losses							
d	Grants or scholarships						***************************************	
	Other expenditures for facilities							
·	and programs							
f	Administrative expenses				<u> </u>			
	End of year balance			•	<del> </del>			
2	Provide the estimated percentage of the year en	nd halance held as	<u> </u>					1
	Board designated or quasi-endowment ▶	%						
	Permanent endowment >%	"						
	Term endowment ▶ %							
	Are there endowment funds not in the possession	on of the organizatio	n that ar	o hold and admini	stored for the			
Ja		on the organizatio	ii iiiai ai	e neid and admini	stered for the			Yes No
	organization by (i) unrelated organizations							<del>- 1 - 1</del>
								3a(i)
	(ii) related organizations	stad on required on (	Sabadula	. D2				3a(ii)
4	If "Yes" to 3a(II), are the related organizations lis	•						3b
7)-	Describe in Part XIV the intended uses of the on				Dort V III	10		
Fd	Investments—Land, Buildin	,					lated T	(d) Dook value
	Description of investment	(a) Cost or other b		(b) Cost or other	_ 1 _	depreciati	-	(d) Book value
	1	(investinant)		<u>`</u>		- ucpreciati		1 050 405
	Land	<u> </u>		1,259			2 (44	1,259,425
	Buildings	-		1,368	, 199		3,644	1,365,155
	Leasehold improvements	<del></del>						
	Equipment			<del>.</del>				
6	Other	L	J					

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) )

Schedule D (Form 990) 2009

2,624,580

Schedule D (Form 990) 2009 PACKARD MOTOR CAR FOU	INDATION	31-1502101	Page 3
Part VII Investments—Other Securities. See Form 99	0, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method o	
(including name of security)		Cost or end-of-ye	ar market value
Financial derivatives			
Closely-held equity interests			
Other			
	-		· · · · · · · · · · · · · · · · · · ·
	-		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			······································
Part VIII Investments—Program Related. See Form 99	90. Part X. line 13.	<u> </u>	
(a) Description of investment type	(b) Book value	(c) Method o	f valuation
17- 1		Cost or end-of-ye	ar market value
			· <u></u>
		<del>                                     </del>	
	1.1.1.1.1.1.1.1		
			•
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, line 15.			
(a) Description	· · · · · · · · · · · · · · · · · · ·	,	(b) Book value
		···-	
		· · · <u> </u>	
	<u></u>	<u>.</u>	
<del></del>	····		<del></del>
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		<b>•</b>	
Part X Other Liabilities. See Form 990, Part X, line 2	25.		<u> </u>
1 (a) Description of liability	(b) Amount		
Federal income taxes		1	
	<del></del>	1	
		1	
		1	
	·-	1	
		7	
	1	1	
		7	
		1	
		1	
		1	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25 )		1	
2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organ	zation's financial statements	s that reports the	
organization's liability for uncertain tax positions under FIN 48		<u> </u>	

Sche	edule D (Form 990) 2009 PACKARD MOTOR CAR FOUNDATION 31-	1502101	Page 4
	art XI Reconciliation of Change in Net Assets from Form 990 to Audited Financia	al Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV )	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
Pa	art XII Reconciliation of Revenue per Audited Financial Statements With Revenue	e per Return	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIV )		
8	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
þ	Other (Describe in Part XIV )		
C		4c	<del></del>
5		5	
	art XIII Reconciliation of Expenses per Audited Financial Statements With Expens	ses per Return	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a		
	Prior year adjustments 2b		
C	, ,		
d		<del> </del>	
_		2e	
3	Subtract line 2e from line 1	3	<del></del> -
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV )  Add lines 4a and 4b		
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	4c 5	
	art XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, line	e 1h	<del></del>
_	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comp		
	part to provide any additional information		
p	part to provide any dealist an information		

Schedule D (Fo	orm 990) 2009	PACKARD MOTOR	CAR I	FOUNDATION	31-1502101	Page <b>5</b>
· Part XIV	Supplemer	PACKARD MOTOR ntal Information (contin	nued)			
***************************************	•			•		
		<del>_</del>				
	<del>-</del>					
						-

#### SCHEDULE L .

·(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. OMB No 1545-0047 Open To Public Inspection

lame of the o	rganization PACKARD MOTOR CA:	D F∖I	מרואוו	יתורטו			Emplo 31-	•			numb	er	
Part I	Excess Benefit Transactions (sect				I(c)(4) organ	zations only		130	121	01			
	Complete if the organization answered "Yes"							40b					
1	(a) Name of disqualified person					(b) Description	n of transaction				$\vdash$	Correc	ted?
							·····				Yes	<u>-</u>	No
					· · · · · · · · · · · · · · · · · · ·	<del></del>					<del>                                     </del>	_	
											<u> </u>	_	
							· · · · · · · · · · · · · · · · · · ·				├	+	
under s	ne amount of tax imposed on the organization mi ection 4958 ne amount of tax, if any, on line 2, above, reimbu			•	ns during the	e year		<b>▶</b> \$	·				
Part II	Loans to and/or From Interested												
, 414 11	Complete if the organization answered "Yes"			Part IV, line 26	6, or Form 99	0-EZ, Part V	, line 38a						
	(a) Name of interested person and purpose	or fro	oan to m the zation?	(c) Ong principal a	1	(d) Bal	ance due	(e) In (	default?		oproved pard or nuttee?		Vritten ement?
		То	From		·			Yes	No	Yes	No	Yes	No
RICHARI	P. KUGHN	X		41	000,000		400,000		Х	X		X	
		1^		47	30,000		400,000		$\hat{}$		-	_	$\vdash$
		<del></del>					<del></del>					-	
											$\vdash$	-	-
						_							
otal					▶ \$		400,000						
Part III	Grants or Assistance Benefitting Complete if the organization answered "Yes"				,								
	(a) Name of interested person	0.111 0111	1 330, 1		onship betwee	n interested pe	erson and the	(c) A	Amoun	t and t	ype of	assist:	ance
				(-,		nization		(-7.			,,,,,		
				<del> </del>									
								-					
						•							
				<u> </u>			····						
Part IV	Business Transactions Involving Complete if the organization answered "Yes"				sa, 28b, or 28	3c		-					
	(a) Name of interested person	(b) I	Relations ested pe	ship between erson and the	(c) Am	nount of action	(d) Descr	ption o	of trans	action	J	of	haring org nues?
	<del></del>	+	organı	zation								Yes	No
		<del>                                     </del>										+-	-
	***	1			1		·						1

· SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

OMB No 1545-0047
2009
Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PACKARD MOTOR CAR FOUNDATION

Employer Identification number 31-1502101

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 ORGANIZATION'S VICE PRESIDENT REVIEWED FORM 990 WITH TAX PREPARER.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS ARE AVAILABLE AT WWW.GUIDESTAR.ORG

Department of the Treasury Internal Revenue Service (99)

#### **Depreciation and Amortization**

(Including Information on Listed Property)

OMB No 1545-0172

Attachment Sequence No

► See separate instructions.

Attach to your tax return.

Name	e(s) snown on return ロカベビカロロ	MOTHOD CAT	DOMINION TON					umber
		MOTOR CAP	R FOUNDATION	<del></del>		1 31-	-120	02101
	ess or activity to which this form relates アクサヘウカザエヘN カNロ ロアN	IOT T TO KIZOL						
	ESTORATION AND REN		erty Under Section	470				<del> </del>
r		•	ly, complete Part V		complete Da	<del></del>		
1	Maximum amount See the instruct			belole you	Complete Fa	11.1.	1	250,000
2	Total cost of section 179 property p						2	230,000
3	Threshold cost of section 179 prop			ne)			3	800,000
4	Reduction in limitation Subtract line	=		,,,,			4	000,000
5	Dollar limitation for tax year Subtract lin		•	o separately, se	e instructions		5	· · · · · · · · · · · · · · · · · · ·
6	(a) Description			st (business use	·	Elected cost		
								1
								1
7	Listed property Enter the amount f	rom line 29	· · · · · · · · · · · · · · · · · · ·		7			
8	Total elected cost of section 179 pr	operty Add amounts	ın column (c), lines 6 and	7		·-	8	
9	Tentative deduction. Enter the sma	iller of line 5 or line 8					9	
10	Carryover of disallowed deduction	from line 13 of your 2	008 Form 4562				10	
11	Business income limitation Enter the	he smaller of busines	s income (not less than ze	ero) or line 5 (s	ee instructions)		11	
12	Section 179 expense deduction Ad	ld lines 9 and 10, but	do not enter more than lin	ne 11		<u></u>	12	
13	Carryover of disallowed deduction			<u> </u>	13		_	
	: Do not use Part II or Part III below							
Pa	<del></del>		nd Other Depreciat			d prope	erty.)	(See instr.)
14	Special depreciation allowance for		er than listed property) pl	aced in service	9			
	dunng the tax year (see instructions	•					14	
15	Property subject to section 168(f)(1						15	
16	Other depreciation (including ACRS		ida liatad pranadu V	(Can instru	otions \	-	16	
<u> </u>	art III MACRS Depreciat	ion (Do not incit	ide listed property.) Section A	(See instru	ictions.)	<u></u>	<del></del> -	<del></del>
47	MACRC deductions for assets place	ad in applied in tax is	-				47	1,041
17 18	MACRS deductions for assets plac  If you are electing to group any assets pl	•	• •		and about hom		17	1,041
10			rvice During 2009 Tax Y				i stem	······································
		(b) Month and year	(c) Basis for depreciation	(d) Recovery			0.0111	<del></del>
	(a) Classification of property	placed in service	(business/investment use only-see instructions)	period	(e) Convention	(f) Met	hod	(g) Depreciation deduction
 19a	3-year property		only too moderation					
b	5-year property	1						
С	7-year property	]						
ď	10-year property							
θ	15-year property	]						
f	20-year property	]						
g	25-year property			25 yrs		S/L		
h	Residential rental			27 5 yrs	ММ	S/L		
	property			27 5 yrs	MM	S/L		
i	Nonresidential real		- · · · · · · · · · · · · · · · · · · ·	39 yrs	MM	S/L		
	property	<u> </u>			MM	S/L		
	············	ssets Placed in Serv	ice During 2009 Tax Yea	r Using the A	Iternative Depre	ciation S	ystem	
<u> 20a</u>	Class life					S/L		<del></del>
	12-year			12 yrs		S/L		
	40-year	<u> </u>		40 yrs	ММ	S/L		
	art IV Summary (See ins		<del></del>	***************************************			T	
21	Listed property Enter amount from		as 40 and 20	N 01	C-tb		21	<u> </u>
22	Total. Add amounts from line 12, lines of your				Enter nere		20	1 041
23	and on the appropriate lines of your For assets shown above and place		•	msuuciioAS {	<del></del> -		22	1,041
23	portion of the basis attributable to s	-	content year, enter the		23			
	portion of the basis attributable to s	COLORI 200A (USIS		l	23			

Forms 990-PF

# Loans from Officers, Directors, Trustees, and Key Employees or Other Disqualified Persons

, and ending

2009

For calendar year 2009, or tax year beginning

Name		Employer Identification Number
PACKARD MOTOR CAR FOUNDATION		31-1502101
		31 1002101
FORM 990, PART X, LINE 22 - ADDITIONAL	INFORMATION	
Name of lender (1) RICHARD P. KUGHN	TRUSTEE	le
(2)	INOSTEL	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Original amount Matunty		Interest
borrowed Date of loan date	Repayment terms	rate
(1) 400,000 11/01/08 11/01/11		
(2)		
(3)		
(4)		
(5)		
(6)		
(7) (8)		
(9)		
(10)		
Security provided by borrower	Purpose of	loan
(1)		
(2)		· · · · · · · · · · · · · · · · · · ·
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		<del>.</del>
(10)	<u> </u>	······
	T T	
Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	400,000	400,000
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(9)		
(10)		<del></del>
Totals	400,000	400,000

0373 PACKARD MOTOR CAR FOUNDATION
31-1502101 Federal Statements

11/10/2010 3:55 PM

FYE: 12/31/2009

31-1502101

**Taxable Interest on Investments** 

Description	 Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75
INTEREST INCOME	\$ 370		14	MI	
TOTAL	\$ 370				

0373 PACKARD MOTOR CAR FOUNDATION 31-1502101 FYE: 12/31/2009	UNDATION	Fed	Federal Statements	ments			11/10/2010	11/10/2010 3:55 PM.
	Form 990,	990, Part	Part IX, Line 24f - All Other Expenses	All Other	Expenses			
Description	1	Total Expenses	Total penses	Pro	Program Service	Management & General	_	Fund Raising
GAS & ELECTRICITY DEPRECIATION TELEPHONE MISCELLANEOUS PERMITS MEMBERSHIP FEES BANK SERVICE CHARGES ALARM SYSTEM		w	1,506 1,041 680 533 358 334 319 89	w.	1,506	\$ 680 533 350 334 319 898	w.	
TOTAL		<b>ν</b>	5,220	φ.	2,547	\$ 2,673	\ <sub>\sigma</sub>	0
~							!	

Form **8868** 

(Rev April 2009)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

Form 8868 (Rev 4-2009)

miconi ica i co	7501100 001 7100		
• If you	are filing for an Automatic 3-Month Extension, complete only Part I and check this box		► X
<ul><li>If you</li></ul>	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form)	
	omplete Part II unless you have already been granted an automatic 3-month extension on a previously filed		<u> </u>
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needs	ed).	
A corpora	ation required to file Form 990-T and requesting an automatic 6-month extension—check this box and comple	ete	
Part I onl	y		▶ 🗌
All other	corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an e	extension of	_
time to fil	e income tax returns		
Electron	ic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension	of time to file	
one of the	e returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form	n 8868	
electronic	cally if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8	870, group	
returns, d	or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2	(Part II) of Form	
8868 Fo	r more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Non	profits	
Type or	Name of Exempt Organization	Employer identification	n number
print	DIGWIND WOTER OIL FOUNDITION	22 4500404	
File by the due date fo		31-1502101	
filing your	Number, street, and room or suite no. If a P.O. box, see instructions 9157 TIMBERLINE DRIVE		
return Sec			
msu uction:	GRAND BLANC MI 48439		
Check ty	pe of return to be filed (file a separate application for each return)		<u> </u>
X For	rm 990 Form 990-T (corporation)	Form 4	720
For	rm 990-BL Form 990-T (sec 401(a) or 408(a) trust)	Form 5	227
Fo	rm 990-EZ Form 990-T (trust other than above)	Form 6	069
Fo	rm 990-PF	Form 8	870
Teleg If the If this for the with	books are in the care of ► BRUCE BLEVINS  Shone No ► 810-744-1820 FAX No. ►  Torganization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  The names and EINs of all members the extension will cover request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time	If this is and attach	▶ □
	in $08/15/10$ , to file the exempt organization return for the organization named above. The extension	פו חו	
for the organization's return for			
<b>•</b>	X calendar year 2009 or		
<b>•</b>	tax year beginning , and ending		
2 If ti	his tax year is for less than 12 months, check reason   Initial return   Final return   Char	nge in accounting period	
3a If ti	nis application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,		
les	s any nonrefundable credits. See instructions	3a \$	
b If ti	nis application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax		
pay	ments made Include any pnor year overpayment allowed as a credit	3b \$	
	lance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,	5 - 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3	
	posit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
	stem) See instructions	3c   \$	
	If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 88 ent instructions.	019-EU	

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Signature and Verification

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

estimated tax payments made. Include any prior year overpayment allowed as a credit and any

Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.

it is true, correct, and complete, and that rain during the property and term

amount paid previously with Form 8868

Title ▶ CPA

Date

8b

Form 8868 (Rev 4-2009)

Signature >