	NNN E7	
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Form		

I.

Short Form Return of Organization Exempt From Income Tax

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

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 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

OMB No. 1545-1150 2011 **Open to Public** Inspection

Department of the Treasury

Inte	rnal Rever	nue Service	The organization may have to use a copy of this return to satisfy state rep	orting requirem	ents.			
		0011 eelewsl		nel eneline			00	
	Check if ap		ar year, or tax year beginning 01/01 , 2011, a	nd ending		2/31	, 20 entification numb	
					DEmplo	•		Jer
	Address cl Name cha	-	VOLTERRA-DETROIT FOUNDATION Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Teleph		7-2934917	
	Initial retur	-		noon/suite				
	Terminated		2708 Ferncliff Ave				8-990-3384	
	Amended	return	City or town, state or country, and ZIP + 4		F Group		•	
	Application		Royal Oak, MI 48073		-	oer ►		
		ing Method:					the organizatio	
	Websit		volterra-detroit.org		•		ach Schedule B	
J 1	Tax-exem	npt status (che	eck only one) – ✓ 501(c)(3)	527	(Form 99	0, 990	-EZ, or 990-PF).
	Check 🕨		e organization is not a section 509(a)(3) supporting organization or a section 5	Ũ		•	•	
			0. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-	postcard) ma	y be requ	ired (s	see instructions). But if
	•		oses to file a return, be sure to file a complete return.					
			b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, o	r if total assets	s (Part II,			
		()	bw) are \$500,000 or more, file Form 990 instead of Form 990-EZ			▶ \$		76,295
P	Part I		e, Expenses, and Changes in Net Assets or Fund Balance	•			,	
		Check if	the organization used Schedule O to respond to any question in	n this Part I	<u> </u>			. 🗸
	1	Contributio	ons, gifts, grants, and similar amounts received		[1		76,295
	2	Program se	ervice revenue including government fees and contracts		[2		0
	3	Membersh	ip dues and assessments		[3		0
	4	Investment	t income			4		0
	5a	Gross amo	ount from sale of assets other than inventory 5a		0			
	b	Less: cost	or other basis and sales expenses		0			
	с	Gain or (los	ss) from sale of assets other than inventory (Subtract line 5b from lir	ne 5a)		5c		0
	6	Gaming an	nd fundraising events					
	а	Gross inco	ome from gaming (attach Schedule G if greater than					
Ine		\$15,000) .	· · · · · · · · · · · · · · · · · · ·		0			
Revenue	b	Gross inco	ome from fundraising events (not including \$ 0 of	contribution	s			
ě		from fundra	raising events reported on line 1) (attach Schedule G if the					
		sum of suc	ch gross income and contributions exceeds \$15,000) 6b		0			
	с	Less: direc	et expenses from gaming and fundraising events 6c		0			
	d		e or (loss) from gaming and fundraising events (add lines 6a and	6b and sub	otract			
		line 6c) .			[6d		0
	7a	Gross sale	is of inventory, less returns and allowances \ldots \ldots $\mathbf{7a}$		o			
			of goods sold		0			
	1 -				J			

	b	Less: cost of goods sold 7b 0		
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8	Other revenue (describe in Schedule O)	8	0
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	76,295
	10	Grants and similar amounts paid (list in Schedule O)	10	0
	11	Benefits paid to or for members	11	0
es	12	Salaries, other compensation, and employee benefits	12	0
Expenses	13	Professional fees and other payments to independent contractors	13	11,331
be	14	Occupancy, rent, utilities, and maintenance	14	0
ŵ	15	Printing, publications, postage, and shipping	15	5,266
	16	Other expenses (describe in Schedule O) See Schedule O, Statement 1	16	6,111
	17	Total expenses. Add lines 10 through 16	17	22,708
S	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	53,587
sets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		
As		end-of-year figure reported on prior year's return)	19	21,993
Net	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
Z	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	75,580
-	D	Deduction Act Matter and the constant of the c		Fame 000 E7 (0011)

Part II Balance Sheets. (see the instructions for Part II.) Image: Check If the organization used Schedule O to respond to any question in this Part II. Image: Check If the organization used Schedule O to respond to any question in this Part II. Image: Check If the organization used Schedule O to respond to any question in this Part II. Image: Check If the organization used Schedule O to respond to any question in this Part III. Image: Check If the organization used Schedule O to respond to any question in this Part III. Image: Check If the organization used Schedule O to respond to any question in this Part III. Image: Check If the organization used Schedule O to respond to any question in this Part III. Image: Check If the organization used Schedule O to respond to any question in this Part III. Image: Check If the organization used Schedule O to respond to any question in this Part III. Image: Check If the organization used Schedule O to respond to any question in this Part III. Image: Check If the organization used Schedule O to respond to any question in this Part III. Image: Check If the organization used Schedule O to respond to any question in this Part III. Image: Check If the organization used Schedule O to respond to any question in this Part III. Image: Check If the organization used Schedule O to respond to any question in this Part III. Image: Check If the organization used Schedule O to respond to any question in this Part III. Image: Check If the organization used Schedule O to respond to any question in this Part III. Image: Check If the organization used Schedule O to respond to any question in this Part III. Image: Check If the orespond to any question in this Part III. <	Form	990-EZ (2011)					Page 2
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Form 99	90-EZ (2011)		Р	age 3
Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this		V	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		~
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
b c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		~
36	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	36		~
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0 Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		~
b 39 a b 40a	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: 39a Initiation fees and capital contributions included on line 9 39a Gross receipts, included on line 9, for public use of club facilities 39b Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	-		
	section 4911 \blacktriangleright 0 ; section 4912 \blacktriangleright 0 ; section 4955 \blacktriangleright 0 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
b	transaction during the year, or did it 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? If "Yes," complete Schedule L, Part I.	40b		~
c d	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			
е	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		~
41 42a	List the states with which a copy of this return is filed. ► <u>MI</u> The organization's books are in care of ► <u>Wladyslaw Fuchs</u> Telephone no. ►2	248-99	0-3384	4
h	Located at ► 2708 Ferncliff Ave, Royal Oak, MI 48073 ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	480	73 Yes	No
U	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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	42b	√	
с	and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		~
43	If "Yes," enter the name of the foreign country: ► 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		. 1	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44-	Yes	
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 44b		~ ~
c d	Did the organization receive any payments for indoor tanning services during the year?	440 44c 44d		<i>v</i>
45a 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 (see instructions)	45a 45b		レ レ

Form 990-EZ (2011)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition 1 2011 2012 201	Form 990-	EZ (20	11)						F	Page 4
to candidates for public office? If "Yes," complete Schedule C, Part I ag ag Cart WI Section 501(c)(0) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and S2, and complete the table for lines 50 and 51. Check if the organization sends discribed in section 170b(h)(A)(i)? If "Yes," complete Schedule E 47 49 Did the organization as adds as desched in action 170b(h)(A)(i)? If "Yes," complete Schedule E 48 49 Did the organization as address of a new expt ton-charitable related organization? 48 49 Did the organization as action 527 organization? 48 50 Complete this table for the organization as action 527 organization? 49 50 Complete distribution for organization as action 527 organization? 40 60 None 60 Part Mere, Mare Fielded Organization as action 527 organization? 40 61 Hard areage, and organization as action 527 organization? 40 41 60 60 None 60 Part Mere, Mone. 60	16 [)id th	e organization engage, directly or ir	directly in political c	ampaign activities o	n behalf of o	r in apposition		Yes	No
S01(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 61. Check if the organization used Schedule 0 to respond to any question in this Part VI 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax 47 a var 11 "Yes." complete Schedule C, Part II 48 Is the organization askonds alescribed in section 1700(b)(1)(2)(1)? If "Yes." complete Schedule E 49 If 'Yes." was the related organization askonds are ny transfers to an exempt non-charitable related organization? 49 If 'Yes." was the related organization for a comparisation askonds and suppression from the organization? 40 If the organization askonds and the organization? 41 If there is none, enter 'None." 49 If 'Yes." Was the related organization is cloud by the part of a comparisation and there is none, one, orter 'None. 40 Name and address of each employee paid over \$100,000 • • • • • • • • • • • • • • • • •										~
and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI 47 Did the organization agage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 48 Is the organization as achorias described in section 170(b)(1)(A)(i)? If "Yes," complete Schedule E 48 O Complete this table for the organization as consempt non-charitable related organization? 49 O Complete this table for the organization five highest compensated employees (other than officers, directors, trustees and key employees) who ach received more than \$100,000 of compensation from the organization from the organization. If there is none, enter "None." 40 Total number of other independent contractors each receiving over \$100,000 Complete this table for the organization from the organization. If there is none, enter "None." 42 Complete this table for the organization from the organization. If there is none, enter "None." 43 Complete this table for the organization from the organization. If there is none, enter "None." 43 Complete this table for the organization from the organization.	Part V		Section 501(c)(3) organizations	and section 4947	(a)(1) nonexempt	charitable	trusts only.	All sec	tion	
Check if the organization used Schedule O to respond to any question in this Part VI Yes No tyeen? If Yes, "complete Schedule O, Part II State organization aschool as described in section 170(b)(1)(A)(ii)? If 'Yes," complete Schedule E 48 Is the organization aschool as described in section 170(b)(1)(A)(ii)? If 'Yes," complete Schedule E 49 If 'Yes," was the related organization as chool as described in section 170(b)(1)(A)(ii)? If 'Yes," complete Schedule E 49 If 'Yes," was the related organization as chool as described in section 170(b)(1)(A)(ii)? If 'Yes," complete Schedule E 49 If 'Yes," was the related organization as chool as described in section 170(b)(1)(A)(ii)? If 'Yes," complete Schedule A 49 If 'Yes, 'was the related organization as chool as described in section 170(b)(1)(A)(ii)? If 'Yes," complete Schedule A 49 If 'Yes, 'was the related organization as chool as described in section 170(b)(1)(A)(iii)? If 'Yes," complete Schedule A 49 If 'Yes, 'was the related organization as the organization? 40 Name and address of each employee 40 Pourpervise (1) Peortable 40 Pourpervise (1) Pourpervise (rusts must a	answer questi	ions 4	7–49	b
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nonexempt charitable trusts must attach a completed Schedule A			•	0		. ►				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Signature of officer Date Wladek Fuchs, President Date Type or print name and title Preparer's signature Date Preparer Print/Type preparer's name Preparer's signature Date Firm's name Firm's ellN Firm's ellN Firm's address > Phone no. Yes			•			•			— .	
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Signature of officer Signature of officer Signature of preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Print's name Firm's name Firm's elN			•	•			•			
Sign Here Signature of officer Date Wladek Fuchs, President Type or print name and title Date Paid Preparer Use Only Print/Type preparer's name Preparer's signature Firm's name Preparer's signature Date Firm's name Firm's ElN ► Firm's address ► Phone no. May the IRS discuss this return with the preparer shown above? See instructions Yes								edge an	d belief	, it is
Here Wladek Fuchs, President Type or print name and title Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Checkif self-employed PTIN Firm's name ► Firm's EIN ► Firm's EIN ► Phone no. May the IRS discuss this return with the preparer shown above? See instructions • • • •				,			~			
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Paid Immuniper preparer shame Check □ if self-employed Preparer Firm's name ▶ Firm's EIN ▶ Use Only Firm's address ▶ Phone no. May the IRS discuss this return with the preparer shown above? See instructions	<u> </u>			Preparer's signature		Date		PTIN		
Preparer Firm's name Firm's EIN ► Use Only Firm's address ► Phone no. May the IRS discuss this return with the preparer shown above? See instructions • • • • • • • • • • • • • • • • • • •			This Type proparer 3 flame		-					
Firm's address ► Phone no. May the IRS discuss this return with the preparer shown above? See instructions	-		Firm's name			Fire				
May the IRS discuss this return with the preparer shown above? See instructions	Use O	niy								
	May the	IRS		shown above? See i	nstructions			Yes		No
			• •				F			

SCHE	EDUL	EA
(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.

OMB No. 1545-0047 2011 **Open to Public** Increation

	ment of the Treasury Revenue Service	► At	tach to Form 990 or Fo	orm 990-E	Z. ► See	separate i	instructio	ns.		Inspection
Name	of the organization						E	Employer id	dentification	n number
-	FERRA-DETROIT F									34917
Par			rity Status (All orga			-			nstructic	ons.
1	 A church, con A school desc A hospital or a A medical resc hospital's name 	vention of churc ribed in section a cooperative ho earch organizatione, city, and stat	ation because it is: (Fo hes, or association of 170(b)(1)(A)(ii). (Attac spital service organiza on operated in conjunce e:	churches ch Sched ation deso ction with	s describe ule E.) cribed in s a hospit	ed in sec section 1 al descril	tion 170(170(b)(1)(ped in se	(b)(1)(A)(i (A)(iii). ction 17(0(b)(1)(A)	
5	section 170(b)(1)(A)(iv). (Com							vernment	al unit described in
	An organizatio	on that normally	nment or government receives a substantia (A)(vi). (Complete Par	al part of					nit or fron	n the general public
8	A community	trust described i	n section 170(b)(1)(A))(vi). (Cor	nplete Pa	art II.)				
9	receipts from support from	activities related gross investme	receives: (1) more that d to its exempt funct ent income and unrel fter June 30, 1975. Se	ions—sul lated bus	bject to o siness ta	certain ex xable inc	ceptions	s, and (2) ss sectio	no more	e than 331/3% of its
10	🗌 An organizatio	on organized and	l operated exclusively	to test fo	or public s	safety. Se	ee sectio	n 509(a)((4).	
11	purposes of c 509(a)(3). Che	one or more pub eck the box that	nd operated exclusive olicly supported organ describes the type of	nizations supportir	describeo ng organiz	d in sect zation and	ion 509(a d comple	a)(1) or se	ection 50 1e throug	9(a)(2). See section gh 11h.
e		Indation manage	that the organization ers and other than one	is not co		lirectly or	indirect		or more	
f	-		a written determinatio			that it is	a Type 	I, Type 	II, or Typ	e III supporting
g	following pers	ons?	he organization accer	_	-			-		
	(iii) below,	the governing bo	ndirectly controls, eith ody of the supported of	organizat	ion?		·			nd Yes No 11g(i)
h	(iii) A 35% cor	ntrolled entity of	on described in (i) abc a person described in ion about the supporte	n (i) or (ii) a	above? .					11g(ii) 11g(iii)
(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col. (i) lis	organization sted in your document?	the organ col. (i)	ou notify nization in of your port?	organizat (i) organi	ls the tion in col. ized in the S.?	(vii) Amount of support
				Yes	No	Yes	No	Yes	No	
(A)										
(B)										
(C)										
(D)										
(E)										
Total										

Sahadula A	Earm	000 05	000 57	2011
Schedule A		990 01	990-EZ	2011

Part II

(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.) Section A. Public Support Calendar year (or fiscal year beginning in) ► (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total grants, contributions, 1 Gifts and membership fees received. (Do not include any "unusual grants.") . . . 76,295 0 0 0 26,641 102,936 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . 0 0 0 0 0 0 The value of services or facilities 3 furnished by a governmental unit to the organization without charge 0 0 0 0 0 0 Total. Add lines 1 through 3. 4 0 0 0 26,641 76.295 102,936 5 The portion of total contributions by each person (other than а governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 31,514 Public support. Subtract line 5 from line 4. 6 71,422 Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total 7 Amounts from line 4 76,295 0 0 0 26,641 102,936 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 0 0 0 0 0 0 9 Net income from unrelated business activities, whether or not the business is regularly carried on 0 0 0 0 0 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 0 0 0 0 0 0 **Total support.** Add lines 7 through 10 11 102.936 Gross receipts from related activities, etc. (see instructions) 12 12 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) 13 ~ Section C. Computation of Public Support Percentage Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 14 14 % 15 15 % 331/3% support test-2011. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 16a **33**¹/₃% support test-2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33¹/₃% or more, b check this box and **stop here.** The organization qualifies as a publicly supported organization \square 17a 10%-facts-and-circumstances test-2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported \square 10%-facts-and-circumstances test-2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line b 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 organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization \square Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

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

Schedule A (Form 990 or 990-EZ) 2011

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 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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						
2	received from other than disgualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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						
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,						
	and 12.)						
14	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sect	tion 501(c)(3)
	organization, check this box and stop he	re					· · · ► 🗆
Secti	on C. Computation of Public Suppor	rt Percentag	e				
15	Public support percentage for 2011 (line 8		•			15	%
16	Public support percentage from 2010 Sch					16	%
Secti	on D. Computation of Investment In	come Perce	ntage				
17	Investment income percentage for 2011 (-		17	%
18	Investment income percentage from 2010					18	%
19a	331/3% support tests-2011. If the organ						
	17 is not more than $33^{1/3}$ %, check this box	-	-	-		-	
b	331/3% support tests-2010. If the organiz						
	line 18 is not more than 33 ¹ / ₃ %, check this l	-	-	-			
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see inst	ructions 🕨 🗌

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 Page 4							
Part IV	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. Also complete this part for any additional information. (See instructions).						

SCHEDULE O			OMB No. 1545-0047		
(Form 990 or 990-EZ)			2011		
Department of the Treasury Internal Revenue Service	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.		Open to Public Inspection		
Name of the organization		loyer identifica			
VOLTERRA-DETROIT FO	UNDATION	27-	2934917		

Other Expenses Structured Explanation

Description	Amount
Travel expenses -	5,275
Business insurance	636
Administrative fees	200
Total:	6,111

Primary Exempt Purpose

Primary Exempt Purpose

To provide and manage a facility in Volterra (Italy) for use by the School of Architecture University of Detroit Mercy and other educational institutions, support international art and design education.