



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

Department of the Treasury  
Internal Revenue Service

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)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

COMMUNITY FOUNDATION OF GREATER FLINT

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

500 S SAGINAW ST No 200

Room/suite

City or town, state or country, and ZIP + 4

FLINT, MI 48502

D Employer identification number

38-2190667

E Telephone number

(810) 767-8270

G Gross receipts \$ 38,145,136

F Name and address of principal officer

KATHI HORTON

500 S SAGINAW ST No 200

FLINT, MI 48502

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c) ( 3 ) ☐ (Insert no ) ☐ 4947(a)(1) or ☐ 527

J Website:

www.cfgf.org

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation 1988

M State of legal domicile MI

Part I

Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE IS GRANTMAKING TO CHARITABLE ORGANIZATIONS, DEVELOPMENT OF ENDOWMENT, AND COMMUNITY LEADERSHIP ACTIVITIES		
	2	Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	20
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5	Total number of employees (Part V, line 2a)	5	16
	6	Total number of volunteers (estimate if necessary)	6	226
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	3,624,089	4,900,233
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	35,810	30,045
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,876,580	-1,431,457
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0
			6,536,479	3,498,821
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,366,928	3,340,783
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,220,111	1,149,661
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶475,172		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,035,312	890,787
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	6,622,351	5,381,231
	19	Revenue less expenses Subtract line 18 from line 12	-85,872	-1,882,410
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	100,364,274	110,923,269
	21	Total liabilities (Part X, line 26)	786,811	724,095
	22	Net assets or fund balances Subtract line 21 from line 20	99,577,463	110,199,174

Part II

Signature Block

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

\*\*\*\*\*

Signature of officer

2010-11-09

Date

KATHI HORTON PRESIDENT

Type or print name and title

Preparer's signature

Date

Check if self-employed ☐

Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

PLANTE & MORAN PLLC

111 E COURT ST SUITE 1A

FLINT, MI 485021647

EIN

Phone no (810) 767-5350

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2009)

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization's mission

THE ORGANIZATION SERVES THE COMMON GOOD IN GENESEE COUNTY - BUILDING A STRONG COMMUNITY BY ENGAGING PEOPLE IN PHILANTHROPY AND DEVELOPING THE COMMUNITY'S PERMANENT ENDOWMENT - NOW AND FOR GENERATIONS TO COME

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

☒

No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

☒

No

If "Yes," describe these changes on Schedule O

4









Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code ) (Expenses \$ 3,677,944 including grants of \$ 3,340,783 ) (Revenue \$ )
	GRANTS AND DIRECT FUND EXPENSES
4b	(Code ) (Expenses \$ 488,101 including grants of \$ ) (Revenue \$ )
	PROGRAMS AND GRANTS ADMINISTRATION
4c	(Code ) (Expenses \$ 99,598 including grants of \$ ) (Revenue \$ 30,045 )
	INVESTMENT SERVICES
4d	Other program services (Describe in Schedule O )
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses \$ 4,265,643

Part IV

Checklist of Required Schedules

		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 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) 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	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8		No
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," complete Schedule D, Part IV 	9		No
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 	10	Yes	
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.	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
	• 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 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 in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12		No
12A	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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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	14b		No
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 U S ? If "Yes," complete Schedule F, Part II	15		No
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 U S ? If "Yes," complete Schedule F, Part III	16		No
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		No
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		No
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		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Part IV

Checklist of Required Schedules (continued)

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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .	1a	25		
		1b	0		
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			1c		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .					
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a	16		
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> 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 by this return? . . . . .			3a		No
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .			3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .			4a	Yes	
b If "Yes," enter the name of the foreign country <input type="text" value="CJ"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .			5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .			6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .			7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .			7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year . . . . .			7d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .			7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f		No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .			7g		
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 organization, have excess business holdings at any time during the year? . . . . .			8		No
9 Sponsoring organizations maintaining donor advised funds.					
a Did the organization make any taxable distributions under section 4966? . . . . .			9a		No
b Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .			9b		No
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12 . . . . .			10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b		
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders . . . . .			11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .			11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . . . .	1a	20	
b	Enter the number of voting members that are independent . . . . .	1b	20	
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? . . . . .	2		No
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		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	5		No
6	Does the organization have members or stockholders? . . . . .	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body? . . . . .	8a	Yes	
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9		No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates? . . . . .	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, 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 form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	12c	Yes	
13	Does the organization have a written whistleblower policy? . . . . .	13	Yes	
14	Does the organization have a written document retention and destruction policy? . . . . .	14	Yes	
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?			
a	The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes	
b	Other officers or key employees of the organization . . . . .	15b	Yes	
	If "Yes" to line a or b, 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		No
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		

Section 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 Form 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. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ MARY ITTIGSON 500 S SAGINAW ST STE 200 FLINT, MI 48502 (810) 767-8270

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

Form **990** (2009)



1b	Total	302,907	0	23,828
----	-------	---------	---	--------

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization1

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		No

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization		
	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization0		

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,900,233			
	g	Noncash contributions included in lines 1a-1f \$ 2,626,390					
	h	Total. Add lines 1a-1f . . . . .		4,900,233			
Program Service Revenue	2a	MANAGEMENT FEES	Business Code				
			900,099	30,045	30,045		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .		30,045			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		2,321,376			2,321,376
	4	Income from investment of tax-exempt bond proceeds . . .					
	5	Royalties . . . . .					
	6a	Gross Rents	(i) Real	(ii) Personal			
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . .					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		30,893,482					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
		-3,752,833					
	d	Net gain or (loss) . . . . .			-3,752,833		-3,752,833
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .					
		a					
	b	Less direct expenses . . . . .	b				
	c	Net income or (loss) from fundraising events . . .					
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .					
		a					
	b	Less direct expenses . . . . .	b				
c	Net income or (loss) from gaming activities . . .						
10a	Gross sales of inventory, less returns and allowances . . . . .						
	a						
b	Less cost of goods sold . . . . .	b					
c	Net income or (loss) from sales of inventory . . .						
	Miscellaneous Revenue	Business Code					
11a							
b							
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .						
12	Total revenue. See Instructions . . . . .			3,498,821	30,045	0	-1,431,457

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	3,340,783	3,340,783		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees . . . . .	329,095	140,964	149,989	38,142
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7	Other salaries and wages	609,773	244,672	116,842	248,259
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	47,386	20,076	11,538	15,772
9	Other employee benefits . . . . .	92,001	40,992	19,474	31,535
10	Payroll taxes . . . . .	71,406	29,285	20,710	21,411
11	Fees for services (non-employees)				
a	Management . . . . .				
b	Legal . . . . .	33,311		30,444	2,867
c	Accounting . . . . .	13,775		13,775	
d	Lobbying . . . . .				
e	Professional fundraising See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .	99,598	99,598		
g	Other . . . . .	156,602	142,876	13,726	
12	Advertising and promotion . . . . .	38,868			38,868
13	Office expenses . . . . .	55,363	962	42,055	12,346
14	Information technology . . . . .	28,340	487	26,490	1,363
15	Royalties . . . . .				
16	Occupancy . . . . .	104,950		104,950	
17	Travel . . . . .	16,991	1,099	14,214	1,678
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	12,484	1,913	4,073	6,498
20	Interest . . . . .				
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	59,079		59,079	
23	Insurance . . . . .				
24	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 )				
a	GRANT FUNDS RETURNED	100,000	100,000		
b	FUND ACTIVITY EXPENSE	94,285	94,285		
c	DONOR DEVELOPMENT	39,784			39,784
d	DUES & SUBSCRIPTIONS	29,272	7,290	8,207	13,775
e	MISCELLANEOUS	8,085	361	4,850	2,874
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	5,381,231	4,265,643	640,416	475,172
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	0	0	0	0

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .				1	
	2	Savings and temporary cash investments . . . . .			584,561	2	378,671
	3	Pledges and grants receivable, net . . . . .			63,908	3	75,640
	4	Accounts receivable, net . . . . .			55,263	4	61,004
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .			101,117	9	70,540
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	637,504			
	b	Less accumulated depreciation . . . . .	10b	115,887	576,124	10c	521,617
	11	Investments—publicly traded securities . . . . .			62,497,727	11	71,150,693
	12	Investments—other securities See Part IV, line 11 . . . . .			36,485,574	12	38,665,104
	13	Investments—program-related See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets See Part IV, line 11 . . . . .				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			100,364,274	16	110,923,269
Liabilities	17	Accounts payable and accrued expenses . . . . .			218,281	17	139,713
	18	Grants payable . . . . .			487,240	18	392,999
	19	Deferred revenue . . . . .				19	
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities Complete Part X of Schedule D . . . . .			81,290	25	191,383
	26	Total liabilities. Add lines 17 through 25 . . . . .			786,811	26	724,095
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			39,583,421	27	39,379,619
	28	Temporarily restricted net assets . . . . .			63,708	28	10,970,182
	29	Permanently restricted net assets . . . . .			59,930,334	29	59,849,373
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			99,577,463	33	110,199,174
34	Total liabilities and net assets/fund balances . . . . .			100,364,274	34	110,923,269	

**Part XI Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	Yes	
<b>c</b> If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . .	Yes	
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		No
<b>b</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 . . .		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization COMMUNITY FOUNDATION OF GREATER FLINT	Employer identification number 38-2190667
---	--

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8

☒

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

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

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	3,262,963	4,958,220	4,098,886	3,624,089	4,900,233	20,844,391
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3,262,963	4,958,220	4,098,886	3,624,089	4,900,233	20,844,391
5 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)						9,588,473
6 Public Support. Subtract line 5 from line 4						11,255,918

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	3,262,963	2,565,080	4,098,886	3,624,089	4,900,233	20,844,391
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,395,717	2,565,080	3,122,494	2,651,137	2,321,376	13,055,804
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						33,900,195
12 Gross receipts from related activities, etc (See instructions )					12	145,801

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	33 200 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	34 090 %

16a 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 and stop here. The organization qualifies as a publicly supported organization

☐

b 33 1/3% support test—2008. If the organization did not check the 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

☒

17a 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 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

☐

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

☐

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

☐

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		



**Part IV**

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

SCHEDULE D  
(Form 990)

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
COMMUNITY FOUNDATION OF GREATER FLINT

Employer identification number  
38-2190667

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	3348
2	Aggregate contributions to (during year)	767,635213,481
3	Aggregate grants from (during year)	615,739146,830
4	Aggregate value at end of year	3,277,5593,239,862

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?

☒ Yes☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit

☒ Yes☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)  
☐ Preservation of land for public use (e g , recreation or pleasure)  
☐ Protection of natural habitat  
☐ Preservation of open space  
☐ Preservation of an historically importantly land area  
☐ Preservation of a certified historic structure

2

Complete lines 2a–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 Year
2a	Total number of conservation easements
2b	Total acreage restricted by conservation easements
2c	Number of conservation easements on a certified historic structure included in (a)
2d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►\_\_\_\_\_

4

Number of states where property subject to conservation easement is located ►\_\_\_\_\_

5

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

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ►\_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ►\$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

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

a

Revenues included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

► \$ \_\_\_\_\_

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance . . . . .	96,395,482	114,641,871			
b Contributions . . . . .	4,258,901	2,590,177			
c Investment earnings or losses . . . . .	10,466,999	-15,902,470			
d Grants or scholarships . . . . .	2,552,334	3,135,320			
e Other expenditures for facilities and programs . . . . .	695,238	756,848			
f Administrative expenses . . . . .	852,276	1,041,928			
g End of year balance . . . . .	107,021,534	96,395,482			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 33 830 % %

b

Permanent endowment ▶ 55 920 % %

c

Term endowment ▶ 10 240 % %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		No
3a(ii)		No
3b		

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .		379,796	30,834	348,962
d Equipment . . . . .		253,795	85,053	168,742
e Other . . . . .		3,913		3,913
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				521,617



Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,498,821
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,381,231
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,882,410
4	Net unrealized gains (losses) on investments	4	12,642,691
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-138,570
9	Total adjustments (net) Add lines 4 - 8	9	12,504,121
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	10,621,711

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	21,751,790
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	15,112,697
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	-138,570
e	Add lines 2a through 2d . . . . .	2e	14,974,127
3	Subtract line 2e from line 1 . . . . .	3	6,777,663
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	-3,278,842
c	Add lines 4a and 4b . . . . .	4c	-3,278,842
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	3,498,821

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements . . . . .	1	11,404,979
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	6,222,839
e	Add lines 2a through 2d . . . . .	2e	6,222,839
3	Subtract line 2e from line 1 . . . . .	3	5,182,140
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	199,091
c	Add lines 4a and 4b . . . . .	4c	199,091
5	Total Expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	5,381,231

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identif ier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	TERM ENDOWMENT FUNDS ARE NET ASSETS RESULTING FROM CONTRIBUTIONS WHOSE USE BY THE ORGANIZATION IS LIMITED BY DONOR-IMPOSED STIPULATIONS THAT EITHER EXPIRE BY PASSAGE OF TIME OR CAN BE FULFILLED AND REMOVED BY ACTIONS OF THE ORGANIZATION PURSUANT TO THOSE STIPULATIONS. PERMANENT ENDOWMENT FUNDS CONSIST OF RESOURCES OF WHICH THE USE BY THE ORGANIZATION IS LIMITED BY DONOR-IMPOSED RESTRICTIONS WHICH REQUIRE THAT HISTORIC GIFTS MAY NEVER BE SPENT. THE ORGANIZATION'S EARNINGS ON PERMANENTLY RESTRICTED NET ASSETS ARE CLASSIFIED AS TEMPORARILY RESTRICTED UNTIL APPROPRIATED FOR EXPENDITURE BASED ON THE TERMS OF THE ORIGINAL GIFT AGREEMENT, UNLESS AS IN SOME CASES, THE DONOR'S GIFT INSTRUMENT FURTHER REQUIRES THAT ANY APPRECIATION OF THE HISTORIC GIFT VALUE BE PERMANENTLY RESTRICTED. ALL OTHER DESIGNATED ENDOWMENTS HAVE BEEN CLASSIFIED AS UNRESTRICTED, BOARD-DESIGNATED.
Part XI, Line 8 - Other Adjustments		CHANGE IN MARKET VALUE OF SPLIT-INTEREST -138570
Part XII, Line 2d - Other Adjustments		CHANGE IN SPLIT INTEREST VALUE -138570
Part XII, Line 4b - Other Adjustments		AGENCY FUND REVENUE 473991 REALIZED LOSS ON INVESTMENTS -3752833
Part XIII, Line 2d - Other Adjustments		UNREALIZED LOSS ON INVESTMENTS 2470006 REALIZED LOSS ON INVESTMENTS 3752833
Part XIII, Line 4b - Other Adjustments		AGENCY FUND EXPENSES 199091

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
COMMUNITY FOUNDATION OF GREATER FLINT

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990

OMB No 1545-0047

2009

Open to Public  
Inspection

Employer identification number  
38-2190667

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							



Software ID:

Software Version:

EIN: 38-2190667

Name: COMMUNITY FOUNDATION OF GREATER FLINT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A G A BOOSTER CLUB6210 LEHMAN DRIVE FLINT,MI 48507	38-3537379	501 (C) (3)	6,750				PROGRAM AND OPERATIONAL SUPPORT
AMERICAN LUNG ASSOCIATION OF MICHIGAN12751 SOUTH SAGINAW STREET STE 503 GRAND BLANC,MI 48439	38-3054176	501 (C) (3)	32,000				PROGRAM AND OPERATIONAL SUPPORT
AMERICAN RED CROSS GENESEE-LAPEER CHAPTERS1401 SOUTH GRAND TRAVERSE FLINT,MI 48503	38-1359185	501 (C) (3)	107,500				PROGRAM AND OPERATIONAL SUPPORT
BENTLEY COMMUNITY SCHOOLS1170 NORTH BELSAY ROAD BURTON,MI 48509	38-6001196	170 (C) (1)	6,000				PROGRAM AND OPERATIONAL SUPPORT
BOYS AND GIRLS CLUB OF GREATER FLINTPO BOX 223 FLINT,MI 48501	38-3381808	501 (C) (3)	17,750				PROGRAM AND OPERATIONAL SUPPORT
CAREER ALLIANCE INC711 N SAGINAW ST SUITE 300 FLINT,MI 48503	38-2498451	501 (C) (3)	8,000				PROGRAM AND OPERATIONAL SUPPORT
CAROLYN MAWBY CHORALE3058 SEYMOUR ROAD SWARTZ CREEK,MI 48473	38-2847417	501 (C) (3)	8,500				PROGRAM SUPPORT
CATHOLIC OUTREACH509 NORTH GRAND TRAVERSE FLINT,MI 48501	38-2251331	501 (C) (3)	10,000				PROGRAM SUPPORT
CENTRAL MICHIGAN UNIVERSITY205 WARRINER MT PLEASANT,MI 48859	38-6004447	170 (C) (1)	12,946				SCHOLARSHIP SUPPORT
CEOS FOR CITIES177 N STATE ST SUITE 500 CHICAGO,IL 60601	13-4302280	501 (C) (3)	5,000				PROGRAM AND OPERATIONAL SUPPORT



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARLES STEWART MOTT COMMUNITY COLLEGE 1401 EAST COURT STREET FLINT,MI 48503	38-2673057	501 (C) (3)	19,557				SCHOLARSHIP SUPPORT
CHRIST ENRICHMENT CENTER INC322 EAST HAMILTON AVENUE FLINT,MI 48505	01-0803184	501 (C) (3)	51,884				OPERATIONAL SUPPORT
CITY OF FENTON301 SOUTH LEROY STREET FENTON,MI 48430	38-6004682	170 (C) (1)	5,250				PROGRAM SUPPORT
CITY OF FLINT1101 SOUTH SAGINAW STREET FLINT,MI 48502	38-6004611	170 (C) (1)	10,300				PROGRAM SUPPORT
CLARKSTON ATHLETIC BOOSTERS5329 GREENVIEW DRIVE CLARKSTON,MI 48348	38-2754176	501 (C) (3)	9,000				PROGRAM AND OPERATIONAL SUPPORT
CLIO AREA SCHOOLS430 NORTH MILL STREET CLIO,MI 48420	38-6008356	170 (C) (1)	9,194				PROGRAM SUPPORT
COUNCIL OF MICHIGAN FOUNDATIONSONE SOUTH HARBOR AVE SUITE 3 GRAND HAVEN,MI 49417	38-6263347	501 (C) (3)	9,100				PROGRAM AND OPERATIONAL SUPPORT
COUNCIL ON FOUNDATIONS2121 CRYSTAL DRIVE SUITE 700 ARLINGTON,VA 22202	13-6068327	501 (C) (3)	13,140				PROGRAM AND OPERATIONAL SUPPORT
COURT STREET UNITED METHODIST CHURCH225 WEST COURT STREET FLINT,MI 48502	38-1359197	501 (C) (3)	27,596				OPERATIONAL SUPPORT
CRIM FITNESS FOUNDATION INC452 SOUTH SAGINAW SUITE 1 FLINT,MI 48502	38-2595169	501 (C) (3)	25,522				PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTER SEALS - MICHIGAN INC2399 EAST WALTON BLVD AUBURN HILLS,MI 48326	38-1402860	501 (C) (3)	116,573				PROGRAM AND OPERATIONAL SUPPORT
EDUCATION FOUNDATION FOR THE FLINT COMMUNITY SCHOOLS923 EAST KEARSLEY STREET FLINT,MI 48503	26-1289650	501 (C) (3)	23,000				PROGRAM SUPPORT
FAITH UNITED GENERAL BAPTIST CHURCH1116 WEST HILL ROAD FLINT,MI 48507	38-3145800	501 (C) (3)	9,000				PROGRAM SUPPORT
FENTON VILLAGE PLAYERS PO BOX 531 FENTON,MI 48430	38-2493539	501 (C) (3)	13,200				PROGRAM SUPPORT
FLINT AREA CONGREGATIONS TOGETHER (FACT)2415 BAGLEY STREET FLINT,MI 48504	56-2593271	501 (C) (3)	15,000				PROGRAM SUPPORT
FLINT AREA CONVENTION & VISITORS BUREAU502 CHURCH STREET FLINT,MI 48502	38-2115859	501 (C) (6)	10,000				CHARITABLE PROGRAM SUPPORT
FLINT CHILDREN'S MUSEUM1602 WEST UNIVERSITY AVENUE FLINT,MI 48504	38-2329711	501 (C) (3)	66,779				PROGRAM AND OPERATIONAL SUPPORT
FLINT COMMUNITY SCHOOLS923 EAST KEARSLEY STREET FLINT,MI 48503	38-6001185	170 (C) (1)	42,308				PROGRAM SUPPORT
FLINT CULTURAL CENTER CORPORATION1310 EAST KEARSLEY STREET FLINT,MI 48503	38-6089075	501 (C) (3)	645,445				PROGRAM AND OPERATIONAL SUPPORT
FLINT INSTITUTE OF ARTS 1120 EAST KEARSLEY FLINT,MI 48503	38-1539984	501 (C) (3)	214,882				PROGRAM AND OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLINT INSTITUTE OF MUSIC1025 EAST KEARSLEY STREET FLINT, MI 48503	38-6159482	501 (C) (3)	521,578				PROGRAM AND OPERATIONAL SUPPORT
FLINT ISLAMIC CENTER9447 CORUNNA ROAD SWARTZ CREEK, MI 48473	38-3210132	501 (C) (3)	7,000				PROGRAM SUPPORT
FLINT JEWISH FEDERATION619 WALLENBERG STREET FLINT, MI 48502	38-1359257	501 (C) (3)	11,279				PROGRAM AND OPERATIONAL SUPPORT
FLINT NIPP INC (FLINT NEIGHBORHOOD IMPROVEMENT & PRESERVATION)505 WEST COURT STREET FLINT, MI 48503	38-1814037	501 (C) (3)	15,000				PROGRAM SUPPORT
FLINT ROTARY CHARITABLE FOUNDATION2481 DELWOOD DRIVE CLIO, MI 48420	38-2125941	501 (C) (3)	14,019				PROGRAM AND OPERATIONAL SUPPORT
FLUSHING COMMUNITY SCHOOLS522 NORTH MCKINLEY FLUSHING, MI 48433	38-6001220	170 (C) (1)	7,560				PROGRAM AND OPERATIONAL SUPPORT
FOOD BANK OF EASTERN MICHIGAN2312 LAPEER ROAD FLINT, MI 48503	38-2379678	501 (C) (3)	8,732				PROGRAM AND OPERATIONAL SUPPORT
GENESEE CHAMBER FOUNDATION519 S SAGINAW ST STE 200 FLINT, MI 48502	23-7420247	501 (C) (3)	50,000				PROGRAM SUPPORT
GENESEE COUNTY ASSOCIATION FOR RETARDED CITIZENSG-5069 VAN SLYKE ROAD FLINT, MI 48507	38-1558541	501 (C) (3)	7,500				PROGRAM SUPPORT
GENESEE COUNTY FREE MEDICAL CLINIC2437 WELCH BOULEVARD FLINT, MI 48504	38-2995700	501 (C) (3)	10,125				PROGRAM AND OPERATIONAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GENESEE COUNTY HABITAT FOR HUMANITY 5191 SOUTH SAGINAW STREET FLINT,MI 48507	38-2899387	501 (C) (3)	30,000				PROGRAM SUPPORT
GENESEE COUNTY LAND BANKGENESEE COUNTY 452 SOUTH SAGINAW STREET FLINT,MI 48502	61-1480273	170 (C) (1)	59,500				PROGRAM SUPPORT
GENESEE DISTRICT DENTAL SOCIETYG-3269 BEECHER ROAD FLINT,MI 48532	38-6084174	501 (C) (6)	9,857				CHARITABLE PROGRAM SUPPORT
GENESEE DISTRICT LIBRARYG-4195 WEST PASADENA AVENUE FLINT,MI 48504	38-2273738	501 (C) (3)	7,424				PROGRAM AND OPERATIONAL SUPPORT
GENESEE INTERMEDIATE SCHOOL DISTRICT2413 WEST MAPLE AVENUE FLINT,MI 48507	38-1714600	170 (C) (1)	99,549				PROGRAM SUPPORT
GENESEE REGIONAL CHAMBER OF COMMERCE 519 S SAGINAW ST STE 200 FLINT,MI 48502	23-7420247	501 (C) (6)	24,500				CHARITABLE PROGRAM SUPPORT
GLENWOOD CEMETERY ASSOCIATION6169 MAPLERIDGE FLINT,MI 48532	38-0581533	501 (c) (13)	6,000				CHARITABLE PROGRAM SUPPORT
GOODRICH AREA SCHOOLS8029 SOUTH GALE ROAD GOODRICH,MI 48438	38-6001190	170 (C) (1)	6,150				PROGRAM SUPPORT
GRAND BLANC ISLAMIC CENTER1479 BALDWIN ROAD GRAND BLANC,MI 48439	30-0164815	501 (C) (3)	7,000				PROGRAM SUPPORT
GRAND BLANC PARKS & RECREATION COMMISSION360 EAST GRAND BLANC ROAD GRAND BLANC,MI 48439	38-1956801	170 (C) (1)	6,200				PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER FLINT ARTS COUNCIL816 SOUTH SAGINAW STREET FLINT,MI 48502	38-2156116	501 (C) (3)	7,720				PROGRAM AND OPERATIONAL SUPPORT
GREATER FLINT HEALTH COALITION519 S SAGINAW ST SUITE 301 FLINT,MI 48502	38-3301514	501 (C) (3)	40,000				PROGRAM SUPPORT
HUNDRED CLUB OF FLINT 11405 FAWN VALLEY TRAIL FENTON,MI 48430	38-2091735	501 (C) (3)	10,796				PROGRAM AND OPERATIONAL SUPPORT
HURLEY FOUNDATIONONE HURLEY PLAZA FLINT,MI 48503	38-3085047	501 (C) (3)	59,720				PROGRAM SUPPORT
KIRKRIDGE PRESBYTERIAN CHURCHG-8070 SAGINAW ROAD GRAND BLANC,MI 48439	38-6091962	501 (C) (3)	7,200				PROGRAM AND OPERATIONAL SUPPORT
LOCAL INITIATIVES SUPPORT CORPORATION 436 S SAGINAW ST STE 408 FLINT,MI 48502	13-3030229	501 (C) (3)	7,500				PROGRAM SUPPORT
LOOSE SENIOR CITIZENS CENTER707 NORTH BRIDGE STREET LINDEN,MI 48451	38-3266054	501 (C) (3)	44,225				PROGRAM AND OPERATIONAL SUPPORT
MHA HEALTH FOUNDATION 6215 WEST ST JOSEPH HIGHWAY LANSING,MI 48917	38-6091188	501 (C) (3)	9,999				PROGRAM SUPPORT
MICHIGAN STATE UNIVERSITY252 STUDENT SERVICES BUILDING EAST LANSING,MI 48824	38-6005984	170 (C) (1)	11,700				SCHOLARSHIP SUPPORT
MICHIGAN TECHNOLOGICAL UNIVERSITY1400 TOWNSEND DRIVE HOUGHTON,MI 49931	38-1554664	170 (C) (1)	5,352				PROGRAM AND SCHOLARSHIP SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOTHERLY INTERCESSION INCPO BOX 311109 FLINT,MI 48531	38-3571422	501 (C) (3)	20,500				PROGRAM SUPPORT
MT HOLLY SKI PATROL 2350 GREENWOOD LANE GRAND BLANC,MI 48439	23-7241210	501 (C) (3)	8,100				PROGRAM AND OPERATIONAL SUPPORT
MUSLIM PUBLIC AFFAIRS COUNCIL FOUNDATION 3010 WILSHIRE BLVD 217 LOS ANGELES,CA 90010	95-4675391	501 (C) (3)	7,000				PROGRAM SUPPORT
NATIONAL MULTICULTURAL DIVERSITY INSTITUTEPO BOX 355 FLINT,MI 48501	38-3368446	501 (C) (3)	5,000				PROGRAM SUPPORT
PGA OF AMERICA MICHIGAN SECTION JUNIOR GOLF FUND INCPO BOX 4399 EAST LANSING,MI 48826	38-2432039	501 (C) (3)	5,000				PROGRAM AND OPERATIONAL SUPPORT
PRIORITY CHILDREN924 CEDAR STREET FLINT,MI 48503	38-3086969	501 (C) (3)	29,749				PROGRAM AND OPERATIONAL SUPPORT
RESOURCE GENESEE1401 SOUTH GRAND TRAVERSE FLINT,MI 48503	23-7355855	501 (C) (3)	6,600				PROGRAM SUPPORT
TALL PINE COUNCIL BOY SCOUTS OF AMERICA507 WEST ATHERTON ROAD FLINT,MI 48507	38-1357988	501 (C) (3)	10,120				PROGRAM AND OPERATIONAL SUPPORT
THE FOUNDATION FOR MOTT COMMUNITY COLLEGE1401 EAST COURT STREET FLINT,MI 48503	38-2673057	501 (C) (3)	6,300				PROGRAM AND OPERATIONAL SUPPORT
THE REGENTS OF THE UNIVERSITY OF MICHIGAN 2074 FLEMING ADMN BUILDING ANN ARBOR,MI 48109	38-6006309	170 (C) (1)	19,866				PROGRAM SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE SALVATION ARMY211 WEST KEARSLEY STREET FLINT, MI 48502	38-1370971	501 (C) (3)	8,500				PROGRAM SUPPORT
UNITED WAY OF GENESEE COUNTYP O BOX 949 FLINT, MI 48501	38-1359516	501 (C) (3)	158,701				PROGRAM AND OPERATIONAL SUPPORT
UNIVERSITY OF MICHIGAN 2011 SAB ANN ARBOR, MI 48109	38-6006309	170 (C) (1)	22,796				PROGRAM AND SCHOLARSHIP SUPPORT
UNIVERSITY OF MICHIGAN - FLINT303 EAST KEARSLEY STREET FLINT, MI 48502	38-6006309	170 (C) (1)	45,407				PROGRAM AND SCHOLARSHIP SUPPORT
UPTOWN REINVESTMENT CORPORATION INC503 SOUTH SAGINAW STREET FLINT, MI 48502	38-3493359	501 (C) (3)	6,400				PROGRAM SUPPORT
VETERANS OF FOREIGN WARSPOST NO 4642105 MILL STREET PO BOX 668 LINDEN, MI 48451	38-1133442	501 (C) (19)	6,667				CHARITABLE PROGRAM SUPPORT
WHALEY CHILDREN'S CENTER1201 NORTH GRAND TRAVERSE FLINT, MI 48503	38-1358235	501 (C) (3)	37,993				PROGRAM AND OPERATIONAL SUPPORT
YOUNG LIFE OF GENESEE COUNTY10801 SOUTH SAGINAW STREET GRAND BLANC, MI 48439	84-0385934	501 (C) (3)	17,050				PROGRAM SUPPORT
YWCA OF GREATER FLINT 310 EAST THIRD STREET FLINT, MI 48502	38-1360597	501 (C) (3)	18,937				PROGRAM AND OPERATIONAL SUPPORT

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

COMMUNITY FOUNDATION OF GREATER FLINT

Employer identification number

38-2190667

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div> <div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		No
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div> <div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?		No
b	Any related organization?		No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?		No
b	Any related organization?		No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		



For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

[illegible]

Part III

Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	Part I, Line 1a	THE COMMUNITY FOUNDATION WILL NOT PAY OR REIMBURSE FOR ANY HEALTH OR SOCIAL CLUB DUES OR INITIATION/MEMBERSHIP FEES. SHOULD THE COMMUNITY FOUNDATION HAVE A GOLF COURSE OR OTHER TYPE OF DINING ROOM MEMBERSHIP, IT IS INTENDED TO BE USED FOR BUSINESS RELATED MEETINGS. ANY PERSONAL, NON-BUSINESS RELATED USE OF SUCH DINING MEMBERSHIP MUST BE APPROVED IN ADVANCE BY THE PRESIDENT, AND THE EMPLOYEE MUST REIMBURSE THE COMMUNITY FOUNDATION FOR SUCH USE NO LATER THAN FIVE (5) BUSINESS DAYS AFTER RECEIPT OF THE BILL. THE COMMUNITY FOUNDATION DOES HAVE A DINING MEMBERSHIP AT A GOLF CLUB, HOWEVER, THE MEMBERSHIP IS IN THE PRESIDENT'S NAME DUE TO THE FACT THE GOLF CLUB DOES NOT ALLOW BUSINESSES TO HAVE A MEMBERSHIP. THE POLICY NOTED ABOVE IS FOLLOWED AND CLOSELY MONITORED.

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, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.  
► Attach to Form 990 or Form 990-EZ. ►See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization COMMUNITY FOUNDATION OF GREATER FLINT	Employer identification number 38-2190667
---	--

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total . . . . .				▼ \$						

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
-------------------------------	---	---

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
CONCEPTS & SOLUTIONS	A TRUSTEE IS AN OWNER/SHAREHOLDER/MEMBER/PARTNER OF ENTITY	5,000	PAYMENT OF FEES FOR CONTRACTED SERVICES RELATED TO MI PRISONER RE-ENTRY PROJECT		No
BEACH STREET PARKING LLC	A TRUSTEE IS AN OWNER/SHAREHOLDER/MEMBER/PARTNER OF ENTITY	11,730	PAYMENT OF PARKING LOT FEES		No
COMMUNITY FIRST LLC	A TRUSTEE IS AN OWNER/SHAREHOLDER/MEMBER/PARTNER OF ENTITY	87,628	LEASE PAYMENTS FOR OFFICE SPACE, INCLUDING WATER, CLEANING, AND SECURITY SERVICES		No

SCHEDULE M  
(Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.

Name of the organization  
COMMUNITY FOUNDATION OF GREATER FLINT

Employer identification number  
38-2190667

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .	X	1	2,626,390	FAIR MARKET VALUE
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( )				
26 Other ► ( )				
27 Other ► ( )				
28 Other ► ( )				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .			29	

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .	Yes	No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .		No
b	If "Yes," describe in Part II		
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
------------	------------------	-------------

SCHEDULE O

(Form 990)

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

COMMUNITY FOUNDATION OF GREATER FLINT

Employer identification number

38-2190667

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		DRAFT 990 IS REVIEWED AND APPROVED BY AUDIT COMMITTEE ON BEHALF OF THE BOARD OF TRUSTEES
Form 990, Part VI, Section B, line 12c		TRUSTEES ARE REQUIRED TO ABSTAIN FROM DISCUSSION AND VOTING WHERE CONFLICT EXISTS
Form 990, Part VI, Section B, line 15		INDEPENDENT COMPENSATION STUDY PERFORMED AND PRESENTED TO EXECUTIVE COMMITTEE EXECUTIVE COMMITTEE APPROVES PRESIDENT SALARY ANNUALLY
Form 990, Part VI, Section C, line 19		THE COMMUNITY FOUNDATION WILL MAKE AVAILABLE FOR PUBLIC INSPECTION THE LAST THREE YEARS OF ITS TAX DOCUMENTS, INCLUDING INTERNAL REVENUE SERVICE FORMS 990, 990T (IF APPLICABLE), THE COMMUNITY FOUNDATION'S APPLICATION FOR TAX EXEMPTION, IRS FORM 1023, THE CFGF BYLAWS, THE CONFLICT OF INTEREST POLICY AND THE AUDITED FINANCIAL STATEMENTS IF THE REQUEST FOR ANY OF THESE DOCUMENTS IS MADE IN PERSON, THE REQUESTED DOCUMENTS WILL BE PROVIDED ON THE DAY OF REQUEST, IF POSSIBLE IF THE REQUEST IS IN WRITING (INCLUDING EMAIL), COPIES WILL BE PROVIDED WITHIN 30 DAYS OF REQUEST THE REQUESTOR WILL BE CHARGED A REASONABLE FEE FOR THE COST OF COPYING, PLUS POSTAGE ADDITIONALLY, THESE DOCUMENTS WILL BE AVAILABLE ON THE WEBSITE AT WWW.CFGF.ORG
FORM 990, PART XI, LINE 2B & 2C	AUDITED FINANCIAL STATEMENTS	THE ORGANIZATION'S FINANCIAL STATEMENTS WERE AUDITED BY AN INDEPENDENT ACCOUNTANT AS PART OF CONSOLIDATED FINANCIAL STATEMENTS, WHICH WERE REVIEWED AND APPROVED BY AN AUDIT COMMITTEE
FORM 990, PART X, LINES 27, 28 & 29	NET ASSETS	NET ASSETS WERE RESTATED AS OF 12/31/08 TO CORRECT AN ERROR IN CLASSIFICATION OF NET ASSETS THE EFFECT OF THE RESTATEMENT WAS TO INCREASE PERMANENTLY RESTRICTED NET ASSETS AND DECREASE UNRESTRICTED NET ASSETS

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

# 2009

## Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization

COMMUNITY FOUNDATION OF GREATER FLINT

Employer identification number

38-2190667

## Part I

## Identification of Disregarded Entities

(Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a)  
Name, address, and EIN of disregarded entity

**(b)**  
Primary activity

(c)  
Legal domicile (state  
or foreign country)

(d)  
Total income

(e)  
End-of-year assets

(f)  
Direct controlling  
entity

## Part II

## Identification of Related Tax-Exempt Organizations

**Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a)  
Name, address, and EIN of related organization

**(b)**  
Primary activity

(c)  
Legal domicile (state  
or foreign country)

(d)  
Exempt Code section

(e)  
Public charity status  
(if section 501(c)(3))

(f)  
Direct controlling  
entity

FOUNDATION FOR THE FLINT CULTURAL CENTER

500 S SAGINAW ST STE 200

## SUPPORTING ORGANIZATION

MI

509(A)(3)

LINE 11A N/A

FLINT, MI 48502  
38-3573890

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
COMMUNITY FIRST LLC											
503 S SAGINAW ST STE 1500 FLINT, MI48502 20-5014759	RENTAL REAL ESTATE	MI	N/A	INVESTMENT	-126,740	1,489,298	No				No

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
---	-------------------------	---	-------------------------------------	--	---------------------------------	--	--------------------------------



Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

aReceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

bGift, grant, or capital contribution to other organization(s)

cGift, grant, or capital contribution from other organization(s)

dLoans or loan guarantees to or for other organization(s)

eLoans or loan guarantees by other organization(s)

fSale of assets to other organization(s)

gPurchase of assets from other organization(s)

hExchange of assets

iLease of facilities, equipment, or other assets to other organization(s)

jLease of facilities, equipment, or other assets from other organization(s)

kPerformance of services or membership or fundraising solicitations for other organization(s)

lPerformance of services or membership or fundraising solicitations by other organization(s)

mSharing of facilities, equipment, mailing lists, or other assets

nSharing of paid employees

oReimbursement paid to other organization for expenses

pReimbursement paid by other organization for expenses

qOther transfer of cash or property to other organization(s)

rOther transfer of cash or property from other organization(s)

Yes

No

1a

No

1b

Yes

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

Yes

1l

No

1m

No

1n

No

1o

No

1p

No

1q

No

1r

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	COMMUNITY FIRST LLC	B	130,000
(2)	COMMUNITY FIRST LLC	J	87,628
(3)	FOUNDATION FOR THE FLINT CULTURAL CENTER	K	20,744
(4)			
(5)			
(6)			

Schedule R (Form 990) 2009

**Part VI**   **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Software ID:

Software Version:

EIN: 38-2190667

Name: COMMUNITY FOUNDATION OF GREATER FLINT

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SHERYL STEPHENS CHAIRPERSON	5 00	X		X				0	0	0
TIMOTHY H KNECHT VICE-CHAIRPERSON	1 00	X		X				0	0	0
DANIEL J COFFIELD TREASURER	1 00	X		X				0	0	0
JO ANNE G MONDOWNEY SECRETARY	1 00	X		X				0	0	0
SAMUEL J COX TRUSTEE	1 00	X						0	0	0
F JAMES CUMMINS TRUSTEE	1 00	X						0	0	0
TROY S FARAH TRUSTEE	1 00	X						0	0	0
JANICE L GENSEL TRUSTEE	1 00	X						0	0	0
CHERYL A GIFFORD TRUSTEE	1 00	X						0	0	0
NANCY J HANFLIK TRUSTEE	1 00	X						0	0	0
STANLEY R LIBERTY TRUSTEE	1 00	X						0	0	0
JUAN MESTAS TRUSTEE	1 00	X						0	0	0
BOBBY B MUKKAMALA TRUSTEE	1 00	X						0	0	0
IRA A RUTHERFORD III TRUSTEE	1 00	X						0	0	0
LORI A TALLMAN TRUSTEE	1 00	X						0	0	0
SUSAN L TIPPETT TRUSTEE	1 00	X						0	0	0
LAWRENCE E MOON TRUSTEE	1 00	X						0	0	0
SHANNON E WHITE TRUSTEE	1 00	X						0	0	0
DOUGLAS B VANCE TRUSTEE	1 00	X						0	0	0
MARY ITTIGSON VP OF FINANCE & ADMIN	40 00			X				98,335	0	12,226
KATHI HORTON PRESIDENT	40 00			X				204,572	0	11,602

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
GRANT FUNDS RETURNED	100,000	100,000		
FUND ACTIVITY EXPENSE	94,285	94,285		
DONOR DEVELOPMENT	39,784			39,784
DUES & SUBSCRIPTIONS	29,272	7,290	8,207	13,775
MISCELLANEOUS	8,085	361	4,850	2,874