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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2009

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning _____, and ending _____	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization DEARBORN COMMUNITY FUND
	D Employer identification number 38-3507205
	E Telephone number 313-943-5478
	F Group Exemption Number Number <input type="checkbox"/>
Please use IRS label or print or type. See Specific Instructions	
Number and street (or P O box, if mail is not delivered to street address) Room/suite 15801 MICHIGAN AVENUE	
City or town, state or country, and ZIP + 4 DEARBORN MI 48126-2904	

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

G Accounting method Cash Accrual
Other (specify) ▶

I Website ▶ **DEARBORNFORDCENTER.COM**

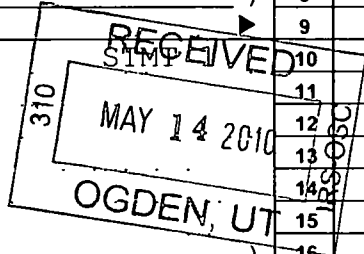
J Tax-exempt status (check only one) -- 501(c) (**3**) ◀ (insert no) 4947(a)(1) or 527

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

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **45,282**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)			
1	Contributions, gifts, grants, and similar amounts received	1	36,380
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	8,902
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b	Less direct expenses other than fundraising expenses	6b	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less: cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe ▶ _____)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	45,282
10	Grants and similar amounts paid (attach schedule)	10	25,500
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	26,912
13	Professional fees and other payments to independent contractors	13	3,496
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe ▶ SEE STATEMENT 2)	16	19,842
17	Total expenses. Add lines 10 through 16	17	75,750
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-30,468
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	637,852
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	607,384



Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ		(See the instructions for Part II)	
		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	502,543	472,008
23	Land and buildings		
24	Other assets (describe ▶ SEE STATEMENT 3)	136,500	166,080
25	Total assets	639,043	638,088
26	Total liabilities (describe ▶ SEE STATEMENT 4)	1,191	30,704
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	637,852	607,384

SCANNED IN IN 2 4 2010

1469

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?

SEE STATEMENT 5

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

28	CONTRIBUTION TO THE THEATRE LOCATED WITHIN THE FORD COMMUNITY AND PERFORMING ARTS CENTER, FOR CAPITAL IMPROVEMENT (Grants \$ 15,000) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	15,848
29	COMMUNITY INVOLVEMENT AND AWARENESS (Grants \$ 10,500) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	24,716
30	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	40,564

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
GORDON KRATER 15801 MICHIGAN AVENUE DEARBORN MI 48126-2904	DIRECTOR 5.00	0	0	0
ALLIE BERRY 15801 MICHIGAN AVENUE DEARBORN MI 48126-2904	DIRECTOR 5.00	0	0	0
JACK DEMMER 15801 MICHIGAN AVENUE DEARBORN MI 48126-2904	DIRECTOR 5.00	0	0	0
SAID DEEP 15801 MICHIGAN AVENUE DEARBORN MI 48126-2904	TREASURER 5.00	0	0	0
EDWARD BAGALE 15801 MICHIGAN AVENUE DEARBORN MI 48126-2904	DIRECTOR 5.00	0	0	0
KARI GUIDO 15801 MICHIGAN AVENUE DEARBORN MI 48126-2904	DIRECTOR 5.00	0	0	0
GARY STANFORD 15801 MICHIGAN AVENUE DEARBORN MI 48126-2904	DIRECTOR 5.00	0	0	0
ROBERT CURRAN 15801 MICHIGAN AVENUE DEARBORN MI 48126-2904	DIRECTOR 5.00	0	0	0
KAREN NIGOSIAN 15801 MICHIGAN AVENUE DEARBORN MI 48126-2904	CHAIR 5.00	0	0	0
NELSON STIEPER 15801 MICHIGAN AVENUE DEARBORN MI 48126-2904	DIRECTOR 5.00	0	0	0
WENDY SAMPLE 15801 MICHIGAN AVENUE DEARBORN MI 48126-2904	DIRECTOR 5.00	0	0	0
THOMAS CLARK 15801 MICHIGAN AVENUE DEARBORN MI 48126-2904	DIRECTOR 5.00	0	0	0
CHRIS NORDIN 15801 MICHIGAN AVENUE DEARBORN MI 48126-2904	DIRECTOR 5.00	0	0	0
KERRIE PETERSON 15801 MICHIGAN AVENUE DEARBORN MI 48126-2904	DIRECTOR 5.00	0	0	0
JOHANNA SEIDEL 15801 MICHIGAN AVENUE DEARBORN MI 48126-2904	DIRECTOR 5.00	0	0	0

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ , section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed ▶ MI		
42a	The organization's books are in care of ▶ EMMA J. WOODYARD Telephone no ▶ 313-943-2368 15801 MICHIGAN AVE Located at ▶ DEARBORN, MI ZIP + 4 ▶ 48126		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country. ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

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

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

Table with 3 columns: Question ID, Yes, No. Rows 46-49b.

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

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000, (b) Title and average hours per week devoted to position, (c) Compensation, (d) Contributions to employee benefit plans & deferred compensation, (e) Expense account and other allowances.

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

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

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000, (b) Type of service, (c) Compensation.

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

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer: Karen Nigosian, Date: 5-6-2010, Type or print name and title: KAREN NIGOSIAN CHAIRMAN

Paid Preparer's Use Only Preparer's signature: KEVIN E. KLEIN, CPA, Date: 4/27/10, Check if self-employed: [], Preparer's Identifying Number (See instr): P00539501, Firm's name (or yours if self-employed): GORDON ADVISORS, P.C., 1301 WEST LONG LAKE RD., STE. 200, TROY, MI 48098-6319, EIN: 38-2656556, Phone: 248-952-0200

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	99,332	43,944	17,300	38,640	36,380	235,596
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	99,332	43,944	17,300	38,640	36,380	235,596
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)						177,084
6 Public support. Subtract line 5 from line 4						58,512

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	99,332	43,944	17,300	38,640	36,380	235,596
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,096	16,526	24,968	14,316	8,902	74,808
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						310,404
12 Gross receipts from related activities, etc. (see instructions)					12	48,509
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	18.85%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	19.25%
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 ▶ <input type="checkbox"/>		
b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
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 ▶ <input checked="" type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public 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
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

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

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

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

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

PART II, LINE 17A - 10% FACTS AND CIRCUMSTANCE TEST - 2008

CONTRIBUTIONS ARE SOLICITED FROM THE PUBLIC. THE DEARBORN COMMUNITY FUND'S MISSION IS TO SUPPORT ARTS, CULTURAL AND RECREATIONAL PROGRAMS AND ACTIVITIES THAT CONTRIBUTE TO THE QUALITY OF LIFE FOR ALL THE CITIZENS OF OUR COMMUNITY. THE GOVERNING BODY REPRESENTS A BROAD INTEREST OF THE GENERAL PUBLIC AND INCLUDES PEOPLE THAT BRING A VARIETY OF BACKGROUNDS AND EXPERTISE TO THE ORGANIZATION. THE ACTIVITIES OF THE FUND HAVE A COMMON BUT BROAD BASED APPEAL. FUTURE ACTIVITIES WILL RAISE AND ENSURE FUNDING TO SUPPORT ARTS, CULTURE AND RECREATION PROGRAMS AND FACILITIES THROUGHOUT THE GREATER DEARBORN COMMUNITY, THE MAJORITY OF WHICH WILL TAKE PLACE AT DEARBORN'S COMMUNITY & PREFORMING ARTS CENTER.

1221 DEARBORN COMMUNITY FUND
 38-3507205
 FYE: 12/31/2009

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to Organizations

Name and Address	Date of Gift	Description of Property	Class of Activity	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation
CITY OF DEARBORN 15801 MICHIGAN AVENUE DEARBORN, MI 48126	1/22/09		SPONSOR	15,000				
CITY OF DEARBORN 15801 MICHIGAN AVENUE DEARBORN, MI 48126	11/10/09		CONCERT			8,500		
TOTAL						23,500		

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	\$
BULK MAIL	860
DUES AND SUBSCRIPTIONS	20
OFFICE SUPPLIES	857
CONFERENCES/MEETINGS	66
INSURANCE	1,180
ART IN PUBLIC PLACES	14,216
BRICKS	250
CONTRACT LABOR	228
TREES	598
OTHER EXPENSES	1,567
TOTAL	\$ <u>19,842</u>

Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
ARTWORK - SCULPTURE	\$ 136,500	\$ 136,500
DATABASE	5,005	5,005
LESS ACCUMULATED DEPRECIATION	5,005	5,005
CASH HELD AS AGENT FOR DYS		29,580
	<u>136,500</u>	<u>166,080</u>

Statement 4 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 1,191	\$ 1,124
CASH HELD AS AGENT FOR DYS		29,580
	<u>1,191</u>	<u>30,704</u>

1221 DEARBORN COMMUNITY FUND

38-3507205

FYE: 12/31/2009

Federal Statements

Statement 5 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

TO PROVIDE AND PROMOTE FINANCIAL AND VOLUNTEER RESOURCES IN SUPPORT OF RECREATIONAL AND CULTURAL ENRICHMENT PROJECTS FOR CITIZENS OF THE CITY OF DEARBORN, MICHIGAN AND TO RECEIVE AND ADMINISTER FUNDS AND CARRY OUT FUND-RAISING ACTIVITIES FOR CONSTRUCTION, MAINTENANCE AND ONGOING IMPROVEMENTS AND SUPPORT OF PROGRAMS AT THE FORD COMMUNITY AND PERFORMING ARTS CENTER.