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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds 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 , 2009, and ending , 20

- 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
CHALFONTE FOUNDATION

Number and street (or P O box, if mail is not delivered to street address) Room/suite
4600 Woodward Avenue 308

City or town, state or country, and ZIP + 4
Detroit, MI 48201-1894

D Employer identification number
38-3568149

E Telephone number
313-831-3139

F Group Exemption Number ▶

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: ▶ **www.chalfonte.org**

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

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

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 ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	51,122				
2	Program service revenue including government fees and contracts	2					
3	Membership dues and assessments	3					
4	Investment income	4	12,515				
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 ▶ Receivables & accounting erro)	8				1,806	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9					65,443
10	Grants and similar amounts paid (attach schedule)	10					33,997
11	Benefits paid to or for members	11					183
12	Salaries, other compensation, and employee benefits	12					
13	Professional fees and other payments to independent contractors	13					440
14	Occupancy, rent, utilities, and maintenance	14					
15	Printing, publications, postage, and shipping	15					964
16	Other expenses (describe ▶ Sales, Debt, loan, equipt)	16					2,761
17	Total expenses. Add lines 10 through 16	17					38,345
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18					27,098
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					267,060
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					294,158

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		22 158,428
23	Land and buildings	140,500	23 140,500
24	Other assets (describe ▶ _____)		24
25	Total assets		25 298,928
26	Total liabilities (describe ▶ Receivables (2,245) + premature recording of interest)		26 (4,470)
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		27 294,158

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

Cat No 106421

Form **990-EZ** (2009)

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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	33	✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	✓
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?	35a	✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a _____		
b	Did the organization file Form 1120-POL for this year?	37b	✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	✓
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	40b	✓
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.	40e	✓
41	List the states with which a copy of this return is filed. ▶ _____		
42a	The organization's books are in care of ▶ Rev. James L. Meyer Telephone no. ▶ 313-831-3139 Located at ▶ 4600 Woodward Avenue, Suite 308 - Detroit, MI ZIP + 4 ▶ 48201-1894		
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)?	42b	✓
	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 .		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	✓
	If "Yes," enter the name of the foreign country: ▶ _____		
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	44	✓
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	45	✓

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.

- | | Yes | No |
|--|------------|-------------------------------------|
| 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 | 46 | <input checked="" type="checkbox"/> |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | <input checked="" type="checkbox"/> |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | <input checked="" type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | <input checked="" type="checkbox"/> |
| b If "Yes," was the related organization a section 527 organization? | 49b | <input checked="" type="checkbox"/> |
- 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."

(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
none				

f Total number of other employees paid over \$100,000 **none**

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."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
none		

d Total number of other independent contractors each receiving over \$100,000 **none**

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

Sign Here

Signature of officer: *James L. Meyer* Date: **April 11, 2010**

Rev. James L. Meyer, President/CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____ Phone no: _____

Preparer's identifying number (See instructions): _____

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

CHALFONTE FOUNDATION

38 : 3568149

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 described in **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 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).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(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 US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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")	77,023	76,965	73,331	63,784	52,648	343,751
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	77,023	76,965	73,331	63,784	52,648	343,751
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)						
6 Public support. Subtract line 5 from line 4.						

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	77,023	76,965	73,331	63,784	52,648	343,751
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,862	7,170	7,836	4,101	12,795	36,764
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			3,416			3,416
11 Total support. Add lines 7 through 10						383,931
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input checked="" 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	89.5 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	89.19 %
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 checked="" 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 checked="" 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 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"/>		

IRS
990-EZ

CHALFONTE FOUNDATION: 2009 SUMMARY FINANCIAL REPORT
 A 501 c.3. Tax-exempt public Corporation #38-3568149
 4600 Woodward Avenue- Suite 308 Detroit, MI 48201-1894
 % Rev. James L. Meyer, Esq. www.chalfonte.org

Income: \$ 65,443

General:	\$ 35,974 (70.4%)
General - Individual	\$ 16,519
Matching	\$ 2,800
Foundations, Community,	\$ 11,450
Annivs, Funerals memorials	\$ 2,375
Sales (Koeze's + Tear bottles)	\$ 2,830

Sch A Part II #1
57,122
+ 526 (below) =
+ 1,000
52,648

+Donor advised: \$ 15,148 (29.6%)
+Additional Income: \$ 14,321

* Int/Div:	\$ 2,395
* Stock appreciation	\$ 9,569
* Rebates:	\$ 551
Paybacks (from 2009 debt)	\$ 526
" (from before 2009)	\$ 1,000
* Double entry (from 2008)	\$ 280

Part I
#4
Total: 12,515

Sch A Part II B B
* 12,795

Expenses: \$ 38,345

Foundation Disbursements:

Domestic Grants	\$ 1,500
International Grants	\$ 5,500
Donor Advised	\$ 13,585
Kids and Families	\$ 2,916
Chalfonte House Activities	\$ 8,718
Detroit Activities	\$ 724
Ryan Giannini Park (RGP)	\$ 160
Promotion	\$ 894
Staff	\$ 183 #11
Dues, Memberships & Fees	\$ 440 #13
Office incl postage	\$ 964 #15
Equipment and supplies	\$ 147
Sales (Koeze's nuts)	\$ 2,083 #16
Debt (from 2008 -repaid)	\$ 208
Loan	\$ 323

Part I

32,943

Total: 2761

(Transfer to Savings : 5,000)

Chalfonte Foundation: A 501 c.3. Tax-exempt public
 Corporation #38-3568149 4600 Woodward Avenue- Suite 308
 Detroit, MI 48201-1894 www.chalfonte.org
 Rev. James L. Meyer, Esq. President & CEO

INVESTMENT INCOME APPRECIATION: Jan 1-Dec 31, 2009:

+++++

<u>ASSET:</u>	INT/DIV	APPRECIATION	BALANCE:
Alden Bank: Checking:	\$ 170		\$ 13,618
Savings:	\$ 1		\$ 117
Shore Bank CD (11/25/08)	\$ 1180		\$ 55,047
Domini: Money Market	\$ 326		*\$ 36,807
Social Equity	\$ 52	\$ 1878	\$ 7,358
European SE	\$ 153	\$ 2137	\$ 8,653
Pax World: Money Market	\$ 51		\$ 5,629
Balanced:	\$ 319	\$ 3365	\$ 20,941
Growth	\$ 0	\$ 2157	\$ 7,696
First Energy	\$ 143	\$ 32	\$ 2,562
 TOTAL:			
	\$ 2395	\$ 9569	\$ 158,428

*(\$ 5,000 tranferred from checking on 4/4/09)

CHALFONTE FOUNDATION

The mission of the Chalfonte Foundation is as follows:

To provide spiritual, psychosocial, recreational, financial and educational support for children, youth and other individuals and families in need.

The Purposes include:

1. To provide a safe, recreational and spiritual experience at Chalfonte House for special needs children and young adults, especially those with handicapping or life-threatening diseases.
2. To provide a place of peaceful reflection and respite in woods and meadow at Ryan Giannini Park (RGP) for invited guests and for the community.
3. To provide an environment for renewal at Chalfonte House for:
 - a. Parents whose children have died,
 - b. Parents and guardians with special needs children,
 - c. Families and/or children in need of support,
 - d. Care-givers, relatives and supporters of children and families.
4. To facilitate and support educational, recreational, psychosocial and spiritual activities and events at Chalfonte House and elsewhere to enhance the lives of children, youth, siblings and others who assist them.
5. To provide educational and developmental grants to children, youth and families in need to empower them in the development of their gifts and talents.
6. To provide emergency funding for children, individuals and families in need locally and around the world.

The Chalfonte Foundation is a Public 501 (c) (3) non-profit, tax-exempt Corporation,
ID: 38-3568149.

Rev. James L. Meyer, M.A., J.D. President; Scott Brinkman and Paul M. Hresko,
Vice-Presidents; Aaron T. Timlin, Treasurer; Timothy C. Burgess, Secretary,
Ryan Giannini, Emeritus
4600 Woodward Avenue Suite 308 Detroit, MI 48201-1894

Jimeyer@chalfonte.org

www.chalfonte.org