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SCANNED APR 1 1 2011

Form 990-EZ

Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds 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.

OMB No. 1545-1150

2009

Open to Public Inspection

	k if applicable.	Please	C Name of organization				T D E	over idea	tification numb	
Addn			J					Oyer ruer	uncauon num	er Jer
₹	ress change	use IRS label or	Alliance of Coalitions for	Healthy Communities			1	20	0529208	
=	e change	print or	Number and street (or P O. bo	ox, if mail is not delivered to str	eet address)	Room/suite	E Telep	hone nun	nber	
-	i return	type. See	1075 Featherstone St			}	1	248	515 9628	
-		Specific	City or town, state or country,	and ZIP + 4		L	E Cro			
5		instruc- tions.	1				1	•	puon	
								 	—	
• 3	section out(c)(3				must attach	1	-		_ Cash ☑ /	Accrual
			impleted ochedale A (Forth	390 UI 390-LZ).						
						H Chec	k ▶ ∐	if the org	janization is n	ot
						requi	red to att	ach Sch	edule B (Form	1 990,
Tax-										
Chec	ck ▶ 🔲 ıft	he organi	zation is not a section 509(a)	(3) supporting organization	and its gross	s receipts are	normaily	not more	e than \$25,000). A
For	m 990-EZ or For	m 990 re	turn is not required, but if the	ne organization chooses to	file a return,	be sure to file	a compl	lete retui	m.	
Add	lines 5b, 6b, and	7b, to line	e 9 to determine gross receipt	s; if \$500,000 or more, file Fe	orm 990 inste	ad of Form 990	D-EZ ▶	\$		
Part	Reven	ue, Exp	enses, and Changes	in Net Assets or Fu	nd Balanc	es (See the	instru	ctions	or Part I.)	
-	1 Contribut	ons, gif	ts, grants, and similar am	ounts received				1		185
2	2 Program	service i	revenue including govern	ment fees and contracts	s			2		363399
١:										0
							• •			0
i.				an inventory	52	1				<u>_</u>
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			· · · · · · · · · · · · · · · · · · ·					-		^
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1 .				•		line 6a)		6c		0
7				allowances			E delign.			
		•		, ·		SIAGP			-	
-				ry (Subtract line 7b from	line 7a)	-:	ါပ္ကု	7c		0
- 1		•		2	l ann é		1 <u>9</u> 1)	8		0
				· · · · · · · · · · · · · · · · · · ·		/ L Z 0.11.				363584
		d simıla	r amounts paid (attach si	chedule)	<u> </u>			10		230716
11	 Benefits p 	aid to o	or for members		-060	-H-H-	I.	11		0
g 12	2 Salaries, o	other co	mpensation, and employ	ee benefits				12		
<u>2</u> 13	3 Profession	nal fees	and other payments to ir	ndependent contractors				13		85868
ž 14	4 Occupant	cy, rent,	utilities, and maintenanc	e				14		0
1 15	5 Printing, p	ublicati	ons, postage, and shippi	ng				15		16585
16								16		30224
17	7 Total exp	enses.	Add lines 10 through 16				. ▶	17		363393
18 و	B Excess or	(deficit)) for the year (Subtract lin	e 17 from line 9)				18		191
ğ 19	9 Net asset	s or fun	nd balances at beginning	of year (from line 27,	column (A))	(must agre	e with			
2	end-of-ye	ar figure	e reported on prior year's	return)				19		8117
<u> 5</u> 20	Other cha	nges in	net assets or fund balance	ces (attach explanation)				20		
21										8308
Part									of Form 990	
22	Cash, savings	s, and in	·	•						25076
23										
24										81273
						-' 				106349
26			ribe ► Accounts payat			`,		0720 2		98041
			palances (line 27 of colum			' ├		8117 2		8308
	Wei Tax- Che Fon Add Part 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Website: ▶ acht Tax-exempt status Check ▶ ☐ if ti Form 990-EZ or For Add lines 5b, 6b, and Part I Revent 1 Contribute 2 Program s 3 Members 4 Investmer 5a Gross am b Less: cos c Gain or (lo 6 Special even a Gross rev reported of b Less: dire c Net incom 7a Gross sale b Less: cos c Gross pro 8 Other reve 9 Total reve 10 Grants an 11 Benefits p 12 Salaries, of 13 Profession 14 Occupand 15 Printing, p 16 Other exp 17 Total exp 18 Excess or 19 Net asset 20 Other cha 21 Net assets 22 Cash, savings 23 Land and buil 24 Other assets 25 Total assets 26 Total assets 27 Total assets 28 Total assets 29 Total assets 20 Total assets 20 Total assets 20 Total assets 21 Total assets 22 Total assets 23 Total assets 25 Total assets	Amended return Application pending Section 501(c)(3) organia a con Website: achconline. Tax-exempt status (check of the check of the check of the organic form 990-EZ or Form 990 received and lines 5b, 6b, and 7b, to line form 990-EZ or Form 990 received a lines form service of the check of the chec	Amended return Application pending Section 501(c)(3) organizations and 4947(a)(1) non- a completed Schedule A (Form Website: achconline.org Tax-exempt status (check only one) — form 990-EZ or Form 990 return is not required, but if the Add lines 5b, 6b, and 7b, to line 9 to determine gross receipt Revenue, Expenses, and Changes 1 Contributions, gifts, grants, and similar am 2 Program service revenue including govern 3 Membership dues and assessments. 4 Investment income 5a Gross amount from sale of assets other than 1 lines: cost or other basis and sales expenses are completed explicable par a Gross revenue (not including \$\frac{1}{2}\$ reported on line 1). b Less: direct expenses other than fundraisis conditions and similar amounts paid explicable par a Gross sales of inventory, less returns and because of gross profit or (loss) from sales of inventor of the complete applicable par a Gross profit or (loss) from sales of inventor of the complete applicable par a Gross profit or (loss) from sales of inventor of the complete applicable par a Gross profit or (loss) from sales of inventor of the complete applicable par a Gross profit or (loss) from sales of inventor of the complete applicable par a Gross profit or (loss) from sales of inventor of the complete applicable par a Gross profit or (loss) from sales of inventor of the complete applicable par a Gross profit or (loss) from sales of inventor of the complete applicable par a Gross profit or (loss) from sales of inventor of the complete applicable par a Gross profit or (loss) from sales of inventor of the complete applicable par a Gross profit or (loss) from sales of inventor of the complete applicable par a Gross profit or (loss) from sales of inventor of the complete applicable par a Gross profit or (loss) from sales of inventor of the complete applicable par a Gross profit or floss) from sales of inventor of the complete applicable par a Gross profit or floss from sales of inventor of the complete applicable part of the complete applicable par a	Amended return Application pending • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts a completed Schedule A (Form 990 or 990-EZ). Website: ▶ achconline.org Tax-exempt status (check only one) — ☑ 501(c) (3) ◀ (insert no.) ☐ 4947(a) Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization form 990-EZ or Form 990 return is not required, but if the organization chooses to Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file F Tevenue, Expenses, and Changes in Net Assets or Ful 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contract in Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory (Subtract line 5 Special events and activities (complete applicable parts of Schedule G), if any amou a Gross revenue (not including \$ of contributions of contributions or contract of special events and activities (omplete applicable parts of Schedule G), if any amou a Gross revenue (not including \$ of contributions or contributions or contributions) from special events and activities (Subtract line 1) b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from 80 Other revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 Other revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 Other revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 Ocupancy, rent, utilities, and maintenance Ocupancy of pear (from line 27, end-of-year figure reported on prior year's return) Other changes in net assets or fund balances at end of year (Combine lines 18 thro	Portice the provided territors. Portice Mil 48342 Section 501(c)(2) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Website: ▶ ach conline.org Tax-exempt status (check only one) ─ ☑ 501(c)(3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 55. Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization and its gross-form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instered in the organization spot or more, file Form 990 instered in the organization spot or more, file Form 990 instered in the organization spot or more, file Form 990 instered in the organization spot or more, file Form 990 instered in the organization spot or more, file Form 990 instered in the organization spot or more, file Form 990 instered in the organization and its gross-form 990-EZ or Form 990 returns is not required, but if the organization chooses to file a return, Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instered in the organization and its gross-form 990-EZ or Form 990 returns and similar amounts received. Program service revenue including government fees and contracts Membership dues and assessments. Investment income C Gaross amount from sale of assets other than inventory (Subtract line 5b from 1 form 1 lines 1). Less: direct expenses other than fundraising expenses. C Revenue (not including \$ of contributions reported on line 1). Less: direct expenses other than fundraising expenses. C Revenue (recomber or lines) from sales of inventory (Subtract line 7b from line 7a). To Gross sales of inventory, less returns and allowances. Total revenue (describe ▶ Total revenue (describe ▶ Total revenue, Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 9). Net assets or fund balan	Amended return Specific Section 501(c)(3) or garanizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). H Chec required H Chec r	Amended return Amend	Amended return Repeated perturn Portice in the state Portice Portic	Amended return Repetition powering

Par	Statement of Program Service Accomp	plishments (See the instr	uctions for Part II	l.)		Expenses
What	t is the organization's primary exempt purpose?	Promoting Healthy drug free	communities			ired for section
	cribe what was achieved in carrying out the org				, ,)(3) and 501(c)(4) Izations and section
	ner, describe the services provided, the number o program title.	of persons benefited, and o	ther relevant info	rmation for	4947(a)(1) trusts; optional
	·				for ot	hers)
28	Grants to 14 community coalitions in Oakland Count					
	law enforcement, business, parents, etc.) in drug and	a alconol awarness and subs	tance abuse prevei	ntion.		
	(Cronto \$ 220548) If this arrange				00-	363394
29		includes foreign grants, che			28a	303394
29						
	(Grants \$) If this amount	includes foreign grants, che	eck here	▶ □	29a	
30	Torranto 4 / It timo amount	monados foreign granto, em	30111010	<u> </u>		
-						
				••••••••		
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	30a	
31	· · · · · · · · · · · · · · · · · · ·					
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	31a	
32	Total program service expenses (add lines 28a t	hrough 31a)	<i></i> .	▶	32	363394
Par	List of Officers, Directors, Trustees, and Key		<u>,</u>			
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (if not paid,	(d) Contribute employee benefi	t plans &	
Mare	: Jeffries 5357	devoted to position	enter -0)	deferred compe	nsation	other allowances
	testa Drive West Bloomfield, MI 48323	President	0		0	0
	Macon				- 0	
	Fairway Ridge Ct West Bloomfield MI 48323	Secretary	o		0	0
	fra Kosik					-
3024	7 Northgate Dr Southfield MI 48076	Treasurer	o		0	0
	Pkuniewski					
610 V	W. 10 Mile Rd Madison Heights MI 48071	Vice President	0		0	0
	nis Reese	F				
247 I	E Woodland Ferndale MI 48220	Exec. Director	39708		0	0
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Part	Other Information (Note the statement requirements in the instructions for Part V.)			-3
		•	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		1
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1
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.			
а	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	<u> </u>	1
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		1
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	ļ	✓
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		1
	If "Yes," complete Schedule L, Part II and enter the total amount involved	1		
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	4		
40a	Gross receipts, included on line 9, for public use of club facilities	┨	1	ł
40a	section 4911 ▶; section 4912 ▶; section 4955 ▶	İ		ļ
h	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	1		
b	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		1
С	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			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed. ▶ Michigan			
42a		248 51	5 962	8
	Located at ► 1075 Featherstone St. Pontiac ZIP + 4 ►	48	342	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		<u> </u>	T
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b	<u> </u>	├ ✓
	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.? If "Yes," enter the name of the foreign country: ▶	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year			▶ □
	and enter the amount of tax-exempt interest received of accrued duffing the tax year			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		† <u> </u>	1
	Form 990-EZ	44		1
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If		T	
	"Yes," Form 990 must be completed instead of Form 990-EZ	45	<u> </u>	_✓
	En	QQ:	n_F7	/2000

Part VI

Part V	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 a	section 4947(a)(1) none 47(a)(1) nonexempt char nd 51.	exempt charitab itable trusts mus	le trusts only. A t answer questio	ll sect ns 46	ion -49b
	Old the organization engage in direct or indirect					Yes No
	candidates for public office? If "Yes," complete				46	√
	Did the organization engage in lobbying activitie				47	√
	s the organization a school as described in secti		•		48	√
	Old the organization make any transfers to an e	•	-		49a	
	f "Yes," was the related organization a section Complete this table for the organization's five h				49b	o and kov
	employees) who each received more than \$100					
	(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) acc	Expense ount and allowances
None		- Control to position			Other	allowarices
		-				
		-				
	Complete this table for the organization's five \$100,000 of compensation from the organization			ors who each reco	eived i	nore than
	(a) Name and address of each independent contracto	r paid more than \$100,000	(b) Typ	pe of service	(c) Corr	pensation
None						
						
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
d	Total number of other independent contractors	each receiving over \$100,0	000 ▶			
	Under penalties of penury, I declare that I have examinand belief at its true, correct, and complete Declaration	and this return, including accompa- not preparer (other than officer) is	nying schedules and sta based on all information	tements, and to the best of which preparer has	any kno	knowledge wledge
Sign Here	Signature of officer  Type or print name and title	S, Presi	dent	3/23/ Date	11	
Paid Prepare	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying nur	nber (See	instructions)
Use Onl	Fill Stable (of		Elf Ph	N ►		
May the	IRS discuss this return with the preparer show	vn above? See instructions		▶ 🗀	Yes m 990	□ No )-EZ (2009)

### SCHEDULE A (Form 990 or 990-EZ)

### **Public Charity Status and Public Support** Complete if the organization is a section 501(c)(3) organization or a section

OMB No. 1545-0047

4947(a)(1) nonexempt charitable trust. Department of the Treasury ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Internal Revenue Service

Open to Public Inspection

Name of the organization **Employer identification number Alliance of Coalitions for Healthy Communities** 0529208 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii), (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) An organization that normally receives: (1) more than 331/3 % 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 331/2 % 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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 D 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). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (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? 11g(i) 11g(ii) (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? . 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the support? (see instructions)) US? Yes Yes Yes No

Par	Support Schedule for Org (Complete only if you check					and 170(b)(1	)(A)(vi)
	tion A. Public Support	( ) 0005	# \ 0000		1.0000		
Ca	lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	191,602	208,808	190,626	416,902	363,399	1,371,337
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3						1,371,337
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)						0
6	Public support. Subtract line 5 from line 4.						1,371,337
Sec	tion B. Total Support	·					
	lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	191,602	208,808	190,626	416,902	363,399	1,371,337
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	0	0
9	Net income from unrelated business activities, whether or not the business is regularly carned on	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
11	Total support. Add lines 7 through 10 .						1,371,337
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for organization, check this box and stop he tion C. Computation of Public Su	re	<u> </u>	nd, third, fourth			
				4 1 (0)			
14	Public support percentage for 2009 (line	• • • • • • • • • • • • • • • • • • • •	-			15	<u>%</u> %
15 16a	Public support percentage from 2008 Sch 33% % support test—2009. If the organizand stop here. The organization qualifies	zation did not c	heck the box o				
b	33% % support test—2008. If the organization quality box and stop here. The organization quality						check this
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	acts-and-circum	nstances" test,	check this box	and stop here.	Explain in Part	IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstate Private foundation. If the organization did	acts-and-circum ances" test. The	stances" test, o organization qua	check this box a alifies as a public	and <b>stop here.</b> By supported or	Explain in Part ganization	IV how the

Pa	Support Schedule for Orga (Complete only if you checke				1)(2)		
Sec	tion A. Public Support	d the box of	Tille 9 OF Pa	(i t i.)	<del></del>		
	alendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and				(-/	(0/ =000	
	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					ļ	
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	-					
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support		•				
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6 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					ļ	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for organization, check this box and stop	here		nd, third, fourth			
	tion C. Computation of Public Su					1 1	
15 16	Public support percentage for 2009 (lin Public support percentage from 2008 S	e 8, column (f	) divided by lin			15	<u>%</u>
	tion D. Computation of Investmen	nt Income Po	ercentage	· · · · ·	· · · ·	16	
17	Investment income percentage for 200			d by line 13 o	olump (fl)	17	%
18	Investment income percentage from 20			•	***	18	%
19a	33% % support tests—2009. If the organization is not more than 33% %, check this b	anızation dıd n	ot check the b	ox on line 14, a	and line 15 is i		
b	33\% % support tests—2008. If the organ line 18 is not more than 33\% %, check this	ization did not	check a box or	line 14 or line	19a, and line 1	6 is more th	an 331/3 %, and

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

schedule A (F	om 990 or 990-EZ) 2(	009					Page 4
Part IV	Supplemental Part II, line 17	I Information. ( a or 17b; and P	Complete this art III, line 12.	part to provide Provide any o	e the explanation ther additional in	ns required by Information. See	Part II, line 10; instructions.
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# Schedule for Part 1 Line 10 of the 990-EZ 2009

	<b>Healthy Communities</b>
	Forh
Organization	Coalitions
ō	ð
Name of	Alliance

Employer Identification Number 20-0529208

Coalition name Birmingham Bloomfield Community Coalition	Address 1525 Covington Road	City, State, Zip code Bloomfield Hills MI 48301	Cash 15,187
Clarkston Coalition for Youth	CCFY, PO Box 702,	Clarkston, MI 48347	11,981
Clawson Community Coalition	P.O. Box 77	Clawson MI 48017	17,187
Greater West Bloomfield Community Coalition for Youth	5903 Darb Lake Drive	West Bloomfield MI 48324	17,187
Holly Area Youth Coalition	920 Baird Street	Holly, MI 48442	17,169
Huron Valley Community Coalition	2029 North Milford Road	Highland, MI 48357	17,187
Madison Heights Community Family Coalition	610 W. 13 Mile Road	Madison Heights MI 48071	15,965
North Oakland Community Coalition	P.O. Box 361	Lake Orion, MI 48361	18,506
Rochester/Auburn Hills Community Coalition	P.O. Box 80304	Rochester MI 48308-0304	12,211
Royal Oak Community Coalition	1500 N. Stephenson Hwy.	Royal Oak, MI 48067	15,187
Southeast Oakland Coalition	P.O. Box 20364	Ferndale MI 48220	19,468
Tri-Community Coalition	14700 W. Lincoln	Oak Park MI 48327	17,187
Troy Community Coalition	4420 Livernois Rd.	Troy, MI 48098	19,187
Waterford Coalition for Youth	5150 Civic Center Drive	Waterford, MI 48329	17,107
Total			230,716