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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

B Create depotation   Plant   Creamed organization   Creamed organi	A F	For the 2009 ca	alendar year, or tax year beginning 10/01/09, and ending 09/30/1	10		
Manc change   India return   Print or   Darg Butantes As   Number and state (or PO box of mails and elettered to street address)   Recombuse   E Telephone number   E Telephon			Please C Name of organization		D Employ	er identification number
Initial return   See   Specific   12.99 SAND BEACH ROAD   12.90 SAND BEACH ROAD BEACH	_  ^	\ddress change*	label or FLASHPOINT CENTER		. مد	2502021
Indian term	N	lame change		Poom/cuto		
Termination   Application pending   F   Name and address of principal officer   MI   48413   H(6) is the a group return for similars?   H(6) is the a group return for control, and a fine similars?   H(6) is the a group return for control, and a fine similars?   H(6) is the a group return for control, and a fine similars?   Yes   H(6)   Area all affiness   Yes   Area	In	nitial return	, , , , , , , , , , , , , , , , , , ,	Rounisale		
Amended return   Application pending   F Name and address of principal officer   H(a) is the a group return to affisienc?   Yes   H(b) As all affinises   H(b)	T	ermination	Specific	_1	<del></del>	
Tax-exempt status   X   501(c) ( 3 )   (Insert no )   4947(a)(1) or   527     H(b)   Assignation at status   Yes   X   N/A   H(c)   Corporation   Tingl   Association   Other   N/A   H(c)   Corporation   Tingl   Association   Tingl   Association   Tingl   Association   Tingl   Association   Tingl	A	Amended return				
Tax-exempt status   X   Sotic   (3 )	A	Application pending	F Name and address of principal officer		H(a) Is this a	
Tax-exempt status   X   Sot(c) ( 3 )					H(b) Are all a	ffiliates H H
Tax-exempt status   X  501(c) ( 3 )					L	
Website   N/A	<del>_</del>	Tax-exempt stat	tus <b>X</b> 501(c) ( <b>3</b> ) <b>4</b> (insert no ) 4947(a)(1) or 527		- " NO, "	attach a list. (see ilistructions)
Part   Summary					H(c) Group e	xempton number
1 Bnefly describe the organization's mission or most significant activities SUPPORT & COUNSELING  2 Check this box ▶  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) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of employees (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 Total gross unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Porm 990-T, line 34  8 Contributions and grants (Part VIII, line 1B)	<b>K</b> 1	Type of organization	on X Corporation Trust Association Other ▶ L	Year of formation	1999 l	M State of legal domicile M.
SUPPORT & COUNSELING  2 Check this box	P			<del> </del>		
2 Check this box ▶ 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)  4 Number of independent voting members of the governing body (Part VI, line 1b)  5 Total number of employees (Part V, line 2a)  6 Total number of employees (Part V, line 2a)  5 Total gross unrelated business revenue from Part VIII, column (C), line 12  5 Net unrelated business taxable income from Part VIII, column (C), line 12  7 Total gross unrelated business taxable income from Part VIII, line 1B/ECEIVED  9 Program service revenue (Part VIII, line 1B/ECEIVED  9 Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, column (A), line 3) files 5, ed, ed, ed, foc, and tree  11 Other revenue (Part VIII, column (A), line 4)  13 Grants and similar amounts paid (Part IX (Column (A), line 4)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salanes, other compensation, employee benefits (Part IX, column (A), line 12)  16a Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 11e)  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  19 Revenue less expenses Subtract line 18 from line 12  10 Total assets (Part X, line 16)  11 Total liabilities (Part X, line 26)  12 Total liabilities (Part X, line 26)  13 Crants and similar amounts paid (Part IX, column (A), line 25)  10 Total assets (Part X, line 26)  11 Total liabilities (Part X, line 26)  12 Net assets or fund balances Subtract line 21 from line 20  13 Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge		•	· ·			
Returnelated business taxable income from 99U-1, line 34  Prior Year  Start VIII, line 11RECEIVED  Program service revenue (Part VIII, line-2g)  Investment income (Part VIII, column (A), lines 5, 6d, 86, 9c, 10c, and total 1 tother revenue (Part VIII, column (A), lines 5, 6d, 86, 9c, 10c, and total 1 tother revenue (Part VIII, column (A), lines 5, 6d, 86, 9c, 10c, and total 1 tother revenue (Part VIII, column (A), lines 5, 6d, 86, 9c, 10c, and total 1 tother revenue (Part VIII, column (A), lines 5, 6d, 86, 9c, 10c, and total 1 tother revenue (Part VIII, column (A), lines 5, 6d, 86, 9c, 10c, and total 1 tother revenue (Part VIII, column (A), line 1 total 1 total span to or for members (Part IX, column (A), line 4)  Start and similar amounts paid (Part IX, column (A), line 4)  Start and similar am	8	SUP	PPORT & COUNSELING			
Ret unrelated business taxable income from Potrn 99U-1, line 34  Prior Year  Scurrent Year  Scontributions and grants (Part VIII, line 11RECEIVED  Program service revenue (Part VIII, line-2g)  Investment income (Part VIII, column (A), lines 5, 6d, 86, 9c, 10c, and 10c)  Total revenue – add lines 8 through 11 (must equal-Part-VIII; column (A), line 12)  Scalanes, other compensation, employee benefits (Part IX, column (A), line 4)  Total fundraising expenses (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (A), line 11e)  Total expenses (Part IX, column (A), line 11e)  Provided to or for members (Part IX, column (A), line 25)  Revenue less expenses Subtract line 18 from line 12  Total expenses (Part IX, line 16)  Total assets (Part X, line 16)  Total assets (Part X, line 16)  Total assets or fund balances Subtract line 21 from line 20  Part II Signature Block  Under penalties of penyuy, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge	nan					
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Ret unrelated business taxable income from Potrn 99U-1, line 34  Prior Year  Scurrent Year  Scontributions and grants (Part VIII, line 11RECEIVED  Program service revenue (Part VIII, line-2g)  Investment income (Part VIII, column (A), lines 5, 6d, 86, 9c, 10c, and 10c)  Total revenue – add lines 8 through 11 (must equal-Part-VIII; column (A), line 12)  Scalanes, other compensation, employee benefits (Part IX, column (A), line 4)  Total fundraising expenses (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (A), line 11e)  Total expenses (Part IX, column (A), line 11e)  Provided to or for members (Part IX, column (A), line 25)  Revenue less expenses Subtract line 18 from line 12  Total expenses (Part IX, line 16)  Total assets (Part X, line 16)  Total assets (Part X, line 16)  Total assets or fund balances Subtract line 21 from line 20  Part II Signature Block  Under penalties of penyuy, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge	,₹	6 Total nu	umber of volunteers (estimate if necessary)		6	
Returnelated business taxable income from 99U-1, line 34  Prior Year  Start VIII, line 11RECEIVED  Program service revenue (Part VIII, line-2g)  Investment income (Part VIII, column (A), lines 5, 6d, 86, 9c, 10c, and total 1 tother revenue (Part VIII, column (A), lines 5, 6d, 86, 9c, 10c, and total 1 tother revenue (Part VIII, column (A), lines 5, 6d, 86, 9c, 10c, and total 1 tother revenue (Part VIII, column (A), lines 5, 6d, 86, 9c, 10c, and total 1 tother revenue (Part VIII, column (A), lines 5, 6d, 86, 9c, 10c, and total 1 tother revenue (Part VIII, column (A), lines 5, 6d, 86, 9c, 10c, and total 1 tother revenue (Part VIII, column (A), line 1 total 1 total span to or for members (Part IX, column (A), line 4)  Start and similar amounts paid (Part IX, column (A), line 4)  Start and similar am	٦	7a Total gr	ross unrelated business revenue from Part VIII, column (C), line 12		7a	
8 Contributions and grants (Part VIII, line 11RECEIVED 9 Program service revenue (Part VIII, line-2g) 10 Investment income (Part VIII, column (A); lines 3, 4, and 7d (a) 11 Other revenue (Part VIII, column (A); lines 5, 6d, 8d, 9d, 10d, and 1db, 11d (a); lines 8 through 1 1 (must equal-Part-VIII; column (A), line 12) 12 Total revenue – add lines 8 through 1 1 (must equal-Part-VIII; column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), line 4) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 23 Vider penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge	- 1	<b>b</b> Net unr	related business taxable income from Form 990-T, line 34	T		(
9 Program service revenue (Part VIII, Inne-29) 10 Investment income (Part VIII, column (A), lines 3, 4 and 7(4)) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 86, 9c, 10c, and 1re) 12 Total revenue – add lines 8 through 11 (must equal-Part-VIII, column (A), line 12) 252, 442 368, 9c, 10c, and 1re) 13 Grants and similar amounts paid (Part IX, Column (A), line 4) 14 Benefits paid to or for members (Part IX, Column (A), line 4) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5–10) 99, 017 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 20 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 24 Total liabilities (Part X, line 26) 25 Signature Block 26 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge	- 1	0 Contrib	Whose and greate (Red VIII Inc. 4DECEIVED			
11 Other revenue (Part VIII, column (A) lines 5; 64, 8c, 9c, 10c, and large)  12 Total revenue – add lines 8 through 11 (must equal Part-VIII; column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), line 4)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5–10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  15 Total fundraising expenses (Part IX, column (D), line 25)  17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)  18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)  20 Total assets (Part X, line 16)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  Part II Signature Block  Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge	9				72,441	300,90
11 Other revenue (Part VIII, column (A) lines 5; 64, 8c, 9c, 10c, and large)  12 Total revenue – add lines 8 through 11 (must equal Part-VIII; column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), line 4)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5–10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  15 Total fundraising expenses (Part IX, column (D), line 25)  17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)  18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)  20 Total assets (Part X, line 16)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  Part II Signature Block  Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge	Ven				1	
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13 Grants and similar amounts paid (Part IX Column (A), line 4)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5–10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25)  17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)  18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  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		12 Total re	evenue – add lines 8 through 11-(must equal-Part-VIII <del>, c</del> olumn (A), line 12)	25	52,442	368,903
15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5–10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25)  17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)  18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  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						
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17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)  18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  Part II Signature Block  Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge	) us		• • • • • • • • • • • • • • • • • • • •			
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Beginning of Current Year End of Year  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  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						
Part II Signature Block Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge	5 8	19 Revenu	ue less expenses. Subtract line 16 from line 12			
Part II Signature Block Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge	anc	20 Total as	ssets (Part X, line 16)			43,492
Part II Signature Block  Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge	t As	21 Total lia	abilities (Part X, line 26)		1,763	1,43
Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge	ᆲ	22 Net ass	sets or fund balances Subtract line 21 from line 20	1 4	44,788	42,05
	<u>P</u>					<del></del>
	c:~	1.		<b>.</b>		
Sign X A & C F T W + 7 He P Date	_		Secretary of afficial		Data	6-10
A ROBERT WITHEY	1101		ROPERT WITHEY		Date	
Type or print name and title						<del></del>
			Date Date	Chec	:k ıf	Preparer's identifying number
Paid   Treparer's signature   10/29/10   self- employed   X   377-44-18	-	ia   s	repairs 1/200 / I//	colf_	. 👽	(see instructions) 377-44-180
Preparer's RANDY T. BURCH		•	RANDY L BURCH	/   - · · · · · ·	<del>-,,                                 </del>	38-247987
Use Only Firm's name (or yours f self-employed).  5226 PARK LAKE ROAD  Phone	US	· · · · · · · ·	FOOC DADY TAKE DOAD		+ ====	
		1	, , , , , , , , , , , , , , , , , , ,			517-333-804
May the IRS discuss this return with the preparer shown above? (see instructions)						
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.  Form 990	For DAA	Privacy Act	and Paperwork Reduction Act Notice, see the separate instructions.			Form <b>990</b> (200

ra		ment of Program S		piisnments				
1		ne organization's mission	ı					
S	UPPORT &	COUNSELING						
	. •							
2	Did the organizati	on undertake any signifi	cant program servic	es dunng the year which were	e not listed on		_	
	the prior Form 99	0 or 990-EZ?					Yes	X No
	If "Yes," describe	these new services on S	Schedule O					
3	Did the organizati	ion cease conducting, or	make significant ch	anges in how it conducts, any	y program			
	services?						Yes	X No
	If "Yes," describe	these changes on Sche	dule O				_	
4	Describe the exer	mpt purpose achievemer	nts for each of the o	rganization's three largest pro	ogram services by exi	penses.		
				47(a)(1) trusts are required to				
				for each program service rep		•		
		, <b>,</b> , -	,					
4a	(Code	) (Expenses \$	347,252	including grants of \$		) (Revenue \$	<del></del>	
				OUNSELING THRO	DUCH GROUP	) (1.040//dc		,
				AIRED INDIVIDU				
_	MIERACIIC	M FOR EMOIT	ONABBI IME	AIRED INDIVIDO	ALIS			
4b	(Code	) (Expenses \$		including grants of \$		) (Revenue \$		<del></del>
	(0020	, (,po		moderning granne or v		, (		,
			•					
4c	(Code <sup>-</sup>	) (Expenses \$		including grants of \$		) (Revenue \$		)
	•	, ,				,		,
				<u> </u>				
4d	Other program se	ervices (Describe in Sch	edule O )	<del>.</del>		<del>-</del>		
	(Expenses \$	(2220.00 001	including grants o	f \$	) (Revenue \$		,	
40		ervice expenses ▶	347,	252	/ (increniue #			
+0	. our programs	T. TO OAPOIIGOS P		<del></del>			r 0	190 (2000)

_P	art 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. 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	-	X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	١.		x
9	$\cdot$	8		
J	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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	<u> </u>		
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
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	x	
•	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 related 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		ļ	
404	Schedule D, Parts XI, XII, and XIII	12	-	X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional  12A  X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	┥	1	x
14a		13 14a		X
b		170		-
-	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	1	1	
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		x
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 United States? If "Yes," complete Schedule F, Part III	16		X
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		X
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	ļ	X
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	<b> </b>	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	900	X

Forn	990 (2009) FLASHPOINT CENTER 38-3503931		Р	age
Pi	art IV Checklist of Required Schedules (continued)			
			Yes	No
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? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			İ
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		1	
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			1
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			ĺ
	24b through 24d and complete Schedule K If "No," go to line 25	_24a		X
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	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			ĺ
	pnor year, and that the transaction has not been reported on any of the organization's pnor Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
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? If "Yes," complete Schedule L, Part II	26		X
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?			
	If "Yes," complete Schedule L, Part III	27		X
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	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 direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
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? If "Yes," complete Schedule R, Part I	33	1	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			Г
-	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X

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? If "Yes," complete Schedule R,

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

19? Note. All Form 990 filers are required to complete Schedule O

X Form **990** (2009)

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Part VI

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					
			-		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
	U.S. Information Returns Enter -0- if not applicable	1a	9			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report	able				
	gaming (gambling) winnings to prize winners?	_		10	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			21	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					1
	instructions)					I
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered b	y				1
	this return?			<u> 3a</u>		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3t	4	ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authorized the calendar year.	onty				
	over, a financial account in a foreign country (such as a bank account, secunties account, or other financial	al				
	account)?			48	Ļ_	X
b	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 Bar	ık				
	and Financial Accounts.					<b>!</b>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_		58		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction				<del>'  </del>	X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regards	ng				
	Prohibited Tax Shelter Transaction?			50	-	+
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					x
	organization solicit any contributions that were not tax deductible?			68	<del>'                                     </del>	<del>  ^</del>
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions	or		6.		
7	gifts were not tax deductible?			61	<del>'</del>	<del> </del>
	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo	de				
а	and services provided to the payor?	us		7:	. 1	Ŧ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			71	_	+
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			<del> </del>	<u> </u>	+
•	required to file Form 8282?			70	.	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7a				1
9	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pers					
	benefit contract?			70	,	Ī
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	?		71		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			79		1
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	<b>;</b>				
	required?			71	<u>,  </u>	
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			1		1
	organization, have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					1
а	Did the organization make any taxable distributions under section 4966?			9:	<u> </u>	<del> </del>
b	Did the organization make a distribution to a donor, donor advisor, or related person?			91	<del>-  </del>	1
10	Section 501(c)(7) organizations. Enter.	1 .	I			1
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				I
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	l	<del></del>		1
11	Section 501(c)(12) organizations. Enter	۱	ı			I
a	Gross income from members or shareholders	11a	<u> </u>			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	445				
49-	amounts due or received from them.)	11b	<u> </u>			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	1	t	12	<u>a   —</u>	+
<u>b</u> _	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>	<u>L</u> _	<u></u>	1

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

Sec	tion A. Governing Body and Management	_		
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
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		<u> </u>
3	Did the organization delegate control over management duties customanly performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	_3		<u> </u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<u>X</u>
6	Does the organization have members or stockholders?	6		<u>X</u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	i		
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following.		••	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	1.		32
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>x</u>
	tion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	renue Code.)			
40-	Does the error ration have local charters, branches, or offliates?	10a	Yes	No X
10a	Does the organization have local chapters, branches, or affiliates?  If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	iva		
Ь	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 filling the	100		
••	form?	11	x	
11a		<u> </u>		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
-	nse to conflicts?	12b	x	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	1		
	describe in Schedule O how this is done	12c	x	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
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?			
а	The organization's CEO, Executive Director, or top management official	15a_		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, 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		_X_
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		<u> </u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 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			
	Own website Another's website X 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.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
F.	organization ► RANDY L BURCH 5226 PARK LAKE RD AST LANSING MI 48823-3868 51	7-33	3-8	040

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MiSC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization		sate :	any (			fficer,	dıre			
(A) Name and Title	(B) Average	Pos		C) k all t	that apply)		(D) Reportable	(E) Reportable	(F) Estimated	
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
ELLEN ROTHFUSS										
DIRECTOR	40.00	X	<u> </u>					31,285	0	
JOAN FAGAN									_	
DIRECTOR	2.00	X	_	<u> </u>	_			0	0	
JERRY KODASKI										_
DIRECTOR	2.00	X	_	_		$\sqcup$		0	0	
ROBERT WITHEY	0.00	1								_
PRESIDENT	2.00	├	-	X	_	$\vdash$		0	0	0
HENRY BUCHOLTZ	2 00			7,						_
VICE PRESIDENT  JONA JAMES	2.00	├		X	$\vdash$	$\vdash$		0	0	<u>_</u>
SECRETARY	2.00			x				o	o	_
ERNEST SYMERAK	2.00	╁	$\vdash$	A	$\vdash$	╁╌┤		<u> </u>		
TREASURER	2.00			x		1 1		o	o	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													<u> </u>
	(A) Name and Title	(B) Average	Pos	ition (		C) k all t	hat ap		(D) Reportable	(E) Reportable		(F) stimated	
	•	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	con f org an	mount of other oth	on n i
											_		
	- <del></del>										-		
										. —			
										1			
												<del></del>	· <del></del>
												· · · · ·	
	Total							<b>•</b>	31,285				
2	Total number of individuals (inc	=			ose	listed	abo	ve)					
	reportable compensation from	tne organization I	<u> </u>	0				-				Ye	s No
3 4	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line the organization and related or	complete Schedu 1a, is the sum of	le J repo	for si ortab	uch i le co	ndivi	dual ensat	ion a	and other compensation from			3	x
5	individual  Did any person listed on line 1a	a receive or accru	е со	mpe	nsati	ion fi	rom a	iny ι	unrelated organization for	ion.		4	X
Sec	services rendered to the organition B. Independent Contracte		com	olete	Sch	edul	e J fo	or su	ich person			5	<u> </u>
1	Complete this table for your fiv compensation from the organize	e highest comper zation	sate	d inc	lepe	nder	nt cor	ntrac					
	Name and	(A) business address							Descript	(B) Jon of services	_	Compe	nsation
							- ·	_	. <u></u>				
								-					
		<del></del>											
2	Total number of independent of						to th	ose	listed above) who received	<del></del>		<del>*************************************</del>	
DAA	more than \$100,000 in comper	isation from the o	rgan	ızatı	on 📂	-			<del></del>		E_	Form 9	90 (2009)

ra	LT A	iii Staten	ent of Reve	nue		······				
		4					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ध ध	1a	Federated can	npaigns	1a					······································	
Contributions, gifts, grants and other similar amounts		Membership di		1b						
호팀		Fundraising ev		1c						
<b>₽</b> 🖺				_						
9:6		Related organi		1d		260 000				
Sis		Government grants (	•	10		369,003	1			
풀힐	f	All other contribution								
은히		and similar amounts	not included above	1f_		-100				
들	g	Noncash contribution	ns included in lines 1a-1	f :	\$					
_	h	Total. Add line	s 1a–1f			<b>•</b>	368,903			
9						Busn. Code				
힐	2a									
2	b									
2	С									
<u></u>	d									
E	8							.,		
B	f	All other progra	am service reven	IIE						
Program Service Revenue		Total. Add line		uc		<b>—</b>			· · · · · · · · · · · · · · · · · · ·	
	<u>_</u>		ome (including d	udond	lo intoron					
	•	other similar ar		WIGGING	is, interes	, and				
	4		ivestment of tax-	-v	t bond nea					
	5	Royalties	ivestillent of tax-	exemp	t bond pre	ceeus				
	3	Royallies	(ı) Real		/n) E	Personal				
	٥-	Caran Danta	(i) Real		(11) 1	ersonar				
	6a	Gross Rents								
	b	Less rental exps								
	C	Rental inc or (loss)			_		1			
	d 7a	Net rental inco Gross amount from				<b>P</b>				
		sales of assets	(ı) Securities		(11)	Other				
		other than inventory			ļ					
	þ	Less cost or other				l				
		basis & sales exps								
	C	Gain or (loss)			<u>L</u>					
	d	Net gain or (los	ss)			<u> </u>				
	8a	Gross income fro	om fundraising even	ts						
anne		(not including \$				l l				
ě		of contributions r	eported on line 1c)							
E		See Part IV, line	18	a						
Other Reve	b	Less direct ex	penses	ь						
٥	C	Net income or	(loss) from fundr	aising	events	<b>•</b>				
	9a	Gross income fro	om gaming activities	; {					,	
		See Part IV, line	19	a						
	b	Less direct ex	penses	ь						
			(loss) from gami	ng acti	vities	<b>&gt;</b>				
		Gross sales of		Ĭ					, ,	
		returns and all		а						
	b	Less cost of g	oods sold	ь						
		_	(loss) from sales	of inve	entory	<u> </u>		,		
			ellaneous Revenue			Busn. Code			· · · · · · · · · · · · · · · · · · ·	
	11a					<u> </u>	Ĭ	,	:	Ī
	b									
	c		•							
	d	All other reven	ue							
	8	Total. Add line	•		•	<b>•</b>				
	12		e. See instruction	าร		•	368,903	0	0	0

#### 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,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	•	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				·····
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				
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	60,269	49,421	10,848	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	44,385	36,396	7,989	
10	Payroll taxes	4,799	3,935	864	
11	Fees for services (non-employees)	Ì			
а	Management .				
b	Legal				
C	Accounting	2,735	2,188	547	
d	Lobbying				
0	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	100	100		**
12	Advertising and promotion	198	198	1 011	
13	Office expenses	1,011		1,011	
14	Information technology				·
15	Royalties	16 260	14 720	1,637	
16	Occupancy	16,369 31,167	14,732 31,167	1,03/	<del></del>
17	Travel	31,107	31,167		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	4,222	4,222		
19 20	Conferences, conventions, and meetings	7,222	7,222		
20 21	Interest Payments to affiliates				
22	Depreciation, depletion, and amortization	4,608	4,608		
23	Insurance	4,992	4,493	499	
		, - <i>,</i> - <i>,</i>			
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 )				
а	CONTRACT SERVICES	145,652	145,652		
b	SUPPLIES	16,828	16,828		
С	CONSUMABLES	11,708			
d	SPECIAL EVENTS	6,473	6,473		
0	BILLING MEDICAID	6,247	6,247		
f	All other expenses	9,972	8,984	988	
25	Total functional expenses.Add lines 1 through 24f	371,635	347,252	24,383	
26	Joint costs. Check here ▶ ☐ 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				

Page 10

Form 990 (2009)

Par	rt X	Balance Sheet					
		,			(A) Beginning of year		(B) End of year
	1	Cash. non-interest bearing			21,495	1	14,764
	2	Savings and temporary cash investments		Ī		2	
	3	Pledges and grants receivable, net		Ī		3	
	4	Accounts receivable, net		Ī	-	4	
	5	Receivables from current and former officers, directors, tru	ustees. k	kev			
		employees, and highest compensated employees. Comple		· .			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined un	nder sec	tion			
		4958(f)(1)) and persons described in section 4958(c)(3)(B		£			
		Part II of Schedule L	,			6	ĺ
<u>ا پڑ</u>	7	Notes and loans receivable, net		ļ		7	
Assets		Inventories for sale or use				8	
<b>ĕ</b>		Prepaid expenses and deferred charges		<u> </u>		9	
		Land, buildings, and equipment cost or	1 1	ŀ		3	
'		other basis Complete Part VI of Schedule D	10a	42,012			
-		Less accumulated depreciation	10a	14,784	23,556	40-	27 229
		Investments—publicly traded securities	[ 100]	14,704	23,336		27,228
j		Investments—other securities See Part IV, line 11		ŀ		11	
		•		}		12	
		Investments—program-related See Part IV, line 11		}		13	
		Intangible assets		}	1 500	14	1 500
		Other assets See Part IV, line 11		}	1,500	15	1,500
-		Total assets. Add lines 1 through 15 (must equal line 34)			46,551	16	43,492
		Accounts payable and accrued expenses		}		17	<del>-</del>
1		Grants payable		}		18	·
	19	Deferred revenue			<del>,</del> -	19	<u> </u>
		Tax-exempt bond liabilities		_ `	<del></del>	20	
.≝ ।	21	Escrow or custodial account liability. Complete Part IV of S		D [		21	
.≣ 2	22	Payables to current and former officers, directors, trustees	•				
<u>a</u>		employees, highest compensated employees, and disqual	lified				ĺ
- 1		persons Complete Part II of Schedule L		-		22	
		Secured mortgages and notes payable to unrelated third p		-		23	
		Unsecured notes and loans payable to unrelated third part	ties	-	1 500	24	4 40 4
		Other liabilities Complete Part X of Schedule D		-	1,763	25	1,436
-	26	Total liabilities. Add lines 17 through 25	<del>,                                     </del>	· ·	1,763	26	1,436
Balances		Organizations that follow SFAS 117, check here ▶	and				
<u> </u>		complete lines 27 through 29, and lines 33 and 34.					ŧ
<u>ළ</u>   2	27	Unrestricted net assets		<u> </u>		27	
<u>m</u>   2	28	Temporanly restricted net assets		1		28	
2 2		Permanently restricted net assets		, .		29	
교		Organizations that do not follow SFAS 117, check her	e► X				<u> </u>
Net Assets or Fund		and complete lines 30 through 34.					<b>!</b>
<u>يا</u> ق		Capital stock or trust principal, or current funds		ļ		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fi		Ļ		31	
As 3	32	Retained earnings, endowment, accumulated income, or o	other fun	ds	44,788	32	42,056
<u>ह</u>   इ	33	Total net assets or fund balances		L	44,788	33	42,056
$\mathbf{z}$	34	Total liabilities and net assets/fund balances			46,551	34	43,492

Pa	rt XI Financial Statements and Reporting			
			Yes	No
7	Accounting method used to prepare the Form 990			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
C	If "Yes" to line 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?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O	;		
d	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			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	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?	3a		
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	3b		

#### 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

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

Department of the Treasury Internal Revenue Service

Name of the organization

FLASHPOINT CENTER

Employer Identification number 38-3503931

			I III O III C						70	<u> </u>	<del>,,,,</del>				
P	art I	Reaso	on for Public Charity S	Status (All organizations	must co	omplete	this p	art.) S	<u>ee ins</u>	tructio	ns.				
The	orga	nization is not a	private foundation because	it is (For lines 1 through 11, che	ck only or	ne box.)									
1		A church, con	vention of churches, or asso	ciation of churches described in	section 1	70(b)(1)( <i>A</i>	A)(i).								
2	П	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)													
3	П		spital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).												
4	Ħ	·	edical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,												
_	L	city, and state:													
5		- ·		a college or university owned or	operated	by a gove	romonto	d upit da	nonhod	in					
3	Ш	_	·	-	operateu	by a gove	en interne	ii uiiii ue	scribeu	111					
		•	tion 170(b)(1)(A)(iv). (Complete Part II )  deral, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
6	1		· · · · · · · · · · · · · · · · · · ·												
7	X	•	ration that normally receives a substantial part of its support from a governmental unit or from the general public												
		described in s	ped in section 170(b)(1)(A)(vi). (Complete Part II )												
8	Ш	A community	community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)												
9	$\sqcup$	An organization	on that normally receives (1)	more than 33 1/3 % of its support	ort from co	ntribution	s, memb	ership fe	es, and	l gross					
		receipts from	activities related to its exemp	t functions—subject to certain e	xceptions,	and (2) n	o more t	han 33	1/3 % of	fits					
		support from 9	gross investment income and	unrelated business taxable inco	ome (less :	section 51	1 tax) fr	om busi	nesses						
		acquired by th	ne organization after June 30	, 1975. See section 509(a)(2). (	Complete	Part III)									
10		An organization	on organized and operated ex	clusively to test for public safety	. See sec	tion 509(a	a)(4).								
11		An organization	on organized and operated ex	clusively for the benefit of, to pe	rform the	functions	of, or to	carry ou	t the						
		purposes of o	ne or more publicly supporte	d organizations described in sec	tion 509(a	)(1) or se	ction 509	9(a)(2) \$	See sec	tion					
		509(a)(3). Che	eck the box that describes th	e type of supporting organization	and com	plete lines	11e thr	ough 11	h						
		a Type	I b Type II	c Type III–Functions	ally integra	ted	d	Тур	e III-Oti	her					
е	$\Box$	By checking the	his box, I certify that the orga	nization is not controlled directly	or indirect	lly by one	or more	disqual	fied						
	_	-	-	nd other than one or more public				•		ction					
		-	ection 509(a)(2)		. ,,										
f			` ' ' '	mination from the IRS that it is a	Type I. Ty	nell or T	vne III s	upportin	a						
•		<del>-</del> .	check this box		.,,,,,,	pc, c	, po o	арропш	9						
_		-		on accepted any gift or contributi	on from a	ny of the							ш		
g				on accepted any girt of contributi	ion ironi ai	ly or tite									
		following pers			41		4 (-)					[]	Τ		
				ntrols, either alone or together wi	ith persons	s describe	a in (ii)				<u> </u>	Yes	No		
			pelow, the governing body of	<del>.</del>							11g(i)	<b>├</b> ─	<u> </u>		
		• •	member of a person describe	• •							11g(ii)				
		(iii) A 35% c	ontrolled entity of a person de	escribed in (i) or (ii) above?							11g(iii	<u>1</u>			
<u>h</u>		Provide the fo	ollowing information about the	e supported organization(s)											
(i)		e of supported	· (ii) EIN	(iii) Type of organization		organization		ou notify		ls the	(vii) Am				
	ou	janization		(described on lines 1–9 above or IRC section		sted in your		uzation in of your	organizat	zed in the	sup	port			
				(see instructions))	governing document?			oort?		S ?					
				,	Yes	No	Yes	No	Yes	No					
								,	ļ						
					1										
							]		1						
_															
			, , , , , , , , , , , , , , , , , , ,		<u> </u>	ļ	ļ	<u> </u>	ļ.,						
Tot	al		l		I	1	1	1	1	1 1					

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 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 102,486 102,016 160,055 368,903 985,901 252,441 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 102,486 102,016 160,055 252,441 Total. Add lines 1 through 3 368,903 985,901 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) Public support. Subtract line 5 from line 4 985,901 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 4 102,486 102,016 160,055 252,441 368,903 985,901 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carned on 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 10 985,901 12 12 Gross receipts from related activities, etc. (see instructions) 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 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 100.00% 14 Public support percentage from 2008 Schedule A, Part II, line 14 15 15 100.00% 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 16a and stop here. The organization qualifies as a publicly supported organization 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 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

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

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

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

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

Sec	tion A. Public Support	cked the box	on line 5 of La		<del></del>		
	lendar 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.")				(2,7=3,3	(7/2000	()
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)						
	tion B. Total Support		<del></del>	η			
	lendar year (or fiscal year beginning in)▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						<u> </u>
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)	<u></u>	<u> </u>	<u> </u>	L		
14	First five years. If the Form 990 is for the o	_	second, third, four	h, or fifth tax year a	as a section 501(c)	(3)	_
<u></u>	organization, check this box and stop here				- ·-··		<u> </u>
	tion C. Computation of Public Su					<del></del>	
15	Public support percentage for 2009 (line 8,		•	(1))		15	%
16	Public support percentage from 2008 Scheric D. Computation of Investmen					16_	%
17				naluma (6)		47	n/
18	Investment income percentage for 2009 (In		•	column (t))	•	17	<u>%</u>
10 19a	Investment income percentage from 2008 S			14 and line 45 :	noro than 22 4/2 0/		<u> </u>
ıvd	33 1/3 % support tests—2009. If the organ 17 is not more than 33 1/3 %, check this bo						<b>⊾</b> □
b	33 1/3 % support tests—2008. If the organ						▶ [_
-	line 18 is not more than 33 1/3 %, check thi					•	▶ □
20	Private foundation. If the organization did				• • • •		<b>.</b>

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.

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### **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.

2009

Open to Public

Employer identification number Name of the organization FLASHPOINT CENTER 38-3503931 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 Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 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? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 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 Tax Year 2<u>a</u> Total number of conservation easements Total acreage restricted by conservation easements 2b 2c Number of conservation easements on a certified historic structure included in (a) C d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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 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 Assets included in Form 990, Part X

 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 (c) Accumulated depreciation
 (d) Book value

 1a Land
 b Buildings
 12 Land basis (other)
 13 Land basis (other)
 14 Land basis (other)
 15 Land basis (other)
 17 Land basis (other)
 <t

Schedule D (Form 990) 2009

Part VII	Investments-Other Securities. See Form 9		
	(a) Description of security or category Including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
inancial derivat	NAC SAVI		
Closely-held equ			· · · · · · · · · · · · · · · · · · ·
Other	any interests		
····e· — — -		-	<del></del> -
		-	
		<del>-</del>	
		-	· · · · · · · · · · · · · · · · · · ·
		-	· · · · · · · · · · · · · · · · · · ·
		-	
		- <del> </del>	
	(2) 1114 54 54 54 54 54 54 54 54 54 54 54 54 54		
Part VIII	Investments—Program Related. See Form		
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		+	
Fatal (Column)	(h) must oqual Form 000 Port V cal (P) line 12.)		
	(b) must equal Form 990, Part X, col (B) line 13)	<b>&gt;</b>	
	Other Assets. See Form 990, Part X, line 15	<u>- L</u>	(b) Rock value
		<u>- L</u>	(b) Book value
	Other Assets. See Form 990, Part X, line 15	<u>- L</u>	(b) Book value
	Other Assets. See Form 990, Part X, line 15	<u>- L</u>	(b) Book value
	Other Assets. See Form 990, Part X, line 15	<u>- L</u>	(b) Book value
	Other Assets. See Form 990, Part X, line 15	<u>- L</u>	(b) Book value
	Other Assets. See Form 990, Part X, line 15	<u>- L</u>	(b) Book value
	Other Assets. See Form 990, Part X, line 15	<u>- L</u>	(b) Book value
	Other Assets. See Form 990, Part X, line 15	<u>- L</u>	(b) Book value
	Other Assets. See Form 990, Part X, line 15	<u>- L</u>	(b) Book value
	Other Assets. See Form 990, Part X, line 15	<u>- L</u>	(b) Book value
	Other Assets. See Form 990, Part X, line 15	<u>- L</u>	(b) Book value
Part IX	Other Assets. See Form 990, Part X, line 15  (a) Description  (b) must equal Form 990, Part X, col (B) line 15)		(b) Book value
Part IX	Other Assets. See Form 990, Part X, line 15  (a) Description		
Part IX  Total. (Column of Part X	Other Assets. See Form 990, Part X, line 15  (a) Description  (b) must equal Form 990, Part X, col (B) line 15)		
Part IX  Fotal. (Column of Part X	(b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities. See Form 990, Part X, line (a) Description of liability	25. (b) Amount	
Part IX  Total. (Column of Part X  1.  Federal income	(b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities. See Form 990, Part X, line (a) Description of liability	25.	
Part IX  Fotal. (Column of Part X)  General income PAYROLI	(b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities. See Form 990, Part X, line (a) Description of liability	25. (b) Amount	
Part IX  Total. (Column of Part X  1. Federal income PAYROLI PAYROLI	(b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities. See Form 990, Part X, line (a) Description of liability  taxes  L TAX PAYABLE FIT	25. (b) Amount 500	
Part IX  Fotal. (Column of Part X  1.  Federal income PAYROLI PAYROLI PAYROLI	(b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities. See Form 990, Part X, line (a) Description of liability taxes  L TAX PAYABLE FIT  L TAX PAYABLE FICA	25. (b) Amount 500 484	
Part IX  Total. (Column of Part X  1.  Federal income PAYROLI PAYROLI PAYROLI	(b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities. See Form 990, Part X, line (a) Description of liability taxes  L TAX PAYABLE FIT  L TAX PAYABLE SIT	25. (b) Amount 500 484	
Part IX  Total. (Column of Part X  1.  Federal income PAYROLI PAYROLI PAYROLI	(b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities. See Form 990, Part X, line (a) Description of liability taxes  L TAX PAYABLE FIT  L TAX PAYABLE FICA	25. (b) Amount 500 484	
Part IX  Total. (Column of Part X  1.  Federal income PAYROLI PAYROLI PAYROLI	(b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities. See Form 990, Part X, line (a) Description of liability taxes  L TAX PAYABLE FIT  L TAX PAYABLE FICA	25. (b) Amount 500 484	
Part IX  Fotal. (Column of Part X  1.  Federal income PAYROLI PAYROLI PAYROLI	(b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities. See Form 990, Part X, line (a) Description of liability taxes  L TAX PAYABLE FIT  L TAX PAYABLE FICA	25. (b) Amount 500 484	
Part IX  Total. (Column of Part X  1.  Federal income PAYROLI PAYROLI PAYROLI	(b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities. See Form 990, Part X, line (a) Description of liability taxes  L TAX PAYABLE FIT  L TAX PAYABLE FICA	25. (b) Amount 500 484	
Part IX  Total. (Column of Part X  1.  Federal income PAYROLI PAYROLI PAYROLI	(b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities. See Form 990, Part X, line (a) Description of liability taxes  L TAX PAYABLE FIT  L TAX PAYABLE FICA	25. (b) Amount 500 484	
Part IX  Total. (Column of Part X  1.  Federal income PAYROLI PAYROLI PAYROLI PAYROLI	(b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities. See Form 990, Part X, line (a) Description of liability taxes  L TAX PAYABLE FIT  L TAX PAYABLE FICA	25. (b) Amount 500 484	

organization's liability for uncertain tax positions under FIN 48.

~	dule D (Form 990) 2009 FLASHPOINT CENTER	38-	3503931	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 9	90 to Audited Financia	I Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	<u> </u>
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV.)		8	
9	Total adjustments (net) Add lines 4 through 8		9	•
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3	and 9	10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Sta	itements With Revenue	per Return	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recovenes of pnor year grants	2c		
d	Other (Describe in Part XIV )	2d		
е	Add lines 2a through 2d	`	2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	) (	***	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)	4b		
	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			
	rt XIII Reconciliation of Expenses per Audited Financial St	atements With Expens	es per Return	<del>-</del> -
1	Total expenses and losses per audited financial statements	•	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Pnor year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIV )	2d		
6	Add lines 2a through 2d		2e ]	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	) [		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIV)	4b		
	Add lines 4a and 4b		4c	
5			5	
	rt XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Par	t III lines 1a and 4 Part IV line	es 1h	
	tb, Part V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part			
	art to provide any additional information	,		
, p	art to provide any additional information			
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Schedule D (F	Form 990) 200	9 FLA	SHPOINT CE	ENTER		38-3503931	Page <b>5</b>
Part XIV	Supplem	nental Info	rmation (conti	nued)			
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## SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **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.

2009 Open to Public Inspection

OMB No 1545-0047

FLASHPOINT CENTER

Employer identification number 38-3503931

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990
BOARD OF DIRECTORS AND OFFICERS REVIEW COMPLETED TAX RETURN

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
OFFICERS AND DIRECTORS ARE REQUIRED TO DISCLOSE POTENTIAL CONFLICTS OF
THEMSELVES AND THEIR FAMILY MEMBERS

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION COPY OF FORM 1023 AND FORM 990 AVAILABLE TO PUBLIC UPON REQUEST

Department of the Treasury Internal Revenue Service

# **Depreciation and Amortization**

(Including Information on Listed Property)

Attachment Sequence No 67

Name(s) shown on return

#### FLASHPOINT CENTER

► See separate instructions.

► Attach to your tax return.

Identifying number

	FLASHPO	INT CENTER	<u> </u>				38-	<u>350</u>	3931
	ess or activity to which this form relates  NDIRECT DEPRECIATI	ON							
	rt! Election To Expens		erty Under Section	179				_	
	Note: If you have a	ny listed propert	y, complete Part V	before you	com	olete Pa	rt I.		
1	Maximum amount See the instructi		1	250,000					
2	Total cost of section 179 property p							2	
3	Threshold cost of section 179 prope	erty before reduction	n limitation (see instruction	ns)				3	800,000
4	Reduction in limitation Subtract line		· ·					4	
_5	Dollar limitation for tax year Subtract line				$\overline{}$			5	-
_6	(a) Description	of property	(b) Co	st (business use	only)	(C) E	Elected cost		
7	Listed property Enter the amount for	eom line 20			7		<del></del>		
8	Listed property Enter the amount fro Total elected cost of section 179 pro		in column (c) lines 6 and	7				8	
9	Tentative deduction Enter the sma		in column (c), inics o and	•				9	
10	Carryover of disallowed deduction f		008 Form 4562					10	<del></del>
11	Business income limitation. Enter th	•		ero) or line 5 (s	ee inst	ructions)		11	
12	Section 179 expense deduction Ad		•	,		,		12	
13	Carryover of disallowed deduction t	·		•	13				
Note	Do not use Part II or Part III below t	or listed property Ins	tead, use Part V.						
Pa	rt II Special Depreciation	on Allowance ar	nd Other Depreciati	on (Do not	incl	ude liste	d prope	rty.) (	(See instr.)
14	Special depreciation allowance for	qualified property (oth	er than listed property) pl	aced in servic	е				
	during the tax year (see instructions	s)						14	
15	Property subject to section 168(f)(1	) election						15	
<u>16</u>	Other depreciation (including ACRS							16	
<u>Pa</u>	rt III MACRS Depreciati	on (Do not inclu	ide listed property.)	(See instru	ction	s.)			
			Section A						0.40
17	MACRS deductions for assets place	•	• •			⊾		17	842
<u>18</u>	If you are electing to group any assets pl	•	e tax year into one or more go					etom.	
	Getton B—	(b) Month and year	(c) Basis for depreciation	(d) Recovery	7 00110	Tai Dopio		310111	
	(a) Classification of property	placed in service	(business/investment use only-see instructions)	period	(e) Convention (f) Me			nod	(g) Depreciation deduction
<u>19a</u>	3-year property						<u> </u>		
<u> </u>	5-year property								
<u> </u>	7-year property	i							
<u>d</u>		•		<del> </del>			<del></del>		
<u>е</u> f	15-year property	1							
	20-year property 25-year property	1		25 yrs	<del> </del>		S/L		
_ H	Residential rental			27 5 yrs		MM	S/L		
••	property			27 5 yrs		MM	S/L		<u> </u>
	Nonresidential real			39 yrs	· · · · ·	MM	S/L		
•	property					ММ	S/L		
	Section C—A	ssets Placed in Ser	vice During 2009 Tax Ye	ar Using the	Alterna	ative Depr	eciation S	ysten	1
20a	Class life		2,59	6 5.0		MQ	S/L		454
ь	12-year		4,18	<b>4</b> 12 yrs		MQ	S/L		52
	40-year			40 yrs		MM	S/L		L
P	ert IV Summary (See ins	tructions.)							<del></del>
21	Listed property Enter amount from							21	3,260
22	Total. Add amounts from line 12, li	_			Enter	here			
	and on the appropriate lines of you			Instructions		1		22	4,608
23	For assets shown above and place	_	e current year, enter the						
	portion of the basis attributable to s	ection 263A costs			23				<u> </u>

	LASHP 4562 (2009	OINT CENT	ER				38-3	5039	31							Page 2
	rt V	Listed Prope property used	d for entertail	nment, re	creatio	n, or a	amusei	ment.) e or dedi	uctina lea					•	s, and	rage &
		24b, columns (a)	through (c) of Se	ection A, all o	of Section	B, and	Section	C if app	licable							
		•	-Depreciation a					$\overline{}$							X Yes	Т.
24a		ve evidence to suppo				<u> ,,,</u>	Yes	No	î e	it "Yes,"	'is the e	vidence v				No
	(a) (b) (c) (b) (c) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e						(e) Basis for depreciation (business/investment use only)		(f) Recovery period		(g) flethod/ invention		(h) Depreciat deductio		(i) Elected section 179 cost	
25		depreciation allowa	•		•			g the			2:	5				
26	Property	used more than 50	0% in a qualified	business us	е											
2	009 d	HRYSLER V							_		_		_			
2	001 d	01/09/09 HRYSLER			6,11			,110					3	,222		
		08/16/10	100.00%		1,50	)	1	,500	5.0	0 s	/L-M	IQ		38		
27	Property	used 50% or less	ın a qualified bus	iness use:					т	-		1				
			%							S/L	<u></u>					
			%							S/I	<b>.</b> -					
28	Add amo	ounts in column (h)		27 Enter h	ere and o	n line 2	1, page	1			2	В	3	,260		
29		ounts in column (i),	<del>-</del>											29		
				Sec	tion B—	nforma	ation on	Use of \	Vehicles							
		section for vehicles is, first answer the qui										you prov	vided ve	hicles		
30	Total bus	siness/investment i	miles driven		(a	1)	(	b)	(0	:)	(	d)	(	e)	(1	n)
	during th	e year ( <b>do not</b> incl	lude		Vehicle 1		Vehicle 2		Vehi	cle 3	Veh	ide 4	Vehicle 5		Vehi	cle 6
		ng miles)					ļ		ļ							-
31		mmuting miles drive					-				<del> </del>					
32		er personal (nonco	<del>-</del> -	driven										····		
33		es driven during th through 32	e year Add													
34		vehicle available for	or personal		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
• •		ng off-duty hours?					100	111			1		1 1	1		
35	Was the	vehicle used prima	anly by a													
	more tha	ın 5% owner or rela	ated person?								ļ					
<u>36</u>	Is anothe	er vehicle available														
		questions to detern	•	an exception						-		-	ot			
37		naintain a written p			all perso	nal use	of vehic	les, ınclu	iding com	muting.	by				Yes	No
	-	ployees?	<b>,</b>	,					0		, ,				X	
38	Do you r	naintain a written p	olicy statement t	hat prohibits	persona	use of	vehicles	, except	commuti	ng, by y	our					_
		es? See the instru		-		fficers,	directors	s, or 1%	or more o	wners						X
39	-	reat all use of vehi		-		_										Х
40		provide more than t	•			ınform	ation fro	m your e	mployee	s about	the					x
41		ie vehicles, and ret meet the requireme				amoneti	ration ile	e2 (See l	instructio	ne \						X
•		your answer to 37,													<u> </u>	
P	art VI	Amortization												-		
(a) Date am							Amo	(c) ortizable	(d) Code		(e) Amortization period or Amortiz		Amortiza	(f) ization for this year		
		Description of costs	·	begi				mount		sect	tion	percentage				
42	Amortiza	ation of costs that b	egins during you	ır 2009 tax y	ear (see	nstructi	ions)				<del></del>				_	
				1												
42	A == = = = =	tion of ocate that t	onen hefere	L				_				-	142			
43 44		ation of costs that b dd amounts in colu	-			to renoi	rt						43		_	