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Department of the Treasury Internal Revenue Service

For the 2010 calendar year, or tax year beginning

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

and ending

2010

Open to Public Inspection

В	Check if applicable Address change	C Name of organization Greater Flint Mental Health Facilities, Inc.		D Employer id	entification number				
H	•	Doing Business As		23-717	70447				
	Name change	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone nu					
	Initial return	P.O. Box 1145			32-0175				
	Terminated	City or town, state or country, and ZIP + 4							
X	Amended return	Flint MI 48501		G Gross receipts \$ 564, 43					
$\overline{\Box}$	Application pending	F Name and address of principal officer							
Ш	Application periority	Robert Reid	H(a) Is this a g	group return for affiliates	[?] Yes X No				
		307 E. Court St.	H(b) Are all a	affiliates included?	Yes No				
		Flint MI 48502	If "Ne	lo," attach a list (see	e instructions)				
ī	Tax-exempt statu	us X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527							
<u>J</u>	Website: ► 1	NONE	H(c) Group e	exemption number	<u> </u>				
ĸ	Form of organization	X Corporation Trust Association Other ► L	Year of formation 1	.970 M Sta	ite of legal domicile MI				
<u> </u>	Part I Su	ummary							
	1 Briefly de	escribe the organization's mission or most significant activities							
ģ	See	Schedule O							
and									
Activities & Governance		_							
Š	2 Check th	his box $ ightharpoonup$ if the organization discontinued its operations or disposed of more than 2	5% of its net ass	sets .					
છ જ	3 Number	of voting members of the governing body (Part VI, line 1a)		3 5					
es	4 Number	of independent voting members of the governing body (Part VI, line 1b)		4 5					
<u> </u>	5 Total nui	mber of individuals employed in calendar year 2010 (Part V, line 2a)		5 0					
턍	6 Total nui	mber of volunteers (estimate if necessary)		6 0					
_		related business revenue from Part VIII, column (C), line 12		7a					
	b Net unre	elated business taxable income from Form 990-T, line 34		7b	0				
			Prior Yea		Current Year				
<u>a</u>	8 Contribu	itions and grants (Part VIII, line 1h)		2,000					
nue	9 Program	service revenue (Part VIII, line 2g)		8,297	554,091				
Revenue	10 Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)	1.	0,886	10,339				
<u> </u>	11 Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							
	12 Total rev	venue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	441	1,183	564,430				
		ınd sımılar amounts paid (Part IX, column (A), lines 1–3)							
	14 Benefits	paid to or for members (Part IX, column (A), line 4)							
S	15 Salaries,	, other compensation, employee benefits (Part-IX,-column-(A),-lines.5-1.0)							
Expenses	16a Professi	onal fundraising fees (Part IX, column (A), line 11eRECEIVED							
ĝ	b Total fun	(D 11)() (D) 1 (OST)							
ú	17 Other ex	penses Add lines 13-17 (must equal Part IX; column (A), line 25)		7,260	420,803				
	18 Total exp	penses Add lines 1317 (must equal Part IXColumn (Å), line 25)		7,260	420,803				
	19 Revenue	e less expenses Subtract line 18 from line 12	3.	9 	<u>143,627</u>				
s or	<u>88</u>	I OGDEN, UY I	Beginning of Cur		End of Year				
Net Assets or	20 Total ass	sets (Part X, line 16)		5,992	7,610,787				
et	21 Total liab	bilities (Part X, line 26)		7,939	994,032				
		ets or fund balances Subtract line 21 from line 20	6,43	8,053 <u> </u>	<u>6,616,755</u>				
_	Part II Si	ignature Block							
		perjury, I declare that I have examined this return, including accompanying schedules and statements		f my knowledge and	l belief, it is				
	rue, correct, and co	omplete Declaration of preparer (other than officer) is based on all information of which preparer has	any knowledge	 					
	.			,					
	J	Signature of officer		Date 🕰	10/m				
He	ere	Robert J. Reid Chair	man		- 1				
_		Type or print name and title							
; 	-	pe preparer's name Preparer's signature	Date	Checkif					
; Pa	mema	el J. Frawley		1/12 self-employed					
))	eparer Firm's r			Firm's EIN > 3	8-2706146				
) US	e Only	4468 Oak Bridge Dr.	ļ	<u> </u>	0 700 000				
		address ▶ Flint, MI 48532-5422	<u>_</u>	Phone no 81	<u>0-732-3000</u>				
		ss this return with the preparer shown above? (see instructions)			X Yes No				
Fo DA		eduction Act Notice, see the separate instructions.			Form 990 (2010)				

	<u>Greater Flint Me</u>		<u>23-71704</u>	<u>47 </u>	Page 2
	atement of Program Ser		ation in this Dart III		
	be the organization's mission	ins a response to any que	estion in this Part III	 	X
Briefly describ See Sche					
		•			
D 14h				41	
prior Form 99		nt program services during the year	ar which were not listed on	tne	Yes X No
•	cribe these new services on Sch	nedule O			
		ake significant changes in how it	conducts, any program		
services?					Yes X No
	cribe these changes on Schedu				
		for each of the organization's three ection 4947(a)(1) trusts are require	- · · ·	•	
		ny, for each program service repo		grants and anocations to	
4a (Code		420,803 including grants) (Revenue \$,
		ALTH FACILITIES,		ES AS	
		ANIZATION, A SUP		TON	
		COUNTY, A POLIT N, IN THE OPERAT		TON	
		AL HEALTH SERVIC			
_					
4b (Code ⁻) (Expenses \$	including grants	of \$) (Revenue \$)
		•			
• ••					
• •	•				
-					
٠					
		•	•		
4c (Code ⁻) (Expenses \$	including grants	of \$) (Revenue \$)
	•				
	• •	•			
-					
-					
			••		
d Other progres	m services (Describe in Sched	ule O)			
Expenses \$		cluding grants of \$) (Revenue	\$)
	m service expenses	420,803	/ (1.0.0		
NA					Form 990 (2010)

			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? (see instructions)	_ 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		v
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	<u> </u>		<u>X</u>
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			- 21
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	٣		21
•	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,	Ť		
	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	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9	1	X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-			
	endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		ĺ	
	complete Schedule D, Part VI	11a	Х	
b	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	11b		X
С	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	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_X
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	, , , , ,	14a		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			3.7
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			3.5
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			v
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		_X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			v
20-2	If "Yes," complete Schedule G, Part III	19	-	X
20a b	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Λ
IJ	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note . Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		
	i omi 300 mera triat operate one or more nospitals must attach audited financial statements (see instructions)	200		

Form 990 (2010) Greater Flint Mental Health
Part 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	<u> </u>	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States					
	on Part IX, column (A), line 2? 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					
	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					
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 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				i	
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I			25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior					
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?					
	If "Yes," complete Schedule L, Part I			25b		<u>X</u>
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		<u>X</u>
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)				-	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete					3.5
_	Schedule L, Part IV			28b		_X_
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			00-	.	v
29	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M			20		v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			30		<u>X</u>
01	Part I			31		v
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			31		_X
-	complete Schedule N, Part II			32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			- 52		
-	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I			33	Ì	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		Χ
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			35		X
а	Did the organization receive any payment from or engage in any transaction with a			-		. 41
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,					
	Part V, line 2	Yes	X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		ا ۲۰۰۰ ت			
	related organization? If "Yes," complete Schedule R, Part V, line 2			36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization					
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,					
	Part VI			37		Χ
38	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			38	Х	
					000	

Γ¢	Check if Schedule O contains a response to any question in this Part V			
	Chican in School of Contains a response to any question in this rait v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			-110
þ	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			
	reportable gaming (gambling) winnings to prize winners?	1c		
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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			-
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
b	account)? If "Yes," enter the name of the foreign country. ▶	4a		X
b	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	}		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	50		v
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	50		
	organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Χ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h		X
Ū	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			_21
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		i	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note. See the instructions for additional information the organization must report on Schedule O			
þ	Enter the amount of reserves the organization is required to maintain by the states in which		j	
С	the organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b 13c	\dashv		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		
~	, provide an experimental paymental in the provide an explanation in defiedule of			

State the name, physical address, and telephone number of the person who possesses the books and records of the

4468 OAK BRIDGE DRIVE

MI 48532

Form **990** (2010)

FLINT

organization ▶ YEO & YEO, PC, CPA'S

20

DAA

Form **990** (2010)

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

Check if Schedule O contains a response to any question in this Part VII

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.
- 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, if any 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

X Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per	Posi	ition (chec	 C)	that a	pply)	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) ROBERT J. REID		1,,		.,						
CHAIRMAN	0.00	X	<u> </u>	X	<u> </u>			0	0	0
(2) HARRIETT KENWORT		٦,		1,7					0	
SECRETARY (3) WILLIAM WINIARSH	0.00	X_	┢	X	├	╆	 -	0	0.	0
• •		1 37								0
DIRECTOR (4) MITCHELL DECAMP	0.00	X	\vdash	-	├—	├		0	0	0
•	0.00	X		Х				0	0	0
TREASURER (5) JEAN NEWMAN	0.00	-^-		Δ	 —		_			
DIRECTOR	0.00	$ _{\mathbf{X}}$				Ì		0	0	0
(6)	0.00	^	-		 	╁	 	<u> </u>	<u>_</u>	
(6)										
(7)			-							
(8)		 				 				
(9)		 								
(10)	<u> </u>	 								
(11)										
(12)					-		<u> </u>			
(13)		\vdash	-	\vdash						
(14)		\vdash			-				<u> </u>	
(15)		\vdash		-	_					
(16)		\vdash		-						

Form	990.(2010) Greater I								23-717				Page 8
Pai	t VII Section A. Officers	, Directors, Tru	stee	s, Ke	y Er	nplo	yee	s, ar	nd Highest Compensated	Employees (continued)			
	· (A) Name and Title	and Title Average Position (check all that apply)						,	compensation	(E) Reportable compensation from		(F) stimated	
			Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	com fr orga and	other pensation the anization d relate	ion on d
(17)													
(18)													
(19)			 		ļ								
(20)							 						
(21)	·												
(22)													
(23)											.		
(24)													
(25)													
(26)													
(27)													
(28)	•									-			
1b	Sub-total	1				<u> </u>		>					
c d	Total from continuation shee Total (add lines 1b and 1c)	ets to Part VII, S	ectio	on A				>					
2	Total number of individuals (ir reportable compensation from	-			thos	e lıs	ted a	abov	ve) who received more than	\$100,000 in			
3	Did the organization list any fo				rusta	e k	ev e	mpk	ovee or highest compensati	ted		Y	es No
4	employee on line 1a? If "Yes," For any individual listed on lin organization and related organ	complete Schee	dule of re	J for	suc able	h ind	dividu pens	ual satio	on and other compensation	from the		3	X
5	Individual Did any person listed on line 1 for services rendered to the or	rganization? If "Y								rındıvıdual		5	X
_ <u>Sec</u>	tion B. Independent Contract Complete this table for your fi	ve highest comp	ensa	ted	ınde	pend	lent o	cont	ractors that received more	than \$100,000 of			
	compensation from the organi	(A) business address							Descrip	(B) tion of services		Comp	C) ensation
2	Total number of independent received more than \$100,000		_						ose listed above) who	0			
DAA					- 3						F	orm 9	90 (2010)

"Pa	art V	III Statement of Reve	enue		<u> </u>		23 /1/044/		Page 9
1						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
s, grants	1a b c	Federated campaigns Membership dues Fundraising events	1a 1b			,	TOVOTIGE		312, 313, 01 314
Contributions, gifts, grants and other similar amounts	d e f	Related organizations Government grants (contributions) All other contributions, gifts, grants,	1d 1e						
	g h	and similar amounts not included above Noncash contributions included in lines 1a- Total. Add lines 1a-1f	1f \$.	\$ 8 0 4 4 1			
Program Service Revenue	2a b c	Rental Income Income for repairs	and re	nov.	Busn. Code	404,091 150,000	404,091 150,000		
Program Ser	1	All other program service reve	nue			554 001			
_	<u>g</u> 3	Total. Add lines 2a–2f Investment income (including	dıvidend	ls. intere	st	554,091	<u>}*</u>	*	
	4	and other similar amounts) Income from investment of tax			•	10,339	10,339		
	5 6a	Royalties (i) Real Gross Rents		(II) P	ersonal	\$ \		*	
	b d	Less rental exps Rental inc or (loss) Net rental income or (loss)							
	7a	73 Gross amount from		Other	* 50 S		·	<i>*</i>	
	С	b Less cost or other basis & sales exps c Gain or (loss)				;			
enu		Net gain or (loss) Gross income from fundraising eve (not including \$	nts				<i>*</i>	Mark Land	
Other Revenu		of contributions reported on line 1c) See Part IV, line 18	a						
₽		Less direct expenses Net income or (loss) from fund	b _ Iraising €	events					- 10
	9a	Gross income from gaming activitie See Part IV, line 19	s a						
		Less direct expenses Net income or (loss) from gam	b ung activ	/ities	•				
		Gross sales of inventory, less returns and allowances	a			¢		7 	
		Less cost of goods sold Net income or (loss) from sale			•			*	
	11a	Miscellaneous Revenue	1		Busn. Code				
	b								
	c	:·							
	d								
		Total revenue. See instruction	IS		>	564,430	564,430	0	0
									Form 990 (2010)

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)

		(A) Dut a			
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in	· 			
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				· · · · · · · · · · · · · · · · · · ·
Ŭ	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,	w			
3					•
_	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)			<u></u>	· · · · · · · · · · · · · · · · · · ·
7	Other salaries and wages				· · · · · · · · · · · · · · · · · · ·
8	Pension plan contributions (include section 401(k)			İ	
_	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
þ	Legal				
C	Accounting	9,013	9,013		
d	Lobbying				·
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	2,700	2,700		
14	Information technology .				
15	Royalties .		<u> </u>		
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses			-	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	70,167	70,167		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	312,746	312,746		
23	Insurance				
24	Other expenses Itemize expenses not covered	*			-
	above (List miscellaneous expenses in line 24f If	,			
	line 24f amount exceeds 10% of line 25, column	•			
	(A) amount, list line 24f expenses on Schedule O)				
а	EQUIPMENT RENTAL	10,532	10,532		
b	OVERAGE-RENT OVER EXP.	6,312	6,312		
C	DONATIONS	5,000	5,000		
d	TAXES-REAL ESTATE	3,378	3,378		
е	AMORTIZATION	262	262		······································
f	All other expenses	693	693		
25	Total functional expenses. Add lines 1 through 24f	420,803	420,803	0	0
26	Joint costs. Check here ▶ If following		- /		
	SOP 98-2 (ASC 958-720). Complete this line				
	only if the organization reported in column (B) joint costs from a combined educational				
	campaign and fundraising solicitation				

Р	art >	(Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing	500	1	1,101
	2	Savings and temporary cash investments	45,401	2	73,339
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of Schedule L		5	<u>-</u>
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
' 0	ł	employees' beneficiary organizations (see instructions)		6	,
Assets	7	Notes and loans receivable, net	· · · · · · · · · · · · · · · · · · ·	7	
SS	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 12,742,785			
	b	Less accumulated depreciation 10b 5,615,895	7,224,691	_10c	7,126,890
	11	Investments—publicly traded securities	365,017	11	409,336
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets	383	14	121
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	7,635,992	16	7,610,787
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue	46,610	19	19,233
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
эþі		employees, highest compensated employees, and disqualified persons			
Ë		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	1,151,329	23	974,799
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,197,939	26	994,032
es		Organizations that follow SFAS 117, check here ▶ X and complete			
2		lines 27 through 29, and lines 33 and 34.	<u></u>		^
<u>=</u>	27	Unrestricted net assets	6,438,053	27	6,616,755
m	28	Temporarily restricted net assets		28	
ם	29	Permanently restricted net assets		29	
교		Organizations that do not follow SFAS 117, check here ▶ ☐ and			
ō		complete lines 30 through 34.	**		
ţ	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
et	33	Total net assets or fund balances	6,438,053	33	6,616,755
z	34	Total liabilities and net assets/fund balances	7,635,992	34	7,610,787

orm	1990 (2010) Greater Flint Mental Health 23-7170447			Pa	ge 12					
Pa	rt XI Reconciliation of Net Assets		-							
	Check if Schedule O contains a response to any question in this Part XI				X					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5	64,	<u>430</u>					
2	Total expenses (must equal Part IX, column (A), line 25)									
3	Revenue less expenses. Subtract line 2 from line 1									
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))									
5	Other changes in net assets or fund balances (explain in Schedule O)	5		35,	075					
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,									
	column (B))	6	6,62	16,	<u> 755</u>					
Pa	rt XII Financial Statements and Reporting									
	Check if Schedule O contains a response to any question in this Part XII									
				Yes	No					
1	Accounting method used to prepare the Form 990. Cash X Accrual Other									
	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		<u>X</u>					
С	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	_X						
	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 separate basis, consolidated basis, or both									
	X Separate basis Consolidated basis Both consolidated and separate basis				_					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				1					
	the Single Audit Act and OMB Circular A-133?		3a	L	X					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				1					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		1					

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 4947(a)(1) nonexempt charitable trust.

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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I

Greater Flint Mental Health Facilities, Inc.

Employer identification number 23-7170447

The	orgar	nization is not	a priva	ate founda	tion becaus	e it is: (For lines 1 through 1	1, check on	ly one box	()						
1						·		•	-						
2	П	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 connective hospital service organization described in section 170(b)(1)(A)(iii)													
3			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,												
4			-		•	•				\/1\/ & \/i	ii) Ente	ar the h	nenital'e	nama	
•		city, and stat	·												
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in													
J	Ш	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															
7						substantial part of its suppor	t from a gov	ernmenta	I unit or t	from the	genera	al public	•		
	$\overline{}$					omplete Part II)									
8	Щ	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership focus and gross													
9	\Box	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross													
	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its														
	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses														
		acquired by t	he orga	anization a	after June 3	0, 1975 See section 509(a)	(2). (Comple	ete Part II	l)						
10		An organizat	ion org	anized and	d operated e	exclusively to test for public :	safety. See	section 5	09(a)(4).						
11	X	An organizat	ion orga	anized and	d operated e	exclusively for the benefit of,	to perform	the function	ons of, or	to carry	out the	е			
	_	purposes of	one or i	more publi	icly support	ed organizations described i	n section 50	9(a)(1) or	section	509(a)(2	2). See	section	1		
		509(a)(3). Ch	eck the	e box that	describes tl	he type of supporting organiz	zation and c	omplete li	nes 11e	through	11h				
		a Type		b	Type II	c Type III–Funct			_	Х Тур		her			
е	X	By checking	this bo	x. I certify					,				าร		
	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)														
	other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).														
f															
•		organization,						, 1 ypo 11,	or Type	ш оаррс	,g				
_		_			ne organizat	tion accepted any gift or con	tribution from	n any of t	ho						
g		following per			ic organiza	non accepted any gift of con	inbullon noi	ii ariy Or i	10						
					andironthi on	ntrolo oither alone ar teacth	th mare	d	ا سالممطن					Г	- N-
				-	-	ontrols, either alone or togeth	ier with pers	ons desci	ibea in (ii) and					Yes No
				-	=	supported organization?								11g(i)	X
						ped in (i) above?								11g(II)	X
				_		lescribed in (i) or (ii) above?								[11g(III)]	X
<u>n</u>			<u>tollowir</u> T			ne supported organization(s)					·				
(1)		of supported	Ì	(ii) EIN	ı	(iii) Type of organization (described on lines 1–9		organization listed in your	(v) Did y the organ	•	(vi) l organizat	ls the	(VII) Amou	
	Orga	anization				above or IRC section		document?	col (I)			zed in the		suppor	ι
						(see instructions))	<u> </u>	1	supp	ort?	U:	S ?			
			<u> </u>				Yes	No	Yes	No	Yes	No			·
(A)	Ge	nesee (l Health-Genes		ınty-1		Lgan					
			38	<u>3-6004</u>	1849	6	X		X		X				
(B)															
								ļ							
(C)															
(D)				 				1			-				
ر ت															
(E)															-
			_			·								_	
_	_														
<u> Fota</u>	<u> </u>		l			·			<u> </u>		L	<u> </u>			

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 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 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2006 (b) 2007 (c) 2008(d) 2009 (e) 2010 (f) Total Amounts from line 4 Gross income from interest, dividends, 8 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 carried 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 à 12 Gross receipts from related activities, etc. (see instructions) 12 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) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2009 Schedule A, Part II, line 14 15 33 1/3% support test-2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2009. 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—2010. 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 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	quality diluct	the tests liste	d below, pieds	e complete i a	art 11.)	
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")			.,,			(4) - 510.
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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from	Ž.					
	line 6)						
	tion B. Total Support ndar year (or fiscal year beginning in) ▶	4 > 0000	4) 0007	(),,,,,,			
		(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			· · · · · · · · · · · · · · · · · · ·			
С	Add lines 10a and 10b			····			
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the	organization's firs	t, second, third, foi	urth, or fifth tax yea	ar as a section 501	(c)(3)	
	organization, check this box and stop here			<u>.</u>			▶ □
	tion C. Computation of Public Su						
15	Public support percentage for 2010 (line 8		•	n (f))		15	%_
16	Public support percentage from 2009 School					16	<u> %</u>
	tion D. Computation of Investme		•			1,-1	
17 18	Investment income percentage for 2010 (li		•	, column (f))		17	<u>%</u>
10 19a	Investment income percentage from 2009 33 1/3% support tests—2010. If the organ			14 and line 15 :-	more than 22 1/05		%
. 50	17 is not more than 33 1/3%, check this bo						▶ [
b	33 1/3% support tests—2009. If the organ						
-	line 18 is not more than 33 1/3%, check th						▶ □
20	Private foundation. If the organization did						

Schedule A (Form 990 or 990-EZ) 2010 Greater Flint Mental Health 23-7170447

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any 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.

OMB No 1545-0047 2010 Open to Public

Inspection

	e of the organization	Employer identification number			
G	reater Flint Mental Health	į			
	Facilities, Inc.		<u>23-7</u>	170447	
Pa	Organizations Maintaining Donor Advised Fur organization answered "Yes" to Form 990, Part	nds or Other Similar Funds or A IV, line 6.	Account	s. Complete if the	
		(a) Donor advised funds	(b)	Funds and other accounts	
1	Total number at end of year				
2	Aggregate contributions to (during year)		· ·		
3	Aggregate grants from (during year)				
4	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 exclu	usive legal control?		Yes No	
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be used			
	only for charitable purposes and not for the benefit of the donor or dono	or advisor, or for any other purpose			
	conferring impermissible private benefit?			Yes No	
Pa	art II Conservation Easements. Complete if the orga		<u>m 990, F</u>	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check	all that apply)			
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically imp	•		
	Protection of natural habitat	Preservation of a certified historic	c structure		
_	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conser	vation contribution in the form of a conse	ervation		
	easement on the last day of the tax year.		[<u>-</u>	
				Held at the End of the Tax Year	
a			2a		
b	• • • • • • • • • • • • • • • • • • • •		2b		
C		• •	2c	· · · · · · · · · · · · · · · · · · ·	
d		ob, and not on a			
2	historic structure listed in the National Register	horaconahad ay tawa watad bo the accessor	2d _		
3	Number of conservation easements modified, transferred, released, extended tax year ►	linguished, or terminated by the organizat	tion during	tne	
4	•	agested N			
5	Number of states where property subject to conservation easement is longer than organization have a written policy regarding the periodic monitorial property.				
•	violations, and enforcement of the conservation easements it holds?	toring, inspection, nationing of		□ vee □ Ne	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce	ing conservation easements during the w	oor	Yes No	
٠	b	ing conservation easements during the ye	eai		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing c	conservation easements during the year			
-	▶\$	oncorvation occomonic daming the year			
8	Does each conservation easement reported on line 2(d) above satisfy the	he requirements of section 170(h)(4)(B)			
	(i) and section 170(h)(4)(B)(ii)?			Yes No	
9	In Part XIV, describe how the organization reports conservation easeme	ents in its revenue and expense statemer	nt. and		
	balance sheet, and include, if applicable, the text of the footnote to the			ne	
	organization's accounting for conservation easements.				
Pa	ort III Organizations Maintaining Collections of Art,		Similar /	Assets.	
	Complete if the organization answered "Yes" to				
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), no			eet	
	works of art, historical treasures, or other similar assets held for public		erance of		
	public service, provide, in Part XIV, the text of the footnote to its financia				
þ	If the organization elected, as permitted under SFAS 116 (ASC 958), to	•			
	works of art, historical treasures, or other similar assets held for public of	exhibition, education, or research in furthe	erance of		
	public service, provide the following amounts relating to these items		_	_	
	(i) Revenues included in Form 990, Part VIII, line 1		•	\$	
_	(ii) Assets included in Form 990, Part X		▶	\$	
2	If the organization received or held works of art, historical treasures, or		ovide the		
_	following amounts required to be reported under SFAS 116 (ASC 958) i	relating to triese items		Ф	
	Revenues included in Form 990, Part VIII, line 1		P	\$	
	Assets included in Form 990, Part X			\$ Sabadula D (Farm 000) 0040	

Sche	dule D (Form 990) 2010 Greater Fil	<u>lint Mental</u>	<u> Health </u>		<u> </u>	<u> </u>		Page 2
Pa	ert III Organizations Maintaining	Collections of Art	, Historical Trea	sures, o	r Other S	imilar Assets	s (continue	d)
3	Using the organization's acquisition, accession collection items (check all that apply)	n, and other records, ch	eck any of the follow	ng that are	a significan	t use of its		
а	Public exhibition	d Loan	or exchange prograr	ns				
b	Scholarly research	e Othe	•					
c	Preservation for future generations							
4	Provide a description of the organization's colle	ections and explain how	they further the orga	anization's	exempt purp	ose in Part		
	XIV		and taranta and orga		p. pp			
5	During the year, did the organization solicit or i	receive donations of art	historical treasures	or other su	mılar			
•	assets to be sold to raise funds rather than to l				iiiai		Yes	No
Pa	art IV Escrow and Custodial Arra				swered "Y	es" to Form		
	line 9, or reported an amour			alloll all	o.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	100 101 01111	000, r are i	٠,
1a	Is the organization an agent, trustee, custodiar	i		her assets	not			
	included on Form 990, Part X?	101 outor intermediary	or continuations of ot	nor addets	1101		Yes	No
h	If "Yes," explain the arrangement in Part XIV a	nd complete the follows	na tahla					
-	Troo, explain the arrangement in rate XIV a	na complete the lonown	ig table				Amount	
_	Beginning balance					1c	7 HIIIOGIN	
4	Additions during the year					1d		
u	Distributions during the year					1e		
4	Ending balance					1f		
20	_	000 Bort V Ivaa 010						<u> </u>
	Did the organization include an amount on For	m 990, Part X, line 217					∐ Yes	∐ No
	If "Yes," explain the arrangement in Part XIV Endowment Funds. Complete	ote if organization	ancwored "Vee"	to Form	000 Port	IV line 10		
Га	Lindowine it i unds. Comple	(a) Current year	(b) Prior year			(d) Three years ba	ck (e) Four yea	are back
1.	Reginning of year halance	(a) Odirent year	(b) I not year	(0) 140	rears back	(d) Tillee years ba	CN (e) i odi yez	als Dack
la h	Beginning of year balance Contributions			 			+	·
0				<u> </u>		·	+	
C	Net investment earnings, gains, and	i				4		
_	losses Grants or coholorabine					* *		
u	Grants or scholarships			 			+	
е	Other expenditures for facilities and]		Ĭ				
	programs							
-	Administrative expenses		·- <u>-</u>					
g	End of year balance			<u> </u>				
2	Provide the estimated percentage of the year							
a	Board designated or quasi-endowment	%						
b	Permanent endowment ▶ %							
-	Term endowment ▶ %							
За	Are there endowment funds not in the possess	sion of the organization	that are held and adn	ninistered f	or the		<u></u>	T
	organization by.						Ye	s No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	
Ь	If "Yes" to 3a(II), are the related organizations I						3b	i
4_	Describe in Part XIV the intended uses of the o							
Pa	rt VI Land, Buildings, and Equip							
	Description of investment	(a) Cost or other basis	(b) Cost or other	basis	(c) Accum	ŀ	(d) Book valu	ne
		(investment)	(other)		depreci	ation		
1a	Land .			,669			1,114	
þ	Buildings		11,628	,116	5,6	15,895	<u>6,012</u>	<u>,221</u>
C	Leasehold improvements							
d	Equipment							
	Other	L						_
Tota	I. Add lines 1a through 1e (Column (d) must eq	ual Form 990, Part X, c	olumn (B), line 10(c).	}		▶	7,126	890

	m 990) 2010 Greater Flint Mental		23-/1/044/	Page :
Part VII	Investments—Other Securities. See Form 99	0, Part X, line 12		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method (Cost or end-of-ye	
(1) Financial de	rivatives			
(2) Closely-held	equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				· -
(F)				
(G)				
(H)				
(1)				
	b) must equal Form 990, Part X, col (B) line 12)	1		
	Investments—Program Related. See Form 99	00 Part X line 13		<u> </u>
2000. 100 V.	(a) Description of investment type	(b) Book value	(c) Method of Cost or end-of-ye	
(1)				
(2)				
(3)		<u> </u>		
(4)				
(5) (6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (t	b) must equal Form 990, Part X, col (B) line 13)		THAT WE THE	
Part IX (Other Assets. See Form 990, Part X, line 15.		·	
	(a) Description			(b) Book value
(1)	·			
(2)				
(3)		 		
(5)			 	
(6)				
(7)				
(8)				
(9)				
(10)				
	b) must equal Form 990, Part X, col (B) line 15)		▶	
Part X (Other Liabilities. See Form 990, Part X, line 2	5		
1.	(a) Description of liability	(b) Amount		
(1) Federal inc	ome taxes			
(2)			_34.6 ₆	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)		1		
(9)		1		Ye.
10)		1		
11)				January 1887 - AS
Total. (Column (b	o) must equal Form 990, Part X, col (B) line 25)			

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Part XI	Sche	dule D (Form 990) 2010 Greater Flint Mental Health	23-717044	17	Page 4
2 Total expenses (Form 990, Part IX, column (A), line 25) 3 Excess or (deficit) for the year Subtract line 2 from line 1 4 Net unrealized gams (kosses) on investments 4 A 5 Donated services and use of facilities 5 (a b colored services and use of facilities 6 (a c c c c c c c c c c c c c c c c c c	Pa	rt XID Reconciliation of Change in Net Assets from Form 990 to	Audited Financial States	nents	
Excess or (laffert) for the year Subtract line 2 from line 1	1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
Net unrealized gains (losses) on investments 5 5 6 6 6 6 6 6 6 6	2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
5 Donated services and use of facilities 5 6 7 7 7 7 7 7 7 7 7	3	Excess or (deficit) for the year Subtract line 2 from line 1		3	
6 Investment expenses 7 Prior period adjustments 7 Prior period adjustments 8 Chiter (Describe in Part XIV.) 8 B 9 Total adjustments (net) Add lines 4 through 8 9 Total adjustments (net) Add lines 4 through 8 9 Total adjustments (net) Add lines 4 through 8 10 Excess or (defect) for the year per audited financial statements Combine lines 3 and 9 10 Part XII Reconcilitation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 1 Not interest and use of facilities 2 Donated services and use of facilities 2 Recoveries of prior year grants 2 C C Recoveries of prior year grants 2 C C C Recoveries of prior year grants 2 C C C C Recoveries of prior year grants 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 C Add lines 4 and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XIII: Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return 1 Total revenue add lines 3 and 4c. (This must equal Form 990, Part II, line 12.) 5 Donated services and use of facilities 4 Amounts included on line 1 but not on Form 990, Part IX, line 25 5 Donated services and use of facilities 5 Prior year adjustments 6 Other (Describe in Part XIV) 6 Add lines 2a through 2d 7 Add lines 2a through 2d 7 Add lines 2a through 2d 8 Subtract line 2e from line 1 8 Amounts included on Form 990, Part IX, line 25, but not on line 1: 9 Investment expenses not included on Form 990, Part IVIII, line 7b 9 Other (Describe in Part XIV) 9 Add lines 2a and 4b 1 Amounts included on Form 990, Part IVIII, line 7b 1 C Add lines 4a and 4b 1	4	Net unrealized gains (losses) on investments		4	
7 Prior period adjustments 8 Other (Describe in Part XIV.) 9 Total adjustments (net) Add lines 4 through 8 9 Total adjustments (net) Add lines 4 through 8 10 Excess or (deflict) for the year per audited financial statements Combine lines 3 and 9 10 Excess or (deflict) for the year per audited financial statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 1 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants c Other (Describe in Part XIV) c Add lines 2 a through 2d 3 Subtract line 2e from line 1 3 Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses and bases per audited financial statements 4 Amounts included on Form 990, Part VIII, line 7b 4 Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Total expenses and losses per audited financial statements C Other losses 2 Donated services and use of facilities b Prior year adjustments C Other losses 2 Donated services and use of facilities b Prior year adjustments C Other losses 1 Other (Describe in Part XIV) 4 Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IVIII, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IVIII, line 7b 4 Other (Describe in Part XIV) 4 Dother (Describe in Part XIV) 4 Dother (Describe in Part XIV) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part IVI, line 18)	5	Donated services and use of facilities		5	
8 Cither (Describe in Part XIV.) 9 Total adjustments (net) Add lines 4 through 8 9 10 Excess or (deficil) for the year per audited financial statements Combine lines 3 and 9 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on From 990, Part VIII, line 12 a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of pror year grants d Cither (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Chef (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XIII Feconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial Statements With Expenses per Return 1 Total expenses and losses per audited financial Statements With Expenses per Return 1 Total expenses and losses per audited financial Statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 b Prior year adjustments c Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part IX, line 7b b Other (Describe in Part XIV) c Add lines 2a and 4b for High and the Part XIV III and the Part XI	6	Investment expenses		6	
9 Total adjustments (net) Add lines 4 through 8 10 Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9 10 Part XII Reconcillation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV) d Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses and losses per audited financial statements 2 Amounts included on Ine 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses c Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Ine 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part IV, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Total expenses not included on Form 990, Part IV, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	7	Prior period adjustments		7	
Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9 10	8	Other (Describe in Part XIV.)		8	
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 3 Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part I, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses and losses per audited financial statements 1 Total expenses and losses per audited financial statements 2 Donated services and use of facilities 3 Donated services and use of facilities 4 Donated services and use of facilities 5 Prior year adjustments 2 Donated services and use of facilities 4 Donated services and use of facilities 5 Donated services and use of facilities 5 Donated services and use of facilities 6 Donated services and use of facilities 7 Donated services and use of facilities 8 Donated services and use of facilities 9	9	Total adjustments (net) Add lines 4 through 8		9	
1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XIII\subset Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments C Other losses d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part IX, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9)	10	
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Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 4c 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 4c 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 4c 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 4c 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 4c 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 4c 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	е	Add lines 2a through 2d		2e	
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 1 Total expenses and use of facilities 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2 Donated services and use of facilities 2 Cother losses 4 Other (Describe in Part XIV) 6 Add lines 2a through 2d 7 Subtract line 2e from line 1 7 Amounts included on Form 990, Part IX, line 25, but not on line 1: 8 Investment expenses not included on Form 990, Part VIII, line 7b 9 Other (Describe in Part XIV) 9 C Add lines 4a and 4b 9 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 9 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	3	Subtract line 2e from line 1		3	
b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XIIN Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5	4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2 b Prior year adjustments c Other losses d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5	а	Investment expenses not included on Form 990, Part VIII, line 7b	4a]]	
Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Fart XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIV) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	b	Other (Describe in Part XIV)	4b]	
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5	С	Add lines 4a and 4b		4c	
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a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 2a 2b 2b 2c 4a 4e 5	1	Total expenses and losses per audited financial statements		1	
b Prior year adjustments c Other losses d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 2b 2c 3c 4c 4c 5	2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
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d Other (Describe in Part XIV) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	b	Prior year adjustments	2b	. ∐	
e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 2e 4a 4a 4b 4c	С	Other losses	2c	4	
3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5	d	Other (Describe in Part XIV)	2d		
Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5	е	Add lines 2a through 2d		2e	
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5	3	Subtract line 2e from line 1	1 3	3	
b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5	4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		, ,	
c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5		•	4a	↓	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	b	Other (Describe in Part XIV)	4b	↓	
	С			 	
				5	

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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

Greater Flint Mental Health Facilities, Inc.

Employer identification number 23-7170447

Amended Return Explanation

Return is being amended due to original income being understated due to a receipt from Genesee County Community Mental Health in the amount of \$150,000. Receipt was picked up as a payable and repairs and renovations done were applied against it. Books had to be changed and \$150,000 picked up as income and repairs and renvoations were expensed or capitalized due to State of Michigan review of Genesee County Community Mental Health records. These changes also changed the overage expense for the amount of rent income versus expenses.

Form 990-page 1-Part I -line 9 - Program service revenue incr.-\$158,732.

Form 990-page 1-Part I-line 17 - Other expenses increased - \$8,732.

Form 990-page 1-Part I-line 20-Total assets increased - \$111,267.

Form 990-page 1-Part I-line 21-Total liabilities decreased - \$38,733.

Form 990-page 1-Part I-line 22-Net assets increased by - \$150,000.

Form 990-page 2-Part III-line 4a-Expenses increased by - \$8,732.

Form 990-page 9-Part VIII-line 2a-Rental income incr. by 8,732.

Form 990-page 9-Part VIII-line 2a-(NEW)line-Income for repairs and renovations-GCCMH-Addl. income-\$150,000.

Form 990-page 9-Part VIII-Total revenue increased by \$158,732.

Form 990-page 10-Part IX-line 22-Deprec. expense increased by \$2,210.

Form 990-page 10-Part IX-line 24-(NEW) line-overage incr. by \$6,312.

Form 990-page 10-Part IX-line 24f-Other expenses increase by \$210.

Form 990-page 11-Part X-line 10c-Net buildings/equipment incr. by \$111,267.

Form 990-page 11-Part X-line 17-Accounts payable decreased by \$36,313.

Form 990-page 11-Part X-line19-Def. revenue decreased by \$2,420.

Form 990-page 11-Part X-line27-Unrestricted net assets incr. by \$150,000. Form 990-page 12-Part XI-line 1-Total revenue incr. by \$158,732. Form 990-page 12-Part XI-line 2-Total expenses incr. by \$8,732. Form 990-Sch.D-Part VI-line1-Total land-buildings incr by \$111,267.

Form 990 - Organization's Mission or Most Significant Activities

The Greater Flint Mental Health Facilities, Inc. ("MHF") is a Michigan

non-profit corporation which was organized and has, at all times, operated

to provide facilities for the County government of Genesee County,

Michigan, for use in and by way of support of such County's Community

Mental Health Services Program ("Program"). The Program is supported by

the State Department of Mental Health and by the County. MHF was organized

to raise funds to obtain facilities for use in the Program under an

agreement with CMHB. It was found necessary that these facilities be

provided from outside of CMHB because, otherwise, state-matching funds

would have been reduced.

MHF qualifies as a Section 509(a) (3) organization, a supporting organization to Genesee County, a political subdivision of the state of Michigan, in the operation of the County's Community Mental Health Services Program.

MHF operates for the benefit of and to carry out the purposes of the Program by providing services through the (1) leasing of facilities to CMHB, as needed and as requested by CMHB, at below market rentals (2) accumulation of reserve funds to permit acquisition and renovation of facilities for future use by CMHB, in response to requests by CMHB (3) repair and maintenance of leased facilities as requested by CMHB. Rental levels are based on MHF's costs (including current capital acquisition and

Name of the organization

Greater Flint Mental Health

Employer identification number 23-7170447

removation costs as well as projected capital costs based on CMHB's needs) and CMHB's budget for rental costs, as approved by the State Department of Mental Health. To the extent that CMHB's budget for rental costs is reduced, rental charges are reduced or deferred. If CMHB's budget for rental costs were substantially reduced by the State, MHF would provide additional funds to CMHB. For example, if no rental funds were made available to CMHB, MHF would be in a position to provide the facilities on a rent-free basis because its reserve funds would be sufficient to cover operating costs and debt service.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The Organization reviews the Form 990 at their regularly scheduled board meeting before the Form 990 is filed with the IRS.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Documents are available upon request and also on websites such as Charity Navigator and Guidestar.com.

Form 990, Part XI, Line 5 - Other Changes in Net Assets Explanation UNREALIZED GAIN ON INVESTMENTS

Forms 990-PF	Mortgages and Other N	otes Payable		2010
	For calendar year 2010, or tax year beginning	, and ending		
Name			Employer Id	entification Number
Greater Flint	Mental Health			
<u>Facilities</u> ,	Inc.		23-717	0447

Form 990, Part X, Line 23 - Additional Information

E, 64 72 70

Name of lender Relationship to disqualified person Citizens Bank (1) (2)Citizens Bank Citizens Bank (3)Citizens Bank (4)

Citizens Bank (5)Citizens Bank (6)

Citizens Bank (7)Oxford Bank (8)

Citizens Bank (9)Citizens Bank (10)

1 th 1 10 Original amount Maturity Interest borrowed Date of loan Repayment terms date rate (1) 150,000 03/09/05 03/09/10 492 a month till 03/10 6.570 150,000 03/09/05 03/09/10 \$1,492 till 03/10 6.570month (2)150,000 03/09/05 03/09/10 \$1 492 03/10 (3)a month till 6.570 150,000 03/09/05 03/09/10 492 month till 03/10 6.570 (4)\$1, 751 300,000 02/05/98 03/28/08 (5) a month till 03/08 5.550 95,940 \$962 a 05/04/98 03/04/08 month till 03/08 5.555 (6)82,800 07/14/98 (7)03/20/08 \$747 а month till 03/08 5.550 200,000 04/01/05 \$4,000 (8) 11/30/12 a month till 11/12 7.250 164,826 12/11/11 (9) 12/11/06 \$3,313 a month till 12/11.520152,000 12/19/06 12/19/11 \$1,429 a month till 12/11 7.620 (10)

Security provided by borrower Purpose of loan (1) 3218 Refinanced mortgage loan Morrish Road house and land 2162 Stanley Road-house and land Refinanced mortgage (2)loan Refinanced mortgage (3)4226 Beecher Road - house and land loan 11238 N. Elms Road - house and land Refinanced mortgage (4)loan 705 S. Dort Hwy. - Comml. bldg & land Bldg. purchase with improvements (5) 9441 Sprucedale - house and land House purchase with improvements (6)W. Lake Road - house and land House purchase with improvements (7) Improvements to S. Dort Hwy property (8)12228 Dodge/14180 Hogan/1220 W. Lake Refinanced Mortgage Loans (9)4478 N. Vassar Road-house and land New property purchased

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	4,559	
(2)	4,560	
(3)	4,560	
(4)	4,560	
(5)	42,492	10,950
(6)	8,800	
(7)	12,698	3,273
(8)	118,041	76,694
(9)	73,531	38,162
(10)	133,847	126,792
Totals	407,648	255,871

Totals

	•						
. Forn	o . 0 / 990-PF	1	Mor	tgages and Oth	er Notes Payable		2010
99	U / 990-PF	For	calandar year 2010	or tax year beginning	, and ending		2010
Name		1011	calendar year 2010,	or tax year beginning	, and ending	Employer Id	entification Number
	eater Flint			า		. ,	
_	Facilities,	_Inc	·			23-717	0447
E.C	~~ 000 Doz	- T	Time 02	744:+:1	Information		
<u> FO</u>	III 990, Pai	. L A,	Line 23 -	- Additional	<u>Information</u>		
		Name	of lender		Relationship to dis	qualified perso	on
(1)	Citizens Ba	ınk					
	R & R CAR W						
			LTD.				
	R & R CAR W						
(6)	It a It cilt v	VIIDII	EID.				
(7)	· , <u>-</u>						
(8)					:		
(9)							
(10)		. , , ;	7 %		<u> </u>		
	Original amount			Maturity			Interest
	borrowed		Date of loan	date	Repayment terms		rate
<u>(1)</u>	152,0		01/09/07	01/09/12	\$1,429 a month til		
<u>(2)</u>	170,0 150,0		12/19/08	01/01/29 01/01/29	\$1,218 a month unt \$1,075 a month unt		
(3) (4)	151,5		12/19/08 12/19/08	01/01/29 01/01/29	\$1,075 a month unt \$1,085 a month unt	•	
(5)	154,5		12/19/08	01/01/29	\$1,107 a month unt		
(6)		- 			, , , , , , , , , , , , , , , , , , , ,		
(7)							
(8)							
(9) (10)	··· ·						
(10)	* }		٧	***	,	,	<u> </u>
				· · · · · · · · · · · · · · · · · · ·			
			rovided by borrower		Purpose o		· · · · · · · · · · · · · · · · · · ·
	3220 S. Vas				New property purcha		
	8155 Burlei 4069 W. Cou				New property purcha		<u></u>
	7134 Blanke				New property purcha		
	4074 Hender				New property purcha		
(6)					- "		
(7)							
(8) (0)		_					
(9) (10)							
(10)		* %;				 	
					Balance due at	Ва	alance due at
	Conside	eration fu	ırnıshed by lender		beginning of year		end of year
(1)					134,395 165,461		127,385
(2) (3)			· · · · · · · · · · · · · · · · · · ·		145,995		160,642 141,744
(4)			· · · · · · · · · · · · · · · · · · ·		147,455		143,161
(5)					150,375		145,996
(6)							
(7)							
(8) (9)							
(10)							

743,681

718,928

Greater Flint Mental Health Facilities, Inc. P.O. Box 1145 Flint, MI 48501

Electing out of the 50% Bonus Depreciation Allowance for All Eligible Depreciable Property

The taxpayer elects out of the 50% first-year bonus depreciation allowance under IRC Section 168(k) for all eligible asset classes of depreciable property acquired after December 31, 2007. This election applies to all eligible depreciable property placed in service after December 31, 2007.

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Form 990, Page 1

Asset Description	Date In Service	Cost	Bus Sec Basis % 179Bonus for Depr	PerConv Meth	Prior	Current
15-year GDS Property: 144 GENERATOR & INSTALLATION-420 W 647 DRIVEWAY REPLACEMENT-4074 HEN	6/16/10 5 9/07/10	73,743 15,810	73,743 15,810		0	3,687 791
	=	89,553	89,553	<u>-</u>	0	4,478
Non-Residential Real Property: 143 STORM DRAIN IMPROV -420 W. FIFTH	2/09/10	9,370 9,370	9,370 9,370	39 MM S/L	0	210 210
60 MCNELLY CONSTRUCTION-RENOVA 61 WATERSTREET DESIGN-RENOVATION 62 MCNELLY CONSTRUCTION	\$\ \\ \(\)	2,296 228 16,212 42,400 195 212 56,000 9,108 8,010 890 6,680 450 2,511 345 24,199 27,795 17,000 5,678 12,193 12,787 2,307 2,044 898 1,269 21,000 1,191 25,270 13,380 1,086 5,365 6,025 24,500 1,498 13,500 1,138 13,840 12,891	228 16,212 42,400 195 2112 63,722 56,000 9,108 8,010 890 6,680 450 2,511 345 24,199 27,795 17,000 5,678 12,193 12,787 2,307 2,044 898 1,269 21,000 1,191 25,270 13,380 1,086 5,365 6,025 24,500 1,498 13,500 1,138 13,840	31 MM S/L	1,674 164 11,807 30,874 140 156 40,367 35,475 5,770 5,074 562 4,232 284 1,592 218 15,072 17,239 10,502 3,491 7,467 7,795 1,393 1,226 540 759 12,528 712 15,007 7,947 642 3,156 3,466 14,098 863 7,733 651 7,853	72 7 514 1,346 7 7 2,023 1,778 289 254 29 212 14 80 11 768 882 540 181 387 406 73 64 28 40 666 37 802 425 35 170 191 778 48 429 36 439 439 439 439 439 439 439 439
63 MCNELLY CONSTRUCTION & HIGH T 64 WATERSTREET DESIGN-LANDSCAPIN 65 LINDEN NURSERY-LANDSCAPIN 66 WATERSTREET DESIGN-LANDSCAPIN 67 WATERSTREET DESIGN 68 WATERSTREET DESIGN 69 WATERSTREET DESIGN 70 PHIL MERRILL CONSTRUCTION 71 WATERSTREET DESIGN 72 PHIL MERRILL CONSTRUCTION 73 CALVIN & COMPANY-DOORS 74 WATERSTREET DESIGN-DOORS 75 L.A. CONSTRUCTION CORP 76 WATERSTREET DESIGN 77 WATERSTREET DESIGN 78 WATERSTREET DESIGN 79 WATERSTREET DESIGN 80 WATERSTREET DESIGN 81 WATERSTREET DESIGN	7/01/92 8/01/92 1/01/93	12,891 675 13,280 75 800 450 115 15,421 235 19,227 7,126 356 23,544 220 187 950 896 600 250	12,891 675 13,280 75 800 450 115 15,421 235 19,227 7,126 356 23,544 220 187 950 896	31 MM S/L 31 MM S/L 31 MM S/L 31 MM S/L 33 MM S/L 39 MM S/L	7,144 371 7,151 39 336 187 47 6,243 94 7,744 2,764 138 8,326 77 65 328 306 202 83	409 21 421 2 20 12 3 396 6 493 183 9 604 6 5 24 23 15 7

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Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus S	Sec 179Bonus	Basis for Depr	Pei	rConv Meth	Prior	Current
82	SURELOCK HOMES CONSTRUCTION-F		17,483			17,483		MM S/L	5,809	448
83	SURELOCK HOMES CONSTRUCTION-I	1/16/97	21,600			21,600		MM S/L	7,177	554
84	WATERSTREET DESIGN-420 W. FIFTH	3/03/97	68			68	39	MM S/L	22	2
85	SURELOCK HOMES CONSTRUCTION-I		11,275			11,275	39		3,698	289
86 87	WATERSTREET DESIGN-ROOF SURELOCK HOMES CONST,-ROOF	4/04/97 4/23/97	300			300		MM S/L	98	7
88	SURELOCK HOMES CONSTROOF	5/21/97	5,125 6,165			5,125 6,165	39 30	MM S/L MM S/L	1,670 1,996	131 158
92	WATER STREET DESIGN	1/03/00	300			300			77	7
93	WATERSTREET DESIGN	9/12/00	7,780			7,780		MM S/L	1,854	199
94	LA CONSTRUCTION CORP	10/16/00	79,940			79,940	39		18,875	2,049
95 96	LS CONSTRUCTION CORP. WATERSTREET DESIGN	11/28/00	38,467			38,467		MM S/L	9,000	987
97	WATERSTREET DESIGN WATERSTREET DESIGN	12/21/00 5/10/01	1,925 2,430			1,925 2,430		MM S/L MM S/L	446 537	50 63
98	LA CONSTRUCTION CORP	5/18/01	27,136			27,136		MM S/L	6.001	696
99	WATERSTREET DESIGN	6/11/01	1,046			1,046		MM S/L	229	27
	KONE INCELEVATOR PROJECT	7/07/01	25,000			25,000		MM S/L	5,422	641
101 102	LA CONTRUCTION CORP WATERSTREET DESIGN-ELEVATORS	7/31/01 8/14/01	96,449			96,449		MM S/L	20.918	2,473
	LA CONSTRUCTION CORP.	8/23/01	210 18,125			210 18,125	39	MM S/L MM S/L	45 3,892	5 465
	WATERSTREET DESIGN	12/14/01	130			130	39		27	3
105	KONE, INC -ELEVATOR RENOV	2/16/02	55,460			55,460		MM S/L	11,199	1,422
	LA CONSTRUCTION-RENOVATIONS	2/28/02	29,735			29.735	39	MM S/L	6,004	763
107 108	SEDGEWICK & FERWEDA-ARCHITECT J PEREZ CONSTRUCTION-RENOVATION		2,786			2,786 29,343		MM S/L	515	71
108	MARKEE ELECTRIC-RENOVATIONS	11/11/02	29,343 55,711			29,343 55,711		MM S/L MM S/L	5,361 10,178	752 1,428
	RENOVATIONS-J PEREZ	2/10/03	13,000			13,000	39		2,292	333
111	RENOVATIONS-SEDGEWICK-	3/10/03	170			170	39	MM S/L	30	4
	RENOVATIONS-J PEREZ	6/30/03	1,446			1.446	39	MM S/L	243	37
113 114	RENOVATIONS I A CONSTRUCTION	8/01/03	728			728	39	MM S/L	119	19
	RENOVATIONS-L.A CONSTRUCTION RENOV -420 W. FIFTH-SEDGEWICK	9/24/03 4/14/04	7,350 6,001			7,350 6,001	39 39	MM S/L MM S/L	1,186 878	188 154
	MAINTENANCE GARAGE-PROF. FEES-		1,763			1,763	39		243	45
117	RENOVATIONS-FERWEDA CONSTM/	12/16/04	25,190			25,190	39	MM S/L	3,256	646
118	SEDGEWICK & FERWEDA-SMOKING S		1,750			1,750	39	MM S/L	219	45
	ROWE INCORPORATED-RENOV. FAMILY BUILDING COMPANY-RENOV	5/11/05	520			520	39	MM S/L	62	13
121	OSKEY BROS. CONSTRUCTION-RENO'	6/09/05 6/09/05	25,885 6,146			25,885 6,146	39 39		3,014 716	664 157
122	SEDGEWICK & FERWEDA-RENOV.	6/09/05	1,113			1,113	39	MM S/L	130	28
123	SEDGEWICK & FERWEDA-RENOV.	7/21/05	430			430	39	MM S/L	49	11
	SEDGEWICK & FERWEDA-RENOV.	7/21/05	275			275	39	MM S/L	31	7
125 126	SEDGEWICK & FERWEDA-ROOFING F ROOFING IMPROVEMENTS-SHORTS R		1,960			1,960	39	MM S/L HY 150DB	212	50
120	RENOVATIONS-PROF. FEES-SEDGEWI		7,000 2,552			7,000 2,552	39	MM S/L	2,637 254	436 65
128	RENOVATIONS-FAMILY BUILDING CO		57,816			57,816		MM S/L	5,250	1,483
129	ROOFING SURVEY-TREMCO	6/27/06	3,485			3,485		HY 150DB	1,071	242
130	RENOVATIONS-PROF FEES-SEDGEWIC		1,496			1,496		MM S/L	126	39
131	ROOF REPLACEMENT-PROF FEES-SEE ROOF REPLACEMENT-T. BROWN & SC		10,304					MM S/L	848	264
	ROOF REPLACEMENT-T. BROWN & SC		132,480 15,720					MM S/L MM S/L	10,191 1,192	3,397 404
	RENOV -CMH BD ROOM-FAMILY BLD		4,875					HY 150DB	1,124	375
	RENOV -CMH BD ROOM-SEDGEWICK	6/05/07	341					HY 150DB	79	26
	RENOV - CMH BD ROOM-FLINT CARPE		2,193			2,193		HY 150DB	505	169
	ACCESS RE-LOCATION ACCESS OFFICES-420 2 FIFTH	8/07/08	9,986					MM S/L	352	256
	SASH REPLACEMENT-420	5/13/09 9/01/09	142,651 2,794			142,651		MM S/L MM S/L	2,286 21	3,658
	WATERSTREET DESIGN-PROF. SERVICE		1,350			1 350	31	MM S/L	731	72 43
166	WATERSTREET DESIGN-PROF SERVICE	1/01/93	425					MM S/L	227	14
	MARK'S PAVING	2/01/93	10,800					MM S/L	5.786	343
168	MCNELLY CONSTRUCTION	2/01/93	769					MM S/L	410	25
	WATERSTREET DESIGN-PROF SERVICE MARK'S PAVING	4/01/93 8/04/93	375 12,470					MM S/L MM S/L	199	12
	MCNELLY CONSTRUCTION	8/04/93	630					MM S/L	5,237 264	319 16
172	PETRA LANDSCAPING	8/04/93	3,270					MM S/L	1,373	84
173	WATERSTREET DESIGN	1/04/94	3,500			3,500	39	MM S/L	1,433	89
	WATERSTREET DESIGN	2/18/94	625					MM S/L	254	16
	WATERSTREET DESIGN DELTA LAND SURVEYING & ENGSTA	4/19/94 5/20/94	399 350					MM S/L	160	10
	ERA COMPANIES	5/20/94 6/14/94	350 52,611					MM S/L MM S/L	141 20,966	9 1,349
	WATERSTREET DESIGN	6/14/94	501					MM S/L	20,900	1,349
179	ERA COMPANIES	7/12/94	29,222			29,222	39	MM S/L	11,582	749
180	WATERSTREET DESIGN	7/13/94	296			296	39	MM S/L	118	7

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		Date		Bus Sec	Basis			
Asset		In Service	Cost	<u>%</u> 179Bonus	for Depr	PerConv Meth	Prior	Current
181 182	ERA COMPANIES ERA COMPANIES	8/17/94 9/20/94	10,258 11,401		10,258 11,401	39 MM S/L 39 MM S/L	4,044 4,469	263 293
183	ERA COMPANIES	10/13/94	9,311		9,311	39 MM S/L	3,632	238
184	ERA COMPANIES WATERSTREET DESIGN	11/28/94	6,913		6,913		2,680	178
185 186	WATERSTREET DESIGN WATERSTREET DESIGN	11/28/94 1/19/95	665 204		665 204		258 198	17 6
187	ERA COMPANIES-FENCE	1/20/95	800		800	15 HY 150DB	776	24
188 189	ERA COMPANIES-REPLACE SIDEWAL WATERSTREET DESIGN	. 6/16/95 11/17/95	2,850 937		2,850 937		2,766 910	84 27
190	MARK'S PAVING-PAVING PARKING L		16,000		16,000		15,528	472
191	WATERSTREET DESIGN-PARKING LO		452		452	15 HY 150DB	412	27
192 193	MARK'S PAVING-PARKING LOT LA CONSTRUCTIONS CORPPARKIN	8/28/96 2/02/01	10,000 75,042		10,000 75,042		9,114 17,077	591 1,924
194	WATERSTREET DESIGNS-RENOVATION		4,520		4,520		1,029	116
	L A CONSTRUCTION CORP. PARKING		13,014		13,014		2,962	333
196 197	LA CONSTRUCTION CORP -PARKING WATERSTREET DESIGN	1 7/05/01 8/14/01	98,110 1,471		98,110 1,471		21,278 316	2,516 38
198	L A. CONSTRUCTION CORPFENCE/P.	2/16/02	3,336		3,336	39 MM S/L	674	85
199	EAGLE CONSTRUCTION SERVICE-REI		67,141		67,141	39 MM S/L	13,414	1,721
200 201	KONE, INCRENOVATIONS SEDGEWICK & FERWEDA-PROF FEES	3/26/02 - 5/31/02	8,940 2,068		8,940 2,068	39 MM S/L 39 MM S/L	1,786 404	229 53
202	PARKING LOT-BARRIER FREE-J. PERE		22,155		22,155	39 MM S/L	3,101	568
203	PARKING LOT-BARRIER FREE-J. PERE		54,827		54,827		7,556	1,406
204 205	RENOVATIONS-SEDGEWICK & FERW RENOVATIONS-PEREZ CONSBARRIE		300 21,058		300 21,058	39 MM S/L 39 MM S/L	40 2,767	8 540
206	RENOVATIONS-PEREZ CONSBARRIE	E 11/23/04	3,534		3,534	39 MM S/L	464	91
212	STEPHENSON & SONS ROOFING-RENG STEPHENSON & SONS ROOFING-RENG		37,229 4,137		37,229 4,137		7,279 791	954
213 214	CLARE ELECTRIC-RENOVATIONS	8/23/02	1,863		1,863		352	106 48
215	STEPHENSON & SONS ROOFING-REN	10/03/02	540		540	39 MM S/L	100	14
	HEATING QUOTE-808 GR. TRAVERSE- RENOV808 GRAND TRAVERSE-WILL		850 12,587		850 12,587		128	22 323
217 218	RENOV -808 GRAND TRAVERSE-WILL RENOV -808 GRAND TRAVERSE-SEDO		12,367		12,367		1,869 25	323 4
219	RENOV808 GR. TRAVERSE-WILLING	5/14/04	2,221		2,221	39 MM S/L	320	57
220 221	RENOVATIONS-PROF SERV -808-SED RENOVATIONS-SEDGEWICK & FERW		3,500 3,587		3,500 3,587		482 471	90 92
222	FAMILY BUILDING COMPANY-RENO		6,300		6,300		788	161
223	FAMILY BUILDING COMPANY-RENO		33,300		33,300		4,020	854
224 225	FAMILY BUILDING COMPANY-RENO' SEDGEWICK & FERWEDA-RENOV.	6/01/05 6/08/05	26,350 1,034		26,350 1,034		3,069 120	675 27
226	FAMILY BUILDING COMPANY-RENO		26,640		26,640	39 MM S/L	3,102	683
227	FAMILY BUILDING COMPANY-RENO		19,834				2.267	509
228 229	FAMILY BUILDING-RENOVATIONS FAMILY BUILDING-RENOVATIONS	8/09/05 8/24/05	12,896 9,407		12,896 9,407		1,447 1,055	330 242
230	FAMILY BUILDING CORENOVATION		2,185		2,185	39 MM S/L	240	56
231	MECHANICAL RENOVATIONS-ECKER		28,605		28,605		8,795	1,981
232 240	MECHANICAL RENOVPROF. FEES-SI WATERSTREET DESIGN-421	9/06/96	1,401 270		270	15 HY 150DB 39 MM S/L	431 92	97 7
241	WATERSTREET DESIGN-421 W. FIFTH	2/04/97	135		135	39 MM S/L	45	3
242	WATERSTREET DESIGN-421 W. FIFTH WATERSTREET DESIGN		45 425		45 425	39 MM S/L	15	1
243 244	WATERSTREET DESIGN	3/08/00 4/06/00	425 1,825			39 MM S/L 39 MM S/L	107 454	11 47
245	WATERSTREET DESIGN	5/16/00	1,575		1,575	39 MM S/L	389	40
246	WATERSTREET DESIGN WATERSTREET DESIGN	6/11/01 8/14/01	533 2,593			39 MM S/L 39 MM S/L	117	13
247 248	WATERSTREET DESIGN WATERSTREET DESIGN	10/01/01	3,185			39 MM S/L	557 670	66 82
249	WATERSTREET DESIGN	11/06/01	1,560		1.560	39 MM S/L	325	40
250 251	WATERSTREET DESIGN FAMILY BUILDING COMPANY-RENO	12/14/01 1/25/02	810 47,790		810 47,790	39 MM S/L 39 MM S/L	167 9,752	21 1,225
	FAMILY BUILDING COMPANY-RENO		43,020		43,020		8,687	1,103
253	FAMILY BUILDING COMPANY-RENO		40,770		40,770	39 MM S/L	8,145	1,046
254 255	FAMILY BUILDING COMPANY-RENO' FAMILY BUILDING COMPANY-RENO'		87,085 55,307		87,085 55,307	39 MM S/L 39 MM S/L	17,398 10,813	2,233 1,418
256	ADT SECURITY SYSTEM UPGRADE	5/01/02	11,584		11,584		2,265	297
257	SEDGEWICK & FERWEDA-PROF FEES		4,080		4,080	39 MM S/L	798	104
258 259	FAMILY BUILDING COMPANY-RENO PRO-TECH CABLING SYSTEMS-RENO		14,420 8,377		14,420 8,377	39 MM S/L 39 MM S/L	2,788 1,620	370 215
260	SEDGEWICK & FERWEDA-PROF. FEES	6/11/02	1,650		1,650	39 MM S/L	319	42
261	SEDGEWICK & FERWEDA-ARCHITEC		2,189		2,189		405	56
262 263	RENOVATIONS-SEDGEWICK WATERSTREET DESIGN-ADDITION	10/01/03 1/01/87	515 195			39 MM S/L 27 MM S/L	82 158	13 7

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Asset	Description	Date In Service	Cost	Bus Sec Basis % 179Bonus for Depr	PerConv Meth	Prior	Current
_	WATERSTREET DESIGN-ADDITION 10.		8,073		27 MM S/L	6,575	294
	WATERSTREET DESIGN-ADDITION 12,		942		27 MM S/L	764	35
	WATERSTREET DESIGN-ADDITION 4/2		715		27 MM S/L	582	26
	WATERSTREET DESIGN-ADDITION 7/(WILL H. HALL & SONS-ADDITION	1/01/87	885 39,315	885 39,315		718 32,010	33 1,429
	WILL H HALL & SONS-ADDITION 12/0		35,185		27 MM S/L 27 MM S/L	28,647	1,429
270	WILL H HALL CONSTRUCTION-ADDIT	1/01/87	16,463	16,463	27 MM S/L	13,403	599
271 272	WILL H HALL & SONS-ADDITION WILL H. HALL & SONS-ADDITION	2/01/87 3/01/87	42,937 51,507	42,937 51,507		34,957 41,936	1.562
272	WATERSTREET DESIGN-ADDITION	7/01/87	470		27 MM S/L 27 MM S/L	382	1,873 17
274	WILL H. HALL & SONS-ADDITION	7/01/87	50,000	50,000	27 MM S/L	40,708	1,819
	WILL H. HALL & SONS-ADDITION	8/01/87	9,216	9,216	27 MM S/L	7,501	335
	CURBS & SIDEWALKS-CURBCO CURBS & SIDEWALKS-SEDGEWICK	12/11/03 12/11/03	8,918 624		39 MM S/L 39 MM S/L	1,382 97	228 16
278	NEW ROOF-PRO. FEES-SEDGEWICK	8/18/04	1,122	1,122	27 MM S/L	219	41
	FERWEDA CONSTRUCTION-NEW ROO		23,766	23,766	39 MM S/L	2,564	610
	SEDGEWICK & FERWEDA-ROOF PAVING	10/25/05 11/01/87	1,664 3,940		39 MM S/L 10 HY 200DB	180 3,940	42 0
290	UNITED ROOFING	9/01/89	345	345	10 HY 200DB	345	ŏ
	EAST VILLAGE REAL ESTATE-REMOD		8,659		31 MM S/L	4,261	217
292 293	WATERSTREET DESIGN-PROF SERV-I WATERSTREET DESIGN-PROF. SERV-I		2,675 2,250		31 MM S/L 31 MM S/L	1,310 982	67 57
	WATERSTREET DESIGN-PROF SERV-I		462		31 MM S/L	201	11
295	MCNELLY CONSTRUCTION-RENOVAT		40,016		31 MM S/L	17,057	1,001
296 297	MCNELLY CONSTRUCTION-RENOVAT WATERSTREET DESIGN-PROF. SERV-I		36,696 1,144	36,696 1,144	31 MM S/L 31 MM S/L	15,556 485	918 29
	MCNELLY CONSTRUCTION-RENOVAT		400		31 MMS/L	169	10
299	BADGE SYSTEM-PROF. SERVSEDGEV	8/30/04	433	433	27 MM S/L	85	15
	INSULATION IMPROVEMENTS-FERWE ROOFING IMPROVEMENTS-FERWEDA		4,200 11,823	4,200 11,823		808	153
		11/30/04	6,181		39 MM S/L	2,275 812	430 159
327	UNITED ROOFING-ROOFING	6/01/87	1,900	1,900	31 MM S/L	1,356	60
	EASTERN PAVING-PARKING LOT-11/8	1/01/90	27,805	27,805		17,614	883
	EASTERN PAVING-PARKING LOT-12/8 WATERSTREET DESIGN-PROF SVC-PA	1/01/90 1/01/90	4,887 75		31 MM S/L 31 MM S/L	3,096 45	155
331	WATERSTREET DESIGN-PROF SVC-PA	1/01/90	1,855	1,855	31 MM S/L	1,176	58
	EASTERN PAVING-PARKING LOT-BAL		6,633		31 MM S/L	4,080	211
	REA UNLIMITED-ROOF PRE-SET-REPAIRS	3/01/91 3/01/92	1,980 632	1,980 632		1,182 357	63 20
	WATERSTREET DESIGN	9/06/96	360	360		123	9
	WATERSTREET DESIGN	11/04/96	330	330		111	8
337 338	WATERSTREET DESIGN STALEY'S PLUMBING/HEATING-HEAT	12/10/96	135 25,409	135 25,409	39 MM S/L 39 MM S/L	45 8,497	3 651
339	WATERSTREET DESIGN-ROOF	6/04/97	2,890	2,890		929	74
	WATERSTREET DESIGN-ROOF	7/08/97	1,690	1.690	39 MM S/L	540	43
341 342	CBA-2/SURELOCK HOMES-ROOF-#1 WATERSTREET DESIGN-ROOF	7/30/97 8/07/97	21,992 610		15 HY 150DB 15 HY 150DB	18,745 520	1,299 36
342	WATERSTREET DESIGN-ROOF	9/04/97	430		15 HY 150DB	367	25
344	CBA-2/SURELOCK HOMES-ROOF #2	9/08/97	69,276	69,276	15 HY 150DB	59,049	4,091
	CBA-2/SURELOCK HOMES-ROOF #3	10/07/97	16,894		39 MM S/L	5,289	433
	WATERSTREET DESIGN CBA-2/SURELOCK HOMES-ROOF #4	10/07/97 11/06/97	440 16,105		39 MM S/L 39 MM S/L	138 5,007	11 413
348	WATERSTREET DESIGN	11/06/97	150	150	39 MM S/L	48	4
	BUILDING CASTI E RECTHERS CONSTRUCTION I	4/01/92	315,000		31 MM S/L	97,088	0
	CASTLE BROTHERS CONSTRUCTION-I CASTLE BROTHERS CONSTRUCTION-I		51,309 43,746		31 MM S/L 31 MM S/L	28,845 24,594	1,629 1,389
357	TITLE INSURANCE-3/92	4/01/92	1,295	1,295	31 MM S/L	727	42
	CASTLE BROTHERS CONSTRUCTION-		13,705	13,705		7,632	435
	CASTLE BROTHERS CONSTRUCTION-I GAZELL, RENO & ASSOCIATES-RENO'	7/01/92 7/01/92	30,638 10,602	30,638 10,602		16,983 5,878	973 337
361	WATERSTREET DESIGN	9/08/93	400	400		167	10
365	RENOVATIONS-SEDGWICK	7/28/03	298	298	39 MM S/L	49	8
	RENOVATIONS-STALEY'S PLUMBING RENOVATIONS-SEDGEWICK	9/24/03 10/01/03	7,404 518	7,404 518		1,194 83	190 13
	WIRING-ROOFTOP UNIT-CLARE ELEC		428		39 MM S/L	65	10
369	CURBCO-CMH	6/25/04	1,500	1,500	39 MM S/L	213	39
370 371	SEDGWICK & FERWEDA-IMPROV RE-ROOFING-SEDGEWICK	7/12/05 5/05/08	430 2,940		39 MM S/L 15 HY 150DB	49 426	11 252
	RE-ROOFING-BUCHINGER	6/09/08	42,000	42,000	15 HY 150DB	6,090	3,591
374	BUILDING	1/01/93	157,500	157,500	31 MM S/L	84,792	5,000
375	DELTA LAND SURVEYING-RENOVATI	2/01/93	600	600	31 MMS/L	322	19
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Date Bus Sec Basis Asset Description In Service Cost % 179Bonus for Depr PerConv Meth Prior Current S.S.O.E.-ASBESTOS REMOVAL SURVE 376 2/01/93 750 750 31 MM S/L 403 WATERSTREET DESIGN-PROF. SVC -R 31 31 377 2/01/93 500 500 MM S/L 268 16 WATERSTREET DESIGN-PROF SVC-RE MM S/L 378 4/01/93 210 210 113 6 379 WATERSTREET DESIGN 9/08/93 3,300 3,300 MM S/L 1,380 85 380 WATERSTREET DESIGN 12/13/93 4,100 4,100 39 MM S/L 1,686 105 WATERSTREET DESIGN 381 1/04/94 39 1,350 1,350 MM S/L 553 35 382 WATERSTREET DESIGN 2/18/94 270 270 39 MM S/L 110 383 WATERSTREET DESIGN 3/08/94 39 425 425 MM S/L 173 384 CASTLE BROTHERS INC. 4/19/94 52,700 52,700 39 MM S/L 21,226 1,351 385 WATERSTREET DESIGN 4/19/94 834 834 39 MM S/L 335 21 386 CASTLE BROTHERS INC 41,769 5/17/94 41,769 39 MM S/L 16,734 1.071 387 CASTLE BROTHERS CONSTRUCTION 6/14/94 39 51,606 51,606 MM S/L 20,565 1,323 WATERSTREET DESIGN 388 6/14/94 39 874 874 MM S/L 347 23 CASTLE BROTHERS CONSTRUCTION 389 7/13/94 35,689 35,689 39 MM S/L 915 14,145 390 WATERSTREET DESIGN 7/13/94 484 484 39 MM S/L 191 13 391 WATERSTREET DESIGN 9/20/94 1,319 39 1,319 MM S/L 518 33 392 **EASTERN ASPHALT** 9/22/94 39 15,350 15,350 MM S/L 6,020 393 CASTLE BROS. CONSTRUCTION 393 10/27/94 54,981 54,981 39 MM S/L 21,441 1,410 394 EASTERN ASPHALT 11/28/94 1,585 1,585 39 MM S/L 615 41 395 WATERSTREET DESIGN 11/28/94 267 267 39 MM S/L 104 WATERSTREET DESIGN 396 11/28/94 39 MM S/L 532 532 207 397 WOODBURY CONSTRUCTION 11/28/94 78 39 MM S/L 30 2 2,000 398 MCDILL ENTERPRISES 12/05/94 2.000 39 MM S/L 771 51 399 MCDILL ENTERPRISES & WINSATT BU 12/05/94 4,325 4,325 39 MM S/L 1,669 111 6,012 400 CASTLE BROS CONSTRUCTION 12/14/94 6,012 39 MM S/L 2,318 154 MCDILL ENTERPRISES-ROOF 401 1/16/95 39 5,316 5,316 MM S/L 2,039 136 1/19/95 402 MCNELLY CONSTRUCTION 1,350 1.350 39 MM S/L 35 518 403 WATERSTREET DESIGN-ROOF 1/19/95 133 133 15 HY 150DB 129 4 WATERSTREET DESIGN 407 1/03/00 300 300 39 MM S/L 408 WATERSTREET DESIGN 2/10/00 39 17 638 638 MM S/L 161 RENVOATIONS-SEDGEWICK RENOVATIONS-CLARE ELECTRIC 409 3/10/03 170 170 39 MM S/L 30 410 4/16/03 3,393 3,393 39 MM S/L 584 87 411 SEDGEWICK & FERWEDA-ROOFING 10/25/05 160 160 39 MM S/L 17 412 FERWEDA CONSTRUCTION-ROOFING 10/27/05 2,289 2,289 39 59 MM S/L 247 414 CONSTRUCTION LOAN INT.-CITIZENS 2,173 27 79 8/01/97 2,173 MM S/L 978 8/01/97 27 415 DELTA LAND SURVEYING-STAKING 500 500 MM S/L 18 225 FAMILY BUILDING CO. 416 8/01/97 256,772 256,772 27 MM S/L 115,547 9,338 27 27 417 8/01/97 HALLMARK AGENCY-BUILDERS RISK MM S/L 975 975 439 35 418 WATERSTREET DESIGN 8/01/97 360 360 MM S/L 162 13 419 WATERSTREET DESIGN 8/01/97 27 630 630 MM S/L 284 22 8/01/97 420 WATERSTREET DESIGN 27 600 600 MM S/L 270 22 WATERSTREET DESIGN 27 421 8/01/97 22 587 MM S/L 264 WATERSTREET DESIGN 422 8/01/97 350 350 27 MM S/L 158 12 WATERSTREET DESIGN 423 8/01/97 27 433 433 MM S/L 195 16 27 27 424 WATERSTREET DESIGN 8/01/97 350 350 MM S/L 158 12 WATERSTREET DESIGN 425 8/01/97 256 256 MM S/L 115 10 27 426 WATERSTREET DESIGN 8/01/97 191 191 MM S/L 86 7 WATERSTREET DESIGN WATERSTREET DESIGN-PROF SVC 27 27 427 8/01/97 127 127 MM S/L 57 5 57 428 8/01/97 1,575 1,575 MM S/L 709 429 WATERSTREET DESIGN-PROF SVC 8/01/97 27 7.350 7,350 MM S/L 3,307 268 WATERSTREET DESIGN-PROF SVC WATERSTREET DESIGN-PROF SVC 430 8/01/97 27 27 27 4,200 4,200 MM S/L 1.890 153 431 8/01/97 875 875 MM S/L 394 32 WATERSTREET DESIGN-PROF. SVC. FENCE SURVEY-ROWE ENGINEERING 432 8/01/97 525 525 MM S/L 236 19 433 8/28/97 400 400 15 **HY 150DB** 341 24 WATERSTREET DESIGN CONSTRUCTION LOAN INTEREST-CIT 434 10/07/97 331 27 27 331 MM S/L 136 12 438 8/01/97 2,173 2,173 MM S/L 978 79 439 FAMILY BUILDING CO 8/01/97 27 255,037 255,037 MM S/L 114,767 9.274 8/01/97 440 HALLMARK AGENCY - BUILDERS RIS 975 975 27 MM S/L 439 35 27 27 441 RICHARD KRAFT ENGINEERING 8/01/97 500 500 MM S/L 225 18 442 WATERSTREET DESIGN 8/01/97 587 587 MM S/L 264 22 WATERSTREET DESIGN WATERSTREET DESIGN 443 8/01/97 350 350 27 MM S/L 158 12 444 8/01/97 433 433 27 MM S/L 195 16 WATERSTREET DESIGN 445 8/01/97 27 350 350 MM S/L 158 446 WATERSTREET DESIGN 8/01/97 257 27 MM S/L 116 WATERSTREET DESIGN WATERSTREET DESIGN 447 8/01/97 192 192 27 MM S/L 8/01/97 5 57 448 127 127 27 MM S/L 57 449 WATERSTREET DESIGN-PROF SVC 8/01/97 27 1,575 1,575 709 MM S/L 450 WATERSTREET DESIGN-PROF SVC 8/01/97 7,350 7,350 27 MM S/L 3,307 268 1,890 451 WATERSTREET DESIGN-PROF. SVC 8/01/97 4,200 4.200 27 MM S/L 153 WATERSTREET DESIGN-PROF SVC 452 8/01/97 875 875 27 MM S/L 394 32 WATERSTREET DESIGN-PROF SVC. 8/01/97 27 MM S/L 236 19

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		Date		Bus Sec	Basis			
Asset	Description	In Service	Cost		for Depr	PerConv Meth	Prior_	Current
	WATERSTREET DESIGN	10/07/97	331		331		136	12
	RENOVATIONS-SEDGEWICK RENOVATIONS-FAMILY BUILDING CO	11/15/04	263 3,900		263 3,900		34 504	7 100
	11238 N. ELMS ROAD-HOUSE	6/01/97	125,910		125,910		57,423	4,578
	LYONS WELL DRILLING	6/01/97	2,900		2,900		1.323	105
461 462	WATERSTREET DESIGN WATERSTREET DESIGN	6/01/97 6/01/97	405 900			27 MM S/L 27 MM S/L	185 410	14 33
463	WATERSTREET DESIGN	6/01/97	550			27 MM S/L	251	20
464	WATERSTREET DESIGN	6/01/97	300			27 MM S/L	137	11
465 466	WATERSTREET DESIGN WATERSTREET DESIGN	6/01/97 6/01/97	300 945			27 MM S/L 27 MM S/L	137 431	11 34
467	WATERSTREET DESIGN	6/01/97	330			27 MM S/L	151	12
468	WATERSTREET DESIGN	6/01/97	420			27 MM S/L	192	15
469 470	WATERSTREET DESIGN RENOVATIONS-AUKER ENTERPRISES	6/01/97 9/04/97	510 101,344		101,344	27 MM S/L 27 MM S/L	233 45,298	18 3,685
471	WATERSTREET DESIGN	9/04/97	445			27 MM S/L	199	16
484	CONSTRUCTION LOAN INTEREST-CIT		2,173		2,173		978	79
485 486	FAMILY BUILDING CO. WATERSTREET DESIGN	8/01/97 10/07/97	261,196 331		201,190 331	27 MM S/L 27 MM S/L	117,538	9,499 12
488	RENOVATIONS-SEDGEWICK-CRAWLS	11/15/04	263		263	39 MM S/L	34	7
489	RENOVATIONS-FAMILY BUILDING CO SEDGEWICK & FERWEDA-RENOV.	12/28/04 7/21/05	3,900 315		3,900	39 MM S/L 27 MM S/L	504 51	100
490 491	J & T CONSTRUCTION-RENOV	7/26/05	4,800			27 MM S/L 27 MM S/L	778	12 175
511	RENOVATIONS-SEDGEWICK	3/10/03	128		128	39 MM S/L	22	3
	RENOVATIONS-PROF SERV -SEDGEW RENOVATIONS-SEDGEWICK-KITCHEN		7,000 10,477		7,000 10,477		965 1,377	179 268
	RENOVATIONS-SEDGEWICK-RITCHEI RENOVATIONS-WILL HALL & SON-KI'		27,678		27,678		3,578	710
515	WILL HALL & SON-KITCHEN RENOVA	1/25/05	29,210		29,210	39 MM S/L	3,714	749
516 517	KONIECZKA HEATING & COOLING-KI MID-MICHIGAN LOCK & SAFE-KITCHI		406 417		406 417		51 157	10 26
	WILL HALL & SONS-KITCHEN RENOV		123,534		123,534		15,442	3,167
519	R J. MACGREGOR-KITCHEN RENOV	3/09/05	10,105		10,105	39 MM S/L	1,242	259
520 521	WILL HALL & SONS-KITCHEN RENOV WILL HALL & SONS-KITCHEN RENOV		1,850 130,902			39 MM S/L 39 MM S/L	227 16,083	48 3,357
	SEDGEWICK & FERWEDA-KITCHEN R		3,217			39 MM S/L	395	83
523	GREAT LAKES TELECOM-KITCHEN RI	3/29/05	29,092		29,092	15 HY 150DB	10,959	1,813
	R.J MACGREGOR-KITCHEN RENOV. FLINT CARPET-KITCHEN RENOV.	3/30/05 3/31/05	1,123 1,258		1,123 1,258		138 474	29 78
	HOLLOWAY FIRE PROTECTION	5/11/05	2,000		2,000		753	125
527	SEDGEWICK & FERWEDA-KITCHEN R		829		829		98	22
528 529	WILL HALL & SONS-KITCHEN RENOV SEDGEWICK & FERWEDA-KITCHEN R		31,618 5,149		31,618 5 149	39 MM S/L 39 MM S/L	3,750 600	810 132
	CBA2 INCSURELOCK HOMES-KITCH		425			39 MM S/L	50	10
531	DELTA LAND SURVEYING-RENOV.	6/24/05	650			39 MM S/L	76	16
532 533	WILL HALL & SONS-KITCHEN RENOV SEDGEWICK & FERWEDA-KITCHEN R		46,478 90		46,478 90	39 MM S/L 39 MM S/L	5,412 10	1,192 3
	RED'S MOVING-KITCHEN EQUIP. MOV		1,512		1,512	15 HY 150DB	570	94
535	WILL HALL & SONS-RENOVATIONS	8/17/05	55,045			39 MM S/L	6,175	1,411
536 537	WILL HALL & SONS-RENOVATIONS GREAT LAKES TELECOM-RENOVATION	8/30/05 9/29/05	1,659 16,214			39 MM S/L 39 MM S/L	186 1,784	43 416
	WATERSTREET DESIGN	1/03/00	1,540			27 MM S/L	558	56
	FAMILY BUILDING COMPANY	1/12/00	12,600			27 MM S/L	4,563	458
556 557	WATERSTREET DESIGN FAMILY BUILDING COMPANY	2/10/00 2/11/00	840 25,200) 27 MMS/L) 27 MMS/L	302 9,049	30 916
	FAMILY BUILDING COMPANY-#3	4/05/00	13,500			27 MM S/L	4,766	491
559	WATERSTREET DESIGN	4/06/00	420			27 MM S/L	148	16
560 561	FAMILY BUILDING COMPANY-#4 WATERSTREET DESIGN	5/08/00 5/16/00	43,200 630) 27 MMS/L) 27 MMS/L	15,120 221	1,571 22
	FAMILY BUILDING COMPANY	6/08/00	39,669		39,669	27 MM S/L	13,764	1,442
563	FAMILY BUILDING COMPANY	7/31/00	51,526			27 MMS/L	17,722	1,873
	WATERSTREET DESIGN FAMILY BUILDING COMPANY	8/16/00 8/17/00	1,178 41,130			27 MM S/L 27 MM S/L	402 14,022	42 1,495
566	FAMILY BUILDING COMPANY	9/12/00	27,900		27,900	27 MM S/L	9,427	1,014
567	WATERSTREET DESIGN	10/10/00	517			27 MMS/L	173	19
	FAMILY BUILDING COMPANY WATERSTREET DESIGN-RENOVATION	10/16/00	38,585 517			27 MMS/L 27 MMS/L	12,920 168	1.403 19
	WATERSTREET DESIGN	6/11/01	1,413		1,413	27 MM S/L	439	51
571	WATERSTREET DESIGN	12/14/01	553			39 MMS/L	114	14
572 578	FAMILY BUILDING COMPANY ELECTRICAL-BALDWIN ELECTRIC	12/14/01 8/16/04	14,203 800			39 MM S/L 27 MM S/L	2,929 156	364 29
583	WATERSTREET DESIGN	1/03/00	900			27 MM S/L	326	33

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Asset Description	Date In Service	Cost_	Bus Sec Basis % 179Bonus for Depr	PerConv Meth	Prior	Current
584 WATERSTREET DESIGN	2/10/00	1,238	1,238	27 MM S/L	444	45
585 WATERSTREET DESIGN	3/08/00	688		27 MM S/L	245	25
586 FAMILY BUILDING COMPANY-#1 587 FAMILY BUILDING COMPANY-#2	4/05/00 5/08/00	14,400 5,400		27 MM S/L 27 MM S/L	5,084	523
588 WATERSTREET DESIGN	5/16/00	245		27 MM S/L 27 MM S/L	1,890 86	196 9
589 FAMILY BUILDING COMPANY	6/08/00	42,750		27 MM S/L	14,833	1,555
590 FAMILY BUILDING COMPANY	7/06/00	1,145		27 MM S/L	394	41
591 FAMILY BUILDING COMPANY	7/24/00	8,950		27 MM S/L	3.078	326
592 WATERSTREET DESIGN	8/16/00	180	180		61	7
593 ED BIRKMEIER WELL DRILLING 594 DRIVEWAY & BB COURT-MARK'S PAV	3/09/05 7/31/09	550 12,186		27 MM S/L 15 HY 150DB	96 609	20
596 BUILDING-14180 HOGAN ROAD	1/28/00	165,750		27 MM S/L	60,022	1,158 6,027
597 DELTA LAND SURVEYING	2/04/00	870	870		312	32
598 WATERSTREET DESIGN	2/10/00	225		27 MM S/L	81	8
599 WATERSTREET DESIGN	3/08/00	1,750	1,750		623	64
600 WATERSTREET DESIGN 601 THOMASON WELL DRILLING-NEW WI	4/06/00	1,275	1,275		450	46
602 WATERSTREET DESIGN	5/16/00	3,560 178	3,560 178		1,246 62	129 7
603 DUSTY HOGUE CONSULTING	8/23/00	36,900	36,900		12,580	1,341
604 DUSTY HOGUE CONSULTING	10/16/00	18,504	18,504		6,196	673
605 DUSTY HOGUE CONSULTING	1/03/01	10,731	10,731		3,496	390
606 DUSTY HOGUE CONSULTING	2/08/01	15,184	15.184		4,900	553
607 WATERSTREET DESIGN 608 DUSTY HOGUE CONSULTING	5/10/01 5/14/01	183 500	183 500		57 157	7
609 DUSTY HOGUE CONSULTING	6/11/01	4,911	4,911		1,526	18 178
610 WATERSTREET DESIGN	6/11/01	3,968	3,968		1,232	145
611 DUSTY HOGUE CONSULTING-SEPTIC	7/05/01	22,390	22,390	27 MM S/L	6,887	814
612 DUSTY HOGUE CONSULTING-SEPTIC	8/09/01	31,057	31,057		9,458	1,130
613 WATERSTREET DESIGN 614 WATERSTREET DESIGN	8/14/01 12/14/01	318 130	318		68	8
615 NEW WATER METER & PUMP-WALDO		943	130 943	39 MM S/L 27 MM S/L	27 198	3 35
616 RENOVATIONS-FAMILY BUILDING CO		1,950		39 MM S/L	252	50
617 C&L WARD BROS-DEP WINDOWS &	2/01/05	8,000		39 MM S/L	1,000	205
618 SEDGEWICK & FERWEDA-SASH & DO		1,220		39 MM S/L	152	32
619 C & L WARD BROS. CO -RENOV. 621 BUILDING-1220 W LAKE ROAD	4/19/05	7,623		27 MM S/L	1,305	277
621 BUILDING-1220 W LAKE ROAD 622 DAYNE DAVIS INC.	3/15/00 3/15/00	157,250 250	250	27 MM S/L 27 MM S/L	55,991 89	5,718 9
623 WATERSTREET DESIGN	3/15/00	300		27 MM S/L	107	11
624 WATERSTREET DESIGN	4/06/00	175		27 MM S/L	62	6
625 WATERSTREET DESIGN	4/06/00	1,237		27 MM S/L	437	45
626 WATERSTREET DESIGN 627 DELTA LAND SURVEYING	9/12/00	1,068		27 MM S/L	361	39
628 WATERSTREET DESIGN	9/15/00 10/10/00	1,000 275	1,000 275	27 MM S/L 27 MM S/L	338 92	36 10
629 FAMILY BUILDING COMPANY	10/16/00	20,250		27 MM S/L	6,781	736
630 WATERSTREET DESIGN-RENOVATION		555	555	27 MM S/L	181	20
631 FAMILY BUILDING COMPANY	1/03/01	35,540	35,540	27 MM S/L	11,577	1,293
632 FAMILY BUILDING COMPANY 633 FAMILY BUILDING COMPANY	5/10/01	150		27 MM S/L	47	5
633 FAMILY BUILDING COMPANY 635 BUILDING-4478 N. VASSAR ROAD	5/10/01 12/19/06	3,000 162,449	3,000 162,449	39 MM S/L 27 MM S/L	663 17,968	77 5,907
637 BUILDING-3220 S VASSAR ROAD	1/09/07	164,219		27 MM S/L	17,666	5,972
639 BUILDING-8155 BURLEIGH ROAD-GRA		144,500		27 MM S/L	5,473	5,255
641 BUILDING-4069 W. COURT STREET, FL		127,500		27 MM S/L	4,830	4,636
642 DRIVEWAY-FAMILY BUILDING	8/04/09	1,017		15 HY 150DB	51	96
644 BUILDING-7134 BLANKENSHIP CIRCL 646 BUILDING-4074 HENDERSON ROAD, D		128,775 131,325	128,775	27 MM S/L 27 MM S/L	4,878	4,683
0.0 BOILDING-TO/T ILLINDERSON ROAD, L	12117100			21 IVIIVI O/L	4,974	4,776
		7,707,650	7,707.650		2,460.284	238,381
ACRS:						
10 IMPROVEMENTS	7/01/81	1,501	1.501	15 MM PRE	1,501	0
11 IMPROVEMENTS	8/01/81	485	485	15 MM PRE	483	ŏ
12 IMPROVEMENTS	9/01/81	2,548		15 MM PRE	2,545	0
13 CARPETING	12/01/81	2,384		15 MM PRE	2,300	0
14 TABLES & CHAIRS 15 WATER HEATER	3/01/82 4/01/82	1,002 1,534	1,002 1,534	5 HY PRE 5 HY PRE	1,002 1,534	0 0
16 REFRIGERATION COMPRESSOR	10/01/82	654	654	5 HY PRE	654	0
17 TRANE COIL & MOTOR	10/01/82	1,262	1,262	5 HY PRE	1,262	ŏ
18 GARBAGE DISPOSAL	1/01/83	400	400	5 HY PRE	400	0
19 REMODELING & ROOF-PROF, SERVICE 20 REMODELING-PROF, SERVICES	4/01/83 7/01/83	568	568	15 MM PRE	566	0
20 REWIODELING-PROF. SERVICES	//01/83	1,261	1,201	15 MM PRE	1,261	0
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		Date		Bus Sec	Basis			
Asset	Description AIR CONDITIONER	In Service		<u>%</u> 179Bonus		PerConv Meth	Prior	Current
21 22	COMPRESSOR	9/01/83 9/01/83	983 2,211		983 2,211	5 HY PRE 5 HY PRE	983 2,211	0
23 24	ICE MACHINE REROOFING-421 W. FIFTH	9/01/83	1,711		1,711	5 HY PRE	1,711	0
25	WATER HEATER	9/01/83 1/01/84	15,998 245		13,998	15 MM PRE 5 HY PRE	15,998 245	0
153	WATERSTREET DESIGN PROF. SERVIC		1,350			15 MM S/L	1,307	0
154 155	WATERSTREET DESIGN-PROF. SERVIC GREEN THUMB LANDSCAPING-PARTI	11/01/82	2,000 22,770		2,000 22,770	15 MM S/L 15 MM S/L	1,934 22,263	0
156	WATERSTREET DESIGN-PROF. SERVIC		1,565		1,565		1,529	0
157 158	GREEN THUMB LANDSCAPING-BAL. I GREEN THUMB LANDSCAPING-PART		43,620 27,810		43,620 27,810	15 MM S/L 15 MM S/L	42.649 27.194	0
159	WATERSTREET DESIGN-PROF. SERVICE	12/01/82	400		400	15 MM S/L	393	0
160 161	WATERSTREET DESIGN-PROF. SERVICE WATERSTREET DESIGN-PROF. SERVICE		600 620		600 620		587 620	0 0
233	BASEMENT-FLOORING-421 W FIFTH	9/01/83	639		639		639	0
234 235	PAINTING-421 W. FIFTH RECARPETING-421 W FIFTH	9/01/83 9/01/83	2,173 6,309		2,173 6,309		2,173 6,309	0
236	REMODELING PROF SERVICES 421 W	9/01/83	6,500		6,500		6,500	0
237 238	REMODELING-PROF SERVICES-421 W RINSE UNIT-SINK-421 W FIFTH	9/01/83 9/01/83	1,675 168		1,675 168		1,675 168	0
285	HEAT EXCHANGER AND BURNER TRA		2,096		2,096		2,096	0
286 287	REROOFING CABINET AND REMODELING	12/01/81 8/01/83	10,826 707		10,826 707		10,826 707	0
288	SIDEWALK REPLACEMENT	8/01/83	695		695	10 HY S/L	686	0
308 309	ADDL BUILDING COSTS-BACK TAXES AFFILIATED ROOFING-ROOFING	4/01/85 4/01/85	7,230 20,394		7,230 20,394		6,569 18,523	0
310	AFFILIATED ROOFING ROOFING	4/01/85	4,246			18 MM PRE	3,854	0
311 312	AFFILIATED ROOFING-ROOFING-12/20 BUILDING-10/84	4/01/85 4/01/85	30,864 187,467			18 MM PRE 18 MM PRE	28,027 170,246	0
313	WATERSTREET DESIGN-PROF. SERVIC		2,535			18 MM PRE	2,303	0
314 315	WATERSTREET DESIGN-PROF SERVICE WATERSTREET DESIGN-PROF SERVICE	4/01/85 4/01/85	4,970 3,455			18 MM PRE 18 MM PRE	4,516 3,139	0 0
316	WATERSTREET DESIGN-PROF SERVICE	4/01/85	4,690		4,690	18 MMPRE	4,261	0
317 318	WM H. HALL & SONS-TRUCK WALL-I WM. H. HALL & SONS-REMODELING	4/01/85 4/01/85	23,943 57,081			18 MM PRE 18 MM PRE	21,743 51,839	0
319	WM H. HALL & SONS-REMODELING-1		10,038		10,038	18 MM PRE	9,117	0
320 321	WM. H. HALL & SONS-REMODELING-2 WM H HALL & SONS-REMODELING-3		75,610 59,229			18 MM PRE 18 MM PRE	68,670 53,787	0
322	WM H HALL & SONS-TRUCK WALL &		11,573		11,573	18 MM PRE	10,511	0
323 324	WATERSTREET DESIGN-PROF. SERVIC WM H HALL & SONS-REMODELING	6/01/85 6/01/85	520 55,120		520 55,120		482 51,159	0
325	AFFILIATED ROOFING-ROOFING	8/01/85	7,240		7,240	18 MM PRE	6,691	0
326	WATERSTREET DESIGN-PROF. SERVIC Total ACRS Depreciation	9/01/85	715		715	18 MM PRE	659	0
	Total ACKS Depreciation		734,190		734,190		681,007	0
Other	Depreciation:	1.01.1=2	244.404		244.50			_
	LAND BUILDING	1/01/73 1/01/73	366,696 1,388,374		366,696 1,388,374		0 1,284,243	0 34,709
3	FURNITURE & EQUIPMENT	1/01/73	213,807		213,807	10 MO S/L	213,807	0
4 5	IMPROVEMENTS IMPROVEMENTS	1/01/73 1/01/74	7,773 45,229		45.229	40 MO S/L 39 MO S/L	7,187 41,752	195 1,160
6	IMPROVEMENTS	1/01/77	4,390		4,390	36 MO S/L	4,024	122
7 8	IMPROVEMENTS IMPROVEMENTS	1/01/78 1/01/79	6,258 116			35 MO S/L 34 MO S/L	5,723 102	179 4
9	IMPROVEMENTS	1/01/80	2,229		2,229	33 MO S/L	2,030	68
89 90	WATERSTREET DESIGN WATERSTREET DESIGN	1/26/99 4/06/99	150 363		150 363	39 MO S/L 39 MO S/L	42 100	4 9
91	WATERSTREET DESIGN	12/02/99	1,538		1,538	39 MO S/L	397	40
138 140	815 LYON STREET-GENESEE CTY LAN 815 LYON STREET-BARTMAN EXCAV,	2/11/09 7/09/09	239 9,180		239 9,180		0	0
141	2-VACANT LOTS-MASON ST -GARDEN	8/03/09	678		678	0 Land	0	0
145 146	427 6TH AVENUE-LAND AND BUILDIN LAND AND BUILDING-6TH AVE. & GR		24,000 65,000		24,000 65,000		0	0
147	LAND (BUILDING DEMOLISHED)	8/01/81	4,153		4,153	0 Land	0	0
148 149	LAND (BUILDING DEMOLISHED) 411 W 6TH AVENUE-LAND AND BUILI	8/01/81 10/01/81	2,077 18,958		2.077 18,958	0 Land 0 Land	0	0
150	809 MASON STREET-LAND AND BUILI	10/01/81	23,681		23,681	0 Land	0	0
151 152	LAND (BUILDING DEMOLISHED) LAND (BUILDING DEMOLISHED)	12/01/81 5/01/82	1,740 1,390		1,740 1,390		0	0
'32	Z (BOIDSHIE DUMOBIOLIED)	5.01102	1,570		1,570	O Land	J	· ·

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		Date		Bus Sec Basis	
Asset	Description	In Service	Cost	% 179Bonus for Depr PerConv Meth Prior Currer	nt
162	TAX SALE LOTS-(4)-MASON-FIFTH AV		460	460 0 Land 0	0
163		11/01/92	4,500	4,500 0 Land 0	0
164	VACANT LOT-(RIVERSIDE INVESTME	12/01/92	1,000	1,000 0 Land 0	0
		11/06/06	600	600 0 Land 0	0
	VACANT LAND-W. FIFTH AVENUE	11/06/06	600	600 0 Land 0	ŏ
		1/13/07			ő
	827 LYON STREET-VACANT LAND		1,000	·	
	6TH AVENUE-VACANT LAND	1/13/07	500	500 0 Land 0	0
	VACANT LAND-6TH AVENUE	7/02/07	2,732	2,732 0 Land 0	0
239	BUILDING-421 W. FIFTH-FROM FLINT	10/01/83	1	1 0 Memo 0	0
281	IMPROVEMENTS	1/01/74	2,897	2,897 30 MO S/L 2,897	0
282	IMPROVEMENTS	1/01/77	1,290	1,290 27 MO S/L 1,290	0
	IMPROVEMENTS	1/01/78	65,967	65,967 26 MO S/L 65,967	ŏ
	IMPROVEMENTS	1/01/79	9,058	9,058 25 MO S/L 9,058	ő
	BUILDING	1/01/72	160,163	160,163 33 MO S/L 160,163	0
304	FURNITURE AND EQUIPMENT	1/01/72	15,322	15,322 10 MO S/L 15,322	0
	BUILDING	1/01/74	1,191	1,191 31 MO S/L 1,191	0
306	FURNITURE AND EQUIPMENT	1/01/74	627	627 8 MO S/L 627	0
	LAND	10/01/84	17,000	17,000 0 Land 0	Ō
	WATERSTREET DESIGN	5/06/98	205	205 39 MO S/L 61	ő
		9/02/98	333	333 39 MO S/L 97	
	WATERSTREET DESIGN				8
351	WATERSTREET DESIGN	11/02/98	95	95 39 MO S/L 27	3
	WOODBURY CONSTRUCTION	11/02/98	3,000	3.000 39 MO S/L 859	77
	LAND	4/01/92	35,000	35,000 0 Land 0	0
	BUILDING-822 MASON STREET	3/15/00	23,000	23,000 0 Land 0	0
	BUILDING-828 MASON STREET	3/15/00	42,000	42,000 0 Land 0	Ŏ
	BUILDINGS DEMOLITION-822 & 828	7/06/00	17,400	17,400 0 Land 0	ŏ
	LAND	1/01/93	17,500	17,500 0 Land 0	ŏ
		(101/93			
	WATERSTREET DESIGN	6/03/99	1,138	1,138 39 MO S/L 309	29
405	WATERSTREET DESIGN	8/04/99	488	488 39 MO S/L 130	13
406	WATERSTREET DESIGN	9/07/99	375	375 39 MO S/L 99	10
413	STANLEY ROAD-VACANT LAND	5/29/96	16,000	16,000 0 Land 0	0
	FAMILY BUILDING COMPANY-RETAIL		2,000	2,000 27 MO S/L 849	72
	WATERSTREET DESIGN	10/07/98	95	95 27 MO S/L 39	4
	VACANT LAND	8/15/96	30,000		0
	FAMILY BUILDING COMPANY-RETAIL		2,000	2,000 27 MO S/L 849	72
	11238 N ELMS ROAD-LAND	6/01/97	13,990	13,990 0 Land 0	0
472	WATERSTREET DESIGN	9/02/98	143	143 27 MO S/L 59	5
473	CHARLES EMMENDORFER-EASEMEN'		500	500 27 MO S/L 203	18
	4225 BEECHER ROAD-VACANT LAND	1/02/95	23,000	23,000 0 Land 0	ő
	WATERSTREET DESIGN	1/06/97	586		ŏ
	WATERSTREET DESIGN	2/04/97	350	350 0 Land 0	0
477	DELTA LAND SURVEYING-ARCH SUR	2/22/97	1,275	1,275 0 Land 0	0
478	HALLMARK AGENCY-BUILDERS RISK	2/28/97	975	975 0 Memo 0	0
479	WATERSTREET DESIGN	3/03/97	434	434 0 Memo 0	0
480	WATERSTREET DESIGN	4/04/97	350	350 0 Memo 0	0
481	WATERSTREET DESIGN	5/13/97	257	257 0 Memo 0	ŏ
	WATERSTREET DESIGN	6/04/97	192		
					0
	WATERSTREET DESIGN	7/08/97	128	128 0 Memo 0	_0
	FAMILY BUILDING COMPANY-RETAIL		2,000	2,000 27 MO S/L 849	72
492	LAND-705 S. DORT HWY.	2/05/98	75,000	75,000 0 Land 0	0
493	BUILDING-705 S DORT HWY.	11/01/98	428,513	428,513 39 MO S/L 122,694 10,9	987
	CBA-S/SURELOCK HOMES	11/01/98	28,070		720
495	DELTA LAND SURVEYING	11/01/98	795	795 39 MO S/L 228	20
	ERA COMPANIES	11/01/98	10,273		263
497	ERA COMPANIES	11/01/98	21,280		546
	ERA COMPANIES	11/01/98	24,162		620
499	ERA COMPANIES	11/01/98	35,481		910
	WATERSTREET DESIGN	11/01/98	2,450	2,450 39 MO S/L 701	63
501	WATERSTREET DESIGN	11/01/98	1,750	1,750 39 MO S/L 501	45
	WATERSTREET DESIGN	11/01/98	2,800	2,800 39 MO S/L 802	71
	WATERSTREET DESIGN	11/01/98	1,200	1,200 39 MO S/L 344	30
	WATERSTREET DESIGN	11/01/98	800	800 39 MO S/L 229	21
	WATERSTREET DESIGN	11/01/98	500	500 39 MO S/L 143	13
506	WATERSTREET DESIGN	11/02/98	500	500 39 MO S/L 143	13
507	CBA-2/SURELOCK HOMES	11/11/98	3,119	3,119 39 MO S/L 893	80
1	ERA COMPANIES	11/11/98	62,348		598
509	ERA COMPANIES	12/15/98	13,899		356
		4/12/99			
	ERA COMPANIES-FINAL		3,835		98
	LAND-6151 W. LAKE ROAD	7/10/98	20,700	20,700 0 Land 0	0
	BUILDING-6151 W. LAKE ROAD	7/10/98	117,300		265
540	DELTA LAND SURVEYING	7/10/98	950	950 27 MO S/L 397	35
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Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
541 542	WATERSTREET DESIGN WATERSTREET DESIGN	7/10/98	650			27 MO S/L	272	24
543	WATERSTREET DESIGN WATERSTREET DESIGN	7/10/98	800		800		335	29
	FILPANSICK CONTRACTING INC.	8/11/98 10/20/98	3,350 150		3,350	27 MO S/L 27 MO S/L	1,391	122
	LAWRENCE ENGINEERING	11/30/98	2,000		2,000		61 806	5
	WATERSTREET DESIGN	1/26/99	950		950		377	73 35
547	BUDEN & SON EXCAVATING-FLOW M		250		250		98	10
548	WATERSTREET DESIGN	3/16/99	450		450		176	16
	WATERSTREET DESIGN	4/06/99	550		550		215	20
	WATERSTREET DESIGN	9/07/99	780		780		293	28
	LAWRENCE ENGINEERING	9/15/99	2,500		2,500		939	91
	WATERSTREET DESIGN	11/04/99	2,040		2,040		754	7 4
	WATERSTREET DESIGN	12/02/99	1,300		1,300		477	47
	LAND-9441 SPRUCEDALE ROAD	6/01/98	23,900		23,900	0 Land	0	0
	BUILDING-9441 SPRUCEDALE	6/01/98	135,515		135,515		57,081	4,927
	DELTA LAND SURVEYING	6/01/98	800		800		337	29
576	WATERSTREET DESIGN	6/01/98	333		333	27 MO S/L	140	12
577	WATERSTREET DESIGN	7/08/98	404		404		169	15
579	LAND-12228 DODGE ROAD	7/27/99	20,550		20,550	0 Land	0	0
580	BUILDING-12228 DODGE ROAD	7/27/99	116,450		116,450		44,110	4,234
581	WATERSTREET DESIGN	8/04/99	325		325	27 MO S/L	123	12
	DAVISON LAND SURVEYING	12/10/99	600		600	27 MO S/L	220	22
	LAND-14180 HOGAN ROAD	1/28/00	29,250		29,250	0 Land	0	0
	LAND-1220 W. LAKE ROAD	3/15/00	27,750		27,750	0 Land	0	0
	LAND-4478 N. VASSAR ROAD	12/19/06	28,500		28,500	0 Land	0	0
	LAND-3220 S VASSAR ROAD	1/09/07	28,500		28,500	0 Land	0	0
	LAND-8155 BURLEIGH ROAD-GRAND		25,500		25,500	0 Land	0	0
	LAND-4069 W COURT STREET, FLINT		22,500		22,500	0 Land	0	0
	LAND-7134 BLANKENSHIP CIRCLE, DA		22,725		22,725	0 Land	0	0
	LAND-4074 HENDERSON ROAD, DAVI:		23,175		23,175	0 Land	0	0
657	302 W. FIFTH AVENUE HOUSE	11/11/10	2,545		2,545	0 Land	0	0
	Total Other Depreciation		4,088,553		4,088,553		2,161,862	67,458
	Total ACRS and Other Depreci	iation	4,822,743		4.822,743		2,842,869	67,458
Amor	tization:							
	LOAN PROCESSING FEES-MORRISH R	3/09/05	125		125	5 MOAmort	121	4
	LOAN PROCESSING FEES-STANLEY RI		125		125	5 MOAmort	121	4
	LOAN PROCESSING FEES-BEECHER R		125		125	5 MOAmort	121	4
	LOAN PROCESSING FEES-ELMS RD.	3/09/05	125		125	5 MOAmort	121	4
652	LOAN PROCESSING FEES-4478 N. VAS		250		250	5 MOAmort	154	50
	LOAN PROCESSING FEE-3220 S VASSA		250		250	5 MOAmort	150	50
	LOAN PROCESSING FEES-705 S. DORT		150		150	3 MOAmort	88	50
655	MORTGAGE FEES-9441 SPRUCEDALE	4/28/08	150		150	2 MOAmort	105	45
	MORTGAGE FEES-6151 W. LAKE ROAI		150		150	3 MOAmort	88	50
			1,450		1,450		1.060	
			1,430		1,430		1,069	261
	0.15		10 (00 = 1					
	Grand Totals		12,630,766		12,630,766		5,304,222	310,788
	Less: Dispositions and Transfer	rs	0		0		0	0
	Less: Start-up/Org Expense		0		0		0	0
	Net Grand Totals		12,630,766		12,630,766		5,304,222	310,788

061643230 Greater Flint Mental Health 5/2/2012 1:46 PM **Federal Statements** - 23-7170447 FYE: 12/31/2010 **Taxable Interest on Investments** Description Exclusion Postal Acquired after Unrelated US Business Code Code Code 6/30/75 Obs (\$ or %) Amount Citizens Bank-Sweep Account 144 MΙ Total 144 **Taxable Dividends from Securities** Description Unrelated Exclusion Postal Acquired after US Business Code Code Code Obs (\$ or %) Amount 6/30/75 Financial Investments-Div. 10,195 ΜI Total 10,195

5/2/2012 1:46 PM Fund Raising Ś Management & General ጭ Form 990, Part IX, Line 24f - All Other Expenses 250 233 210 693 Program Service **Federal Statements** Ŋ. 250 233 210 693 Expenses Total ↔ 061643230 Greater Flint Mental Health TITLES-DEEDS-APPRAISAL FE Description FYE: 12/31/2010 Total 23-7170447 UTILITIES REPAIRS