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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
FLINT CULTURAL CENTER CORPORATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1310 EAST KEARSLEY ST

City or town, state or country, and ZIP + 4
FLINT, MI 48503

D Employer identification number
38-6089075

E Telephone number
(810) 237-7389

G Gross receipts $ 6,297,255

F Name and address of principal officer
MARSHA BARBER CLARK
1221 EAST KEARSLEY ST
FLINT, MI 48503

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW FCCCORP ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1992 | **M** State of legal domicile MI

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE MISSION OF THE FLINT CULTURAL CENTER CORPORATION (FCCC) IS TO FOSTER CULTURAL ACTIVITY AND COMMUNITY VITALITY THROUGH HISTORY, SCIENCE AND THE ARTS OUR VISION IS TO POSITION THE FLINT CULTURAL CENTER AS THE PREMIER REGIONAL DESTINATION, EDUCATIONAL RESOURCE, AND ENTERTAINMENT VENUE FOR HISTORY, SCIENCE AND THE ARTS FCCC OWNS, MANAGES AND MAINTAINS THE 33- ACRE CULTURAL CENTER CAMPUS, COORDINATES CAMPUS-WIDE PLANNING, MARKETING, AND EVENTS, AND GOVERNS THE OPERATIONS OF ITS MEMBER ORGANIZATIONS SLOANLONGWAY (THE JOINT OPERATION OF SLOAN MUSEUM AND LONGWAY PLANETARIUM) AND THE WHITING THE WHITING OPENED IN 1967 AS THE AREA'S PREMIER PERFORMANCE VENUE ITS MISSION IS TO BE A WELCOMING CENTER FOR THE PERFORMING ARTS THAT FOCUSES ON PROVIDING PROFESSIONAL, INCLUSIVE AND VALUABLE PERFORMING ARTS EXPERIENCES IN AND AROUND THE FLINT COMMUNITY WITH A SEASON THAT RUNS FROM SEPTEMBER TO JUNE, THIS 2,000-SEAT AUDITORIUM OFFERS THE WHITING PRESENTS SERIES OF NATIONAL TOURING PERFORMING ARTI

Activities & Governance

2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	**3**	25
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	25
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	233
6	Total number of volunteers (estimate if necessary)	**6**	83
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	18,149
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-9,263

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	913,749	3,113,754
9	Program service revenue (Part VIII, line 2g)	3,262,098	2,855,213
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	125,132	153,362
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	63,192	57,843
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,364,171	6,180,172

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	68,548	437,352
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,754,379	2,676,228
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 333,798		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	4,073,517	3,672,501
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	6,896,444	6,786,081
19	Revenue less expenses Subtract line 18 from line 12	-2,532,273	-605,909

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	33,355,700	34,370,859
21	Total liabilities (Part X, line 26)	1,032,867	731,000
22	Net assets or fund balances Subtract line 21 from line 20	32,322,833	33,639,859

Part II Signature Block

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

Sign Here

****** | 2012-03-02
Signature of officer | Date

MARSHA BARBER CLARK INTERIM CEO/PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
JANE M JOHNSON	JANE M JOHNSON	2012-03-06	☐	

Firm's name ▶ YEO & YEO PC | Firm's EIN ▶

Firm's address ▶ 4468 OAK BRIDGE DR
FLINT, MI 485325422 | Phone no ▶ (810) 732-3000

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

THE MISSION OF THE FLINT CULTURAL CENTER CORPORATION (FCCC) IS TO FOSTER CULTURAL ACTIVITY AND COMMUNITY VITALITY THROUGH HISTORY, SCIENCE AND THE ARTS OUR VISION IS TO POSITION THE FLINT CULTURAL CENTER AS THE PREMIER REGIONAL DESTINATION, EDUCATIONAL RESOURCE, AND ENTERTAINMENT VENUE FOR HISTORY, SCIENCE AND THE ARTS FCCC OWNS, MANAGES AND MAINTAINS THE 33- ACRE CULTURAL CENTER CAMPUS, COORDINATES CAMPUS-WIDE PLANNING, MARKETING, AND EVENTS, AND GOVERNS THE OPERATIONS OF ITS MEMBER ORGANIZATIONS SLOANLONGWAY (THE JOINT OPERATION OF SLOAN MUSEUM AND LONGWAY PLANETARIUM) AND THE WHITING THE WHITING OPENED IN 1967 AS THE AREA'S PREMIER PERFORMANCE VENUE ITS MISSION IS TO BE A WELCOMING CENTER FOR THE PERFORMING ARTS THAT FOCUSES ON PROVIDING PROFESSIONAL, INCLUSIVE AND VALUABLE PERFORMING ARTS EXPERIENCES IN AND AROUND THE FLINT COMMUNITY WITH A SEASON THAT RUNS FROM SEPTEMBER TO JUNE, THIS 2,000-SEAT AUDITORIUM OFFERS THE WHITING PRESENTS SERIES OF NATIONAL TOURING PERFORMING ARTI

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 4,689,089 including grants of $) (Revenue $ 3,800,234)

SLOAN MUSEUM EXHIBITS, LONGWAY PLANETARIUM SHOWS, WHITING PERFORMANCES

4b (Code) (Expenses $ 1,191,503 including grants of $) (Revenue $ 2,406,971)

CENTER-WIDE PROGRAMS

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 5,880,592

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
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		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	Yes	
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		No
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	Yes	
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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
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		No
c	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		No
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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
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		No
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		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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 U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

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**	Yes	
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**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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**	Yes	
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–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
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**		No
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**		No
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**		No
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**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
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**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ **Yes** ☑ **No**			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
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**		No
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**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	32		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	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	233		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Yes
	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	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	Yes
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 account)?			4a	No
b	If "Yes," enter the name of the foreign country ▶ _____ 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? . .			5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
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 organization solicit any contributions that were not tax deductible?			6a	No
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).**				
a	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	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h	No
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	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				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
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	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b	

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 25		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 25		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ MI

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☑ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

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

JODY BLACKBURN
1310 E KEARSLEY ST
FLINT, MI 48503
(810) 237-7330

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, and **current** key employees 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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JEANNE PEPPER PAST CHAIR	1 00	X						0	0	0
(2) ROBERT PIPER TREASURER	1 00	X		X				0	0	0
(3) KIMBERLEY ROBERSON DIRECTOR	1 00	X						0	0	0
(4) BETSY ADERHOLDT DIRECTOR	1 00	X						0	0	0
(5) DANIELLE BROWN DIRECTOR	1 00	X						0	0	0
(6) DR MICHAEL BOUCREE VICE CHAIR	1 00	X		X				0	0	0
(7) DANIEL COFFIELD DIRECTOR	1 00	X						0	0	0
(8) RICK CARTER DIRECTOR	1 00	X						0	0	0
(9) CHERYL D GALLON DIRECTOR	1 00	X						0	0	0
(10) BRAD FOGLEMAN DIRECTOR	1 00	X						0	0	0
(11) LUBNA BATHISH JONES DIRECTOR	1 00	X						0	0	0
(12) STEVE HEDDY DIRECTOR	1 00	X						0	0	0
(13) BRIAN JOHNSON DIRECTOR	1 00	X						0	0	0
(14) ANGIE LIBERTY SECRETARY	1 00	X		X				0	0	0
(15) ZOE BURDINE-FLY DIRECTOR	1 00	X						0	0	0
(16) ANTOINETTE LOCKETT DIRECTOR	1 00	X						0	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(17) BETTY RAMSDELL DIRECTOR	1 00	X						0	0	0
(18) JEROME THRELKELD DIRECTOR	1 00	X						0	0	0
(19) JEREMY PIPER DIRECTOR	1 00	X						0	0	0
(20) APRIL SCRIMGER DIRECTOR	1 00	X						0	0	0
(21) ERNESTINE SMITH DIRECTOR	1 00	X						0	0	0
(22) RIDGWAY WHITE DIRECTOR	1 00	X						0	0	0
(23) DJ TRELA CHAIR	5 00	X		X				0	0	0
(24) JIM JOHNSON DIRECTOR	1 00	X						0	0	0
(25) PHYLLIS SYKES DIRECTOR	1 00	X						0	0	0
(26) MARSHA BARBER CLARK INTERIMPRESI	40 00			X				39,461	0	0
(27) CINDY ORNSTEIN FORMER PRESI	40 00						X	106,196	0	0
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								145,657		

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 1

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . . 1a					
	b Membership dues 1b					
	c Fundraising events 1c	32,749				
	d Related organizations . . . 1d					
	e Government grants (contributions) 1e	23,500				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	3,057,505				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f . . . . . ▶		3,113,754			
Program Service Revenue		Business Code				
	2a ADMISSIONS/OTHER	711190	2,032,784	2,032,784		
	b BENEFICIARY TRUST INCOME	525920	822,429	822,429		
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		2,855,213			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		153,362			153,362
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) . . . . . ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss) . . . . . ▶					
Other Revenue	8a Gross income from fundraising events (not including $ 32,749 of contributions reported on line 1c) See Part IV, line 18 . . . a	15,976				
	b Less direct expenses . . . b	15,976				
	c Net income or (loss) from fundraising events . . ▶					
	9a Gross income from gaming activities See Part IV, line 19 . a					
	b Less direct expenses . . . . . b					
	c Net income or (loss) from gaming activities . . ▶					
	10a Gross sales of inventory, less returns and allowances . a	140,801				
	b Less cost of goods sold . . b	101,107				
	c Net income or (loss) from sales of inventory . . ▶		39,694	39,694		
	Miscellaneous Revenue	Business Code				
	11a ADVERTISING	541800	18,149		18,149	
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶		18,149			
	12 **Total revenue.** See Instructions . . . ▶		6,180,172	2,894,907	18,149	153,362

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 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	400,797	400,797		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	36,555	36,555		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	39,461	33,142	3,830	2,489
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	106,196	89,190	10,307	6,699
7 Other salaries and wages	2,002,437	1,606,859	191,761	203,817
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	286,160	240,334	27,773	18,053
10 Payroll taxes	241,974	203,224	23,485	15,265
a Fees for services (non-employees) Management				
b Legal	5,328	3,059	2,269	
c Accounting	32,816	21,498	11,318	
d Lobbying				
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees				
g Other	831	181	650	
12 Advertising and promotion	372,722	354,671		18,051
13 Office expenses	31,269	25,642	3,114	2,513
14 Information technology				
15 Royalties				
16 Occupancy	478,086	434,269	24,545	19,272
17 Travel	17,094	15,059	1,405	630
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,462		1,462	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,033,914	876,837	156,057	1,020
23 Insurance	55,147	46,614	8,309	224
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)				
a EDUCATION PROGRAM/PROD	994,274	994,266		8
b REPAIR/MAINTENANCE	414,432	362,736	41,615	10,081
c MISCELLANEOUS	135,354	74,758	59,816	780
d BAD DEBT EXPENSE	42,283	12,183		30,100
e SUPPLIES	36,895	32,818	873	3,204
f All other expenses	20,594	15,900	3,102	1,592
25 **Total functional expenses.** Add lines 1 through 24f	6,786,081	5,880,592	571,691	333,798
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				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		309,815	1	311,027
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		216,664	3	165,435
	4	Accounts receivable, net		98,557	4	97,946
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	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 employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		91,383	8	96,336
	9	Prepaid expenses and deferred charges		153,327	9	226,916
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 30,923,306			
	b	Less accumulated depreciation	10b 10,569,032	21,163,457	10c	20,354,274
	11	Investments—publicly traded securities		5,176,117	11	6,150,127
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		6,146,380	15	6,968,798
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		33,355,700	16	34,370,859
Liabilities	17	Accounts payable and accrued expenses		605,015	17	272,516
	18	Grants payable			18	
	19	Deferred revenue		423,852	19	453,484
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		4,000	25	5,000
	26	**Total liabilities.** Add lines 17 through 25		1,032,867	26	731,000
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		11,467,066	27	11,361,589
	28	Temporarily restricted net assets		14,151,204	28	14,644,421
	29	Permanently restricted net assets		6,704,563	29	7,633,849
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		32,322,833	33	33,639,859
	34	Total liabilities and net assets/fund balances		33,355,700	34	34,370,859

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	6,180,172
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,786,081
3	Revenue less expenses Subtract line 2 from line 1	3	-605,909
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	32,322,833
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,922,935
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	33,639,859

Part 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 ☑ 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		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
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 ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
FLINT CULTURAL CENTER CORPORATION

Employer identification number
38-6089075

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☑ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **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 ▶☐

b **33 1/3% support test—2009.** If the organization did not check the 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 organization ▶☐

b **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.)

Section A. Public Support

Calendar 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 ")	4,358,388	4,360,027	5,550,458	913,749	2,643,095	17,825,717
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	2,558,808	2,783,751	2,207,074	2,921,762	2,996,014	13,467,409
3 Gross receipts from activities that are not an unrelated trade or business under section 513				11,614	15,976	27,590
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	6,917,196	7,143,778	7,757,532	3,847,125	5,655,085	31,320,716
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	2,876,213	2,637,370	1,933,130	1,855,500	2,181,159	11,483,372
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b	2,876,213	2,637,370	1,933,130	1,855,500	2,181,159	11,483,372
8 **Public Support** (Subtract line 7c from line 6)						19,837,344

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	6,917,196	7,143,778	7,757,532	3,847,125	5,655,085	31,320,716
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	148,736	176,749	151,661	125,132	153,362	755,640
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	148,736	176,749	151,661	125,132	153,362	755,640
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)	457,795	583,281	376,431	403,528	880,272	2,701,307
13 **Total support** (Add lines 9, 10c, 11 and 12)	7,523,727	7,903,808	8,285,624	4,375,785	6,688,719	34,777,663

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	57 040 %
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	48 450 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17	2 000 %
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18	2 000 %

19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV **Supplemental Information.** 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).

Facts And Circumstances Test

Explanation
SCHEDULE A, LIST OF UNUSUAL GRANTS RECEIVED

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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

Name of the organization
FLINT CULTURAL CENTER CORPORATION

Employer identification number
38-6089075

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
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 exclusive legal control? ☐ Yes ☑ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☑ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, 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 pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☑ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☑ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☑ Public exhibition
- b ☑ Scholarly research
- c ☑ Preservation for future generations
- d ☑ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☑ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	570,966	492,550	600,000		
b Contributions			1,225		
c Investment earnings or losses	137,116	78,416	-108,675		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	708,082	570,966	492,550		

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 100 000 %
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)	Yes	
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		No

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,299,947		1,299,947
b Buildings		26,873,724	8,694,388	18,179,336
c Leasehold improvements				
d Equipment		2,160,879	1,874,644	286,235
e Other		588,756		588,756
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				20,354,274

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) TRUST HELD BY THIRD PARTY	6,925,767
(2) CSV OF LIFE INSURANCE POLICIES	43,030
(3) MISCELLANEOUS HOLDINGS	1
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	6,968,798

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
DEPOSITS	5,000
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	5,000

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 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,180,172
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,786,081
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-605,909
4	Net unrealized gains (losses) on investments	4	1,100,506
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	822,429
9	Total adjustments (net) Add lines 4 - 8	9	1,922,935
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,317,026

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	8,130,140
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	1,100,506		
b	Donated services and use of facilities	2b	11,057		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	838,405		
e	Add lines **2a** through **2d**			2e	1,949,968
3	Subtract line **2e** from line **1**			3	6,180,172
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	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	6,180,172

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	6,813,114
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	11,057		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	15,976		
e	Add lines **2a** through **2d**			2e	27,033
3	Subtract line **2e** from line **1**			3	6,786,081
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	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	6,786,081

Part XIV Supplemental Information

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, 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

Identifier	Return Reference	Explanation
TERMS FOR NOT REPORTING ASSETS PER SFAS 116	SCHEDULE D, PAGE 1, PART III, LINE 1A	SLOAN MUSEUM'S COLLECTIONS ARE MADE UP OF ARTIFACTS OF HISTORICAL SIGNIFICANCE AND ART OBJECTS THAT ARE HELD FOR EDUCATIONAL, SCIENTIFIC, AND CURATORIAL PURPOSES EACH OF THE ITEMS IS CATALOGED, PRESERVED, AND CARED FOR AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY THE COLLECTIONS ARE SUBJECT TO A POLICY THAT REQUIRES PROCEEDS FROM THEIR SALES TO BE USED TO ACQUIRE OTHER ITEMS FOR COLLECTIONS THE COLLECTIONS, WHICH WERE ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS FROM SLOAN MUSEUM'S INCEPTION, ARE NOT RECOGNIZED AS ASSETS ON THE CONSOLIDATED STATEMENT OF FINANCIAL POSITION PURCHASES OF COLLECTION ITEMS ARE RECORDED AS DECREASES IN UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED OR AS TEMPORARILY OR PERMANENTLY RESTRICTED NET ASSETS IF THE ASSETS USED TO PURCHASE THE ITEMS ARE RESTRICTED BY DONORS CONTRIBUTED COLLECTION ITEMS ARE NOT REFLECTED ON THE CONSOLIDATED FINANCIAL STATEMENTS PROCEEDS FROM DEACCESSIONS OR INSURANCE RECOVERIES ARE REFLECTED AS INCREASES IN THE APPROPRIATE NET ASSET CLASS
COLLECTIONS AND RELATION TO EXEMPT PURPOSE	SCHEDULE D, PAGE 2, PART III, LINE 4	SLOAN MUSEUM IS ACCREDITED BY THE AMERICAN ASSOCIATION OF MUSEUMS AS A MUSEUM, IT IS THE STAFF AND BOARD'S RESPONSIBILITY TO FOLLOW THE GUIDELINES ESTABLISHED BY THE AAM FOR ACCREDITATION THE SLOAN MUSEUM'S MISSION STATEMENT IS "WE CREATE ENGAGING EXPERIENCES THAT INSPIRE A LIFELONG CURIOSITY IN HISTORY, SCIENCE, AND TECHNOLOGY FOR EVERYONE " WE DO THIS THROUGH EXHIBITS AND PROGRAMS THE MUSEUM AND PLANETARIUM TOGETHER SERVE MORE THAN 140,000 VISITORS ON AN ANNUAL BASIS MORE THAN 60,000 STUDENTS ON SCHOOL FIELD TRIPS ATTENDING THE MUSEUM'S FACILITIES ARE INCLUDED IN THIS NUMBER WE WORK CLOSELY WITH LOCAL SCHOOL DISTRICTS TO ENSURE OUR ACTIVITIES MEET MICHIGAN EDUCATIONAL STANDARDS
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	CHANGE IN VALUE OF TRUSTS HELD BY THIRD PARTY 822,429 FUNDRAISING REVENUES NETTED WITH EXPENSES ON PART VIII 15,976 FUNDRAISING EXPENSES NETTED WITH REVENUES FOR PART VIII -15,976
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	CHANGE IN VALUE OF TRUSTS HELD BY THIRD PARTY 822,429 FUNDRAISING REVENUES NETTED WITH EXPENSES ON PART VIII 15,976
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	FUNDRAISING EXPENSES NETTED WITH REVENUES FOR PART VIII 15,976

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
FLINT CULTURAL CENTER CORPORATION

Employer identification number
38-6089075

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and e-mail solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 GROWING UP ARTF (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	48,725			48,725
	2 Less Charitable contributions	32,749			32,749
	3 Gross income (line 1 minus line 2)	15,976			15,976
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	15,976			15,976
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				15,976
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	**13a**	
b An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
FLINT CULTURAL CENTER CORPORATION

Employer identification number
38-6089075

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) FLINT INSTITUTE OF ARTS1120 E KEARSLEY ST FLINT,MI 48503	38-1539984	3	12,500				OPERATING SUPPORT
(2) FLINT INSTITUTE OF MUSIC1025 E KEARSLEY ST FLINT,MI 48503	38-6159482	3	67,638				OPERATING SUPPORT
(3) CITY OF FLINT1101 S SAGINAW ST FLINT,MI 48502		GOV	320,659				COMMUNITY DEVELOPMNT

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 2

3 Enter total number of other organizations . . . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) MAGNUS SCHOLARSHIP	13	36,555		FACE VALUE	

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	PERIODIC MEETINGS ARE HELD WITH THE ENTITIES THAT RECEIVE RE-GRANTED FUNDS FROM FCCC, AND THESE ENTITIES ARE ALSO REQUIRED TO GIVE PERIODIC REPORTS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
FLINT CULTURAL CENTER CORPORATION

Employer identification number
38-6089075

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CINDY ORNSTEIN	(i) (ii)	106,196					106,196	
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

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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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
FLINT CULTURAL CENTER CORPORATION	38-6089075

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	THE MISSION OF THE FLINT CULTURAL CENTER CORPORATION (FCCC) IS TO FOSTER CULTURAL ACTIVITY AND COMMUNITY VITALITY THROUGH HISTORY, SCIENCE AND THE ARTS OUR VISION IS TO POSITION T HE FLINT CULTURAL CENTER AS THE PREMIER REGIONAL DESTINATION, EDUCATIONAL RESOURCE, AND EN TERTAINMENT VENUE FOR HISTORY, SCIENCE AND THE ARTS FCCC OWNS, MANAGES AND MAINTAINS THE 33- ACRE CULTURAL CENTER CAMPUS, COORDINATES CAMPUS-WIDE PLANNING, MARKETING, AND EVENTS, AND GOVERNS THE OPERATIONS OF ITS MEMBER ORGANIZATIONS SLOANLONGWAY (THE JOINT OPERATION O F SLOAN MUSEUM AND LONGWAY PLANETARIUM) AND THE WHITING THE WHITING OPENED IN 1967 AS THE AREA'S PREMIER PERFORMANCE VENUE ITS MISSION IS TO BE A WELCOMING CENTER FOR THE PERFORM ING ARTS THAT FOCUSES ON PROVIDING PROFESSIONAL, INCLUSIVE AND VALUABLE PERFORMING ARTS EX PERIENCES IN AND AROUND THE FLINT COMMUNITY WITH A SEASON THAT RUNS FROM SEPTEMBER TO JUN E, THIS 2,000-SEAT AUDITORIUM OFFERS THE WHITING PRESENTS SERIES OF NATIONAL TOURING PERFO RMING ARTISTS WHITING BRINGS RESIDENCY AND OUTREACH ACTIVITIES CONDUCTED BY GUEST ARTISTS TO AREA SCHOOLS AND COMMUNITY CENTERS AND PRESENTS THE MAGNUS MIDWEST DANCE INTENSIVE, A ONE-MONTH RESIDENTIAL BALLET WORKSHOP (FORMERLY JOFFREY MIDWEST) THE WHITING ALSO HOSTS T HE FLINT SYMPHONY ORCHESTRA'S (FSO) ANNUAL SEASON AND MANY OF FLINT YOUTH THEATRE'S (FYT) LEARNING THROUGH THEATRE SCHOOL PERFORMANCES WHITING SERVES A BROAD GEOGRAPHIC AREA, WITH 27% OF ITS ADVANCE TICKET SALES COMING FROM OUTSIDE OF GENESEE COUNTY THE WHITING'S 2010 - 2011 ATTENDANCE WAS 72,495 DURING 2010-2011, THE WHITING PROVIDED A SERIES OF DIVERSE ARTISTS AND PROGRAMS, INCLUDING JACK HANNA'S INTO THE WILD LIFE, MONTY PYTHON'S SPAMALOT, SOMI, NBC'S LAST COMIC STANDING, THE MOSCOW FESTIVAL BALLET'S SWAN LAKE, COLIN MOCHRIE AND BRAD SHERWOOD, GREASE, JIM BRICKMAN, CIRQUE SHANGHAI, THE COLOR PURPLE, DEE DEE BRIDGEWAT ER, THE PINK FLOYD EXPERIENCE, JOHNNY WINTER, THE MAGNUS MIDWEST DANCE INTENSIVE, AQUILA T HEATRE, AMERICAN PLACE THEATRE, GARY KRINSKY'S TOYING WITH SCIENCE, THE RIVER NORTH CHICAG O DANCE COMPANY, AND THE RUSSIAN NATIONAL BALLET THESE OFFERINGS ACHIEVE A GOOD BALANCE B ETWEEN WELL-ESTABLISHED WORKS AND CONTEMPORARY, CUTTING-EDGE PERFORMANCES THAT CAN CHALLEN GE AUDIENCES AND ATTRACT NEW VISITORS WHITING'S EDUCATION AND OUTREACH PROGRAM IS SERVING OUR COMMUNITY THROUGH INDIVIDUAL WORKSHOPS AND EXPANDED RESIDENCY ACTIVITIES THIS PROGRA M HAS BEEN RE-CONCEPTUALIZED IN THE PAST TWO YEARS TO FOCUS ON SPECIFIC NEEDS THAT THE WHI TING IS BEST POSITIONED IN THE COMMUNITY TO FULFILL WE HAVE WELL-ESTABLISHED RELATIONSHIP S WITH COMMUNITY GROUPS, AREA SCHOOLS AND PUBLIC INSTITUTIONS IN THE GREATER FLINT AREA, A ND WE ARE PARTNERING WITH THESE ORGANIZATIONS TO IDENTIFY THE PERFORMING ARTS PROGRAMS AND SERVICES THAT CAN BEST MEET THEIR NEEDS WE HAVE IDENTIFIED K-8 STUDENTS, HIGH SCHOOL STU DENTS AND SENIOR ADULTS AS THREE OF OUR PRIME TARGET AUDIENCES EDUCATION AND OUTREACH COO RDINATOR HAS BEEN WORKING WITH AREA SCHOOL GROUPS, YOUTH CENTERS, SENIOR CENTERS AND ASSIS TED LIVING FACILITIES TO DETERMINE WHAT PROGRAMS AND SERVICES BEST MEET THE NEEDS OF THEIR CONSTITUENTS ONE INNOVATIVE PROGRAM THAT WE STARTED DURING 2009 - 2010 AND HAVE CONTINUE D IN 2010 - 2011 IS WEDNESDAYS AT THE WHITING THAT ENABLES STUDENTS TO EXPLORE MICHIGAN CA REER PATHWAYS IN THE PERFORMING ARTS FIELD WHITING STAFF MEMBERS PARTICIPATE IN A PANEL D ISCUSSION ABOUT THE JOBS, SKILLS AND CURRICULUM RELEVANT TO A CAREER IN THE PERFORMING ART S, AND STUDENTS TOUR BOTH FRONT OF HOUSE AND BACKSTAGE FACILITIES, GAINING INSIGHTS INTO R EALITIES OF WORKING IN THE ARTS DURING 2010 - 2011 WE HAVE HELD FIVE SESSIONS TO DATE WIT H STUDENTS FROM BEECHER, GRAND BLANC, FAITH, AND CARMAN-AINSWORTH HIGH SCHOOLS ESTABLISHE D IN 1966, SLOAN MUSEUM PRESERVES AND DISPLAYS TREASURED COMMUNITY COLLECTIONS AND PROVIDE S EDUCATIONAL PROGRAMMING IN HISTORY, SCIENCE, AND TECHNOLOGY THE MUSEUM OFFERS EDUCATION AL OUTREACH PROGRAMS, AND ITS PERRY ARCHIVES PROVIDE RESEARCH MATERIALS TO STUDENTS AND SC HOLARS EACH JUNE, SLOAN HOSTS ONE OF MICHIGAN'S LARGEST ANTIQUE CAR SHOWS, WITH OVER 600 CARS AND 8,500 VISITORS, ALONG WITH A CRUISE THAT ATTRACTS MORE THAN 500 CARS SLOAN IS IN THE SELECT GROUP CONSISTING OF ONLY 10% OF ALL MUSEUMS THAT ARE ACCREDITED BY THE AMERICA N ASSOCIATION OF MUSEUMS ESTABLISHED IN 1958, LONGWAY PLANETARIUM IS MICHIGAN'S LARGEST P LANETARIUM, FEATURING 285 SEATS UNDER A 60-FOOT DOME A LEARNING CENTER PROVIDES CLASSROOM S FOR HANDS-ON SCIENCE DEMONSTRATIONS, AND ENGAGING, CURRICULUM- DRIVEN CLASSES AND WORKSH OPS, DESIGNED WITH INPUT FROM AREA EDUCATORS LONGWAY OFFERS A WIDE VARIETY OF PLANETARIUM AND LASER SHOWS, SCHOOL AND FAMILY SCIENCE EDUCATION PROGRAMS AND AFTER-SCHOOL OUTREACH P ROGRAMS LONGWAY VISITORS RANGE FROM PRE-KINDERGARTENERS TO SENIOR CITIZENS, AND THE PLANE TARIUM SERVED SCHOOLS FROM 16 MICHIGAN COUNTIES LAST YEAR, INCLUDING 10 THAT ARE UNDER-SER VED DURING 2010 - 2011, SLOAN INITIATED THE FOLLO

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	WING MAJOR EXHIBITS AND PROGRAMS BOX CITY, CSI CRIME SCENE INSECTS, GROSSOLOGY, FROM HER E TO THERE, SLOAN AUTO FAIR, THE GOLDEN MEMORIES CAR SHOW, AND TWO EXHIBITS OF A THREE-EXH IBIT SERIES RELATED TO THE CHEVROLET 100TH BIRTHDAY CELEBRATION SLOAN IS ALSO OFFERING MA NY CLASSES AND WORKSHOPS, INCLUDING WORK AND PLAY OF YESTERDAY, TRAPPERS AND TRADERS, FLIN T DRUMMER BOY OF THE CIVIL WAR, YESTER TECH, IF I COULD BUILD A CITY, HISTORICAL REENACTIN G, AND ON THE LINE DURING 2010-2011, LONGWAY PLANETARIUM IS CONTINUING ITS PLANETARIUM AN D LASER SHOWS AND EDUCATIONAL AND OUTREACH ACTIVITIES EXAMPLES INCLUDE POETRY UNDER THE STARS, THE PLANETS, STAR PARTIES, NINE PLANETS AND COUNTING , WSKY RADIO STATION OF THE S TARS, OUR PLACE IN SPACE, WHAT HAPPENED TO PLUTO?, MYSTERY OF THE MISSING SEASONS, THE WIL D WORLD OF WEATHER, THE SKIES OF MICHIGAN TONIGHT, BUILD YOUR OWN ECOSYSTEM, MICROSCOPES, ROCKET DAY, AND SUMMER SCIENCE CAMPS LONGWAY STAFF HAS ALSO DEVELOPED AN ORIGINAL PLANETA RIUM SHOW FOR GRADES 1 - 4, SKEETER SCARECROW AND THE STARRY SKY, USING THE RESOURCES OF T HE MOTT COMMUNITY COLLEGE GRAPHIC DESIGN PROGRAM, FLINT YOUTH THEATRE, AND THE FLINT SCHOO L OF PERFORMING ARTS SLOANLONGWAY, THE FRIENDS OF SLOANLONGWAY, AND THE FCCC DEVELOPMENT OFFICE ARE CLOSE TO COMPLETING A FUND RAISING CAMPAIGN FOR A PORTABLE DOME THEATER THAT WI LL GREATLY EXPAND THE CAPABILITIES OF SLOAN AND LONGWAY FOR SCHOOL AND COMMUNITY OUTREACH WE EXPECT TO PURCHASE THIS THEATER DURING 2011 - 2012 AND TO BE ABLE TO OFFER A HIGH-QUAL ITY ALTERNATIVE FOR SCHOOL DISTRICTS WITH LIMITED FIELD TRIP FUNDS WE CAN TEACH A WIDE VA RIETY OF SUBJECTS IN THIS HIGH-TECH PORTABLE THEATER, RANGING FROM ASTRONOMY TO SCIENCE AN D HISTORY SINCE 2004, SLOAN MUSEUM AND LONGWAY PLANETARIUM (SLOANLONGWAY) HAVE OPERATED U NDER A SINGLE MANAGEMENT STRUCTURE, AND THEY HAVE A JOINT MISSION TO CREATE ENGAGING EXPER IENCES FOR EVERYONE THAT INSPIRE LIFELONG CURIOSITY IN HISTORY, SCIENCE AND TECHNOLOGY SL OANLONGWAY'S ATTENDANCE DURING THE 2010 - 2011 FISCAL YEAR WAS 117,646, INCLUDING 60,154 S TUDENTS THESE NUMBERS INCLUDE 2,281 PEOPLE SERVED IN OUTREACH ACTIVITIES FCCC'S QUALITY PROGRAMS REACH LARGE AUDIENCES FROM A BROAD GEOGRAPHIC AREA THAT ARE HIGHLY SATISFIED, BAS ED ON CUSTOMER SATISFACTION SURVEYS FCCC'S PRIMARY SERVICE AREA IS GENESEE COUNTY, ALONG WITH OAKLAND, LIVINGSTON, SAGINAW, LAPEER, SHIAWASSEE, BAY, AND TUSCOLA COUNTIES OUR SECO NDARY SERVICE AREA INCLUDES WAYNE, WASHTENAW, JACKSON, INGHAM, EATON, CLINTON, IONIA, MONT CALM, GRATIOT, ISABELLA, MIDLAND, GLADWIN, SANILAC, ST CLAIR, AND MACOMB COUNTIES IN A T YPICAL YEAR, VISITORS COME FROM 49 OF MICHIGAN'S 83 COUNTIES, INCLUDING 22 UNDERSERVED COU NTIES ESTIMATES PROVIDED BY A UM-FLINT ECONOMICS PROFESSOR INDICATE THAT FCCC'S APPROXIMA TELY 6 MILLION IN 2010-2011 OPERATING EXPENDITURES GENERATES AN ADDITIONAL 12 MILLION IN S ECONDARY SPENDING, CREATING 240 JOBS (IN ADDITION TO FCCC'S STAFF) SLOAN'S ANNUAL SUMMER AUTO FAIR GENERATES CONSIDERABLE TOURISM TRAFFIC OTHER ANNUAL EVENTS AND PROGRAMS THAT BR ING VISITORS FROM BEYOND THE REGION, SUCH AS THE MAGNUS MIDWEST DANCE INTENSIVE, AND MAJOR THE WHITING PRESENTS SERIES SHOWS, GENERATE SUBSTANTIAL REVENUES FOR THE LOCAL ECONOMY I N ADDITION, THE OUTREACH EFFORTS AND SPECIAL SCHOOL PROGRAMS DESCRIBED ABOVE ARE HAVING A POSITIVE IMPACT ON THE QUALITY OF K-12 EDUCATION AT A TIME WHEN AREA SCHOOL DISTRICTS LACK FUNDING FOR THEIR OWN ENRICHMENT ACTIVITIES THE FLINT CULTURAL CENTER CORPORATION (FCCC) PROVIDES CENTRALIZED SERVICES TO SLOANLONGWAY AND THE WHITING IN THE AREAS OF FINANCE, DE VELOPMENT, HUMAN RESOURCES AND INFORMATION TECHNOLOGY KEY STAFF MEMBERS ALSO SERVE ON CAM PUS-WIDE COMMITTEES THAT ADDRESS SPECIAL EVENTS, MARKETING AND OPERATIONS PRIMARY MARKETI NG RESPONSIBILITIES LIE WITH MARKETING SPECIALISTS AT THE INDIVIDUAL ORGANIZATIONS, WITH T HE FCCC STAFF FACILITATING GRAPHIC DESIGN SERVICES, FCCC CORPORATE AND DEVELOPMENT COMMUNI CATIONS INITIATIVES, AND THE EXECUTION O

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	INDEPENDENT CPA FIRM PREPARES FORM 990 AND DIRECTOR OF FINANCE AND ADMINISTRATION PRESENTS IT TO THE GOVERNING BODY

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	EVERY NEW BOARD MEMBER IS ASKED TO COMPLETE AND SIGN A CONFLICT OF INTEREST DISCLOSURE FOR M DISCLOSING ANY CONFLICTS OF INTEREST WITH THE ORGANIZATION AS DESCRIBED IN THE CONFLICT OF INTEREST POLICY EACH YEAR IN JUNE, EVERY BOARD MEMBER WILL PREPARE AND SIGN A NEW CONF LICT OF INTEREST DISCLOSURE FORM IF A CONFLICT SITUATION ARISES DURING THE YEAR FOR A SIN GLE BOARD MEMBER, THAT BOARD MEMBER IS REQUIRED TO DISCLOSE THAT IN WRITTEN FORM AND PRESE NT TO THE BOARD CHAIR

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	A COMPARISON OF COMPENSATION AMONG LIKE POSITIONS WITHIN OTHER LIKE NON- PROFIT ORGANIZATI ONS WITHIN THE REGION WAS DONE USING INFORMATION GATHERED FROM 990 TAX RETURNS POSTED ON G UIDESTAR COM THIS DATA WAS PRESENTED TO AN EXECUTIVE SESSION OF THE BOARD OF DIRECTORS WH ERE DISCUSSION, DELIBERATION, AND A DECISION FOLLOWED

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	SEE EXPLANATION ABOVE FOR LINE 15A

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE ALWAYS AVAILABLE TO THE PUBLIC UPON REQUEST

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
FLINT CULTURAL CENTER CORPORATION

Employer identification number
38-6089075

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) FLINT CULTURAL CENTER FOUNDATION 1310 E KEARSLEY STREET FLINT, MI 48503 38-3576724	SUPPORTING	MI	3	11A	N/A		No

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**	**No**
b	Gift, grant, or capital contribution to other organization(s)	**1b**	**No**
c	Gift, grant, or capital contribution from other organization(s)	**1c**	**Yes**
d	Loans or loan guarantees to or for other organization(s)	**1d**	**No**
e	Loans or loan guarantees by other organization(s)	**1e**	**No**
f	Sale of assets to other organization(s)	**1f**	**No**
g	Purchase of assets from other organization(s)	**1g**	**No**
h	Exchange of assets	**1h**	**No**
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**	**No**
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**	**No**
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**	**No**
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**	**No**
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**	**No**
n	Sharing of paid employees	**1n**	**No**
o	Reimbursement paid to other organization for expenses	**1o**	**No**
p	Reimbursement paid by other organization for expenses	**1p**	**No**
q	Other transfer of cash or property to other organization(s)	**1q**	**No**
r	Other transfer of cash or property from other organization(s)	**1r**	**No**

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation