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## Short Form Return of Organization Exempt From Income Tax

2010

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

**A** For the 2010 calendar year, or tax year beginning January 1st, 2010, and ending December 31st, 20 11

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization  
**Chalfonte Foundation**  
 Number and street (or P O box, if mail is not delivered to street address) Room/suite  
**4600 Woodward** **308**  
 City or town, state or country, and ZIP + 4  
**Detroit, MI 48201-1894**

**D** Employer identification number  
**38-3568149**

**E** Telephone number  
**313-831-3139**

**F** Group Exemption Number ▶

**G** Accounting Method:  Cash  Accrual Other (specify) ▶

**I** Website: ▶ www.chalfonte.org

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

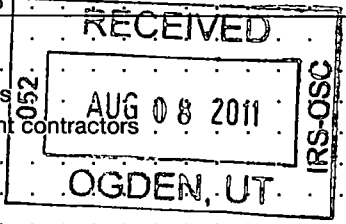
**J** Tax-exempt status (check only one) -  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)  
 Check if the organization used Schedule O to respond to any question in this Part I

	Description		Amount
Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	\$65,333.
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	
	<b>4</b> Investment income	<b>4</b>	\$4,179.
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
	<b>b</b> Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>	
<b>c</b> Less: direct expenses from gaming and fundraising events	<b>6c</b>		
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less: cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>		
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	\$69,512.	
Expenses	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	\$33,199.
	<b>11</b> Benefits paid to or for members	<b>11</b>	\$528.
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	\$615.
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	\$1,533.
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	\$4,177.
	<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>	\$40,052.
	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	\$29,460.
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	\$294,158.
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	\$288,036.	



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**Part II Balance Sheets.** (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	\$158,428. <b>22</b>	\$192,084.
23 Land and buildings	\$140,500. <b>23</b>	\$140,500.
24 Other assets (describe in Schedule O)	<b>24</b>	
25 Total assets	\$298,928. <b>25</b>	\$332,584.
26 Total liabilities (describe in Schedule O)	\$29,160. <b>26</b>	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	\$328,088. <b>27</b>	\$288,036.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Children in Need  
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 Please see attached documents: <u>Financial Statement and Mission Statement</u> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	
29 Please visit our website: <u>www.chalfonte.org</u> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
30 (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
32 Total program service expenses (add lines 28a through 31a)	<b>32</b>	\$40,052.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Rev. James L. Meyer 4600 Woodward - Suite 308 Detroit, MI 48201-1894	President - 30 hrs.	-0-		
Paul M. Hresko - 49629-0014	Vice-President - 4 hrs.	-0-		
Alan Ellis - 48602-1031	Vice-President - Neg.	-0-		
Terry Shea - 48230-1648	Treasurer - Neg	-0-		
John Jones - 49506-1741	Secretary - 2 hrs.	-0-		
Maureen Feighan-Kurth 48080-3979	Member - Neg	-0-		
Lynne Sheldon - 49629-9726	Member - Neg.	-0-		
Carla Vollmer - 48160-8915	Member - Neg.	-0-		

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V . . . . .

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? . . . . .		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b>		
b	Did the organization file Form 1120-POL for this year? . . . . .		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>		
b	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		✓
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. . . . .		✓
41	List the states with which a copy of this return is filed. ▶ _____		
42a	The organization's books are in care of ▶ <u>Rev. James L. Meyer</u> Telephone no. ▶ <u>313-831-3139</u> Located at ▶ <u>4600 Woodward - Suite 308; Detroit, MI</u> ZIP + 4 ▶ <u>48201-1894</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		✓
	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .		✓
	If "Yes," enter the name of the foreign country: ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	✓	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		
c	Did the organization receive any payments for indoor tanning services during the year? . . . . .		
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		

	Yes	No
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
<b>a</b> 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		
<b>45a</b>		
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		
<b>46</b>		

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

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

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

**f** Total number of other employees paid over \$100,000

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

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

**d** Total number of other independent contractors each receiving over \$100,000

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  Yes  No

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

**Sign Here**

Signature of officer: [Signature] Date: 08.02.2011

Type or print name and title: President

**Paid Preparer Use Only**

Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Firm's name: \_\_\_\_\_ Firm's EIN: \_\_\_\_\_

Firm's address: \_\_\_\_\_ Phone no.: \_\_\_\_\_

Check  if self-employed PTIN: \_\_\_\_\_

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

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Chalfonte Foundation

Employer identification number  
38-3568149

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 

	Yes	No
11g(i)		
  - (ii) A family member of a person described in (i) above? 

	Yes	No
11g(ii)		
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? 

	Yes	No
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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

**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.") . . . . .	76,965	73,331	63,784	52,648	65,333	332,061
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 <b>Total.</b> Add lines 1 through 3 . . . . .	76,965	73,331	63,784	52,648	65,333	332,061
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 <b>Public support.</b> 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 . . . . .	76,965	73,331	63,784	52,648	65,333	332,061
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	7,170	7,836	4,101	12,795	4,179	36,081
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .		3,416			3,416	3,416
11 <b>Total support.</b> Add lines 7 through 10						371,558
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	89.0	%
15 Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .	15	89.5	%
16a <b>33 1/3% support test—2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>			
b <b>33 1/3% support test—2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>			
17a <b>10%-facts-and-circumstances test—2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>			
b <b>10%-facts-and-circumstances test—2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>			
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>			

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# Chalfonte Foundation

4600 Woodward Ave.  
Suite 308  
Detroit, MI 48201-1894  
[www.chalfonte.org](http://www.chalfonte.org)

501-C3 Tax-Exempt Public  
Corporation ID #: 38-3568149  
Rev. James L. Meyer, Esq., President  
Mr. Terry Shea, Treasurer

## Income & Expense Statement January 1, 2010 - December 31, 2010

INCOME		EXPENSES	
Donor Advised	\$6,894	Donor Advised	\$5,780
Foundations / Community	\$7,000	Foreign Grants	\$7,600
Funerals / Memorials	\$6,089	Domestic Grants	\$2,525
Monthly	\$2,025	Families (Domestic)	\$2,144
Periodic	\$5,865	Kids	\$388
Year-End	\$12,235	Boys' August Weeks	\$4,423
Matching Grants	\$1,375	Y.W.W. & G.R.O.W	\$3,398
		Snow Sports Weekend	\$694
Bike Tour	\$3,775	Bike Tour	\$1,142
		Moms' Weekend	\$203
Events		Other Chalfonte House Events	\$503
Jimeyer's 50th Jubilee	\$14,100	Detroit & Loft Events	\$1,370
Palmer Park Play	\$2,620	Jimeyer's 50th Jubilee	\$1,439
Gaming Benefit	\$362	Palmer Park Play	\$1,220
		Gaming Benefit	\$200
Sales / Merchandise	\$2,884	Sales / Merchandise	\$2,129
Interest / Dividends	\$3,913	Staff	\$528
Credits / Rebates	\$266	Bookkeeper	\$263
Repaid	\$109	Promotion	\$943
		Equipment / Supplies	\$1,578
		RGP - Ryan Giannini Park	\$170
		Office	\$166
		Office / Postage	\$424
		Fees & Dues	\$352
		Collectible Account	\$470
<b>TOTAL INCOME</b>	<b>\$69,512</b>	<b>TOTAL EXPENSES</b>	<b>\$40,052</b>

# Chalfonte Foundation

## ASSET BALANCES

	<u>12/31/2010</u>	<u>12/31/2009</u>
<b>CASH ACCOUNTS</b>		
Alden Bank - Checking	\$53,243	\$13,618
Alden Bank - Savings	\$117	\$117
Comerica Bank - Savings	\$4,571	
<b>MONEY MARKETS (MM)</b>		
Domini - Money Market	\$0	\$36,807
Pax World - Money Market	\$0	\$5,629
<i>**9/25/10-Closed Acct./Amt. Deposited in Checking Acct.</i>		
Everbank - Money Market	\$20,009	
<b>CERT. OF DEPOSIT (CD)</b>		
Urban Partnership Bank (CD)	\$55,910	\$55,047
<i>**Previously Shore Bank</i>		
<b>STOCKS &amp; BONDS</b>		
Domini Social Equity	\$11,581	\$7,358
Domini International SE	\$11,331	\$8,653
<i>**Merged from European SE</i>		
Pax World Balanced	\$23,430	\$20,941
Pax World Growth	\$9,406	\$7,696
First Energy (\$143 yr div taken)	\$2,486	\$2,562
<b>Cash &amp; Savings</b>	<b>\$57,931</b>	<b>\$13,735</b>
<b>Money Markets</b>	<b>\$20,009</b>	<b>\$42,436</b>
<b>Certificate of Deposit</b>	<b>\$55,910</b>	<b>\$55,047</b>
<b>Stocks &amp; Bonds</b>	<b>\$58,234</b>	<b>\$47,210</b>
<b>Real Property</b>	<b>\$140,500</b>	<b>\$140,500</b>
<b>Total Assets</b>	<b>\$332,584</b>	<b>\$298,928</b>
<i>Adjs.: \$4770 reflects math error on Line 26 990-EZ 2009 Tax Report</i>	<b>(\$26)</b>	<b>(\$4,770)</b>
<i>Line 27, 990-EZ Tax Report</i>	<b>\$332,558</b>	<b>\$294,158</b>
<i>*Misallocated as debit on 2009 Tax Report; should be credit.</i>	<b>*( \$4470)</b>	<b>*\$4470</b>
		<b>\$298,628</b>
<i>**2010 Income less Expenses</i>		<b>**\$29,460</b>
	<b>\$328,088</b>	<b>\$328,088</b>

## Mission



*The Chalfonte Foundation*

The mission of the Chalfonte Foundation is to provide spiritual, psychosocial, recreational financial and educational support for children, youth and other individuals and families in need

Our Purposes include

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

## Upcoming Events

No GoogleMaps API key found for host chalfonte.org

**Ryan Giannini 11-Legged Lake Tour**  
Saturday, August 20, 2011 7am

## Login Form

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Password

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ATTACHMENT for 2010 - 990-EZ  
 Part II - Line 26 Explanation

Chalfonte Foundation

	<u>(A) Beg. of year 01/01/10</u>	<u>(B) End of year 12/31/10</u>
Line 22: Cash, savings, and investments	\$158,428	\$192,084
Line 23: Land and buildings	\$140,500	\$140,500
Line 24: Other assets		
Line 25: <b>Total assets</b>	\$298,928	\$332,584
Line 26: <b>Total liabilities</b>	(\$4,770) <i>Math error - '09 Taxes</i>	(\$26) <i>Math error - '09 Taxes</i>
Line 26: <b>Total liabilities</b>	\$4,470 <i>Misallocated as DR; should be CR - '09 Taxes</i>	(\$4,470) <i>Misallocated as DR; should be CR - '09 Taxes</i>
Line 27: <b>Net assets</b>	\$298,628	<u>\$328,088</u>
I (-) E - 2010	<u>\$29,460</u>	
	<u>\$328,088</u>	