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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

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
1198 ROBERT T LONGWAY

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 $ 6,460,453

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**	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	21
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	204
6	Total number of volunteers (estimate if necessary)	**6**	100
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	18,634
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-14,028

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	3,113,754	2,351,938
	9 Program service revenue (Part VIII, line 2g)	2,855,213	3,728,198
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	153,362	142,648
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	57,843	77,959
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,180,172	6,300,743
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	437,352	87,050
	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)	2,676,228	2,691,510
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶315,307		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,672,501	4,073,573
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	6,786,081	6,852,133
	19 Revenue less expenses Subtract line 18 from line 12	-605,909	-551,390

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	34,370,859	27,522,173
	21 Total liabilities (Part X, line 26)	731,000	648,664
	22 Net assets or fund balances Subtract line 21 from line 20	33,639,859	26,873,509

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

****** | 2013-01-30
Signature of officer | Date

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

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's taxpayer identification number (see instructions)
JANE M JOHNSON	2013-01-30	☐	

Firm's name (or yours if self-employed), address, and ZIP + 4
YEO & YEO PC
4468 OAK BRIDGE DR
FLINT, MI 485325422

EIN ▶

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 organization's program service accomplishments for each of its three largest program services, as measured 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 $ 4,880,898 including grants of $) (Revenue $ 4,606,540)

SLOAN MUSEUM EXHIBITS, LONGWAY PLANETARIUM SHOWS, WHITING PERFORMANCES

4b (Code) (Expenses $ 987,676 including grants of $) (Revenue $ 1,720,237)

ORGANIZATION-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** ▶ $ 5,868,574

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 instructions)?	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 for which 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 temporarily restricted endowments, permanent endowments, 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		No
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	Yes	
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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	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, Part 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, Part 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*	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.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	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**		No
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 questions 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 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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
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," complete Schedule R, Part V, line 2*	**35b**		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**	42		
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**	204		
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 or securities 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.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate 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 aggregate 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	21		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	21		
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	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		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	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete 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 the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 made 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 made 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, or 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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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) DJ TRELA CHAIR	5 00	X		X				0	0	0
(2) JEREMY PIPER VICE-CHAIR	1 00	X		X				0	0	0
(3) ROBERT PIPER TREASURER	1 00	X		X				0	0	0
(4) CHERYL GALLON SECRETARY	1 00	X		X				0	0	0
(5) JEANNE PEPPER PAST CHAIR	1 00	X						0	0	0
(6) BETSY ADERHOLDT DIRECTOR	1 00	X						0	0	0
(7) RICK CARTER DIRECTOR	1 00	X						0	0	0
(8) DANIEL COFFIELD DIRECTOR	1 00	X						0	0	0
(9) BRAD FOGLEMAN DIRECTOR	1 00	X						0	0	0
(10) AMY FUGATE DIRECTOR	1 00	X						0	0	0
(11) STEVE HEDDY DIRECTOR	1 00	X						0	0	0
(12) DR THOMAS HENTHORN DIRECTOR	1 00	X						0	0	0
(13) LUBNA BATHISH JONES DIRECTOR	1 00	X						0	0	0
(14) ANTOINETTE LOCKETT DIRECTOR	1 00	X						0	0	0
(15) ELIZABETH MURPHY DIRECTOR	1 00	X						0	0	0
(16) BETTY RAMSDELL DIRECTOR	1 00	X						0	0	0
(17) DR KIMBERLY ROBERSON 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) APRIL SCRIMGER DIRECTOR	1 00	X						0	0	0
(19) DR ERNESTINE SMITH DIRECTOR	1 00	X						0	0	0
(20) RIDGEWAY WHITE DIRECTOR	1 00	X						0	0	0
(21) MARSHA BARBER CLARK EX-OFFICIO	40 00			X				113,385	0	0

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	113,385		

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of 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**		No
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 Report compensation for the calendar year ending with or within the organization's tax year

(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 of 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 19,336				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 2,332,602				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	2,351,938			
Program Service Revenue		Business Code				
	2a	ADMISSIONS	711190	1,907,232	1,907,232		
	b	BENEFICIARY TRUST INCOME	525920	1,071,303	1,071,303		
	c	OTHER		749,663	749,663		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		3,728,198			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		142,648			142,648
	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 $ 19,336 of contributions reported on line 1c) See Part IV, line 18 . . . a 14,246					
	b	Less direct expenses . . . b 14,246					
	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 204,789					
	b	Less cost of goods sold . . b 145,464					
	c	Net income or (loss) from sales of inventory . . ▶	59,325	59,325			
		Miscellaneous Revenue / Business Code					
	11a	ADVERTISING 541800	18,634		18,634		
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶	18,634				
	12	**Total revenue.** See Instructions . . . ▶	6,300,743	3,787,523	18,634	142,648	

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)

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

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 United States See Part IV, line 21	57,500	57,500		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	29,550	29,550		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	113,384	95,243	11,338	6,803
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,021,161	1,622,746	195,092	203,323
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	314,131	259,511	37,952	16,668
10	Payroll taxes	242,834	199,434	23,972	19,428
11	Fees for services (non-employees)				
a	Management				
b	Legal	4,107	2,856	1,251	
c	Accounting	18,550	11,130	7,420	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	6,393	6,393		
12	Advertising and promotion	524,763	502,810		21,953
13	Office expenses	40,095	34,704	2,842	2,549
14	Information technology				
15	Royalties . .				
16	Occupancy	475,373	422,887	25,833	26,653
17	Travel	10,446	9,028	956	462
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	236		236	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,078,804	812,779	265,012	1,013
23	Insurance	53,163	48,212	4,701	250
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	1,237,392	1,236,642		750
b	REPAIR/MAINTENANCE	432,215	384,716	39,166	8,333
c	MISCELLANEOUS	125,814	77,432	48,012	370
d	SUPPLIES	40,006	35,826	1,160	3,020
e					
f	All other expenses	26,216	19,175	3,309	3,732
25	**Total functional expenses.** Add lines 1 through 24f	6,852,133	5,868,574	668,252	315,307
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		311,027	1	285,963
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		165,435	3	175,687
	4	Accounts receivable, net		97,946	4	167,130
	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)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		96,336	8	104,038
	9	Prepaid expenses and deferred charges		226,916	9	129,407
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 31,514,672			
	b	Less accumulated depreciation	10b 11,636,060	20,354,274	10c	19,878,612
	11	Investments—publicly traded securities		6,150,127	11	5,915,455
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	17,000
	15	Other assets See Part IV, line 11		6,968,798	15	848,881
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		34,370,859	16	27,522,173
Liabilities	17	Accounts payable and accrued expenses		272,516	17	222,220
	18	Grants payable			18	
	19	Deferred revenue		453,484	19	419,944
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		5,000	25	6,500
	26	**Total liabilities.** Add lines 17 through 25		731,000	26	648,664
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		11,361,589	27	11,330,917
	28	Temporarily restricted net assets		14,644,421	28	13,989,584
	29	Permanently restricted net assets		7,633,849	29	1,553,008
		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		33,639,859	33	26,873,509
	34	Total liabilities and net assets/fund balances		34,370,859	34	27,522,173

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	6,300,743
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,852,133
3	Revenue less expenses Subtract line 2 from line 1	3	-551,390
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	33,639,859
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-6,214,960
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	26,873,509

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	Yes	
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

2011

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 **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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	4,360,027	5,550,458	913,749	2,643,095	2,351,938	15,819,267
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	2,783,751	2,207,074	2,921,762	2,996,014	3,947,233	14,855,834
3 Gross receipts from activities that are not an unrelated trade or business under section 513			11,614	15,976	14,246	41,836
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	7,143,778	7,757,532	3,847,125	5,655,085	6,313,417	30,716,937
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	2,637,370	1,933,130	1,855,500	2,181,159	1,867,450	10,474,609
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	2,637,370	1,933,130	1,855,500	2,181,159	1,867,450	10,474,609
8 **Public Support** (Subtract line 7c from line 6)						20,242,328

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	7,143,778	7,757,532	3,847,125	5,655,085	6,313,417	30,716,937
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	176,749	151,661	125,132	153,362	142,648	749,552
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	176,749	151,661	125,132	153,362	142,648	749,552
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)	7,320,527	7,909,193	3,972,257	5,808,447	6,456,065	31,466,489

14 **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

15	Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	64 330 %
16	Public support percentage from 2010 Schedule A, Part III, line 15	16	57 040 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	2 000 %
18	Investment income percentage from **2010** Schedule A, Part III, line 17	18	2 000 %

19a **33 1/3% support tests—2011.** 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—2010.** 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or 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 TRUSTS DONATED DATE 06/30/07 AMOUNT 998,651 CAPITAL PROJECTS DATE 06/30/07 AMOUNT 1,640,214 ENDOWMENT CAMPAIGN DATE 06/30/07 AMOUNT 600,000 CAPITAL PROJECTS DATE 06/30/08 AMOUNT 3,157,889 ENDOWMENT CAMPAIGN DATE 07/01/08 AMOUNT 1,225 CAPITAL PROJECTS DATE 06/30/09 AMOUNT 175,000

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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	708,082	570,966	492,550		
b Contributions					
c Investment earnings or losses	-3,955	137,116	78,416		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	704,127	708,082	570,966		

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- 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 Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(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		27,244,347	9,685,977	17,558,370
c Leasehold improvements				
d Equipment		2,211,495	1,950,083	261,412
e Other		758,883		758,883
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				19,878,612

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
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
DEPOSITS	6,500
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	6,500

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	6,300,743
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,852,133
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-551,390
4	Net unrealized gains (losses) on investments	4	-138,074
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-40,207
9	Total adjustments (net) Add lines 4 - 8	9	-178,281
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-729,671

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	6,148,496
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-138,074		
b	Donated services and use of facilities	2b	11,788		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-25,961		
e	Add lines **2a** through **2d**			2e	-152,247
3	Subtract line **2e** from line **1**			3	6,300,743
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	6,300,743

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

1	Total expenses and losses per audited financial statements			1	6,878,167
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	11,788		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	14,246		
e	Add lines **2a** through **2d**			2e	26,034
3	Subtract line **2e** from line **1**			3	6,852,133
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	6,852,133

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 - 40,207 FUNDRAISING REVENUES NETTED WITH EXPENSES ON PART VIII 14,246 FUNDRAISING EXPENSES NETTED WITH REVENUES FOR PART VIII -14,246
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	CHANGE IN VALUE OF TRUSTS HELD BY THIRD PARTY - 40,207 FUNDRAISING REVENUES NETTED WITH EXPENSES ON PART VIII 14,246
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	FUNDRAISING EXPENSES NETTED WITH REVENUES FOR PART VIII 14,246

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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

2011

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	33,582			33,582
	2 Less Charitable contributions	19,336			19,336
	3 Gross income (line 1 minus line 2)	14,246			14,246
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	14,246			14,246
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(14,246)
	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

2011

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . ▶ ☐

(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	45,000				OPERATING SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ _____

3 Enter total number of other organizations listed in the line 1 table . . . . ▶ _____

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	12	29,550		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 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

2011

Open to Public Inspection

Name of the organization
FLINT CULTURAL CENTER CORPORATION

Employer identification number
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 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 ARTISTS THE WHITING BRINGS RESIDENCY AND OUTREACH ACTIVITIES CONDUCTED BY GUEST ARTISTS TO AREA SCHOOLS AND COMMUNITY CENTERS AND HOSTS THE FLINT SYMPHONY ORCHESTRA'S (FSO) ANNUAL SEASON AND MANY OF FLINT YOUTH THEATRE'S (FYT) LEARNING THROUGH THEATRE SCHOOL PERFORMANCES THE WHITING SERVES A BROAD GEOGRAPHIC AREA, WITH 27% OF ITS ADVANCE TICKET SALES COMING FROM OUTSIDE OF GENESEE COUNTY DURING 2010-2011, THE WHITING HAD A TOTAL ATTENDANCE OF 52,353, NOT INCLUDING THE 22,607 VISITS RELATED TO FSO AND FYT EVENTS AS OF FEBRUARY 29, THE WHITING'S 2011 - 2012 ATTENDANCE (NOT INCLUDING THE 16,177 VISITS RELATED TO FSO AND FYT EVENTS) WAS 34,951 DURING 2011-2012, THE WHITING PROVIDED A SERIES OF DIVERSE ARTISTS AND PROGRAMS, INCLUDING THE BACON BROTHERS, BRAD GARRETT, THE MIDTOWN MEN, CHRIS ISAAK, THE WIZARD OF OZ, RAIN A TRIBUTE TO THE BEATLES, WAYNE BRADY, CELTIC NIGHTS JOURNEY OF HOPE, FIDDLER ON THE ROOF, THE OFFICIAL BLUES BROTHERS REVUE, BIXBY'S RAINFOREST RESCUE, MAMMA MIA, LEAHY, AND THE FOLLOWING ARTISTS WHO PROVIDED OUTREACH ACTIVITIES THE AMERICAN PLACE THEATRE'S THE GLASS CASTLE AND BLACK BOY, NEW YORK GILBERT & SULLIVAN PLAYERS' PIRATES OF PENZANCE, SPENCERS THEATRE OF ILLUSION, AND GARRY KRINSKY'S TOYING WITH SCIENCE THE WHITING'S EDUCATION AND OUTREACH PROGRAM CONTINUES TO SERVE OUR COMMUNITY THROUGH INDIVIDUAL WORKSHOPS AND EXPANDED RESIDENCY ACTIVITIES THIS PROGRAM HAS BEEN RE-CONCEPTUALIZED IN THE PAST THREE YEARS TO FOCUS ON SPECIFIC NEEDS THAT THE WHITING IS BEST POSITIONED IN THE COMMUNITY TO FULFILL WE HAVE WELL-ESTABLISHED RELATIONSHIPS WITH COMMUNITY GROUPS, AREA SCHOOLS AND PUBLIC INSTITUTIONS IN THE GREATER FLINT AREA, AND 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 STUDENTS AND SENIOR ADULTS AS THREE OF OUR PRIME TARGET AUDIENCES THE WHITING'S EDUCATION AND OUTREACH COORDINATOR HAS BEEN WORKING WITH AREA SCHOOL GROUPS, YOUTH CENTERS, SENIOR CENTERS AND ASSISTED 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 CONTINUED THROUGH 2011 - 2012 IS WEDNESDAYS AT THE WHITING THAT ENABLES STUDENTS TO EXPLORE MICHIGAN CAREER PATHWAYS IN THE PERFORMING ARTS FIELD THE WHITING'S STAFF MEMBERS PARTICIPATE IN A PANEL DISCUSSION ABOUT THE JOBS, SKILLS AND CURRICULUM THAT ARE RELEVANT TO A CAREER IN THE PERFORMING ARTS, AND STUDENTS TOUR BOTH FRONT OF HOUSE AND BACKSTAGE FACILITIES, GAINING INSIGHTS INTO REALITIES OF WORKING IN THE ARTS TO DATE DURING 2011 - 2012 WE HAVE HELD SIX SESSIONS AND SERVED 108 STUDENTS DURING 2011 - 2012, WE ARE ALSO CONTINUING THE INTRODUCTION TO TECHNICAL THEATER PROGRAM WE CREATED THIS PROGRAM IN 2004 BECAUSE WE WERE NOT PROVIDING ANY EXPANDED OPPORTUNITIES AT THE WHITING FOR THOSE AREA STUDENTS WHO WERE INTERESTED IN TECHNICAL THEATRE, DESPITE THE WONDERFUL RESOURCE OF OUR TOURING SHOWS, THEIR TECHNICAL STAFFS, AND OUR OWN STAGE TECHNICIANS DURING ITS EIGHT-YEAR HISTORY, THE PROGRAM HAS BECOME WELL-ESTABLISHED, WITH 20 TO 30 STUDENTS FROM A DOZEN DIFFERENT SCHOOLS PARTICIPATING EACH YEAR THE STUDENTS WORK IN GROUPS OF FOUR OR FIVE, SHADOWING OUR TECHNICIANS AS THEY WORK WITH THE VISITING CREWS TO PROVIDE TECHNICAL SERVICES TO A TOURING SHOW IN ADDITION, AT SELECTED SHOWS, TALKS OR WORKSHOPS ARE GIVEN BY ONE OF THE TOURING TECHNICAL STAFF THE WHITING COORDINATES AND SUPERVISES THE PROGRAM THIS YEAR'S PROGRAM INCLUDES THE PRODUCTIONS OF THE NUTCRACKER, THE WIZARD OF OZ, FIDDLER ON THE ROOF, PIRATES OF PENZANCE, AND MAMMA MIA ESTABLISHED IN 1966, SLOAN MUSEUM PRESERVES AND DISPLAYS TREASURED COMMUNITY COLLECTIONS AND PROVIDES EDUCATIONAL PROGRAMMING IN HISTORY, SCIENCE, AND TECHNOLOGY THE MUSEUM OFFERS EDUCATIONAL OUTREACH PROGRAMS, AND ITS PERRY ARCHIVES PROVIDE RESEARCH MATERIALS TO STUDENTS AND SCHOLARS 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 AMERICAN ASSOCIATION OF MUSEUMS ESTABLISHED IN 1958, LONGWAY PLANETARIUM IS MICHIGAN'S LARGEST PLANETARIUM, FEATURING 285 SEATS UNDER A 60-FOOT DOME A LEARNING CENTER PROVIDES CLASSROOMS FOR HANDS-ON SCIENCE DEMONSTRATIONS, AND ENGAGING, CURRICULUM- DRIVEN CLASSES AND WORKSHOPS, 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 PROGRAMS LONGWAY VISITORS RANGE FROM PRE-KINDERGARTENERS TO SENIOR CITIZENS, AND THE PLANETARIUM SERVED SCHOOLS FROM 16 MICHIGAN COUNTIES LAST YEAR, INCLUDING 10 THAT ARE UNDER-SERVED SINCE 2004, SLOAN MUSEUM AND LONGWAY PLANETARIUM (SLOANLONGWAY) HAVE OPERATED UNDER A SINGLE MANAGEMENT STRUCTURE, AND THEY HAVE A JOINT MISSION TO CREATE ENGAGING EXPERIENCES FOR EVERYONE THAT INSPIRE LIFELONG CURIOSITY IN HISTORY, SCIENCE AND TECHNOLOGY ESTABLISHED IN 1966, SLOAN MUSEUM PRESERVES AND DISPLAYS TREASURED COMMUNITY COLLECTIONS AND PROVIDES EDUCATIONAL PROGRAMMING IN HISTORY, SCIENCE, AND TECHNOLOGY DURING 2010 - 2011, SLOANLONGWAY SERVED A TOTAL OF 116,587 VISITS, INCLUDING 56,354 STUDENTS VISITORS RANGE FROM PRE-KINDERGARTENERS TO SENIOR CITIZENS, AND STUDENTS FROM 19 MICHIGAN COUNTIES (INCLUDING 10 THAT ARE UNDERSERVED ACCORDING TO THE MICHIGAN COUNCIL FOR ARTS AND CULTURAL AFFAIRS) BENEFIT FROM EDUCATIONAL OFFERINGS SLOAN AND LONGWAY ARE PART OF A SELECT GROUP CONSISTING OF ONLY FIVE PERCENT OF ALL MUSEUMS IN THE UNITED STATES THAT ARE ACCREDITED BY THE AMERICAN ASSOCIATION OF MUSEUMS FOR 2011 - 2012, SLOANLONGWAY IS PROVIDING THE BLOCK-BUSTER EXHIBIT DISCOVER DINOSAURS AND OTHER PREHISTORIC CREATURES WITH LARGE ROBOTIC DINOSAURS THAT HAS ATTRACTED BIG AUDIENCES, THE POPULAR NATIONALLY-TOURING SCIENCE AND TECHNOLOGY EXHIBIT ROBOTS - THE INTERACTIVE EXHIBITION, AND THE THIRD EXHIBIT OF A THREE-EXHIBIT SERIES RELATED TO THE CHEVROLET 100TH BIRTHDAY CELEBRATION DISCOVER DINOSAURS AND ROBOTS HAVE PROVIDED EXCELLENT VEHICLES FOR PROMOTING SCIENCE AND TECHNOLOGY EDUCATION AND INTRODUCING STUDENTS TO A RANGE OF EXCITING CAREERS DURING 2011-2012, SLOANLONGWAY IS CONTINUING ITS PLANETARIUM AND LASER SHOWS AND EDUCATIONAL AND OUTREACH ACTIVITIES EXAMPLES INCLUDE THE PLANETS, STAR PARTIES, NINE PLANETS AND COUNTING , WSKY RADIO STATION OF THE STARS, OUR PLACE IN SPACE, WHAT HAPPENED TO PLUTO?, MYSTERY OF THE MISSING SEASONS, THE WILD WORLD OF WEATHER, THE SKIES OF MICHIGAN TONIGHT, BUILD YOUR OWN ECOSYSTEM, MICROSCOPES, AND ROCKET DAY SLOANLONGWAY STAFF IS ALSO PRESENTING AN ORIGINAL PLANETARIUM SHOW FOR GRADES 1 - 4, SKEETER SCARECROW AND THE STARRY SKY, THAT HAS BEEN DEVELOPED USING THE RESOURCES OF THE MOTT COMMUNITY COLLEGE GRAPHIC DESIGN PROGRAM, FLINT YOUTH THEATRE, AND THE FLINT SCHOOL OF PERFORMING ARTS THIS PAST YEAR, SLOANLONGWAY, THE FRIENDS OF SLOANLONGWAY, AND THE FCCC DEVELOPMENT OFFICE COMPLETED A FUNDRAISING CAMPAIGN FOR A PORTABLE DOME THEATER THAT HAS GREATLY EXPANDED THE CAPABILITIES OF SLOANLONGWAY FOR SCHOOL AND COMMUNITY OUTREACH WE ARE NOW PROVIDING A HIGH-QUALITY EDUCATIONAL ALTERNATIVE FOR SCHOOL DISTRICTS THAT HAVE LIMITED FIELD TRIP FUNDS WE CAN TEACH A WIDE VARIETY OF SUBJECTS IN THIS HIGH-TECH PORTABLE THEATER, RANGING FROM ASTRONOMY TO SCIENCE AND HISTORY SLOANLONGWAY HAS ALSO BEEN PROVIDING A SERIES OF OUTREACH PROGRAMS FOR FLINT THIRD GRADE STUDENTS COVERING THE HISTORY AND CULTURE OF MICHIGAN AND GENESEE COUNTY FCCC'S QUALITY PROGRAMS ARE REACHING LARGE AUDIENCES FROM A BROAD GEOGRAPHIC AREA THAT ARE HIGHLY SATISFIED, BASED ON CUSTOMER SATISFACTION SURVEYS TOTAL VISITS FOR 2011 - 2012 THROUGH FEBRUARY 29, 2012 FOR SLOANLONGWAY AND THE WHITING ARE 144,003, NOT INCLUDING 16,177 VISITS FOR ACTIVITIES AT THE WHITING BY
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
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 FORM 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 CONFLICT OF INTEREST DISCLOSURE FORM IF A CONFLICT SITUATION ARISES DURING THE YEAR FOR A SINGLE BOARD MEMBER, THAT BOARD MEMBER IS REQUIRED TO DISCLOSE THAT IN WRITTEN FORM AND PRESENT TO THE BOARD CHAIR
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 ORGANIZATIONS WITHIN THE REGION WAS DONE USING INFORMATION GATHERED FROM 990 TAX RETURNS POSTED ON GUIDESTAR COM THIS DATA WAS PRESENTED TO AN EXECUTIVE SESSION OF THE BOARD OF DIRECTORS WHERE DISCUSSION, DELIBERATION, AND A DECISION FOLLOWED
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	SEE EXPLANATION ABOVE FOR LINE 15A
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
OTHER CHANGES IN NET ASSETS EXPLANATION	FORM 990, PART XI, LINE 5	UNREALIZED LOSS ON INVESTMENTS OF (138,074) CHANGE IN THE VALUE OF TRUSTS HELD BY THIRD PARTIES (40,207) PRIOR PERIOD ADJUSTMENT TO REMOVE THE BENEFICIAL INTEREST HELD BY A THIRD PARTY THESE ASSETS SHOULD NOT HAVE BEEN BEEN RECORDED ON THE BOOKS OF THE FCCC (6,036,679) TOTAL OTHER CHANGES IN NET ASSETS (6,214,960)

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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

2011

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) Disproportionate 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 related organization(s)	1b	No
c	Gift, grant, or capital contribution from related organization(s)	1c	Yes
d	Loans or loan guarantees to or for related organization(s)	1d	No
e	Loans or loan guarantees by related organization(s)	1e	No
f	Sale of assets to related organization(s)	1f	No
g	Purchase of assets from related organization(s)	1g	No
h	Exchange of assets with related organization(s)	1h	No
i	Lease of facilities, equipment, or other assets to related organization(s)	1i	No
j	Lease of facilities, equipment, or other assets from related organization(s)	1j	No
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k	No
l	Performance of services or membership or fundraising solicitations by related organization(s)	1l	No
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	No
n	Sharing of paid employees with related organization(s)	1n	No
o	Reimbursement paid to related organization(s) for expenses	1o	No
p	Reimbursement paid by related organization(s) for expenses	1p	No
q	Other transfer of cash or property to related organization(s)	1q	No
r	Other transfer of cash or property from related 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) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	

Additional Data

Software ID:
Software Version:
EIN: 38-6089075
Name: FLINT CULTURAL CENTER CORPORATION

Form 990, Special Condition Description:

Special Condition Description