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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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012

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

C Name of organization
COMMUNITY FOUNDATION OF GREATER FLINT

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
500 S SAGINAW STREET
Suite 200

City or town, state or country, and ZIP + 4
FLINT, MI 48502

D Employer identification number
38-2190667

E Telephone number
(810) 767-8270

G Gross receipts $ 20,709,528

F Name and address of principal officer
KATHI HORTON

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 CFGF ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1988

M State of legal domicile MI

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE IS GRANTMAKING TO CHARITABLE ORGANIZATIONS, DEVELOPMENT OF ENDOWMENT, AND COMMUNITY LEADERSHIP ACTIVITIES

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

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 2012 (Part V, line 2a)	**5**	11
6	Total number of volunteers (estimate if necessary)	**6**	200
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,525,019	1,145,056
9	Program service revenue (Part VIII, line 2g)	38,200	32,235
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,471,199	3,875,557
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	12
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,034,418	5,052,860
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,597,559	3,893,444
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	882,671	908,742
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶417,977		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	797,428	801,128
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	5,277,658	5,603,314
19	Revenue less expenses Subtract line 18 from line 12	1,756,760	-550,454

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	124,055,548	129,556,609
21	Total liabilities (Part X, line 26)	520,218	692,184
22	Net assets or fund balances Subtract line 21 from line 20	123,535,330	128,864,425

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

****** | 2013-05-29
Signature of officer | Date

KATHI HORTON president
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Richard Noreen		2013-05-29		
Firm's name ▶ BDO USA LLP			Firm's EIN ▶	
Firm's address ▶ 200 OTTAWA AVE NW STE 300 GRAND RAPIDS, MI 49503			Phone no (616) 774-7000	

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 ORGANIZATION SERVES THE COMMON GOOD IN GENESEE COUNTY- BUILDING A STRONG COMMUNITY BY ENGAGING PEOPLE IN PHILANTHROPY AND DEVELOPING THE COMMUNITY'S PERMANENT ENDOWMENT- NOW AND FOR GENERATIONS TO COME

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 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 $	3,949,345	including grants of $	3,893,444)	(Revenue $)
	GRANTS AND DIRECT FUND EXPENSES					
4b	(Code)	(Expenses $	439,915	including grants of $	)	(Revenue $)
	PROGRAMS AND GRANTS ADMINISTRATION					
4c	(Code)	(Expenses $	101,666	including grants of $	)	(Revenue $ 32,235)
	INVESTMENT SERVICES					
4d	Other program services (Describe in Schedule O)					
	(Expenses $			including grants of $	)	(Revenue $)
4e	**Total program service expenses** ▶		4,490,926			

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	Yes	
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		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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, line 10? *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	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII 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, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
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 hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization 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**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
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, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, 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**		
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 11b 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	16		
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		Yes	
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	11		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ 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 as charitable contributions? . . .	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			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
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			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
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			No
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			No
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a** 21		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
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**		No
b	Describe in Schedule O the process, if any, used by the organization to review this 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 ☐ Other (explain in Schedule O)

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 during the tax year

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

▶ MARY ITTIGSON 500 S SAGINAW STREET STE 200 FLINT, MI (810) 767-8270

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) BOBBY B MUKKAMALA VICE-CHAIRPERSON	1 0	X		X				0	0	0
(2) TIMOTHY H KNECHT CHAIRPERSON	1 0	X		X				0	0	0
(3) DANIEL J COFFIELD TREASURER	1 0	X		X				0	0	0
(4) SHANNON M EASTER WHITE SECRETARY	1 0	X		X				0	0	0
(5) SAMUEL J COX TRUSTEE	1 0	X						0	0	0
(6) F JAMES CUMMINS TRUSTEE	1 0	X						0	0	0
(7) TROY S FARAH TRUSTEE	1 0	X						0	0	0
(8) NANCY J HANFLIK TRUSTEE	1 0	X						0	0	0
(9) sherri E STEPHENS PAST-CHAIR	1 0	X						0	0	0
(10) IRA A RUTHERFORD III TRUSTEE	1 0	X						0	0	0
(11) LORI A TALLMAN TRUSTEE	1 0	X						0	0	0
(12) SUSAN L TIPPETT TRUSTEE	1 0	X						0	0	0
(13) LAWRENCE E MOON TRUSTEE	1 0	X						0	0	0
(14) DOUGLAS B VANCE TRUSTEE	1 0	X						0	0	0
(15) STEPHEN ARELLANO TRUSTEE	1 0	X						0	0	0
(16) WANDA HARDEN TRUSTEE	1 0	X						0	0	0
(17) DAVID E LOSSING TRUSTEE	1 0	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 (list any hours for related organizations below dotted line)	(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) T ARDELE SHALTZ TRUSTEE	1 0	X						0	0	0
(19) KAREN WILLIAMS WEAVER TRUSTEE	1 0	X						0	0	0
(20) Mark Piper Trustee	1 0	X						0	0	0
(21) George Wilkinson trustee	1 0	X						0	0	0
(22) KATHI HORTON PRESIDENT	40 0			X				151,601	0	9,100
(23) MARY ITTIGSON VP OF FINANCE & ADMINISTRATION	40 0			X				108,269	0	10,810
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								259,870	0	19,910

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 ▶ 2

			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**	Yes	
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
MERCER INVESTMENT CONSULTING INC , 101 S HANLEY ROAD 3RD FLOOR ST LOUIS MO 63105	INVESTMENT CONSULT	126,730

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 ▶ 1

Part VIII Statement of Revenue

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

				(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				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,145,056			
	g	Noncash contributions included in lines 1a-1f $		30,688			
	h	**Total.** Add lines 1a-1f		1,145,056			
Program Service Revenue			Business Code				
	2a	RELATED ORGANIZATION MANAGEMENT FEES	900099	32,235	32,235		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		32,235			
	3	Investment income (including dividends, interest, and other similar amounts)		3,177,860			3,177,860
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)	0	0			
	d	Net rental income or (loss)		0			
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	16,354,365				
	b	Less cost or other basis and sales expenses	15,656,668				
	c	Gain or (loss)	697,697				
	d	Net gain or (loss)		697,697			697,697
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events		0			
	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		0			
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS REVENUE	900099	12			12
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		12			
	12	**Total revenue.** See Instructions		5,052,860	32,235	0	3,875,569

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)

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	3,893,444	3,893,444		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	279,780	80,351	161,335	38,094
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	495,512	168,077	81,194	246,241
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	21,272	7,492	2,776	11,004
9 Other employee benefits	54,280	19,355	12,806	22,119
10 Payroll taxes	57,898	18,873	17,487	21,538
11 Fees for services (non-employees)				
a Management	0			
b Legal	15,441		12,523	2,918
c Accounting	31,984		31,984	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	101,666	101,666		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	131,476	126,467	5,009	
12 Advertising and promotion	24,807			24,807
13 Office expenses	49,357	990	42,844	5,523
14 Information technology	72,885	94	71,627	1,164
15 Royalties . .	0			
16 Occupancy	118,116	2	118,112	2
17 Travel	3,303	772	934	1,597
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	22,954	1,231	20,719	1,004
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	84,280		84,280	
23 Insurance	0			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a FUND ACTIVITY EXPENSE	55,901	55,901		
b DUES AND SUBSCRIPTIONS	52,314	15,850	28,410	8,054
c DONOR DEVELOPMENT	29,665			29,665
d MISCELLANEOUS	6,979	361	2,371	4,247
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	5,603,314	4,490,926	694,411	417,977
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		548,493	2	1,290,678
	3	Pledges and grants receivable, net		66,427	3	33,682
	4	Accounts receivable, net		0	4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		34,426	9	32,262
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 733,090			
	b	Less accumulated depreciation	10b 299,322	488,883	10c	433,768
	11	Investments—publicly traded securities		69,101,833	11	72,059,085
	12	Investments—other securities See Part IV, line 11		53,815,486	12	55,707,134
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		0	15	0
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		124,055,548	16	129,556,609
Liabilities	17	Accounts payable and accrued expenses		151,679	17	150,825
	18	Grants payable		196,702	18	363,196
	19	Deferred revenue		0	19	10,000
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	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		171,837	25	168,163
	26	**Total liabilities.** Add lines 17 through 25		520,218	26	692,184
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		13,171,143	27	14,055,496
	28	Temporarily restricted net assets		39,533,743	28	44,479,539
	29	Permanently restricted net assets		70,830,444	29	70,329,390
		Organizations that do not follow SFAS 117 (ASC 958), 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		123,535,330	33	128,864,425
	34	Total liabilities and net assets/fund balances		124,055,548	34	129,556,609

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	5,052,860
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,603,314
3	Revenue less expenses Subtract line 2 from line 1	3	-550,454
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	123,535,330
5	Net unrealized gains (losses) on investments	5	5,733,681
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	145,868
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	128,864,425

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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

2012

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF GREATER FLINT

Employer identification number
38-2190667

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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 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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	3,624,089	4,900,233	4,571,814	2,525,019	1,145,056	16,766,211
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	3,624,089	4,900,233	4,571,814	2,525,019	1,145,056	16,766,211
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)						8,136,703
6 **Public support.** Subtract line 5 from line 4						8,629,508

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	3,624,089	4,900,233	4,571,814	2,525,019	1,145,056	16,766,211
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,651,137	2,321,376	2,250,877	2,823,536	3,177,860	13,224,786
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0	12	12
11 **Total support** (Add lines 7 through 10)						29,991,009

12 Gross receipts from related activities, etc (see instructions)	12	164,704

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 2012 (line 6, column (f) divided by line 11, column (f))	14	28 774 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	28 527 %

16a **33 1/3% support test—2012.** 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—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2012.** 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—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** 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—2011.** 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

THE COMMUNITY FOUNDATION OF GREATER FLINT MEETS THE "FACTS AND CIRCUMSTANCES" TEST AS OUTLINED IN TREASURY REGULATIONS SECTION 1 170A-9T(F)(3) AS FOLLOWS THE ORGANIZATION HAS RECEIVED PUBLIC SUPPORT DURING THE LAST FIVE YEARS EQUAL TO 28 77% WHILE THE ORGANIZATION HAS NOT MET THE 33 1/3 PERCENT PUBLIC SUPPORT CRITERIA, THE ORGANIZATION'S PUBLIC SUPPORT PERCENTAGE IS WELL ABOVE THE TEN PERCENT SUPPORT CRITERIA SET FORTH IN THE TREASURY REGULATIONS THE ORGANIZATION MAINTAINS A CONTINUOUS AND BONA FIDE PROGRAM FOR SOLICITATION OF FUNDS FROM THE GENERAL PUBLIC AND COMMUNITY THE ORGANIZATION REGULARLY PARTICIPATES IN SOLICIATION AND FUNDRAISING ACTIVITIES TO GENERATE CONTRIBUTIONS FROM INDIVIDUALS AND ORGANIZATIONS OF THE GENERAL PUBLIC THE BOARD OF TRUSTEES IS BROADLY REPRESENTIVE OF THE COMMUNITY AND SUBSTANTIALLY ALL TRUSTEES OFFER FINANCIAL SUPPORT TO THE ORGANIZATION DURING THE LAST FIVE YEARS 28 22% OF THE ORGANIZATION'S TOTAL SUPPORT WAS CONTRIBUTED BY A SINGLE PRIVATE FOUNDATION HOWEVER, NO MEMBER OF THE PRIVATE FOUNDATION IS RELATED TO THE COMMUNITY FOUNDATION OF GREATER FLINT, AND THEREFORE THE PRIVATE FOUNDATION HAS LIMITED INFLUENCE ON THE DECISIONS OF THE ORGANIZATION WITHOUT THE SUPPORT OF THIS FOUNDATION, THE ORGANIZATION'S PUBLIC SUPPORT PERCENTAGE WOULD BE EQUAL TO 34 65%

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF GREATER FLINT

Employer identification number
38-2190667

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	35	223
2	Aggregate contributions to (during year)	233,674	699,225
3	Aggregate grants from (during year)	398,160	2,873,490
4	Aggregate value at end of year	3,570,732	72,200,968

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 can 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the 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, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 acquisition, 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 XIII

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 XIII 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 XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	120,215,133	117,018,276	107,021,534	96,395,482	114,641,871
b	Contributions	820,645	1,899,697	3,977,221	4,258,901	2,590,177
c	Net investment earnings, gains, and losses	9,289,617	5,868,267	9,948,845	10,466,999	-15,902,470
d	Grants or scholarships	3,958,209	3,485,630	3,082,130	2,552,334	3,135,320
e	Other expenditures for facilities and programs	102,040	7,377	29,505	695,238	756,848
f	Administrative expenses	1,121,031	1,078,100	817,689	852,276	1,041,928
g	End of year balance	125,144,115	120,215,133	117,018,276	107,021,534	96,395,482

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 8 449 %
- b Permanent endowment ▶ 56 199 %
- c Temporarily restricted endowment ▶ 35 352 %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

4 Describe in Part XIII 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				
b Buildings				
c Leasehold improvements		384,920	93,107	291,813
d Equipment		344,257	206,215	138,042
e Other		3,913		3,913
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				433,768

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	23,614,244	F
(2) Closely-held equity interests	32,092,890	F
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	55,707,134	

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) must 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) must 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) Book value
Federal income taxes	0
DEFERRED GIFTS PAYABLE	168,163
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	168,163

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

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

1	Total revenue, gains, and other support per audited financial statements			1	10,593,894
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	5,733,681		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	-149,557		
e	Add lines **2a** through **2d**			2e	5,584,124
3	Subtract line **2e** from line **1**			3	5,009,770
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 XIII)	4b	43,090		
c	Add lines **4a** and **4b**			4c	43,090
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	5,052,860

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

1	Total expenses and losses per audited financial statements			1	5,403,969
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	5,403,969
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 XIII)	4b	199,345		
c	Add lines **4a** and **4b**			4c	199,345
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	5,603,314

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
INTENDED USE'S OF THE ORGANIZATION'S ENDOWMENT FUNDS	PART V, LINE 4	TERM ENDOWMENT FUNDS ARE NET ASSETS RESULTING FROM CONTRIBUTIONS WHOSE USE BY THE ORGANIZATION IS LIMITED BY DONOR-IMPOSED STIPULATIONS THAT EITHER EXPIRE BY PASSAGE OF TIME OR CAN BE FULFILLED AND REMOVED BY ACTIONS OF THE ORGANIZATION PURSUANT TO THOSE STIPULATIONS PERMANENT ENDOWMENT FUNDS CONSIST OF RESOURCES OF WHICH THE USE BY THE ORGANIZATION IS LIMITED BY DONOR-IMPOSED RESTRICTIONS WHICH REQUIRE THAT HISTORIC GIFTS MAY NEVER BE SPENT THE ORGANIZATION'S EARNINGS ON PERMANENTLY RESTRICTED NET ASSETS ARE CLASSIFIED AS TEMPORARILY RESTRICTED UNTIL APPROPRIATED FOR EXPENDITURE BASED ON THE TERMS OF THE ORIGINAL GIFT AGREEMENT, UNLESS AS IN SOME CASES, THE DONOR'S GIFT INSTRUMENT FURTHER REQUIRES THAT ANY APPRECIATION OF THE HISTORIC GIFT VALUE BE PERMANENTLY RESTRICTED ALL OTHER DESIGNATED ENDOWMENTS HAVE BEEN CLASSIFIED AS UNRESTRICTED, BOARD-DESIGNATED
ACCOUNTING FOR UNCERTAINTY OF INCOME TAXES	PART X, LINE 2	THE COMMUNITY FOUNDATION APPLIES A MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD FOR ALL TAX UNCERTAINTIES ASC TOPIC 740 ONLY ALLOWS THE RECOGNITION OF THOSE TAX BENEFITS THAT HAVE A GREATER THAN FIFTY PERCENT LIKELIHOOD OF BEING SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES BASED ON ITS EVALUATION, THE COMMUNITY FOUNDATION HAS CONCLUDED THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION IN ITS FINANCIAL STATEMENTS THE COMMUNITY FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) FOR 1986 THE COMMUNITY FOUNDATION HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION AS DEFINED IN SECTION 170(B)(A)(VI) OF THE IRC
OTHER ADJUSTMENTS - RECONCILIATION OF REVENUE	PART XI, LINE 2D	CHANGE IN SPLIT INTEREST VALUE -22,408 BANK FEES -127,149
OTHER ADJUSTMENTS - RECONCILIATION OF REVENUE	PART XI, LINE 4B	AGENCY FUND REVENUE 43,090
OTHER ADJUSTMENTS - RECONCILIATION OF EXPENSES	PART XII, LINE 4B	AGENCY FUND EXPENSES 72,196 BANK FEES 127,149

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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

2012

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF GREATER FLINT

Employer identification number
38-2190667

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. Part II can be duplicated 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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 59

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 24

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. Part III can be duplicated 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

Part IV **Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS		GRANTEES RECEIVING GRANTS THAT MEET SPECIFIC CRITERIA ARE REQUIRED TO FILE A REPORT REGARDING THE USE OF THE FUNDS REPORTS MAY BE REQUESTED MORE FREQUENTLY DEPENDING UPON THE SPECIFIC STRUCTURE OF THE GRANT OR PROJECT

Software ID:
Software Version:
EIN: 38-2190667
Name: COMMUNITY FOUNDATION OF GREATER FLINT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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, appresial, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ATWOOD STADIUM AUTHORITY900 South Saginaw Street FLINT,MI 48502	35-2290868	170(C)(1)	35,150				OPERATIONS/PROGRAM
BAKER COLLEGE1050 WEST BRISTOL ROAD FLINT,MI 48507	38-1948719	501(C)(3)	10,000				SCHOLARSHIP SUPPORT
BOYS AND GIRLS CLUB OF GREATER FLINTPO BOX 223 FLINT,MI 48501	38-3381808	501(C)(3)	96,079				OPERATIONS/PROGRAM
CENTRAL MICHIGAN UNIVERSITY205 WARRINER MT PLEASANT,MI 48859	38-6004447	170(C)(1)	9,550				SCHOLARSHIP SUPPORT
CHARLES STEWART MOTT COMMUNITY COLLEGE 1401 EAST COURT STREET FLINT,MI 48503	38-2673057	501(C)(3)	22,257				SCHOLARSHIP SUPPORT
CHRIST ENRICHMENT CENTER INC322 EAST HAMILTON AVENUE FLINT,MI 48505	01-0803184	501(C)(3)	56,562				OPERATIONS/PROGRAM
CITY OF DAVISON200 East Flint Street Suite 2 Davison,MI 484231298	38-6004670	170(C)(1)	73,908				OPERATIONS/PROGRAM
COURT STREET UNITED METHODIST CHURCH225 WEST COURT STREET FLINT,MI 485021183	38-1359197	501(C)(3)	26,782				OPERATIONS/PROGRAM
CRIM FITNESS FOUNDATION INC452 SOUTH SAGINAW SUITE 1 FLINT,MI 48502	38-2595169	501(C)(3)	57,588				OPERATIONS/PROGRAM
EASTER SEALS-MICHIGAN INC2399 E WILTON BLVD AUBURN HILLS,MI 48326	38-1402860	501(C)(3)	32,725				OPERATIONS/PROGRAM
EDUCATION FON FOR THE FLINT COMMUNITY SCHOLSPO BOX 13443 FLINT,MI 48501	26-1289650	501(C)(3)	10,000				OPERATIONS/PROGRAM
Flint Area Congregations Together (FACT)2415 Bagley Street FLINT,MI 48504	56-2593271	501(C)(3)	18,985				OPERATIONS/PROGRAM
FLINT CHILDREN'S MUSEUM1602 WEST UNIVERSITY AVENUE FLINT,MI 48504	38-2329711	501(C)(3)	55,120				OPERATIONS/PROGRAM
FLINT COMMUNITY SCHOLS923 EAST KEARSLEY STREET FLINT,MI 48503	38-6001185	170(C)(1)	26,018				OPERATIONS/PROGRAM
FLINT CULTURAL CENTER CORPORATION1310 EAST KEARSLEY STREET FLINT,MI 48503	38-6089075	501(C)(3)	1,035,735				OPERATIONS/PROGRAM
Flint Power Squadron/o 2444 Grand Blanc Road Grand Blanc,MI 48439	38-6092157	501(C)(3)	6,000				OPERATIONS/PROGRAM
FLINT INSTITUTE OF ARTS 1120 EAST KEARSLEY STREET FLINT,MI 48503	38-1539984	501(C)(3)	294,156				OPERATIONS/PROGRAM
FLINT INSTITUTE OF MUSIC1025 EAST KEARSLEY STREET FLINT,MI 48503	38-6159482	501(C)(3)	516,746				OPERATIONS/PROGRAM
FLINT JEWISH FEDERATION619 WALLENBERG STREET FLINT,MI 48502	38-1359257	501(C)(3)	11,633				OPERATIONS/PROGRAM
FLINT ROTARY CHARITABLE FOUNDATION2481 DELWOOD DRIVE CLIO,MI 48420	38-2125941	501(C)(3)	13,156				OPERATIONS/PROGRAM
Flint Public Library1026 East Kearsley Street FLINT,MI 48503	38-3522288	170(C)(1)	29,570				OPERATIONS/PROGRAM
GENESEE CHAMBER FOUNDATION519 S SAGINAW ST STE 200 FLINT,MI 48502	23-7420247	501(C)(3)	34,961				OPERATIONS/PROGRAM
GENESEE COUNTY HEALTH DEPARTMENT630 SOUTH SAGINAW STREET FLINT,MI 48502	38-6004849	170(C)(1)	94,612				OPERATIONS/PROGRAM
GENESEE COUNTY LAND BANKGENESEE COUNTY 452 SOUTH SAGINAW STREET FLINT,MI 48502	61-1480273	170(C)(1)	31,200				OPERATIONS/PROGRAM
GENESEE COUNTY PARKS & RECREATION COMMISSION5045 EAST STANLEY ROAD FLINT,MI 48506	38-6004849	170(C)(1)	22,320				OPERATIONS/PROGRAM
GENESEE INTERMEDIATE SCHOOL DISTRICT2413 WEST MAPLE AVENUE FLINT,MI 485072493	38-1714600	170(C)(1)	80,800				OPERATIONS/PROGRAM
GIRL SCOUTS OF SOUTHEASTERN MICHIGAN500 FISHER BUILDING 3011 WEST GRAND BLVD DETROIT,MI 482023012	38-1598947	501(C)(3)	41,811				OPERATIONS/PROGRAM
GRAND VALLEY STATE UNIVERSITY1 CAMPUS DRIVE 100 STUDENT SERVICES BUILDING ALLENDALE,MI 494019403	38-1684280	501(C)(3)	7,800				SCHOLARSHIP SUPPORT
Grand Blanc Parks & Recreation Commisson360 East Grand Blanc Road Grand Blanc,MI 484393310	38-1956801	170(C)(1)	26,000				OPERATIONS/PROGRAM
GREATER FLINT HEALTH COALITION519 S SAGINAW STREET FLINT,MI 48502	38-3301514	501(C)(3)	63,000				OPERATIONS/PROGRAM
HUNDRED CLUB OF Genesee Shiawassee and Lapeer11405 FAWN VALLEY TRAIL FENTON,MI 48430	38-2091735	501(C)(3)	9,752				OPERATIONS/PROGRAM
HURLEY FOUNDATIONONE HURLEY PLAZA FLINT,MI 485035993	38-3085047	501(C)(3)	17,280				OPERATIONS/PROGRAM
Jewish Community Services 619 Wallenberg Street Flint,MI 48502	38-2752384	501(C)(3)	27,365				OPERATIONS/PROGRAM
Loose Senior Citizens Center 707 North Bridge Street LINDEN,MI 48451	38-3266054	501(C)(3)	33,720				OPERATIONS/PROGRAM
Matrix Community Development Inc503 S Saginaw St Suite 804 FLINT,MI 48502	38-3072010	501(C)(3)	26,250				OPERATIONS/PROGRAM
MICHIGAN STATE UNIVERSITY252 STUDENT SERVICES EAST LANSING,MI 48824	38-6005984	170(C)(1)	24,300				SCHOLARSHIP SUPPORT
MOTHERLY INTERCESSION INCPO BOX 31109 FLINT,MI 48531	38-3571422	501(C)(3)	8,000				OPERATIONS/PROGRAM
Muslim Public Affairs Council Foundation3010 Wilshire BLVD LOS ANGELES,CA 90010	95-4675391	501(C)(3)	20,000				OPERATIONS/PROGRAM
QUALITY LIVING SYSTEMS MANAGEMENT CORPORATION2849 Miller Road FLINT,MI 48503	38-2401686	501(C)(3)	8,924				OPERATIONS/PROGRAM
SAGINAW VALLEY STATE UNIVERSITYCASHIERS OFFICE UNIVERSITY CENTER SAGINAW,MI 48710	38-1798800	501(C)(3)	10,500				SCHOLARSHIP SUPPORT
SALEM HOUSING COMMUNITY DEVELOPMENT CORPORATION3216 MARTIN LUTHER KING AVE FLINT,MI 48505	38-2603951	501(C)(3)	14,950				OPERATIONS/PROGRAM
TALL PINE COUNCIL BOY SCOUTS OF AMERICA507 WEST ATHERTON ROAD FLINT,MI 48507	38-1357988	501(C)(3)	8,474				OPERATIONS/PROGRAM
UNITED WAY OF GENESEE COUNTYPO BOX 949 FLINT,MI 48501	38-1359516	501(C)(3)	90,443				OPERATIONS/PROGRAM
UNIVERSITY OF MICHIGAN515 East Jefferson Suite 2500 ANN ARBOR,MI 48109	38-6006309	170(C)(1)	23,315				SCHOLARSHIP/PROGRAM
UNIVERSITY OF MICHIGAN-FLINT303 EAST KEARSLEY STREET FLINT,MI 48502	38-6006309	170(C)(1)	95,068				SCHOLARSHIP/PROGRAM
Uptown Reinvestment Corporation Inc810 Mott Foundation Building 503 South Saginaw Street FLINT,MI 48502	38-3493359	501(C)(3)	17,935				OPERATIONS/PROGRAM
WHALEY CHILDREN'S CENTER1201 N GRAND TRAVERSE FLINT,MI 48503	38-1358235	501(C)(3)	5,138				OPERATIONS/PROGRAM
YWCA OF GREATER FLINT 310 EAST THIRD STREET FLINT,MI 48502	38-1360597	501(C)(3)	12,314				OPERATIONS/PROGRAM
Carman-Ainsworth Community SchoolsG-3475 West Court Street FLINT,MI 48532	38-6001213	170(C)(1)	18,611				OPERATIONS/PROGRAM
Carolyn Mawby Chorale3058 Seymour Road SWARTZ CREEK,MI 48473	38-2847417	501(C)(3)	8,500				OPERATIONS/PROGRAM
Grand Blanc Community SchoolsG-11920 S Saginaw St GRAND BLANC,MI 48439	38-6001238	170(C)(1)	6,500				OPERATIONS/PROGRAM
Grand Blanc Heritage Association203 E Grand Blanc Rd GRAND BLANC,MI 48439	23-7322404	501(C)(3)	7,000				OPERATIONS/PROGRAM
Oakland University201 N FDN Hall Rochester Hills,MI 48309	38-6078765	501(C)(3)	10,500				Scholarship Support
Prima Civitas Foundation325 East Grand River Avenue Suite EAST LANSING,MI 48823	83-0450250	501(C)(3)	18,000				OPERATIONS/PROGRAM
Resource Genesee1401 South Grand Traverse FLINT,MI 48503	23-7355855	501(C)(3)	16,108				OPERATIONS/PROGRAM
Big BrothersBig Sisters of Greater Flint610 East Second Street Flint,MI 48503	38-2259541	501(c)(3)	13,424				OPERATIONS/PROGRAM
City of Flint1101 South Saginaw Street Flint,MI 48502	38-6004611	170(c)(1)	17,707				OPERATIONS/PROGRAM
Clio Area Art Society505 West Vienna Road Clio,MI 48420	38-2890953	501(C)(3)	6,000				OPERATIONS/PROGRAM
Clio Area Veterans Memorial Park IncPO Box 93 Clio,MI 48420	41-2132106	501(C)(3)	15,541				OPERATIONS/PROGRAM
Eastern Michigan University 403 Pierce Hall Ypsilanti,MI 4197	38-6005986	170(C)(1)	6,750				Scholarship Support
Fenton Area Public Schools 3100 Owen Road Fenton,MI 48430	38-6021099	170(C)(1)	8,200				OPERATIONS/PROGRAM
Floyd J McCree Theatre & Fine Arts5005 Clovertawn Drive Flint,MI 48504	38-2552387	501(C)(3)	5,750				OPERATIONS/PROGRAM
Genesee Area Focus Fund Inc519 South Saginaw Street Suite 20 Flint,MI 48502	38-2771641	501(C)(3)	18,132				OPERATIONS/PROGRAM
Genesee County (CARD)601 North Saginaw Street Suite 1B Flint,MI 48502	38-6004849	170(C)(1)	22,011				OPERATIONS/PROGRAM
Genesee County Association of Fire Chiefs8100-B Civic Drive Swartz Creek,MI 48473	38-3214516	501(C)(3)	5,825				OPERATIONS/PROGRAM
Genesee County Free Medical Clinic2437 Welch Boulevard Flint,MI 48504	38-2995700	501(C)(3)	17,947				OPERATIONS/PROGRAM
Genesee County Habitat for Humanity101 Burton Street Flint,MI 48503	38-2899387	501(C)(3)	5,083				OPERATIONS/PROGRAM
Genesee County Historical Society316 Water Street Flint,MI 48503	38-6100681	501(C)(3)	9,750				OPERATIONS/PROGRAM
Genesee County Interdenominational Church G-3326 Corunna Road Flint,MI 48532	26-2487167	501(C)(3)	5,260				OPERATIONS/PROGRAM
Genesee District LibraryG-4195 West Pasadena Avenue Flint,MI 48504	38-2273738	170(c)(1)	7,392				OPERATIONS/PROGRAM
Genesys Health Foundation One Genesys Parkway Grand Blanc,MI 484398066	38-3591148	501(C)(3)	22,415				OPERATIONS/PROGRAM
Glenwood Cemetery Association2500 West Court Street Flint,MI 48503	38-0581533	501(c)(3)	10,000				OPERATIONS/PROGRAM
Habitat for Humanity of Michigan Inc618 South Creyts Road Suite C Lansing,MI 48917	38-3142455	501(C)(3)	10,527				OPERATIONS/PROGRAM
Local Initiatives Support Corporation119 North Church Street Suite 201 Kalamazoo,MI 49007	13-3030229	501(C)(3)	15,000				OPERATIONS/PROGRAM
New Flint Neighborhood Programs Inc2514 Mount Elliott Flint,MI 48504	38-2815949	501(C)(3)	12,480				OPERATIONS/PROGRAM
Riverside Tabernacle429 Northbound Chavez Flint,MI 48503	38-1474939	501(C)(3)	10,000				OPERATIONS/PROGRAM
The CHANGE Foundation414 West Ridgeway Avenue Flint,MI 48505	38-3631308	n/a	5,500				OPERATIONS/PROGRAM
The Regents of the University of Michigan303 East Kearsley Street Flint,MI 485012950	38-6006309	170(c)(1)	33,500				OPERATIONS/PROGRAM
The Salvation Army211 West Kearsley Street Flint,MI 48502	38-1370971	501(C)(3)	10,539				OPERATIONS/PROGRAM
University of Notre Dame115 Main Building Notre Dame,IN 46556	35-0868188	501(c)(3)	10,000				Scholarship Support
Young Life of Genesee County10801 South Saginaw Street Building Grand Blanc,MI 48439	84-0385934	501(C)(3)	28,000				OPERATIONS/PROGRAM

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF GREATER FLINT

Employer identification number
38-2190667

Part I Questions Regarding Compensation

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

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported as deferred in prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
(1)KATHI HORTON PRESIDENT	**(i)** **(ii)**	149,435 0	0 0	2,166 0	7,684 0	1,416 0	160,701 0	0 0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Identifier	Return Reference	Explanation
ADDITIONAL COMPENSATION INFORMATION	PART I, LINE 1A	THE COMMUNITY FOUNDATION WILL NOT PAY OR REIMBURSE FOR ANY HEALTH OR SOCIAL CLUB DUES OR INITIATION/MEMBERSHIP FEES SHOULD THE COMMUNITY FOUNDATION HAVE A GOLF COURSE OR OTHER TYPE OF DINING ROOM MEMBERSHIP, IT IS INTENDED TO BE USED FOR BUSINESS RELATED MEETINGS ANY PERSONAL, NON-BUSINESS RELATED USE OF SUCH DINING MEMBERSHIP MUST BE APPROVED IN ADVANCE BY THE PRESIDENT, AND THE EMPLOYEE MUST REIMBURSE THE COMMUNITY FOUNDATION FOR SUCH USE NO LATER THAN FIVE (5) BUSINESS DAYS AFTER RECEIPT OF THE BILL THE COMMUNITY FOUNDATION DOES HAVE A DINING MEMBERSHIP AT A GOLF CLUB, HOWEVER, THE MEMBERSHIP IS IN THE PRESIDENT'S NAME DUE TO THE FACT THE GOLF CLUB DOES NOT ALLOW BUSINESSES TO HAVE A MEMBERSHIP THE POLICY NOTED ABOVE IS FOLLOWED AND CLOSELY MONITORED
pension plan	part 1, line 4b	The Community Foundation maintains a 401(k) plan which covers all full-time employees Employer contributions to the 401(k) plan were $34,494 in 2012 and $33,095 in 2011 The Community Foundation has also adopted a Section 457 deferred compensation plan to allow employees to make deferrals

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF GREATER FLINT

Employer identification number
38-2190667

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	2	3,879	FAIR MARKET VALUE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (software)	X	1	13,194	FAIR MARKET VALUE
26	Other ▶ (equipment)	X	1	13,615	FAIR MARKET VALUE
27	Other ▶( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . | 29 |

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF GREATER FLINT

Employer identification number
38-2190667

Identifier	Return Reference	Explanation
FORM 990 REVIEW PROCESS	PART VI, SECTION B, LINE 11	DRAFT 990 IS REVIEWED AND APPROVED BY AUDIT COMMITTEE ON BEHALF OF THE BOARD OF TRUSTEES
CONFLICT OF INTEREST POLICY	PART VI, SECTION B, LINE 12C	TRUSTEES ARE REQUIRED TO ABSTAIN FROM DISCUSSION AND VOTING WHERE CONFLICT EXISTS
PROCESS FOR DETERMINING COMPENSATION OF OFFICERS AND KEY EMPLOYEES	PART VI, SECTION B, LINE 15	INDEPENDENT COMPENSATION STUDY PERFORMED AND PRESENTED TO EXECUTIVE COMMITTEE EXECUTIVE COMMITTEE APPROVES PRESIDENT SALARY ANNUALLY
AVAILABILITY OF DOCUMENTS TO THE PUBLIC	PART VI, SECTION C, LINE 19	THE COMMUNITY FOUNDATION WILL MAKE AVAILABLE FOR PUBLIC INSPECTION THE LAST THREE YEARS OF ITS TAX DOCUMENTS, INCLUDING INTERNAL REVENUE SERVICE FORMS 990, 990T (IF APPLICABLE), THE COMMUNITY FOUNDATION'S APPLICATION FOR TAX EXEMPTION, IRS FORM 1023, THE CFGF BYLAWS, THE CONFLICT OF INTEREST POLICY AND THE AUDITED FINANCIAL STATEMENTS IF THE REQUEST FOR ANY OF THESE DOCUMENTS IS MADE IN PERSON, THE REQUESTED DOCUMENTS WILL BE PROVIDED ON THE DAY OF THE REQUEST, IF POSSIBLE IF THE REQUEST IS IN WRITING (INCLUDING EMAIL), COPIES WILL BE PROVIDED WITHIN 30 DAYS OF THE REQUEST THE REQUESTOR WILL BE CHARGED A REASONABLE FEE FOR THE COST OF COPYING, PLUS POSTAGE ADDITIONALLY, THESE DOCUMENTS WILL BE AVAILABLE ON THE WEBSITE AT WWW CFGF ORG
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	PART XI, LINE 9	AGENCY FUND REVENUE ALLOCATED TO NET UNREALIZED GAIN 168,276 CHANGE IN SPLIT INTEREST VALUE -22,408
AUDITED FINANCIAL STATEMENTS	PART XII, LINE 2	THE ORGANIZATION'S FINANCIAL STATEMENTS WERE AUDITED BY AN INDEPENDENT ACCOUNTANT AS PART OF CONSOLIDATED FINANCIAL STATEMENTS, WHICH WERE REVIEWED AND APPROVED BY AN AUDIT COMMITTEE

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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

2012

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF GREATER FLINT

Employer identification number
38-2190667

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

(a) Name, address, and EIN (if applicable) 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" to 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 entity? Yes	(g) No
(1) FOUNDATION FOR THE FLINT CULTURAL CENTER 500 S SAGINAW ST STE 200 FLINT, MI 48502 38-3573890	SUPPORT ORG	MI	509(A)(3)	11A	NA		No

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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
(1) COMMUNITY FIRST LLC 503 S SAGINAW ST FLINT, MI 48502 20-5014759	RNTL REAL EST	MI	NA	INVESTMENT	-88,211	1,025,133		No			No	50 000 %

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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	(i) Section 512 (b)(13) controlled entity? Yes	(i) No

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

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

		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 or **(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	No
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	Dividends from related organization(s)	1f	No
g	Sale of assets to related organization(s)	1g	No
h	Purchase of assets from related organization(s)	1h	No
i	Exchange of assets with related organization(s)	1i	No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o	Sharing of paid employees with related organization(s)	1o	No
p	Reimbursement paid to related organization(s) for expenses	1p	No
q	Reimbursement paid by related organization(s) for expenses	1q	No
r	Other transfer of cash or property to related organization(s)	1r	No
s	Other transfer of cash or property from related organization(s)	1s	Yes

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-s)	(c) Amount involved	(d) Method of determining amount involved
(1) COMMUNITY FIRST LLC	K	86,664	FMV
(2) COMMUNITY FIRST LLC	S	62,000	FMV
(3) FOUNDATION FOR THE FLINT CULTURAL CENTER	L	32,235	FMV

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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 section 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	

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

Return to Form

Software ID:
Software Version:
EIN: 38-2190667
Name: COMMUNITY FOUNDATION OF GREATER FLINT

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