

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2017

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 2017, and ending 20

Form header section containing: B Check if applicable; C Name of organization (COMMUNITY FOUNDATION OF GREATER FLINT); D Employer identification number (38-2190667); E Telephone number ((810) 767-8270); F Name and address of principal officer (ISAAH OLIVER); G Gross receipts (\$ 37,790,546); H(a) Is this a group return for subordinates? (Yes X No); H(b) Are all subordinates included? (Yes No); I Tax-exempt status (X 501(c)(3)); J Website (WWW.CFGF.ORG); K Form of organization (X Corporation); L Year of formation (1988); M State of legal domicile (MI).

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

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.

Signature of officer: Isaaah Oliver, President & CEO. Date: 10-19-18.

Preparer information: RICHARD NOREEN, BDO USA, LLP, 200 OTTAWA AVE NW STE 300 GRAND RAPIDS, MI 49503. Date: 8/13/2018. PTIN: P00059529.

May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2017)

# Application for Automatic Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**  
► **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for *Charities and Non-Profits*.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	COMMUNITY FOUNDATION OF GREATER FLINT	38-2190667
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
500 S SAGINAW STREET 200		
City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
FLINT, MI 48502		

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . .

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

MARY ITTIGSON BAEHR

• The books are in the care of ► 500 S SAGINAW STREET, STE 200 FLINT MI 48502

Telephone No. ► 810 767-8270 Fax No. ►

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . . . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 2017 or
- tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**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 \$ 6,380,004. including grants of \$ 5,097,674. ) (Revenue \$ 340,521. )

ATTACHMENT 1

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O.)

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

**4e** Total program service expenses ▶ 6,380,004.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> . . . . .	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> . . . . .		X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> . . . . .		X
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III.</i> . . . . .		X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I.</i> . . . . .	X	
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> . . . . .		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> . . . . .		X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV.</i> . . . . .		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> . . . . .	X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> . . . . .	X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII.</i> . . . . .	X	
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII.</i> . . . . .		X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX.</i> . . . . .		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .	X	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i> . . . . .		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> . . . . .	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV.</i> . . . . .		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i> . . . . .		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i> . . . . .		X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions). . . . .		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> . . . . .		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> . . . . .		X

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>20a</b>	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
<b>23</b>	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? <i>If "Yes," complete Schedule J.</i>		X
<b>24a</b>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I.</i>		X
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
<b>27</b>	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? <i>If "Yes," complete Schedule L, Part III.</i>		X
<b>28</b>	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):		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
<b>c</b>	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? <i>If "Yes," complete Schedule L, Part IV.</i>		X
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
<b>37</b>	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? <i>If "Yes," complete Schedule R, Part VI.</i>		X
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a-14b regarding IRS filings, backup withholding, employee reporting, foreign accounts, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (22), 1b (22), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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, address, and telephone number of the person who possesses the organization's books and records: BRETT HUNKINS 500 S SAGINAW STREET, STE 200 FLINT, MI 48502 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 or note to any line in this Part VII. X

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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) SHANNON WHITE CHAIRPERSON	1.00 0.	X		X				0.	0.	0.
(2) GEORGE D. WILKINSON VICE-CHAIRPERSON	1.00 0.	X		X				0.	0.	0.
(3) LEANNE H. PANDUREN TREASURER	1.00 0.	X		X				0.	0.	0.
(4) HEIDI MCARA SECRETARY	1.00 0.	X		X				0.	0.	0.
(5) STEPHEN ARELLANO TRUSTEE	1.00 0.	X						0.	0.	0.
(6) WANDA HARDEN TRUSTEE	1.00 0.	X						0.	0.	0.
(7) TIMOTHY KNECHT TRUSTEE	1.00 0.	X						0.	0.	0.
(8) SONYA LAGORE TRUSTEE	1.00 0.	X						0.	0.	0.
(9) DAVID E. LOSSING TRUSTEE	1.00 0.	X						0.	0.	0.
(10) LINDA BELFORD TRUSTEE	1.00 0.	X						0.	0.	0.
(11) MARK MILLER TRUSTEE	1.00 0.	X						0.	0.	0.
(12) CHRIS GRAFF TRUSTEE	1.00 0.	X						0.	0.	0.
(13) CAROL HURAND TRUSTEE	1.00 0.	X						0.	0.	0.
(14) MARK PIPER TRUSTEE	1.00 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			
( 15) SYLVANA JAJOU TRUSTEE	1.00 0.	X					0.	0.	0.	
( 16) MANAL SAAB TRUSTEE	1.00 0.	X					0.	0.	0.	
( 17) T. ARDELE SHALTZ TRUSTEE	1.00 0.	X					0.	0.	0.	
( 18) SHERRI STEPHENS TRUSTEE	1.00 0.	X					0.	0.	0.	
( 19) TIMOTHY JOHNSON II TRUSTEE	1.00 0.	X					0.	0.	0.	
( 20) RAFAEL TURNER TRUSTEE	1.00 0.	X					0.	0.	0.	
( 21) LAWRENCE A. REYNOLDS, M.D. TRUSTEE	1.00 0.	X					0.	0.	0.	
( 22) DOUGLAS B. VANCE TRUSTEE	1.00 0.	X					0.	0.	0.	
( 23) ISAIAH OLIVER PRESIDENT FROM 5/25	40.00 3.00			X			130,810.	0.	11,379.	
( 24) ANN MARIE VAN DUYNE VP PHILANTHROPIC SERVICES	40.00 2.00			X			116,113.	0.	16,105.	
( 25) MARY ITTIGSON BAEHR VP FINANCE & ADMINISTRATION	40.00 3.00			X			122,452.	0.	16,735.	
<b>1b Sub-total</b>							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b>							453,420.	0.	49,479.	
<b>d Total (add lines 1b and 1c)</b>							453,420.	0.	49,479.	

**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 **▶** 3

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**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
ATTACHMENT 3		

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



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII.

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>				
	<b>d</b> Related organizations . . . . .	<b>1d</b>				
	<b>e</b> Government grants (contributions) . .	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	9,322,954.			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		2,174,248.			
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶		9,322,954.			
<b>Program Service Revenue</b>			<b>Business Code</b>			
	<b>2a</b> RELATED ORGANIZATION MANAGEMENT FEES		900099	340,521.	340,521.	
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue . . . . .					
<b>g Total.</b> Add lines 2a-2f . . . . . ▶			340,521.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . . ▶			2,665,349.		2,665,349.
	<b>4</b> Income from investment of tax-exempt bond proceeds . ▶			0.		
	<b>5</b> Royalties . . . . . ▶			0.		
		(i) Real	(ii) Personal			
	<b>6a</b> Gross rents . . . . .					
	<b>b</b> Less: rental expenses . . . . .					
	<b>c</b> Rental income or (loss) . . . . .					
	<b>d</b> Net rental income or (loss) . . . . . ▶			0.		
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		25,461,722.				
	<b>b</b> Less: cost or other basis and sales expenses . . . . .			22,684,189.		
	<b>c</b> Gain or (loss) . . . . .			2,777,533.		
	<b>d</b> Net gain or (loss) . . . . . ▶			2,777,533.		2,777,533.
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . . <b>a</b>					
	<b>b</b> Less: direct expenses . . . . . <b>b</b>					
<b>c</b> Net income or (loss) from fundraising events. . . . . ▶			0.			
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . . <b>a</b>						
<b>b</b> Less: direct expenses . . . . . <b>b</b>						
<b>c</b> Net income or (loss) from gaming activities. . . . . ▶			0.			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>						
<b>b</b> Less: cost of goods sold . . . . . <b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory. . . . . ▶			0.			
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11a</b> _____						
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . . ▶			0.			
<b>12 Total revenue.</b> See instructions. . . . . ▶			15,106,357.	340,521.	5,442,882.	

**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 or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21 . . . . .	5,097,674.	5,097,674.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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 . . . . .	370,681.	106,515.	187,758.	76,408.
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 . . . . .	961,729.	477,860.	75,878.	407,991.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	35,519.	15,641.	3,518.	16,360.
9 Other employee benefits . . . . .	127,906.	60,118.	16,407.	51,381.
10 Payroll taxes . . . . .	100,191.	44,344.	18,952.	36,895.
11 Fees for services (non-employees):				
a Management . . . . .	0.			
b Legal . . . . .	27,685.	820.	17,287.	9,578.
c Accounting . . . . .	38,887.		38,887.	
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees . . . . .	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	251,291.	207,005.	32,612.	11,674.
12 Advertising and promotion . . . . .	37,780.			37,780.
13 Office expenses . . . . .	69,236.	2,090.	56,704.	10,442.
14 Information technology . . . . .	130,390.	49,531.	25,793.	55,066.
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	151,505.		151,505.	
17 Travel . . . . .	26,342.	7,651.	7,447.	11,244.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	43,233.	7,656.	28,418.	7,159.
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	29,877.		29,877.	
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 PROGRAM-RELATED EXPENSES	272,727.	272,727.		
b MISCELLANEOUS	88,244.	13,033.	49,624.	25,587.
c DONOR DEVELOPMENT	48,386.			48,386.
d DUES & SUBSCRIPTIONS	46,279.	17,339.	14,276.	14,664.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	7,955,562.	6,380,004.	754,943.	820,615.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X.  X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	1,497,115.	<b>1</b>	413,194.
	<b>2</b> Savings and temporary cash investments . . . . .	0.	<b>2</b>	0.
	<b>3</b> Pledges and grants receivable, net . . . . .	111,357.	<b>3</b>	543,826.
	<b>4</b> Accounts receivable, net . . . . .	0.	<b>4</b>	0.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0.	<b>5</b>	0.
	<b>6</b> 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.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	0.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	72,370.	<b>9</b>	62,335.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 771,454.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 540,314.	248,572.	<b>10c</b> 231,140.
	<b>11</b> Investments - publicly traded securities . . . . .	<b>ATCH 4</b> 77,741,270.	<b>11</b>	88,229,978.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	89,620,076.	<b>12</b>	102,378,890.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	0.	<b>15</b>	0.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	169,290,760.	<b>16</b>	191,859,363.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	167,997.	<b>17</b>	220,192.
	<b>18</b> Grants payable . . . . .	852,070.	<b>18</b>	595,814.
	<b>19</b> Deferred revenue . . . . .	0.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities . . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0.	<b>21</b>	0.
	<b>22</b> 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.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0.	<b>24</b>	0.
	<b>25</b> 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 . . . . .	202,291.	<b>25</b>	113,484.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	1,222,358.	<b>26</b>	929,490.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>X</b> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	14,741,673.	<b>27</b>	17,741,618.
	<b>28</b> Temporarily restricted net assets . . . . .	53,548,939.	<b>28</b>	65,409,978.
	<b>29</b> Permanently restricted net assets . . . . .	99,777,790.	<b>29</b>	107,778,277.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	168,068,402.	<b>33</b>	190,929,873.
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	169,290,760.	<b>34</b>	191,859,363.

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI.

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	15,106,357.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	7,955,562.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	7,150,795.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	168,068,402.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	15,723,833.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-13,157.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	190,929,873.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII.

- 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? . . . . .  
 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? . . . . .  
 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? 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? . . . . .
- 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.

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form **990** (2017)

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization COMMUNITY FOUNDATION OF GREATER FLINT	Employer identification number 38-2190667
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**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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations. . . . .

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2017

**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	1,435,900.	1,735,395.	3,199,580.	22,196,935.	9,322,954.	37,890,764.
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 <b>Total.</b> Add lines 1 through 3. . . . .	1,435,900.	1,735,395.	3,199,580.	22,196,935.	9,322,954.	37,890,764.
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). . . . .						8,838,775.
6 <b>Public support.</b> Subtract line 5 from line 4						29,051,989.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4. . . . .	1,435,900.	1,735,395.	3,199,580.	22,196,935.	9,322,954.	37,890,764.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	3,038,535.	3,522,522.	3,227,936.	3,196,140.	2,665,349.	15,650,482.
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 VI.) . . . . .	36.					36.
11 <b>Total support.</b> Add lines 7 through 10. . . . .						53,541,282.
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	498,454.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)). . . . .	14	54.26%
15 Public support percentage from 2016 Schedule A, Part II, line 14 . . . . .	15	52.48%
16a <b>33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
17a <b>10%-facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5. . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (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 section 501(c)(3) organization, check this box and **stop here** . . . . .

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

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)). . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2017.** 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 - 2016.** 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 Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations (continued)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<b>11 a</b>	
<b>b</b> A family member of a person described in (a) above?	<b>11 b</b>	
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	<b>11 c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	<b>1</b>	
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	<b>1</b>	
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	<b>2</b>	
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	<b>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	<b>8</b>		

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		

**7**  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013 . . . . .			
c From 2014 . . . . .			
d From 2015 . . . . .			
e From 2016 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7:                     \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013 . . . . .			
b Excess from 2014 . . . . .			
c Excess from 2015 . . . . .			
d Excess from 2016 . . . . .			
e Excess from 2017 . . . . .			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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**Schedule of Contributors**

**2017**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

<b>Name of the organization</b> COMMUNITY FOUNDATION OF GREATER FLINT	<b>Employer identification number</b> 38-2190667
--	---

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> COMMUNITY FOUNDATION OF GREATER FLINT	<b>Employer identification number</b> 38-2190667
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____	\$ 3,214,368.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____	\$ 900,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____	\$ 700,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____	\$ 525,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____	\$ 487,084.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



<b>Name of organization</b> COMMUNITY FOUNDATION OF GREATER FLINT	<b>Employer identification number</b> 38-2190667
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____	\$ 480,405.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____	\$ 449,436.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **COMMUNITY FOUNDATION OF GREATER FLINT**

Employer identification number

38-2190667

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	5,400 SHS OF U.S. SUGAR CO. STOCK	\$ 2,146,068.	10/04/2017
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization **COMMUNITY FOUNDATION OF GREATER FLINT**

Employer identification number  
38-2190667

**Part III** *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2017

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

COMMUNITY FOUNDATION OF GREATER FLINT

38-2190667

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advised funds.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of conservation easements, total number of easements, acreage, and number of easements on historic structures, and several Yes/No questions.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, and Amount. Includes rows for reporting on SFAS 116 (ASC 958) regarding art, historical treasures, and other similar assets.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2017

JSA 7E1268 2.000

**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" on 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    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	161,868,284.	141,767,428.	141,483,389.	139,731,018.	125,144,115.
<b>b</b> Contributions	4,688,066.	7,833,545.	1,706,222.	1,072,072.	693,151.
<b>c</b> Net investment earnings, gains, and losses	20,786,332.	17,662,375.	3,741,236.	5,571,732.	18,710,921.
<b>d</b> Grants or scholarships	3,927,883.	4,015,594.	3,872,965.	3,709,325.	3,705,935.
<b>e</b> Other expenditures for facilities and programs	44,419.	51,400.	56,753.	58,511.	36,712.
<b>f</b> Administrative expenses	1,385,076.	1,328,070.	1,233,701.	1,123,597.	1,074,522.
<b>g</b> End of year balance	181,985,304.	161,868,284.	141,767,428.	141,483,389.	139,731,018.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment  7.3300 %
  - b** Permanent endowment  59.2200 %
  - c** Temporarily restricted endowment  33.4500 %
- The percentages on 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
<b>(i)</b> unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>(ii)</b> related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		390,200.	199,202.	190,998.
<b>d</b> Equipment		374,941.	341,112.	33,829.
<b>e</b> Other		6,313.		6,313.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				231,140.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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 . . . . .	36,884,945.	ATTACHMENT 1
(2) Closely-held equity interests . . . . .	65,493,945.	ATTACHMENT 2
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	102,378,890.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED GIFTS PAYABLE	113,484.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	113,484.

2. Liability for uncertain tax positions. 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 XIII Supplemental Information** (continued)

## INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS

SCHEDULE D, 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

SCHEDULE D, PART X, LINE 2

THE COMMUNITY FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) OF 1986.

THE COMMUNITY FOUNDATION HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION AS DEFINED IN SECTIONS 509(A)(1) AND 170(B)(1)(A)(VI) OF THE IRC. 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



**Part XIII** Supplemental Information (continued)

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.

OTHER ADJUSTMENTS - RECONCILIATION OF REVENUE

SCHEDULE D, PART XI, LINE 2D

CHANGE IN SPLIT INTEREST VALUE: -13,157

OTHER ADJUSTMENTS - RECONCILIATION OF REVENUE

SCHEDULE D, PART XI, LINE 4B

AGENCY FUND REVENUE: 434,173

OTHER ADJUSTMENTS - RECONCILIATION OF EXPENSES

SCHEDULE D, PART XII, LINE 4B

AGENCY FUND EXPENSES: 56,964

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ATTACHMENT 1

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SCHEDULE D, PART VII - INVESTMENTS - FINANCIAL DERIVATIVES

<u>DESCRIPTION</u>	<u>BOOK VALUE</u>	<u>COST OR FMV</u>
LONG/SHORT CREDIT HEDGE FUNDS	4,383,411.	FMV
LONG/SHORT EQUITY HEDGE FUNDS	16,196,465.	FMV
MULTI-STRATEGY HEDGE FUNDS	1,417,102.	FMV
REAL ESTATE	370,200.	FMV
ABSOLUTE RETURN HEDGE FUNDS	1,697,774.	FMV
NATURAL RESOURCES FUNDS	3,872,627.	FMV
PRIVATE EQUITY FUNDS	5,471,189.	FMV
REAL ESTATE FUNDS	788,111.	FMV

**Part XIII Supplemental Information** (continued)ATTACHMENT 1 (CONT'D)SCHEDULE D, PART VII - INVESTMENTS - FINANCIAL DERIVATIVES

<u>DESCRIPTION</u>	<u>BOOK VALUE</u>	<u>COST OR FMV</u>
SPLIT-INTEREST AGREEMENTS	83,906.	FMV
MRI BRIDGE LOAN	2,604,160.	FMV
TOTALS	<u>36,884,945.</u>	

ATTACHMENT 2SCHEDULE D, PART VII - INVESTMENTS - CLOSELY HELD EQUITY INTERESTS

<u>DESCRIPTION</u>	<u>BOOK VALUE</u>	<u>COST OR FMV</u>
U.S. SUGAR STOCK	65,493,945.	FMV
TOTALS	<u>65,493,945.</u>	

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

COMMUNITY FOUNDATION OF GREATER FLINT

Employer identification number

38-2190667

**Part I General Information on Grants and Assistance**

- 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
- 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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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 noncash assistance	(h) Purpose of grant or assistance
(1) FLINT CULTURAL CENTER CORPORATION 601 E 2ND ST FLINT, MI 48503	38-6089075	501(C)(3)	889,404.				OPERATIONS/PROGRAM
(2) FLINT INSTITUTE OF MUSIC 1025 E KEARSLEY ST FLINT, MI 48503	38-6159482	501(C)(3)	576,147.				OPERATIONS/PROGRAM
(3) UNITED WAY OF GENESEE COUNTY PO BOX 949 FLINT, MI 48501	38-1359516	501(C)(3)	354,686.				OPERATIONS/PROGRAM
(4) FLINT INSTITUTE OF ARTS 1120 E KEARSLEY ST FLINT, MI 48503	38-1539984	501(C)(3)	313,444.				OPERATIONS/PROGRAM
(5) CRIM FITNESS FOUNDATION, INC. 452 S SAGINAW, STE 1 FLINT, MI 48502	38-2595169	501(C)(3)	285,384.				OPERATIONS/PROGRAM
(6) CITY OF FLINT 1101 S SAGINAW ST FLINT, MI 48502	38-6004611	170(C)(1)	200,000.				OPERATIONS/PROGRAM
(7) CHARLES STEWART MOTT COMMUNITY COLLEGE 1401 E COURT ST FLINT, MI 48503	38-2673057	501(C)(3)	161,046.				SCHOLARSHIP/PROGRAM
(8) UNIVERSITY OF MICHIGAN-FLINT 432 N SAGINAW ST, STE 1001 FLINT, MI 48502	38-6006309	501(C)(3)	157,478.				SCHOLARSHIP/PROGRAM
(9) HURLEY FOUNDATION ONE HURLEY PLAZA FLINT, MI 48503	38-3085047	501(C)(3)	134,766.				OPERATIONS/PROGRAM
(10) GENESEE COUNTY HABITAT FOR HUMANITY 101 BURTON ST FLINT, MI 48503	38-2899387	501(C)(3)	117,905.				OPERATIONS/PROGRAM
(11) ROBERT E. WEISS ADVOCACY CENTER FOR CHILDRE 515 E ST FLINT, MI 48503	43-2031361	501(C)(3)	89,500.				OPERATIONS/PROGRAM
(12) WHALEY CHILDREN'S CENTER 1201 N GRAND TRAVERSE FLINT, MI 48503	38-1358235	501(C)(3)	63,070.				OPERATIONS/PROGRAM

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

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

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Schedule I (Form 990) (2017)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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- 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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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 noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> RED INK FLINT 129 N GRAND TRAVERSE ST FLINT, MI 48503	26-1940660	501(C)(3)	57,500.				OPERATIONS/PROGRAM
<b>(2)</b> GENESEE COUNTY PARKS & RECREATION COMMISSIO 5045 E STANLEY RD FLINT, MI 48506	38-6004849	170(C)(1)	56,454.				OPERATIONS/PROGRAM
<b>(3)</b> FLINT CHILDREN'S MUSEUM 1602 W UNIVERSITY AVE FLINT, MI 48504	38-2329711	501(C)(3)	51,862.				OPERATIONS/PROGRAM
<b>(4)</b> CHRIST ENRICHMENT CENTER, INC. 322 E HAMILTON AVE FLINT, MI 48505	01-0803184	501(C)(3)	47,240.				OPERATIONS/PROGRAM
<b>(5)</b> GIRL SCOUTS OF SOUTHEASTERN MICHIGAN 1333 BREWERY PARK BLVD, STE 500	38-1598947	501(C)(3)	44,107.				OPERATIONS/PROGRAM
<b>(6)</b> EASTER SEALS - MICHIGAN, INC. 2399 E WALTON BLVD AUBURN HILLS, MI 48326	38-1402860	501(C)(3)	40,790.				OPERATIONS/PROGRAM
<b>(7)</b> GREATER FLINT HEALTH COALITION 519 S SAGINAW ST, STE 306 FLINT, MI 48502	38-3301514	501(C)(3)	40,000.				OPERATIONS/PROGRAM
<b>(8)</b> NEIGHBORHOOD ENGAGEMENT HUB 3216 MARTIN LUTHER KING AVE FLINT, MI 48505	47-2208674	501(C)(3)	39,500.				OPERATIONS/PROGRAM
<b>(9)</b> FOUNDATION FOR FLINT 500 S SAGINAW ST, STE 200 FLINT, MI 48502	81-2649933	501(C)(3)	39,116.				OPERATIONS/PROGRAM
<b>(10)</b> OUR LADY OF GUADALUPE CATHOLIC CHURCH 2316 W COLDWATER RD FLINT, MI 48505	38-2032101	501(C)(3)	33,963.				OPERATIONS/PROGRAM
<b>(11)</b> YOUNG MENS CHRISTIAN ASSOCIATION OF FLINT 411 E THIRD ST FLINT, MI 48503	38-1358056	501(C)(3)	32,343.				OPERATIONS/PROGRAM
<b>(12)</b> YWCA OF GREATER FLINT 801 S SAGINAW ST FLINT, MI 48502	38-1360597	501(C)(3)	31,580.				OPERATIONS/PROGRAM

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Name of the organization

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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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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 noncash assistance	(h) Purpose of grant or assistance
(1) GENESEE CHAMBER FOUNDATION 519 S SAGINAW ST, STE 200 FLINT, MI 48502	23-7420247	501(C)(3)	30,000.				OPERATIONS/PROGRAM
(2) ONE LOVE GLOBAL, INC. 913 W HOLMES RD LANSING, MI 48910	20-0373503	501(C)(3)	29,173.				OPERATIONS/PROGRAM
(3) METRO COMMUNITY DEVELOPMENT, INC. 503 S SAGINAW ST, STE #804 FLINT, MI 48502	38-3072010	501(C)(3)	28,750.				OPERATIONS/PROGRAM
(4) GENESEE COUNTY HEALTH DEPARTMENT 630 S SAGINAW ST, STE 4, FLINT, MI 48502	38-6004849	170(C)(1)	27,500.				OPERATIONS/PROGRAM
(5) COMMUNITIES FIRST, INC. 415 W COURT ST FLINT, MI 48503	27-3600343	501(C)(3)	27,000.				OPERATIONS/PROGRAM
(6) CENTER FOR LAND REFORM, INC. 111 E COURT ST, STE 2C-1 FLINT, MI 48502	27-0718458	501(C)(3)	27,000.				OPERATIONS/PROGRAM
(7) AMERICAN RED CROSS, EAST CENTRAL BAY CHAPTE 1401 S GRAND TRAVERSE FLINT, MI 48503	38-1359185	501(C)(3)	25,772.				OPERATIONS/PROGRAM
(8) BOYS AND GIRLS CLUB OF GREATER FLINT 3701 N AVERILL AVE FLINT, MI 48506	38-3381808	501(C)(3)	25,148.				OPERATIONS/PROGRAM
(9) COFY - COMMUNITY OUTREACH FOR FAMILY AND YO 1015 E CARPENTER RD FLINT, MI 48505	16-1661150	501(C)(3)	25,000.				OPERATIONS/PROGRAM
(10) NORTH FLINT REINVESTMENT CORPORATION 1159 E FOSS AVE FLINT, MI 48505	61-1583065	501(C)(3)	25,000.				OPERATIONS/PROGRAM
(11) MICHIGAN BREASTFEEDING NETWORK 503 MALL COURT #296 LANSING, MI 48912	26-4308289	501(C)(3)	25,000.				OPERATIONS/PROGRAM
(12) CARRIAGE TOWN MINISTRIES PO BOX 318 FLINT, MI 48501	38-1443378	501(C)(3)	23,880.				OPERATIONS/PROGRAM

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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 noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> OAKLAND UNIVERSITY 318 MEADOW BROOK RD ROCHESTER, MI 48309	38-6078765	501(C)(3)	23,000.				SCHOLARSHIP SUPPORT
<b>(2)</b> GENESEE COUNTY LAND BANK/GENESEE COUNTY 452 S SAGINAW ST FLINT, MI 48502	61-1480273	170(C)(1)	20,000.				OPERATIONS/PROGRAM
<b>(3)</b> COURT STREET VILLAGE NON-PROFIT HOUSING COR 727 E ST FLINT, MI 48503	38-2724400	501(C)(3)	19,415.				OPERATIONS/PROGRAM
<b>(4)</b> CITY OF DAVISON 200 E FLINT ST, STE 2 DAVISON, MI 48423	38-6004670	170(C)(1)	18,000.				OPERATIONS/PROGRAM
<b>(5)</b> FLINT DIAPER BANK, INC. 5190 EXCHANGE DR FLINT, MI 48507	46-0614120	501(C)(3)	16,984.				OPERATIONS/PROGRAM
<b>(6)</b> CARMAN - AINSWORTH SENIOR CITIZEN ORGANIZAT 2071 S GRAHAM RD FLINT, MI 48532	38-2292475	501(C)(3)	15,000.				OPERATIONS/PROGRAM
<b>(7)</b> GENESEE INTERMEDIATE SCHOOL DISTRICT 2413 W MAPLE AVE FLINT, MI 48507	38-1714600	170(C)(1)	15,000.				OPERATIONS/PROGRAM
<b>(8)</b> FLINT ROTARY CHARITABLE FOUNDATION 2481 DELWOOD DR CLIO, MI 48420	38-2125941	501(C)(3)	14,982.				OPERATIONS/PROGRAM
<b>(9)</b> BUCKHAM FINE ARTS PROJECT 134 1/2 W SECOND ST FLINT, MI 48502	38-2546411	501(C)(3)	14,950.				OPERATIONS/PROGRAM
<b>(10)</b> KETTERING UNIVERSITY 1700 UNIVERSITY AVE FLINT, MI 48504	38-2410852	501(C)(3)	14,800.				SCHOLARSHIP/PROGRAM
<b>(11)</b> THE FOUNDATION FOR MOTT COMMUNITY COLLEGE 1401 E COURT ST FLINT, MI 48503	38-2673057	501(C)(3)	14,611.				OPERATIONS/PROGRAM
<b>(12)</b> MICHIGAN NATURE ASSOCIATION 2310 SCIENCE PKWY, STE 100 OKEMOS, MI 48864	38-6093404	501(C)(3)	14,100.				OPERATIONS/PROGRAM

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- 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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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 noncash assistance	(h) Purpose of grant or assistance
(1) GRAND VALLEY STATE UNIVERSITY 1 CAMPUS DR ALLENDALE, MI 49401	38-1684280	501(C)(3)	13,000.				SCHOLARSHIP SUPPORT
(2) SAGINAW VALLEY STATE UNIVERSITY 7400 BAY RD, UNIVERSITY CENTER, MI 48710	38-1798800	501(C)(3)	12,500.				SCHOLARSHIP SUPPORT
(3) FOOD BANK OF EASTERN MICHIGAN 2300 LAPEER RD FLINT, MI 48503	38-2379678	501(C)(3)	12,411.				OPERATIONS/PROGRAM
(4) CENTRAL MICHIGAN UNIVERSITY 202 WARRINER MT. PLEASANT, MI 48859	38-6004447	501(C)(3)	12,350.				SCHOLARSHIP SUPPORT
(5) FLINT PUBLIC LIBRARY 1026 E KEARSLEY ST FLINT, MI 48503	38-3522288	170(C)(1)	12,181.				OPERATIONS/PROGRAM
(6) MICHIGAN STATE UNIVERSITY 426 AUDITORIUM RD, RM 2 E LANSING, MI 48824	38-6005984	501(C)(3)	12,150.				SCHOLARSHIP/PROGRAM
(7) FLINT JEWISH FEDERATION 619 WALLENBERG ST FLINT, MI 48502	38-1359257	501(C)(3)	11,496.				OPERATIONS/PROGRAM
(8) GIRLS ON THE RUN MID MICHIGAN, INC. PO BOX 1836 OWOSSO, MI 48867	61-1513850	501(C)(3)	11,400.				OPERATIONS/PROGRAM
(9) HUNDRED CLUB OF GENESEE, SHIAWASSEE AND LAP 6315 SQUIRE LAKE DR FLUSHING, MI 48433	38-2091735	501(C)(3)	10,985.				OPERATIONS/PROGRAM
(10) DEDICATED BELIEVERS MINISTRIES 1509 WOODSLEA DR FLINT, MI 48507	46-5225975	501(C)(3)	9,750.				OPERATIONS/PROGRAM
(11) CHARTER TOWNSHIP OF FENTON 12060 MANTAWAUKA DR FENTON, MI 48430	38-6034384	170(C)(1)	9,698.				OPERATIONS/PROGRAM
(12) QUALITY LIVING SYSTEMS MANAGEMENT CORPORATI 2849 MILLER RD FLINT, MI 48503	38-2401686	501(C)(3)	9,421.				OPERATIONS/PROGRAM

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2017)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

COMMUNITY FOUNDATION OF GREATER FLINT

Employer identification number

38-2190667

**Part I General Information on Grants and Assistance**

- 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
- 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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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 noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> BIG BROTHERS/BIG SISTERS OF GREATER FLINT 410 E SECOND ST FLINT, MI 48503	38-2259541	501(C)(3)	8,846.				OPERATIONS/PROGRAM
<b>(2)</b> WATER AND WOODS FIELD SERVICE COUNCIL 4205 E COURT ST BURTON, MI 48509	45-4003240	501(C)(3)	8,518.				OPERATIONS/PROGRAM
<b>(3)</b> CAROLYN MAWBY CHORALE 3058 SEYMOUR RD SWARTZ CREEK, MI 48473	38-2847417	501(C)(3)	8,500.				OPERATIONS/PROGRAM
<b>(4)</b> THE SALVATION ARMY 211 W KEARSLEY ST FLINT, MI 48502	38-1370971	501(C)(3)	8,411.				OPERATIONS/PROGRAM
<b>(5)</b> COURT STREET UNITED METHODIST CHURCH 225 W COURT ST FLINT, MI 48502	38-1359197	501(C)(3)	8,105.				OPERATIONS/PROGRAM
<b>(6)</b> UNIVERSITY OF TENNESSEE 211 STUDENT SVCS BLDG KNOXVILLE, TN 37996	62-6001636	170(C)(1)	8,000.				SCHOLARSHIP SUPPORT
<b>(7)</b> CARMAN-AINSWORTH COMMUNITY SCHOOLS G-3475 W COURT ST FLINT, MI 48532	38-6001213	170(C)(1)	7,804.				OPERATIONS/PROGRAM
<b>(8)</b> PLANNED PARENTHOOD MID AND SOUTH MICHIGAN PO BOX 3673 ANN ARBOR, MI 48106	38-1707521	501(C)(3)	7,636.				OPERATIONS/PROGRAM
<b>(9)</b> GRAND BLANC PARKS & RECREATION COMMISSION 360 E GRAND BLANC RD GRAND BLANC, MI 48439	38-1956801	170(C)(1)	7,500.				OPERATIONS/PROGRAM
<b>(10)</b> LOVE INC. - GENESEE COUNTY CHURCHES P.O. BOX 1276 FLINT, MI 48501	38-2378593	501(C)(3)	7,250.				OPERATIONS/PROGRAM
<b>(11)</b> GRAND BLANC COMMUNITY SCHOOLS G-11920 S SAGINAW ST GRAND BLANC, MI 48439	38-6001238	501(C)(3)	7,059.				OPERATIONS/PROGRAM
<b>(12)</b> CARRIAGE TOWN HISTORIC NEIGHBORHOOD ASSOCIA PO BOX 1151 FLINT, MI 48501	38-2587577	501(C)(3)	6,500.				OPERATIONS/PROGRAM

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2017)



**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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 noncash assistance	(h) Purpose of grant or assistance
(1) CLIO AREA HISTORICAL ASSOCIATION, INC. PO BOX 295 CLIO, MI 48420	38-2157466	501(C)(3)	6,468.				OPERATIONS/PROGRAM
(2) DREAMCHASERS, INC. 1714 N MCCADDEN PL, STE 1207	81-2381061	501(C)(3)	6,400.				OPERATIONS/PROGRAM
(3) AMERICAN DIABETES ASSOCIATION 300 GALLERIA OFFICENTRE, STE 111	13-1623888	501(C)(3)	6,000.				OPERATIONS/PROGRAM
(4) MOTT PARK NEIGHBORHOOD ASSOCIATION PO BOX 4187 FLINT, MI 48504	38-2710083	501(C)(3)	6,000.				OPERATIONS/PROGRAM
(5) AMERICAN CANCER SOCIETY 2413 S LINDEN, STE A FLINT, MI 48532	13-1788491	501(C)(3)	6,000.				OPERATIONS/PROGRAM
(6) LEADER DOGS FOR THE BLIND 1039 S ROCHESTER RD	38-1366931	501(C)(3)	6,000.				OPERATIONS/PROGRAM
(7) LOOSE SENIOR CITIZENS CENTER 707 N BRIDGE ST LINDEN, MI 48451	38-3266054	501(C)(3)	5,663.				OPERATIONS/PROGRAM
(8) UNIVERSITY PARK HOMEOWNER NEIGHBORHOOD ASSO 1602 LOYOLA DR FLINT, MI 48503	38-3564406	OTHER	5,500.				OPERATIONS/PROGRAM
(9) THE C.H.A.N.G.E. FOUNDATION 414 W RIDGEWAY AVE FLINT, MI 48505	38-3631308	OTHER	5,500.				OPERATIONS/PROGRAM
(10) REACHING THE WORLD MINISTRIES INTERNATIONAL 6815 VERDUN ST FLINT, MI 48505	30-0633318	OTHER	5,500.				OPERATIONS/PROGRAM
(11) BANGTOWN STUDIO ON THE GO 3701 N AVERILL FLINT, MI 48506	46-3038921	501(C)(3)	5,500.				OPERATIONS/PROGRAM
(12) GREATER FLINT ARTS COUNCIL 816 S SAGINAW ST FLINT, MI 48502	38-2156116	501(C)(3)	5,441.				OPERATIONS/PROGRAM

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2017)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

COMMUNITY FOUNDATION OF GREATER FLINT

Employer identification number

38-2190667

**Part I General Information on Grants and Assistance**

- 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
- 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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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 noncash assistance	(h) Purpose of grant or assistance
(1) FLINT SCIENCE FAIR, INC. PO BOX 687 FLINT, MI 48501	38-2135455	501(C)(3)	5,350.				OPERATIONS/PROGRAM
(2) CATHOLIC CHARITIES OF SHIAWASSEE AND GENESE 901 CHIPPEWA ST FLINT, MI 48503	38-1359243	501(C)(3)	5,332.				OPERATIONS/PROGRAM
(3) HOLY FAMILY CATHOLIC SCHOOL 215 ORCHARD ST GRAND BLANC, MI 48439	38-1575300	501(C)(3)	5,070.				OPERATIONS/PROGRAM
(4) CITY OF GRAND BLANC POLICE DEPARTMENT 203 E GRAND BLANC RD GRAND BLANC, MI 48439	38-6004555	170(C)(1)	5,047.				OPERATIONS/PROGRAM
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 85.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2017)

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

SCHEDULE I, PART I, LINE 2

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.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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	4 .	28,180 .	FAIR MARKET VALUE
10 Securities - Closely held stock . . . . .	X	1 .	2,146,068 .	FAIR MARKET VALUE
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 ▶ ( _____ )				
26 Other ▶ ( _____ )				
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 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2017)

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**Part II** **Supplemental Information.** 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.

---

SCHEDULE M, PART I, COLUMN B

THE ORGANIZATION REPORTS THE TOTAL NUMBER OF CONTRIBUTIONS OF PUBLICLY  
TRADED AND CLOSELY HELD SECURITIES RECEIVED IN COLUMN B.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

COMMUNITY FOUNDATION OF GREATER FLINT

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Employer identification number

38-2190667

FORM 990 REVIEW PROCESS

FORM 990, PART VI, SECTION B, LINE 11B

A DRAFT OF FORM 990 IS REVIEWED BY THE VP OF FINANCE & ADMINISTRATION AND  
IS THEN REVIEWED AND APPROVED BY THE PRESIDENT AND AUDIT COMMITTEE ON  
BEHALF OF THE BOARD OF TRUSTEES.

CONFLICT OF INTEREST POLICY

FORM 990, 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

FORM 990, PART VI, SECTION B, LINES 15A & 15B

INDEPENDENT COMPENSATION STUDY PERFORMED AND PRESENTED TO EXECUTIVE  
COMMITTEE. EXECUTIVE COMMITTEE APPROVES PRESIDENT'S SALARY ANNUALLY.

AVAILABILITY OF DOCUMENTS TO THE PUBLIC

FORM 990, PART VI, SECTION C, LINE 19

THE COMMUNITY FOUNDATION MAKES 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

Name of the organization COMMUNITY FOUNDATION OF GREATER FLINT	Employer identification number 38-2190667
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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 ARE AVAILABLE ON THE WEBSITE AT WWW.CFGF.ORG.

OTHER CHANGES IN NET ASSETS OR FUND BALANCES  
FORM 990, PART XI, LINE 9  
CHANGE IN SPLIT INTEREST VALUE: -13,157

AUDITED FINANCIAL STATEMENTS  
FORM 990, 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.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

THE ORGANIZATION RECEIVES GIFTS FROM INDIVIDUALS, FOUNDATIONS, AND ORGANIZATIONS AND PLACES THEM INTO INDIVIDUAL FUNDS THAT MATCH THE GIVING PRIORITIES OF THE DONORS. THE MAJORITY OF THE GIFTS ARE ENDOWMENT GIFTS WHICH ARE PRESERVED INTO PERPETUITY, WITH A PORTION OF THE CUMULATIVE NET APPRECIATION RETURNED TO THE COMMUNITY THROUGH GRANTS TO AREA NOT-FOR-PROFIT ORGANIZATIONS. THE ORGANIZATION'S CURRENT PRIORITIES INCLUDE: STRENGTHENING DONOR SERVICES IN ORDER TO MORE EFFECTIVELY BUILD THE COMMUNITY'S ENDOWMENT; MAKING GRANTS CONSISTENT WITH DONOR INTENT, AND IN THE CASE OF UNRESTRICTED GRANTMAKING, SUPPORTING COMMUNITY

Name of the organization COMMUNITY FOUNDATION OF GREATER FLINT	Employer identification number 38-2190667
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ATTACHMENT 1 (CONT'D)

REVITALIZATION EFFORTS AND BUILDING THE CAPACITY OF LOCAL NOT-FOR-PROFIT ORGANIZATIONS; AND EXERCISING COMMUNITY LEADERSHIP BY ASSISTING EFFORTS RELATED TO ECONOMIC DIVERSIFICATION, CIVIC ENGAGEMENT, AND DEVELOPING A STRONGER SENSE OF REGIONALISM. IN EVERYTHING THE ORGANIZATION ACCOMPLISHES AND SUPPORTS, IT SEEKS TO CREATE A MORE COHESIVE AND VITAL SENSE OF COMMUNITY THROUGHOUT GENESEE COUNTY. IN 2017, THE ORGANIZATION PROVIDED GRANTS TO 298 DIFFERENT ORGANIZATIONS.

ATTACHMENT 2FORM 990, PART VI, LINE 17 - STATES

AL, AR, CA, CT,  
FL, GA, HI, IL, KS, KY, MD, MA, MI,  
MN, NV, NH, NJ, NM, NY, NC, ND, OR, PA,  
RI, SC, TN, UT, VA, WV, WI,

ATTACHMENT 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
COLONIAL CONSULTING LLC 750 THIRD AVENUE, 20TH FLOOR NEW YORK, NY 10017	INVESTMENT CONSULT	191,728.
STELLAR TECHNOLOGY SOLUTIONS, LLC 612 MAIN ST, STE 200 STROUDSBURG, PA 18360	SOFTWARE LICENSING	100,395.



Name of the organization COMMUNITY FOUNDATION OF GREATER FLINT	Employer identification number 38-2190667
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ATTACHMENT 4

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
MONEY MARKET FUNDS	12,217,310.	FMV
EQUITY-MUTUAL FUNDS - DOMESTIC	31,505,706.	FMV
EQUITY-MUTUAL FUNDS-FOREIGN	31,691,863.	FMV
FIXED INCOME - CORP BOND	3,695,255.	FMV
FIXED INCOME - GOV BOND	3,453,701.	FMV
FIXED INCOME - FOREIGN	5,411,409.	FMV
HYBRID MUTUAL FUNDS	254,734.	FMV
TOTALS	<u>88,229,978.</u>	

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

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" on 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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) FOUNDATION FOR THE FLINT CULTURAL CENTER 38-3573890 500 S SAGINAW ST, STE 200 FLINT, MI 48502	SUPPORT ORG	MI	509(A)(3)	12A, I	N/A		X
(2) FOUNDATION FOR FLINT 81-2649933 500 S SAGINAW ST, STE 200 FLINT, MI 48502	SUPPORT ORG	MI	509(A)(3)	12A, I	N/A		X
(3) FLINT KIDS LEARN 81-4991822 500 S SAGINAW ST, STE 200 FLINT, MI 48502	SUPPORT ORG	MI	509(A)(3)	12A, I	N/A		X
(4)							
(5)							
(6)							
(7)							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2017

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(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	
(1) COMMUNITY FIRST LLC 20-5014759 503 S SAGINAW ST FLINT, MI 485	RENTAL REAL E	MI	N/A	INVESTMENT	-96,142.	336,113.		X			X	50.0000
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on 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
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		X
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		X
<b>f</b> Dividends from related organization(s) . . . . .		X
<b>g</b> Sale of assets to related organization(s) . . . . .		X
<b>h</b> Purchase of assets from related organization(s) . . . . .		X
<b>i</b> Exchange of assets with related organization(s) . . . . .		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		X
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		X
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		X
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		X
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		X
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	X	

**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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate 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	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

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**Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

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