

Form 990
Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

- B Check if applicable
Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization
COMMUNITY FOUNDATION OF GREATER FLINT
% BRETT HUNKINS
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
500 S SAGINAW STREET Suite 200
City or town, state or province, country, and ZIP or foreign postal code
FLINT, MI 48502

D Employer identification number
38-2190667
E Telephone number
(810) 767-8270
G Gross receipts \$ 32,409,404

F Name and address of principal officer
ISIAIAH OLIVER
500 S SAGINAW STREET
FLINT, MI 48502

H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
H(c) Group exemption number

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

J Website: WWW CFGF ORG

K Form of organization
Corporation
Trust
Association
Other

L Year of formation 1988

M State of legal domicile MI

Part I Summary

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

Table with 2 columns: Description, Amount. Rows 2-7b including voting members, employees, volunteers, and revenue.

Table with 3 columns: Description, Prior Year, Current Year. Rows 8-19 including revenue, expenses, and net assets.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows 20-22 including total assets, liabilities, and net assets.

Part II Signature Block

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

Sign Here
Signature of officer: ISIAIAH OLIVER PRESIDENT
Date: 2020-05-15

Paid Preparer Use Only
Print/Type preparer's name, signature, date, firm's name, address, EIN, phone no.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 7,945,876 including grants of \$ 6,381,955) (Revenue \$ 341,381)
See Additional Data

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 ▶ 7,945,876

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	Yes	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
15 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? If "Yes," complete Schedule F, Parts II and IV		No
16 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? If "Yes," complete Schedule F, Parts III and IV		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 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? If "Yes," complete Schedule I, Parts I and II	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting and compliance.

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 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding IRS filings and gaming.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	<p>2a 23</p>		
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>		2b	Yes
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>		3a	Yes
<p>b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O</p>		3b	Yes
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>		4a	Yes
<p>b If "Yes," enter the name of the foreign country ▶CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>			
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>		5a	No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>		5b	No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>		5c	
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>		6a	No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>		6b	
<p>7 Organizations that may receive deductible contributions under section 170(c).</p>			
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>		7a	No
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>		7b	
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>		7c	No
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	<p>7d 23</p>		
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>		7e	No
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>		7f	No
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>		7g	
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>		7h	
<p>8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>		8	No
<p>9 Sponsoring organizations maintaining donor advised funds.</p>			
<p>a Did the sponsoring organization make any taxable distributions under section 4966?</p>		9a	No
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>		9b	No
<p>10 Section 501(c)(7) organizations. Enter</p>			
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	<p>10a 23</p>		
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	<p>10b 23</p>		
<p>11 Section 501(c)(12) organizations. Enter</p>			
<p>a Gross income from members or shareholders</p>	<p>11a 23</p>		
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	<p>11b 23</p>		
<p>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</p>			
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	<p>12b 23</p>	12a	
<p>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</p>			
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O</p>		13a	
<p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p>	<p>13b 23</p>		
<p>c Enter the amount of reserves on hand</p>	<p>13c 23</p>		
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>		14a	No
<p>b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O</p>		14b	
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>		15	No
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>		16	No

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



Section A. Governing Body and Management

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

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

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply; 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

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
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,708,001		
	g Noncash contributions included in lines 1a - 1f \$	1g	2,432,852		
h Total. Add lines 1a-1f		6,708,001			

Program Service Revenue			Business Code			
	2a RELATED ORGANIZATION MANAGEMENT FEES		900099	341,381	341,381	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f.			341,381			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			3,138,885			3,138,885	
	4 Income from investment of tax-exempt bond proceeds			0				
	5 Royalties			0				
	6a Gross rents	6a	(i) Real	(ii) Personal				
		b Less rental expenses	6b					
		c Rental income or (loss)	6c	0	0			
	d Net rental income or (loss)				0			
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
			22,221,137	0				
		b Less cost or other basis and sales expenses	7b	18,577,512	1,553			
		c Gain or (loss)	7c	3,643,625	-1,553			
	d Net gain or (loss)				3,642,072		3,642,072	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	8a						
			0					
b Less direct expenses	8b			0				
c Net income or (loss) from fundraising events				0				
9a Gross income from gaming activities See Part IV, line 19	9a							
		0						
b Less direct expenses	9b			0				
c Net income or (loss) from gaming activities				0				
10a Gross sales of inventory, less returns and allowances	10a							
		0						
b Less cost of goods sold	10b			0				
c Net income or (loss) from sales of inventory				0				
Miscellaneous Revenue		Business Code						
11a								
b								
c								
d All other revenue								
e Total. Add lines 11a-11d				0				
12 Total revenue. See instructions				13,830,339	341,381	6,780,957		

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	6,381,955	6,381,955		
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	343,776	40,725	218,959	84,092
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	1,202,298	480,961	363,286	358,051
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	43,746	18,774	11,891	13,081
9 Other employee benefits	153,874	53,453	53,240	47,181
10 Payroll taxes	112,831	41,504	38,330	32,997
11 Fees for services (non-employees)				
a Management	0			
b Legal	48,582		47,167	1,415
c Accounting	43,455	1,895	41,560	
d Lobbying	38,610	38,610		
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	154,768	154,768		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	601,340	513,043	65,562	22,735
12 Advertising and promotion	42,434	1,291		41,143
13 Office expenses	72,632	11,303	48,246	13,083
14 Information technology	133,392	42,939	40,138	50,315
15 Royalties	0			
16 Occupancy	156,307	2	156,301	4
17 Travel	102,399	48,993	41,925	11,481
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	110,258	80,954	21,128	8,176
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	34,941		34,941	
23 Insurance	14,980	4,514	10,466	
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 MISCELLANEOUS	15,634	3,506	7,107	5,021
b DONOR DEVELOPMENT	87,378	22,706	48	64,624
c DUES & SUBSCRIPTIONS	53,278	3,980	43,479	5,819
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	9,948,868	7,945,876	1,243,774	759,218
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)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	451,533	1	800,125
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	1,073,326	3	1,036,409
	4 Accounts receivable, net	0	4	0
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	46,065	9	70,570
	10a Land, buildings, and equipment—cost or other basis—Complete Part VI of Schedule D	10a 844,406		
	b Less accumulated depreciation	10b 558,564	217,590	10c 285,842
	11 Investments—publicly traded securities	75,885,081	11	85,993,656
	12 Investments—other securities—See Part IV, line 11	90,728,036	12	98,984,439
	13 Investments—program-related—See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets—See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	168,401,631	16	187,171,041	
Liabilities	17 Accounts payable and accrued expenses	311,209	17	574,321
	18 Grants payable	923,229	18	435,583
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability—Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24)—Complete Part X of Schedule D	98,392	25	100,570
	26 Total liabilities. Add lines 17 through 25	1,332,830	26	1,110,474
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	16,669,789	27	18,091,369
	28 Net assets with donor restrictions	150,399,012	28	167,969,198
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	167,068,801	32	186,060,567	
33 Total liabilities and net assets/fund balances	168,401,631	33	187,171,041	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,830,339
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,948,868
3	Revenue less expenses Subtract line 2 from line 1	3	3,881,471
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	167,068,801
5	Net unrealized gains (losses) on investments	5	15,134,078
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-23,783
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	186,060,567

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
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 38-2190667

Name: COMMUNITY FOUNDATION OF GREATER FLINT

Form 990 (2019)

Form 990, Part III, 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 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 2019, the organization provided GRANTS TO 340 DIFFERENT ORGANIZATIONS.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
ISAAH OLIVER PRESIDENT	40 0 7 0			X				192,667	0	24,169
SUE PETERS VP OF COMMUNITY IMPACT	40 0 3 0					X		109,154	0	20,034
BRETT HUNKINS EXEC VP OF FINANCE & ADMIN	40 0 3 0			X				122,607	0	4,333
CATHY ZELL FORMER VP OF DEVELOPMENT	40 0 3 0					X		116,000	0	10,173
DENISE SMITH FORMER EXEC DIRECTOR, FECC	40 0 3 0					X		111,476	0	12,646
MARK PIPER TREASURER	1 0 0 0	X		X				0	0	0
GEORGE D WILKINSON CHAIR	1 0 0 0	X		X				0	0	0
LEANNE H PANDUREN VICE-CHAIR	1 0 0 0	X		X				0	0	0
HEIDI MCARA SECRETARY	1 0 0 0	X		X				0	0	0
NITA KULKARNI TRUSTEE	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
ROBERT LANDAAL TRUSTEE	1 0 0 0	X						0	0	0
TIMOTHY KNECHT TRUSTEE	1 0 0 0	X						0	0	0
SONYA LAGORE TRUSTEE	1 0 0 0	X						0	0	0
CARMA LEWIS TRUSTEE	1 0 0 0	X						0	0	0
MARK MILLER TRUSTEE	1 0 0 0	X						0	0	0
CHRIS GRAFF TRUSTEE	1 0 0 0	X						0	0	0
CAROL HURAND TRUSTEE	1 0 0 0	X						0	0	0
SHANNON WHITE TRUSTEE	1 0 0 0	X						0	0	0
MARJORY RAYMER TRUSTEE	1 0 0 0	X						0	0	0
MANAL SAAB TRUSTEE	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
SHERRI STEPHENS TRUSTEE	1 0 0 0	X						0	0	0
LAYLA RICHARDSON TRUSTEE	1 0 0 0	X						0	0	0
LAWRENCE A REYNOLDS TRUSTEE	1 0 0 0	X						0	0	0
LINDA MORRIS BELFORD TRUSTEE	1 0 0 0	X						0	0	0
PATRICK MCGUIRE TRUSTEE	1 0 0 0	X						0	0	0
RAFAEL TURNER TRUSTEE	1 0 0 0	X						0	0	0
RON STACK TRUSTEE	1 0 0 0	X						0	0	0
SHRIYA YARLAGADDA TRUSTEE	1 0 0 0	X						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY FOUNDATION OF GREATER FLINT

Employer identification number

38-2190667

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

The organization is not a private foundation because it is (For lines 1 through 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 **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		
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	3,199,580	22,196,935	9,322,954	4,147,767	6,708,001	45,575,237
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	3,199,580	22,196,935	9,322,954	4,147,767	6,708,001	45,575,237
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)						11,688,829
6 Public support. Subtract line 5 from line 4						33,886,408

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	3,199,580	22,196,935	9,322,954	4,147,767	6,708,001	45,575,237
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,227,936	3,196,140	2,665,349	2,630,838	3,138,885	14,859,148
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.)				35	0	35
11 Total support. Add lines 7 through 10						60,434,420
12 Gross receipts from related activities, etc. (see instructions)					12	2,705,433
13 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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	56.071 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	55.965 %

16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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 on line 12 of 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
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)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
	4b		
c	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)? 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.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? 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).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	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? If "Yes," provide detail in Part VI .		
	6		
7	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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	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))? If "Yes," provide detail in Part VI .		
	9a		
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? If "Yes," provide detail in Part VI .		
	9b		
c	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? If "Yes," provide detail in Part VI .		
	9c		
10a	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)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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	A family member of a person described in (a) above?		
c	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>		

Section B. Type I Supporting Organizations

		Yes	No
1	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>		
2	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>		

Section C. Type II Supporting Organizations

		Yes	No
1	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>		

Section D. All Type III Supporting Organizations

		Yes	No
1	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?		
2	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>		
3	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>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	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>	Yes	No
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>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	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	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>		

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	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)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> 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 Total annual distributions. 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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2019			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2019 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2020. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 38-2190667

Name: COMMUNITY FOUNDATION OF GREATER FLINT

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)

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019
Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		4,000
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?		No	
j Total Add lines 1c through 1i			4,000
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures (see instructions)	5

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
Lines 1b and 1g	As part of its collaboration with local partners to provide early childhood education through Educare Flint, Foundation personnel and management have participated in advocacy efforts related to approaches to early childhood education and the funding streams to support them

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2019

Open to Public Inspection

▶ 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.

▶ Attach to Form 990.

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	51	253
2 Aggregate value of contributions to (during year)	617,209	4,298,176
3 Aggregate value of grants from (during year)	956,891	2,935,040
4 Aggregate value at end of year	5,224,782	111,117,923

- 5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

- 1** Purpose(s) of conservation easements held by the organization (check all that apply)
- Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
- Protection of natural habitat Preservation of a certified historic structure
- Preservation of open space
- 2** Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
- | | Held at the End of the Year |
|---|-----------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |
- 3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4** Number of states where property subject to conservation easement is located ▶ _____
- 5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____
- 7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____
- 8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- 1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- b** Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" 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 |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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 in 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
1a Beginning of year balance	159,233,481	181,985,304	161,868,284	141,767,428	141,483,389
b Contributions	3,464,831	936,969	4,688,066	7,833,545	1,706,222
c Net investment earnings, gains, and losses	21,473,780	-17,982,973	20,786,332	17,662,375	3,741,236
d Grants or scholarships	4,135,742	4,231,654	3,927,883	4,015,594	3,872,965
e Other expenditures for facilities and programs	42,553	48,421	44,419	51,400	56,753
f Administrative expenses	1,480,885	1,425,744	1,385,076	1,328,070	1,233,701
g End of year balance	178,512,912	159,233,481	181,985,304	161,868,284	141,767,428

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 7 520 %
 - b** Permanent endowment ▶ 57 260 %
 - c** Temporarily restricted endowment ▶ 35 220 %
- 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
- | | | |
|--|------------|-----------|
| (i) unrelated organizations | Yes | No |
| 3a(i) | No | No |
| (ii) related organizations | | |
| 3a(ii) | | |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? **3b**
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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
1a Land				
b Buildings				
c Leasehold improvements		393,497	238,677	154,820
d Equipment		443,596	319,887	123,709
e Other		7,313	0	7,313
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				285,842

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	39,666,999	F
(2) Closely-held equity interests	59,317,440	F
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	▶ 98,984,439	

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)		
Total. (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)	
Total. (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	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 100,570

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	28,562,474
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	15,134,078	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	-23,783	
e	Add lines 2a through 2d		2e	15,110,295
3	Subtract line 2e from line 1		3	13,452,179
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	378,160	
c	Add lines 4a and 4b		4c	378,160
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	13,830,339

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	9,896,220
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	9,896,220
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	52,648	
c	Add lines 4a and 4b		4c	52,648
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	9,948,868

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 38-2190667

Name: COMMUNITY FOUNDATION OF GREATER FLINT

Supplemental Information

Return Reference	Explanation
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.

Supplemental Information

Return Reference	Explanation
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 TAX BENEFITS THAT HAVE A GREATER THAN FIFTY PERCENT LIKELIHOOD OF BEING SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES ARE RECOGNIZED BASED ON ITS EVALUATION, THE COMMUNITY FOUNDATION HAS CONCLUDED THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION IN ITS FINANCIAL STATEMENTS

Supplemental Information

Return Reference	Explanation
OTHER ADJUSTMENTS - RECONCILIATION OF REVENUE	SCHEDULE D, PART XI, LINE 2D CHANGE IN SPLIT INTEREST VALUE -23,783 AGENCY FUND REVENUE 378,160 Schedule D, Part XI, Line 4b

Supplemental Information

Return Reference	Explanation
Other adjustments - reconciliation of expenses	SCHEDULE D, PART XII, LINE 4b Agency Fund expenses 52,648

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No 1545-0047

2019

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 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...
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

Table with 8 columns: (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. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 131
3 Enter total number of other organizations listed in the line 1 table 0

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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.

Return Reference	Explanation
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

Additional Data

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

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
Flint Cultural Center Corporation 601 East 2nd Street Flint, MI 48503	38-6089075	501(C)(3)	910,098				Program and/or Operational Support
Flint Institute of Music 1025 East Kearsley Street Flint, MI 48503	38-6159482	501(C)(3)	565,704				Program and/or Operational Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
Crim Fitness Foundation Inc 452 South Saginaw Street Suite 1 Flint, MI 48502	38-2595169	501(C)(3)	476,314				Program and/or Operational Support
Flint Institute of Arts 1120 East Kearsley Street Flint, MI 48503	38-1539984	501(C)(3)	345,114				Program and/or Operational Support

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Flint and Genesee Chamber Foundation 519 South Saginaw Street Suite 200 Flint, MI 48502	23-7420247	501(C)(3)	328,010				Program and/or Operational Support
City of Flint 1101 South Saginaw Street Flint, MI 48502	38-6004611	170(C)(1)	299,178				Program and/or Operational Support

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Local Initiatives Support Corporation 201 West Kalamazoo Avenue Room 310 Kalamazoo, MI 490073726	13-3030229	501(C)(3)	209,750				Program and/or Operational Support
Charles Stewart Mott Community College 1401 East Court Street Flint, MI 48503	38-2673057	501(C)(3)	180,150				Program and/or Scholarship Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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United Way of Genesee County PO Box 949 Flint, MI 48501	38-1359516	501(C)(3)	159,360				Program and/or Operational Support
Communities First Inc 415 West Court Street Flint, MI 48503	27-3600343	501(C)(3)	143,850				Program and/or Operational Support

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Sylvester Broome Empowerment Village 4119 North Saginaw Street Flint, MI 48505	47-5271086	501(C)(3)	135,000				Program and/or Operational Support
Neighborhood Engagement Hub 3216 Martin Luther King Avenue Flint, MI 48505	47-2208674	501(C)(3)	125,171				Program and/or Operational Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Flint Community Schools 923 East Kearsley Street Flint, MI 48503	38-6001185	170(C)(1)	75,000				Program and/or Operational Support
Michigan Nonprofit Association 330 Marshall Street Suite 200 Lansing, MI 48912	38-2959692	501(C)(3)	75,000				Program and/or Operational Support

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Hurley Foundation One Hurley Plaza Flint, MI 48503	38-3085047	501(C)(3)	74,303				Program and/or Operational Support
Flint Public Library 1026 East Kearsley Street Flint, MI 48503	38-3522288	170(C)(1)	68,775				Program and/or Operational Support

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Genesee County Parks & Recreation Commission 5045 East Stanley Road Flint, MI 48506	38-6004849	170(C)(1)	65,264				Program and/or Operational Support
Easter Seals - Michigan Inc 2399 East Walton Boulevard Auburn Hills, MI 48326	38-1402860	501(C)(3)	56,096				Program and/or Operational Support

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Flint Children's Museum 1602 West University Avenue Flint, MI 48504	38-2329711	501(C)(3)	53,997				Program and/or Operational Support
Faith Foundation Resources 4225 Miller Road 176 Flint, MI 48507	04-2354456	501(C)(3)	52,272				Program and/or Operational Support

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First Presbyterian Church 746 South Saginaw Street Flint, MI 48502	38-1359204	501(C)(3)	50,000				Program and/or Operational Support
Valley Area Agency on Aging 225 East Fifth Street Suite 200 Flint, MI 48502	38-2121108	501(C)(3)	50,000				Program and/or Operational Support

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McFarlan Charitable Corporation 700 East Kearsley Street Flint, MI 48503	38-1390531	501(C)(3)	50,000				Program and/or Operational Support
Whaley Children's Center 1201 North Grand Traverse Flint, MI 48503	38-1358235	501(C)(3)	45,005				Program and/or Operational Support

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Greater Flint Health Coalition 519 South Saginaw Street Suite 306 Flint, MI 48502	38-3301514	501(C)(3)	44,220				Program and/or Operational Support
Michigan State University MSU Office of Sponsored Programs East Lansing, MI 48824	38-6005984	501(C)(3)	40,870				Program and/or Scholarship Support

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University of Michigan-Ann Arbor Development Alumni Relations Hannah Administration Building 426 Ann Arbor, MI 481091106	38-6006309	501(C)(3)	40,812				Program and/or Scholarship Support
Voices for Children Advocacy Center 515 East Street 1080 South University Avenue Room Flint, MI 48503	43-2031361	501(C)(3)	38,130				Program and/or Operational Support

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Boys and Girls Club of Greater Flint 3701 North Averill Avenue Flint, MI 48506	38-3381808	501(C)(3)	37,861				Program and/or Operational Support
The Foundation For Mott Community College 1401 East Court Street Flint, MI 48503	38-2673057	501(C)(3)	34,649				Program and/or Operational Support

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Girl Scouts of Southeastern Michigan 1333 Brewery Park Boulevard Suite Detroit, MI 48207	38-1598947	501(C)(3)	33,056				Program and/or Operational Support
The Disability Network 3600 South Dort Highway Suite 54 Flint, MI 48507	38-3039929	501(C)(3)	33,012				Program and/or Operational Support

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Big Brothers Big Sisters of Flint and Genesee Coun 1176 Robert T Longway Boulevard Flint, MI 48503	38-2259541	501(C)(3)	30,156				Program and/or Operational Support
Urban Renaissance Center 2505 North Chevrolet Avenue Flint, MI 48504	47-5270395	501(C)(3)	30,000				Program and/or Operational Support

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Young Mens Christian Association of Flint 411 East Third Street Flint, MI 48503	38-1358056	501(C)(3)	29,225				Program and/or Operational Support
Genesee Intermediate School District 2413 West Maple Avenue Flint, MI 48507	38-1714600	170(C)(1)	27,500				Program and/or Operational Support

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Kettering University 1700 University Avenue Flint, MI 48504	38-2410852	501(C)(3)	25,792				Program and/or Scholarship Support
Crossover Downtown Outreach Ministry 414 West Court Street Flint, MI 48503	38-2971961	501(C)(3)	25,089				Program and/or Operational Support

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Argentine Township 9048 Silver Lake Road Linden, MI 48451	38-1810040	170(C)(1)	25,000				Program and/or Operational Support
Active Boys in Christ 2715 North Averill Avenue Flint, MI 48506	81-5194566	501(C)(3)	25,000				Program and/or Operational Support

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Hispanic Technology & Community Center of Greater 2101 Lewis Street Flint, MI 48506	38-6146299	170(C)(1)	24,855				Program and/or Operational Support
Grand Valley State University 1 Campus Drive Allendale, MI 494019403	38-1684280	501(C)(3)	24,000				Scholarship Support

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Planned Parenthood of Michigan PO Box 3673 100 Student Services Building Ann Arbor, MI 48106	38-1707521	501(C)(3)	23,380				Program and/or Operational Support
Water and Woods Field Service Council 4205 East Court Street Burton, MI 48509	45-4003240	501(C)(3)	21,237				Program and/or Operational Support

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Metro Community Development Inc 503 South Saginaw Street Suite 80 Flint, MI 48502	45-4003240	501(C)(3)	21,181				Program and/or Operational Support
Michigan Faith in Action (MFA) PO Box 480 Flint, MI 48507	56-2593271	501(C)(3)	21,000				Program and/or Operational Support

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Youth Arts Unlocked 8048 Miller Road Suite D Swartz Creek, MI 48473	83-0933133	501(C)(3)	20,971				Program and/or Operational Support
Center for Higher Educational Achievement 1920 Maryland Avenue Flint, MI 48506	20-3458573	501(C)(3)	20,500				Program and/or Operational Support

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Ennis Center for Children Inc 129 East Third Street Flint, MI 48502	38-2222428	501(C)(3)	20,000				Program and/or Operational Support
Genesee Health Plan 2171 South Linden Road Flint, MI 48532	38-3625439	501(C)(3)	20,000				Program and/or Operational Support

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Grand Blanc Parks & Recreation Commission 360 East Grand Blanc Road Grand Blanc, MI 48439	38-1956801	170(C)(1)	20,000				Program and/or Operational Support
Autism Support & Resource Center 4476 South Dort Highway Burton, MI 48529	84-1645502	501(C)(3)	20,000				Program and/or Operational Support

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Bharatiya Temple of Flint 1147 South Elms Road Flint, MI 48532	38-2310378	501(C)(3)	20,000				Program and/or Operational Support
Communication Access Center for the Deaf and Hard 1277 West Court Street Flint, MI 48503	38-1991687	501(C)(3)	19,750				Program and/or Operational Support

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City of Fenton 301 South Leroy Street Fenton, MI 48430	38-6004682	170(C)(1)	19,549				Program and/or Operational Support
International Center of Greater Flint 432 North Saginaw Street Suite 207 Flint, MI 48502	81-4903411	501(C)(3)	18,500				Program and/or Operational Support

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Central Michigan University Office of Financial Aid Mt Pleasant, MI 48859	38-6004447	501(C)(3)	17,000				Scholarship Support
Kentakee Athletic & Social Clubs 4208 Comstock Avenue 202 Warriner Flint, MI 48504	30-0590853	501(C)(3)	16,136				Program and/or Operational Support

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Columbia University 205 Kent Hall New York, NY 10027	13-1624202	501(C)(3)	16,000				Scholarship Support
Eye of Soul PO Box 321273 1140 Amsterdam Avenue Attention P Flint, MI 48532	47-2291836	501(C)(3)	16,000				Program and/or Operational Support

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Food Bank of Eastern Michigan 2300 Lapeer Road Flint, MI 48503	38-2379678	501(C)(3)	15,784				Program and/or Operational Support
Saginaw Valley State University Campus Financial Services Center University Center, MI 48710	38-1798800	501(C)(3)	15,250				Scholarship Support

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Court Street Village Non-Profit Housing Corporatio 727 East Street 7400 Bay Road Flint, MI 48503	38-2724400	501(C)(3)	15,035				Program and/or Operational Support
Flint Rotary Charitable Foundation 2481 Delwood Drive Clio, MI 48420	38-2125941	501(C)(3)	14,670				Program and/or Operational Support

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El Ballet Folklorico Estudiantil 5211 East Carpenter Road Flint, MI 48506	38-2139946	501(C)(3)	14,000				Program and/or Operational Support
Bendle Public Schools 3420 Columbine Avenue Burton, MI 48529	38-6001193	501(C)(3)	13,373				Program and/or Operational Support

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Flint Jewish Federation 5080 West Bristol Road Suite 3 Flint, MI 48507	38-1359257	501(C)(3)	13,145				Program and/or Operational Support
InvolvedDad PO Box 703 Flint, MI 48501	47-4368803	501(C)(3)	13,000				Program and/or Operational Support

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Friends of For-Mar Foundation Inc 4274 Pebble Creek Boulevard Grand Blanc, MI 48439	38-2092141	501(C)(3)	12,850				Program and/or Operational Support
Human Rights Watch Inc 11500 West Olympic Boulevard Los Angeles, CA 90064	13-2875808	501(C)(3)	12,500				Program and/or Operational Support

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YWCA of Greater Flint 801 South Saginaw Street Suite 608 Flint, MI 48502	38-1360597	501(C)(3)	12,235				Program and/or Operational Support
Red Ink Flint 129 North Grand Traverse Street Flint, MI 48503	26-1940660	501(C)(3)	12,000				Program and/or Operational Support

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Leader Dogs for the Blind 1039 South Rochester Road Rochester Hills, MI 48307	38-1366931	501(C)(3)	11,500				Program and/or Operational Support
Ferris Wheel Innovation Center 601 South Saginaw Street Suite 500 Flint, MI 48502	81-5434313	501(C)(3)	11,500				Program and/or Operational Support

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Flint Fresh 3325 East Court Street Flint, MI 48506	81-2840219	501(C)(3)	11,500				Program and/or Operational Support
DreamChasers Inc 1714 North McCadden Place Suite 12 Hollywood, CA 90028	81-2381061	501(C)(3)	11,250				Program and/or Operational Support

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Genesee County Habitat for Humanity 101 Burton Street Flint, MI 48503	38-2899387	501(C)(3)	11,083				Program and/or Operational Support
American Diabetes Association 20700 Civic Center Drive Suite 100 Southfield, MI 48034	13-1623888	501(C)(3)	11,000				Program and/or Operational Support

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Chosen Few Arts Council 2901 East Court Street Flint, MI 48506	30-0526152	501(C)(3)	11,000				Program and/or Operational Support
The Leukemia & Lymphoma Society 1471 East 12 Mile Road Madison Heights, MI 48071	13-5644916	501(C)(3)	11,000				Program and/or Operational Support

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MADE Institute PO Box 310246 Flint, MI 48531	47-3281597	501(C)(3)	10,250				Program and/or Operational Support
Flint Public Art Project 703 Mason Street Flint, MI 48503	83-1903916	501(C)(3)	10,200				Program and/or Operational Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
Shelter of Flint Inc 924 Cedar Street Flint, MI 48503	38-2620824	501(C)(3)	10,163				Program and/or Operational Support
Girls on the Run Mid Michigan Inc PO Box 1836 Owosso, MI 48867	61-1513850	501(C)(3)	10,125				Program and/or Operational Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
Bethel United Methodist Church 1309 North Ballenger Flint, MI 48504	23-7272939	501(C)(3)	10,000				Program and/or Operational Support
North Flint Reinvestment Corporation 1159 East Foss Avenue Flint, MI 48505	61-1583065	501(C)(3)	10,000				Program and/or Operational Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
Prince of Peace Baptist Church 1417 Stevenson Street Flint, MI 48504	38-3106140	501(C)(3)	10,000				Program and/or Operational Support
Arab Community Center for Economic & Social Servic 2651 Saulino Court Dearborn, MI 48120	23-7444497	501(C)(3)	10,000				Program and/or Operational Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
CORD USA 5206 Gateway Center Suite 100 Flint, MI 48507	27-0540459	501(C)(3)	10,000				Program and/or Operational Support
Dedicated Believers Ministries 1509 Woodslea Drive Flint, MI 48507	46-5225975	501(C)(3)	9,900				Program and/or Operational Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
Edible Flint 605 North Saginaw Street Suite 1A Flint, MI 48502	45-4356342	501(C)(3)	9,826				Program and/or Operational Support
Eagle's Nest Academy 5005 Cloverlawn Drive Flint, MI 48504	46-4882722	501(C)(3)	9,000				Program and/or Operational Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
Argentine Township Police Department 8274 Silver Lake Road Linden, MI 48451	38-1810040	170(C)(1)	9,000				Program and/or Operational Support
Quality Living Systems Management Corporation PO Box 7029 Flint, MI 48507	38-2401686	501(C)(3)	8,856				Program and/or Operational Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Hundred Club of Genesee Shiawassee and Lapeer Cou 5206 Gateway Centre Suite 100 Flint, MI 48507	38-2091735	501(C)(3)	8,710				Program and/or Operational Support
Carolyn Mawby Chorale 3058 Seymour Road Swartz Creek, MI 48473	38-2847417	501(C)(3)	8,500				Program and/or Operational Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Peckham Vocational Industries Inc 3510 Capital City Boulevard Lansing, MI 489062102	38-2322117	501(C)(3)	8,500				Program and/or Operational Support
Friends of the Grand Blanc Grid 5500 Woodfield Parkway Grand Blanc, MI 48439	84-1970348	501(C)(3)	8,500				Program and/or Operational Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
Ascension Genesys Foundation One Genesys Parkway Grand Blanc, MI 48439	38-3591148	501(C)(3)	8,415				Program and/or Operational Support
The Salvation Army 211 West Kearsley Street Flint, MI 48502	38-1370971	501(C)(3)	8,067				Program and/or Operational Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
American Arab Heritage Council 416 North Saginaw Street Suite 220 Flint, MI 48502	38-2810236	501(C)(3)	8,000				Program and/or Operational Support
Fenton Area Public Schools 3100 Owen Road Fenton, MI 48430	38-6021099	170(C)(1)	8,000				Program and/or Operational Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
Flint River Watershed Coalition 1300 Bluff Street Suite 114 Flint, MI 48504	38-3546239	501(C)(3)	8,000				Program and/or Operational Support
Oakland University Cashiers Office Rochester, MI 483094454	38-1714400	501(C)(3)	8,000				Scholarship Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Miracle League of Greater Flint 8493 Joseph Street North Foundation Hall Rm 120Q 318 Grand Blanc, MI 48439	81-2485532	501(C)(3)	8,000				Program and/or Operational Support
St Luke's NEW Life Center 3115 Lawndale Flint, MI 48504	30-0296428	501(C)(3)	7,500				Program and/or Operational Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
The Regents of the University of Michigan C/O University of Michigan-Flint Flint, MI 48502	30-0296428	501(C)(3)	7,500				Program and/or Operational Support
RL Jones Community Outreach Center 6702 North Dort Highway 303 East Kearsley Street Flint, MI 48505	82-1531096	501(C)(3)	7,500				Program and/or Operational Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
Fenton Community Orchestra PO Box 73 Fenton, MI 48430	27-3332801	501(C)(3)	7,000				Program and/or Operational Support
Jazz on Wheels PO Box 1313 Flint, MI 48501	20-1350129	501(C)(3)	7,000				Program and/or Operational Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
Clingman Foundation 6099 Calkins Road Flint, MI 48532	81-1623501	501(C)(3)	7,000				Program and/or Operational Support
Camp Kesem National PO Box 452 Culver City, CA 90232	51-0454157	501(C)(3)	7,000				Program and/or Operational Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
Carman-Ainsworth Community Schools Attn Business Office Flint, MI 48532	38-6001213	170(C)(1)	6,887				Program and/or Operational Support
Hasselbring Senior Center 1002 West Home Avenue G-3475 West Court Street Flint, MI 48505	47-5406300	501(C)(3)	6,647				Program and/or Operational Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
Martus Luna Memorial Association 2101 Lewis Street Flint, MI 48506	35-2204229	501(C)(3)	6,600				Program and/or Operational Support
Ferris State University Loan Disbursement Office Big Rapids, MI 49307	37-8581221	170(C)(1)	6,500				Scholarship Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
City of Grand Blanc 203 East Grand Blanc Road 1201 South State Street Grand Blanc, MI 48439	38-6004555	170(C)(1)	6,253				Program and/or Operational Support
Eastern Michigan University Financial Aid Ypsilanti, MI 48197	38-6005986	170(C)(1)	6,200				Scholarship Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Old Newsboys of Flint 6255 Taylor Drive 403 Pierce Hall Flint, MI 48507	38-6020365	501(C)(3)	6,050				Program and/or Operational Support
Wellesley College Student Financial Services Wellesley, MA 024818203	04-2103637	501(C)(3)	6,000				Scholarship Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UMA Strong Marshall Outreach PO Box 392 Schneider Center 122 106 Central S Flint, MI 48502	83-1589324	501(C)(3)	6,000				Program and/or Operational Support
GearUp2Lead 1309 North Ballenger Highway Flint, MI 48504	47-2629774	501(C)(3)	6,000				Program and/or Operational Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Agape Community Outreach 3641 Wyoming Avenue Flint, MI 48506	38-3612106	501(C)(3)	5,900				Program and/or Operational Support
Catholic Charities of Shiawassee and Genesee Count 901 Chippewa Street Flint, MI 48503	38-1359243	501(C)(3)	5,772				Program and/or Operational Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
Carriage Town Historic Neighborhood Association PO Box 1151 Flint, MI 48501	38-2587577	501(C)(3)	5,500				Program and/or Operational Support
Greater Holy Temple Church of God in Christ 6702 North Dort Highway Flint, MI 48505	51-0573488	501(C)(3)	5,500				Program and/or Operational Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
Higher Quality of Life Ministries 5601 North Saginaw Street Flint, MI 48505	14-1963911	501(C)(3)	5,450				Program and/or Operational Support
Loose Senior Citizens Center 707 North Bridge Street Linden, MI 48451	38-3266054	501(C)(3)	5,398				Program and/or Operational Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
Greater Flint Arts Council 816 South Saginaw Street Flint, MI 48502	38-2156116	501(C)(3)	5,143				Program and/or Operational Support
Genesee County Free Medical Clinic 2437 Welch Boulevard Flint, MI 48504	38-2995700	501(C)(3)	5,100				Program and/or Operational Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Clio Center for the Arts 3370 West Vienna Road Clio, MI 48420	38-2890953	501(C)(3)	5,040				Program and/or Operational Support

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF GREATER FLINT

Employer identification number
38-2190667

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b	Yes			
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2	Yes			
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p>					
<p>a Receive a severance payment or change-of-control payment?</p>	4a		No		
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b		No		
<p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>					
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p>					
<p>a The organization?</p>	5a		No		
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p>					
<p>a The organization?</p>	6a		No		
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7		No		
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

Part III Supplemental Information

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

Return Reference	Explanation
ADDITIONAL COMPENSATION INFORMATION	<p>SCHEDULE J, PART I, LINE 1A THE COMMUNITY FOUNDATION WILL NOT PAY OR REIMBURSE FOR ANY HEALTH OR SOCIAL CLUB DUES OR INITIATION/MEMBERSHIP FEES. SHOULD THE COMMUNITY FOUNDATION HAVE A GOLF COURSE OR OTHER TYPE OF DINING ROOM MEMBERSHIP, IT IS INTENDED TO BE USED FOR BUSINESS RELATED MEETINGS. ANY PERSONAL, NON-BUSINESS RELATED USE OF SUCH DINING MEMBERSHIP MUST BE APPROVED IN ADVANCE BY THE PRESIDENT, AND THE EMPLOYEE MUST REIMBURSE THE COMMUNITY FOUNDATION FOR SUCH USE NO LATER THAN FIVE (5) BUSINESS DAYS AFTER RECEIPT OF THE BILL. THE COMMUNITY FOUNDATION DOES HAVE A DINING MEMBERSHIP AT A GOLF CLUB, HOWEVER, THE MEMBERSHIP IS IN THE PRESIDENT'S NAME DUE TO THE FACT THE GOLF CLUB DOES NOT ALLOW BUSINESSES TO HAVE A MEMBERSHIP. THE POLICY NOTED ABOVE IS FOLLOWED AND CLOSELY MONITORED.</p>

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2019

▶ **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 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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	18	961,510	FAIR MARKET VALUE
10 Securities—Closely held stock	X	1	1,471,342	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	
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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?

	Yes	No
30a		No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31	Yes	
-----------	-----	--

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a		No
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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

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.

Return Reference	Explanation
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)**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

2019**Open to Public
Inspection**

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.

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

Department of the Treasury

Name of the organization

COMMUNITY FOUNDATION OF GREATER FLINT

Employer identification number

38-2190667

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 REVIEW PROCESS	FORM 990, PART VI, SECTION B, LINE 11B A DRAFT OF FORM 990 IS REVIEWED BY THE EXECUTIVE VP OF FINANCE & ADMINISTRATION AND IS THEN REVIEWED AND APPROVED BY THE PRESIDENT AND AUDIT COMMITTEE ON BEHALF OF THE BOARD OF TRUSTEES

990 Schedule O, Supplemental Information

Return Reference	Explanation
CONFLICT OF INTEREST POLICY	FORM 990, PART VI, SECTION B, LINE 12C TRUSTEES ARE REQUIRED TO ABSTAIN FROM DISCUSSION AND VOTING WHERE CONFLICT EXISTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9 CHANGE IN SPLIT INTEREST VALUE -23,783

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2019

**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 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

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 500 S SAGINAW ST STE 200 FLINT, MI 48502 38-3573890	SUPPORT ORG	MI	509(A)(3)	12A, I	NA		No
(2) FOUNDATION FOR FLINT 500 S SAGINAW ST STE 200 FLINT, MI 48502 81-2649933	SUPPORT ORG	MI	509(A)(3)	12A, I	NA		No
(3) FLINT KIDS LEARN 500 S SAGINAW ST STE 200 FLINT, MI 48502 81-4991822	SUPPORT ORG	MI	509(A)(3)	12A, I	NA		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(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 503 S SAGINAW ST FLINT, MI 48502 20-5014759	RENTAL REAL ESTAT	MI	NA	INVESTMENT	39,966	228,830		No			No	50.000 %

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

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
1 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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation