Form **8868**
(Rev. January 2024)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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

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

Part I - Identification

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.	Taxpayer identification number (TIN)
COMMUNITY FOUNDATION OF GREATER FLINT	38-2190667

Number, street, and room or suite no. If a P.O. box, see instructions.
500 S SAGINAW STREET, 200

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
FLINT, MI 48502

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY)

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of KELLI GLOMSKI
500 S SAGINAW ST, STE 200 - FLINT, MI 48502

Telephone No. (810)767-8270 Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ..... ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ..... ☐. If it is for part of the group, check this box ..... ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 20 24, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☒ calendar year 20 23 or
☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

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

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8868** (Rev. 1-2024)

Docusign Envelope ID: 77F047B4-012F-44A2-8880-8E2E450CDE99

** PUBLIC DISCLOSURE COPY **

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)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2023
Open to Public Inspection

A For the 2023 calendar year, or tax year beginning and ending

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
Doing business as
Number and street (or P.O. box if mail is not delivered to street address): 500 S SAGINAW STREET | Room/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 $ 50,870,008.

F Name and address of principal officer: MARK MILLER
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions
H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527
J Website: WWW.CFGF.ORG
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other
L Year of formation: 1988 **M** State of legal domicile: MI

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION'S MISSION IS GRANTMAKING TO CHARITABLE ORGANIZATIONS, DEVELOPMENT OF ENDOWMENT,

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	22
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	34
6	Total number of volunteers (estimate if necessary)	6	223
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,165,280.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	118,193.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	27,296,923.	38,319,331.
	9	Program service revenue (Part VIII, line 2g)	52,545.	55,849.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,541,382.	5,260,216.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	35.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	32,890,885.	43,635,396.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,276,665.	11,047,381.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,515,178.	3,471,435.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) 1,054,058.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,950,078.	4,787,752.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,741,921.	19,306,568.
	19	Revenue less expenses. Subtract line 18 from line 12	20,148,964.	24,328,828.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	216,698,985.	279,537,956.
	21	Total liabilities (Part X, line 26)	680,946.	1,435,052.
	22	Net assets or fund balances. Subtract line 21 from line 20	216,018,039.	278,102,904.

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

DocuSigned by: Mark Miller
30FBFB97C9DD410...
Signature of officer | Date: 11/12/2024

MARK MILLER, INTERIM PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
KIMBERLY ANDERSON, CPA	KIMBERLY ANDERSON, C	11/12/24		P00188889

Firm's name: CLIFTONLARSONALLEN LLP | Firm's EIN: 41-0746749
Firm's address: 8215 GREENWAY BOULEVARD, SUITE 600
MIDDLETON, WI 53562 | Phone no. 608-662-8600

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

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 X 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 X 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 $ 16,675,402. including grants of $ 11,047,381.) (Revenue $ 55,849.)
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,

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

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

4d Other program services (Describe on Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses 16,675,402.

SEE SCHEDULE O FOR CONTINUATION(S)

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	93		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	34		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b		X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X	
b	If "Yes," enter the name of the foreign country SEE SCHEDULE O See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			X
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			X
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b			
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 the instructions and file Form 4720, Schedule N.	15			X
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.	16			X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	23		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	22		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
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 on Schedule O*	9			X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed CA,FL,IL,MD,MA,MI,NV,NJ,NM,NY,NC,OH

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website ☐ Another's website X Upon request ☐ Other *(explain on Schedule O)*

19 Describe on 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

KELLI GLOMSKI - (810)767-8270

500 S SAGINAW ST, STE 200, FLINT, MI 48502

SEE SCHEDULE O FOR FULL LIST OF STATES

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ISAIAH OLIVER	40.00									
PRESIDENT AND CEO	3.00			X				195,608.	0.	20,050.
(2) JA'NEL JAMERSON	40.00									
VP OF POLICY & P20 PARTNERSHIPS	1.00					X		162,810.	0.	14,919.
(3) SUE PETERS	40.00									
VP OF COMMUNITY IMPACT	1.00					X		155,825.	0.	20,589.
(4) BRETT HUNKINS	40.00									
CFO	3.00			X				153,275.	0.	9,512.
(5) MARK MILLER	40.00									
INTERIM PRESIDENT AND CEO/VICE CHAIR	3.00	X		X				132,692.	0.	0.
(6) KELLI GLOMSKI	40.00									
SENIOR ACCOUNTANT	3.00					X		103,339.	0.	18,486.
(7) MARK PIPER	1.00									
CHAIR	1.00	X		X				0.	0.	0.
(8) CHRIS GRAFF	1.00									
TREASURER	0.00	X		X				0.	0.	0.
(9) PATRICK MCGUIRE	1.00									
SECRETARY	0.00	X		X				0.	0.	0.
(10) CARMA LEWIS	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(11) DAWN HILLER	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(12) DEANDRA LARKIN	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(13) EZRA TILLMAN, JR.	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(14) JOEL FEICK	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(15) CAROL HURAND	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(16) ISHIKA GUPTA	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(17) LAYLA RICHARDSON	1.00									
TRUSTEE	0.00	X						0.	0.	0.

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LEANNE PANDUREN	1.00									
TRUSTEE	1.00	X						0.	0.	0.
(19) LINDA MORRIS BELFORD	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(20) MANAL B. SAAB	1.00									
TRUSTEE	1.00	X						0.	0.	0.
(21) SHERRI E. STEPHENS	1.00									
TRUSTEE	1.00	X						0.	0.	0.
(22) MORRIS PETERSON, JR.	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(23) NITA KULKARNI	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(24) SHANNON WHITE	1.00									
TRUSTEE	1.00	X						0.	0.	0.
(25) RAFAEL C. TURNER	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(26) ROBERT LANDAAL, JR.	1.00									
TRUSTEE	0.00	X						0.	0.	0.
1b Subtotal								903,549.	0.	83,556.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								903,549.	0.	83,556.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 6

		Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
LILLIAN D. SINGH DBA PAARS-STAAT 2222 HALLOW LANE, BOWIE, MD 20716	INDEPENDENT CONSULTANT	351,127.
CREWCIAL PARTNERS, LLC 810 7TH AVE, FLOOR 32, NEW YORK, NY 10019	INVESTMENT CONSULTANT	241,641.
TECHNIK, LLC 14280 FENTON ROAD, FENTON, MI 48430	IT CONSULTANT	108,304.
MARIA MONTOYA 14362 LONGACRE STREET, DETROIT, MI 48227	INDEPENDENT CONSULTANT	105,229.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 4

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 COMMUNITY FOUNDATION OF GREATER FLINT 38-2190667

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(27) RON STACK TRUSTEE	1.00 0.00	X						0.	0.	0.
(28) TIM KNECHT TRUSTEE	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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	38,319,331.			
	g	Noncash contributions included in lines 1a-1f	1g	$ 67,028.			
	h	**Total.** Add lines 1a-1f		38,319,331.			
Program Service Revenue			Business Code				
	2a	RELATED ORGANIZATION MANAGEMENT F	900099	55,849.	55,849.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f		55,849.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,631,046.		1159683.	2471363.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real / (ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 7a	8,863,782.				
	b	Less: cost or other basis and sales expenses 7b	7,234,612.				
	c	Gain or (loss) 7c	1,629,170.				
	d	Net gain or (loss)		1,629,170.		5,597.	1623573.
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 8a					
	b	Less: direct expenses 8b					
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19 9a					
	b	Less: direct expenses 9b					
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances 10a					
	b	Less: cost of goods sold 10b					
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a-11d					
	12	**Total revenue.** See instructions		43,635,396.	55,849.	1165280.	4094936.

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 X

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	11,047,381.	11,047,381.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	511,137.	99,899.	322,123.	89,115.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,399,398.	1,545,701.	340,245.	513,452.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	97,516.	50,654.	16,977.	29,885.
9 Other employee benefits	258,302.	151,566.	47,432.	59,304.
10 Payroll taxes	205,082.	121,298.	38,571.	45,213.
11 Fees for services (nonemployees):				
a Management				
b Legal	77,068.	53,724.	19,169.	4,175.
c Accounting	75,327.	2,093.	73,234.	
d Lobbying	36,000.	36,000.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	165,677.		165,677.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	2,401,814.	2,306,444.	62,177.	33,193.
12 Advertising and promotion	64,716.	20.		64,696.
13 Office expenses	152,463.	91,791.	52,461.	8,211.
14 Information technology	302,703.	148,101.	91,548.	63,054.
15 Royalties				
16 Occupancy	353,984.	199,305.	154,636.	43.
17 Travel	105,180.	61,066.	28,339.	15,775.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	187,047.	142,306.	31,771.	12,970.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	54,707.	22,255.	32,452.	
23 Insurance	36,346.	14,469.	21,877.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROGRAM SUPPLIES	346,177.	346,177.		
b DONOR DEVELOPMENT	247,231.	142,715.		104,516.
c DUES AND SUBSCRIPTIONS	139,535.	65,359.	64,527.	9,649.
d				
e All other expenses	41,777.	27,078.	13,892.	807.
25 **Total functional expenses.** Add lines 1 through 24e	19,306,568.	16,675,402.	1,577,108.	1,054,058.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1,466,411.	1	3,086,035.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		739,458.	3	470,028.
	4	Accounts receivable, net		90,608.	4	74,150.
	5	Loans and other receivables from 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			5	
	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)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		59,397.	9	262,185.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,173,572.			
	b	Less: accumulated depreciation	10b 811,938.	130,314.	10c	361,634.
	11	Investments - publicly traded securities		64,798,208.	11	67,077,071.
	12	Investments - other securities. See Part IV, line 11		149,414,589.	12	208,206,853.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		216,698,985.	16	279,537,956.
Liabilities	17	Accounts payable and accrued expenses		518,780.	17	1,214,216.
	18	Grants payable		89,848.	18	39,000.
	19	Deferred revenue		0.	19	121,230.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	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			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		72,318.	25	60,606.
	26	**Total liabilities.** Add lines 17 through 25		680,946.	26	1,435,052.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		21,905,505.	27	24,666,713.
	28	Net assets with donor restrictions		194,112,534.	28	253,436,191.
		Organizations that do not follow FASB ASC 958, check here ☐ **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		216,018,039.	32	278,102,904.
	33	Total liabilities and net assets/fund balances		216,698,985.	33	279,537,956.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	43,635,396.
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,306,568.
3	Revenue less expenses. Subtract line 2 from line 1	3	24,328,828.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	216,018,039.
5	Net unrealized gains (losses) on investments	5	37,742,251.
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 on Schedule O)	9	13,786.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	278,102,904.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on 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	2a		X
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	2b	X	
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 on Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
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 on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

COMMUNITY FOUNDATION OF GREATER FLINT

Employer identification number

38-2190667

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

The organization is not a private foundation because it is: (For lines 1 through 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).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☒ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on 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 .....
g Provide the following information about the supported organization(s).

(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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6708001.	10463956.	7251384.	27296923.	38319331.	90039595.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	6708001.	10463956.	7251384.	27296923.	38319331.	90039595.
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)						36376365.
6 **Public support.** Subtract line 5 from line 4.						53663230.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	6708001.	10463956.	7251384.	27296923.	38319331.	90039595.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3138885.	2372053.	3330876.	2922962.	3631046.	15395822.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			37.	35.		72.
11 **Total support.** Add lines 7 through 10						105435489

12 Gross receipts from related activities, etc. (see instructions) 12 847,186.

13 **First 5 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

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 14 50.90 %

15 Public support percentage from 2022 Schedule A, Part II, line 14 15 38.78 %

16a **33 1/3% support test - 2023.** 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 - 2022.** 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 - 2023.** 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 - 2022.** 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 on 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 5 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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2023** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2022** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2023.** 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 - 2022.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	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 on 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 on 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 on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* **Part VI.**	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
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? *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.*	2		

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)? *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).*	1		

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?	1		
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? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described on line 2, above, 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? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	3		

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 ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b 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? *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.*	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *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.*	2b		
3	Parent of Supported Organizations. **Answer lines 3a and 3b 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? *If "Yes" or "No" provide details in* **Part VI.**	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	3b		

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):			
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 0.015 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 0.035.	**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 0.85 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 ☐ 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	**1**	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4	Amounts paid to acquire exempt-use assets	**4**	
5	Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	**5**	
6	Other distributions (*describe in* **Part VI**). See instructions.	**6**	
7	**Total annual distributions.** Add lines 1 through 6.	**7**	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	**8**	
9	Distributable amount for 2023 from Section C, line 6	**9**	
10	Line 8 amount divided by line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2023**	**(iii) Distributable Amount for 2023**
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
e	From 2022			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7	**Excess distributions carryover to 2024.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019			
b	Excess from 2020			
c	Excess from 2021			
d	Excess from 2022			
e	Excess from 2023			

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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2021 AMOUNT: $ 37.

2022 AMOUNT: $ 35.

** PUBLIC DISCLOSURE COPY **

Schedule B (Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

COMMUNITY FOUNDATION OF GREATER FLINT

Employer identification number

38-2190667

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

Name of organization

COMMUNITY FOUNDATION OF GREATER FLINT

Employer identification number

38-2190667

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 22,200,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 9,629,890.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 1,310,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 1,000,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 887,922.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Name of organization: COMMUNITY FOUNDATION OF GREATER FLINT

Employer identification number: 38-2190667

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this info. once.) $

Use duplicate copies of Part III if additional space is needed.

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C (Form 990)

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

2023

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 organization	Employer identification number
COMMUNITY FOUNDATION OF GREATER FLINT	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.
2 Political campaign activity expenditures ..... $
3 Volunteer hours for political campaign activities .....

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-.

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check [X] if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check [ ] if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	36,000.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	517.	
c Total lobbying expenditures (add lines 1a and 1b)	36,517.	
d Other exempt purpose expenditures	16,638,885.	
e Total exempt purpose expenditures (add lines 1c and 1d)	16,675,402.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	983,770.	
g Grassroots nontaxable amount (enter 25% of line 1f)	245,943.	
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
not over $500,000,	20% of the amount on line 1e.
over $500,000 but not over $1,000,000,	$100,000 plus 15% of the excess over $500,000.
over $1,000,000 but not over $1,500,000,	$175,000 plus 10% of the excess over $1,000,000.
over $1,500,000 but not over $17,000,000,	$225,000 plus 5% of the excess over $1,500,000.
over $17,000,000,	$1,000,000.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? [ ] Yes [ ] No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount		169.	667,937.	983,770.	1,651,876.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,477,814.
c Total lobbying expenditures		844.	33,394.	36,517.	70,755.
d Grassroots nontaxable amount		42.	166,984.	245,943.	412,969.
e Grassroots ceiling amount (150% of line 2d, column (e))					619,454.
f Grassroots lobbying expenditures			33,000.	36,000.	69,000.

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) Yes	(a) No	(b) 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?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?			
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 campaign activity 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 expenditures 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.

Part IV Supplemental Information *(continued)*

Schedule C **Affiliated Group Lobbying Expenditures**
Part II -A

Name of Affiliated Group Member
FOUNDATION FOR THE FLINT CULTURAL CENTER

Employer ID Number
38-3573890

Affiliated Group Member Address
500 S SAGINAW STREET, SUITE 200
FLINT, MI 48502

Electing Member
NO

Limits on Lobbying Expenditures:		**Line**
Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	0.	b
Total lobbying expenditures (add lines 1a and 1b)	0.	c
Other exempt purpose expenditures	1,017,106.	d
Total exempt purpose expenditures (add lines 1c and 1d).	1,017,106.	e

Lobbying nontaxable amount.
Enter the amount from the following table:

If the amount on line e is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
> 500,000 <= 1,000,000	100,000 + 15% > 500,000
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000
Over $17,000,000	$1,000,000

	176,711.	f
Grassroots nontaxable amount (enter 25% of line 1f)	44,178.	g
Subtract line 1g from line 1a (limit to zero)	0.	h
Subtract line 1f from line 1c (limit to zero)	0.	i
Member's share of excess lobbying expenditures	0.	

Part IV Supplemental Information *(continued)*

Schedule C **Affiliated Group Lobbying Expenditures**
Part II -A

Name of Affiliated Group Member
FOUNDATION FOR FLINT

Employer ID Number
81-2649933

Affiliated Group Member Address
500 S SAGINAW STREET, SUITE 200
FLINT, MI 48502

Electing Member
NO

Limits on Lobbying Expenditures:		**Line**
Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	0.	b
Total lobbying expenditures (add lines 1a and 1b)	0.	c
Other exempt purpose expenditures	1,106,258.	d
Total exempt purpose expenditures (add lines 1c and 1d).	1,106,258.	e

Lobbying nontaxable amount.
Enter the amount from the following table:

If the amount on line e is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
> 500,000 <= 1,000,000	100,000 + 15% > 500,000
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000
Over $17,000,000	$1,000,000

	185,626.	f
Grassroots nontaxable amount (enter 25% of line 1f)	46,407.	g
Subtract line 1g from line 1a (limit to zero)	0.	h
Subtract line 1f from line 1c (limit to zero)	0.	i
Member's share of excess lobbying expenditures	0.	

Part IV Supplemental Information *(continued)*

Schedule C **Affiliated Group Lobbying Expenditures**
Part II -A

Name of Affiliated Group Member
FLINT KIDS LEARN

Employer ID Number
81-4991822

Affiliated Group Member Address
500 S SAGINAW STREET, SUITE 200
FLINT, MI 48502

Electing Member
NO

Limits on Lobbying Expenditures:		**Line**
Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	0.	b
Total lobbying expenditures (add lines 1a and 1b)	0.	c
Other exempt purpose expenditures	618,439.	d
Total exempt purpose expenditures (add lines 1c and 1d).	618,439.	e
Lobbying nontaxable amount. Enter the amount from the following table:		
Grassroots nontaxable amount (enter 25% of line 1f)	29,442.	g
Subtract line 1g from line 1a (limit to zero)	0.	h
Subtract line 1f from line 1c (limit to zero)	0.	i
Member's share of excess lobbying expenditures	0.	

If the amount on line e is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
> 500,000 <= 1,000,000	100,000 + 15% > 500,000
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000
Over $17,000,000	$1,000,000

117,766. f

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF GREATER FLINT

Employer identification number
38-2190667

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

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	66	275
2	Aggregate value of contributions to (during year)	2,429,743.	23,086,648.
3	Aggregate value of grants from (during year)	897,019.	3,547,964.
4	Aggregate value at end of year	11,162,989.	163,257,344.

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? [X] 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? [X] 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 (for example, recreation or education)
- [ ] Preservation of a 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 Tax 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 on line 2a	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, 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 2d 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 FASB 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 FASB 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 FASB 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 make 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 program
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	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, 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	206,513,075.	222,110,628.	204,498,615.	178,512,912.	159,233,481.
b Contributions	24,358,148.	19,177,671.	1,036,351.	3,420,498.	3,464,831.
c Net investment earnings, gains, and losses	42,010,897.	-28,996,266.	22,135,356.	28,370,494.	21,473,780.
d Grants or scholarships	5,004,968.	4,134,442.	3,968,407.	4,240,463.	4,135,742.
e Other expenditures for facilities and programs	42,109.	4,472.	46,487.	68,454.	42,553.
f Administrative expenses	1,863,662.	1,640,044.	1,544,800.	1,496,372.	1,480,885.
g End of year balance	265,971,381.	206,513,075.	222,110,628.	204,498,615.	178,512,912.

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

a Board designated or quasi-endowment 5.9470 %
b Permanent endowment 47.7970 %
c Term endowment 46.2560 %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations?	3a(i)		X
(ii) Related organizations?	3a(ii)		X
b If "Yes" on line 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		499,868.	326,740.	173,128.
d Equipment		309,947.	267,526.	42,421.
e Other		363,757.	217,672.	146,085.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				361,634.

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	125,111,477.	END-OF-YEAR MARKET VALUE
(2) Closely held equity interests	83,095,376.	END-OF-YEAR MARKET VALUE
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	208,206,853.	

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. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

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, line 15, col. (B))*	

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED GIFTS PAYABLE	60,606.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	60,606.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

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	80,624,627.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	37,359,154.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	37,359,154.
3	Subtract line **2e** from line **1**			3	43,265,473.
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	161,105.		
b	Other (Describe in Part XIII.)	4b	208,818.		
c	Add lines **4a** and **4b**			4c	369,923.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	43,635,396.

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	19,066,677.
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	0.
3	Subtract line **2e** from line **1**			3	19,066,677.
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	161,105.		
b	Other (Describe in Part XIII.)	4b	78,786.		
c	Add lines **4a** and **4b**			4c	239,891.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	19,306,568.

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.

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.

Part XIII Supplemental Information *(continued)*

ALL OTHER DESIGNATED ENDOWMENTS HAVE BEEN CLASSIFIED AS UNRESTRICTED, BOARD-DESIGNATED.

PART X, LINE 2:

THE FOUNDATION AND ITS SUPPORTING ORGANIZATIONS ARE EXEMPT FROM FEDERAL INCOME TAX UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) OF 1986. THEY HAVE BEEN CLASSIFIED AS ORGANIZATIONS WHICH ARE NOT PRIVATE FOUNDATIONS AS DEFINED IN SECTIONS 509(A)(1) AND 170(B)(1)(A)(VI) OF THE IRC.

THE FOUNDATION APPLIES A MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD FOR ALL TAX UNCERTAINTIES. TAX BENEFITS THAT HAVE A GREATER THAN 50% LIKELIHOOD OF BEING SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES ARE RECOGNIZED.

BASED ON ITS EVALUATION, THE FOUNDATION HAS CONCLUDED THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION IN ITS CONSOLIDATED FINANCIAL STATEMENTS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF LIABILITY TO LIFE BENEFICARIES	9,201.
AGENCY REVENUE ADJUSTMENT	199,617.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	208,818.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY EXPENSE CHANGES	55,799.
PRIOR YEAR RETURNED GRANTS REMOVED FROM GRANT EXPENSE	22,987.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	78,786.

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

COMMUNITY FOUNDATION OF GREATER FLINT

Employer identification number

38-2190667

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ **Yes** ☐ **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENT		48,130,610.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	INVESTMENT		1,783,897.
3 a Subtotal	0	0			49,914,507.
b Total from continuation sheets to Part I	0	0			0.
c **Totals** (add lines 3a and 3b)	0	0			49,914,507.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule F (Form 990) 2023**

LHA 332071 11-29-23

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter .....

3 Enter total number of other organizations or entities .....

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)*	☐ Yes	☒ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)*	☐ Yes	☒ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)*	☐ Yes	☒ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)*	☐ Yes	☒ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)*	☐ Yes	☒ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)*	☐ Yes	☒ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF GREATER FLINT

Employer identification number
38-2190667

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACTIVE BOYS IN CHRIST 2715 NORTH AVERILL AVE FLINT, MI 48506	81-5194566	501(C)(3)	10,000.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
ALBION COLLEGE 611 EAST PORTER ALBION, MI 49224	38-1359081	501(C)(3)	7,100.	0.	N/A	N/A	PROGRAM/OPERATIONAL/SCHOLARSHIP SUPPORT
ALMA COLLEGE 614 WEST SUPERIOR STREET ALMA, MI 48801	38-1359083	501(C)(3)	6,000.	0.	N/A	N/A	PROGRAM/OPERATIONAL/SCHOLARSHIP SUPPORT
AQUINAS COLLEGE 1700 FULTON ST. E. RAPIDS, MI 49506	38-1367080	501(C)(3)	7,500.	0.	N/A	N/A	PROGRAM/OPERATIONAL/SCHOLARSHIP SUPPORT
ARAB AMERICAN HERITAGE COUNCIL 416 NORTH SAGINAW STREET, SUITE 220 FLINT, MI 48502	38-2810236	501(C)(3)	22,542.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
ARAB COMMUNITY CENTER FOR ECONOMIC & SOCIAL SERVICES - 2651 SAULINO COURT - DEARBORN, MI 48120	23-7444497	501(C)(3)	10,750.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 149.

3 Enter total number of other organizations listed in the line 1 table ..... 0.

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTS CLINIC 132 WEST SECOND STREET FLINT, MI 48502	87-2671534	501(C)(3)	8,225.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
ASCENSION GENESYS FOUNDATION ONE GENESYS PARKWAY GRAND BLANC, MI 48439	38-3591148	501(C)(3)	6,000.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
ASSOCIATION FOR INDEPENDENT LIVING 2826 STOREY LANE DALLAS, TX 75220	75-1644612	501(C)(3)	10,000.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
BANGTOWN STUDIO ON THE GO 615 SOUTH SAGINAW SUITE #6019 FLINT, MI 48502	46-3038921	501(C)(3)	15,000.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
BENDLE PUBLIC SCHOOLS 3420 COLUMBINE AVENUE BURTON, MI 48529	38-6001193	GOV	6,897.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
BIG BROTHERS BIG SISTERS OF FLINT AND GENESEE COUNTY - 1176 ROBERT T. LONGWAY BOULEVARD - FLINT, MI 48503	38-2259541	501(C)(3)	14,072.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
BOYS AND GIRLS CLUB OF GREATER FLINT - 3701 NORTH AVERILL AVE - FLINT, MI 48506	38-3381808	501(C)(3)	21,666.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
BUBBLES THE BLIND BEAGLE 8194 NORTH STATE ROAD OTISVILLE, MI 48463	92-0784617	501(C)(3)	5,500.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
C.P.S.A. COURIER, INC. 109 WELCH BOULEVARD FLINT, MI 48503	87-0761096	501(C)(3)	29,600.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAROLYN MAWBY CHORALE PO BOX 254 FLINT, MI 48502	38-2847417	501(C)(3)	7,500.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
CATHEDRAL OF FAITH MINISTRIES 6031 DUPONT STREET FLINT, MI 48505	77-0704613	501(C)(3)	22,500.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
CATHOLIC CHARITIES OF SHIAWASSEE AND GENESEE COUNTIES - 901 CHIPPEWA STREET - FLINT, MI 48503	38-1359243	501(C)(3)	6,386.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
CENTER FOR HIGHER EDUCATIONAL ACHIEVEMENT - 2002 MARYLAND AVE, SUITE A - FLINT, MI 48506	20-3458573	501(C)(3)	20,000.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
CENTRAL MICHIGAN UNIVERSITY 202 WARRINER MT. PLEASANT, MI 48859	38-6004447	GOV	5,850.	0.	N/A	N/A	PROGRAM/OPERATIONAL/SCHOLARSHIP SUPPORT
CHARLES STEWART MOTT COMMUNITY COLLEGE - 1401 EAST COURT STREET - FLINT, MI 48503	38-1914697	GOV	119,210.	0.	N/A	N/A	PROGRAM/OPERATIONAL/SCHOLARSHIP SUPPORT
CHILD CARE NETWORK 3941 RESEARCH PARK DRIVE, SUITE C ANN ARBOR, MI 48108	38-2160250	501(C)(3)	25,000.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
CHOSEN FEW ARTS COUNCIL 2901 EAST COURT STREET FLINT, MI 48506	30-0526152	501(C)(3)	12,009.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
CITY OF FENTON 301 SOUTH LEROY STREET FENTON, MI 48430	38-6004682	GOV	12,500.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash 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 GRAND BLANC, MI 48439	38-6004555	GOV	10,000.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
CLINGMAN FOUNDATION 6099 CALKINS RD FLINT, MI 48532	81-1623501	501(C)(3)	7,691.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
CLIO AREA EDUCATIONAL FOUNDATION 5092 WEST VIENNA ROAD, SUITE E CLIO, MI 48420	38-3097911	501(C)(3)	5,447.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
CLIO AREA HUMAN SERVICES FUND 13078 GOLFSIDE COURT CLIO, MI 48420	47-1549913	501(C)(3)	10,000.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
COFY - COMMUNITY OUTREACH FOR FAMILY AND YOUTH - 1015 EAST CARPENTER RD - FLINT, MI 48505	16-1661150	501(C)(3)	20,000.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
COLUMBUS OHIO PEACEKEEPERS 5940 MORRISSEY STREET COLUMBUS, OH 43232	87-2921124	501(C)(3)	15,000.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
COMMUNICATION ACCESS CENTER FOR THE DEAF AND HARD OF HEARING - 214 EAST MAIN STREET, UNIT 103 - FLUSHING, MI 48433	38-1991687	501(C)(3)	20,000.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
COMMUNITIES FIRST, INC. 415 WEST COURT STREET FLINT, MI 48503	27-3600343	501(C)(3)	117,077.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
COMMUNITY BASED ORGANIZATION PARTNERS - 529 MARTIN LUTHER KING AVENUE - FLINT, MI 48503	30-0566417	501(C)(3)	105,445.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORNELL UNIVERSITY PO BOX 752 ITHACA, NY 14851	15-0532082	501(C)(3)	7,500.	0.	N/A	N/A	PROGRAM/OPERATIONAL/SCHOLARSHIP SUPPORT
COURT STREET UNITED METHODIST CHURCH - 225 WEST COURT STREET - FLINT, MI 48502	38-1359197	501(C)(3)	11,782.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
COURT STREET VILLAGE NON-PROFIT HOUSING CORPORATION - P.O. BOX 1279 - FLINT, MI 48501	38-2724400	501(C)(3)	36,800.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
CRIM FITNESS FOUNDATION, INC. 452 SOUTH SAGINAW STREET, SUITE 1 FLINT, MI 48502	38-2595169	501(C)(3)	24,000.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
CRIME STOPPERS OF FLINT & GENESEE COUNTY - 210 EAST FIFTH STREET - FLINT, MI 48502	81-1607918	501(C)(3)	15,000.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
CROSSOVER OUTREACH 414 WEST COURT STREET FLINT, MI 48503	38-2971961	501(C)(3)	32,669.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
DAVISON COMMUNITY SCHOOLS 1490 NORTH OAK ROAD DAVISON, MI 48423	38-6001203	GOV	15,490.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
DONATIONS WITH LOVE FOUNDATION INC. - 3240 BRIDLE PATH - FLINT, MI 48507	85-2130598	501(C)(3)	15,000.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
EASTER SEALS - MICHIGAN, INC. 2399 EAST WALTON BOULEVARD AUBURN HILLS, MI 48326	38-1402860	501(C)(3)	33,205.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTERN MICHIGAN UNIVERSITY 403 PIERCE HALL YPSILANTI, MI 48197	38-6005986	GOV	7,488.	0.	N/A	N/A	PROGRAM/OPERATIONAL/SCHOLARSHIP SUPPORT
EL BALLET FOLKLORICO ESTUDIANTIL 5211 EAST CARPENTER RD FLINT, MI 48506	38-2139946	501(C)(3)	10,000.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
FAIR VOTING ALLIANCE P.O. BOX 13598 FLINT, MI 48501	92-1305455	501(C)(3)	20,000.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
FAITH FOUNDATION RESOURCES 4225 MILLER ROAD, #176 FLINT, MI 48507	04-2354456	501(C)(3)	25,000.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
FENTON AREA PUBLIC SCHOOLS 3100 OWEN ROAD FENTON, MI 48430	38-6021099	GOV	7,500.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
FENTON REGIONAL CHAMBER FOUNDATION 104 SOUTH ADELAIDE ST FENTON, MI 48430	84-2235612	501(C)(3)	7,500.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
FIRST PRESBYTERIAN CHURCH OF FLINT 746 SOUTH SAGINAW ST FLINT, MI 48502	38-1359204	501(C)(3)	10,000.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
FISH, INC. OF GRAND BLANC PO BOX 367 GRAND BLANC, MI 48480	41-2219635	501(C)(3)	13,573.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
FLINT AND GENESEE CHAMBER FOUNDATION - 519 SOUTH SAGINAW STREET, SUITE 200 - FLINT, MI 48502	23-7420247	501(C)(3)	472,448.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLINT CENTER FOR EDUCATIONAL EXCELLENCE - 540 SOUTH SAGINAW STREET, SUITE 101 - FLINT, MI 48502	93-1371508	501(C)(3)	3,901,250.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
FLINT CHILDREN'S MUSEUM 1602 WEST UNIVERSITY AVE FLINT, MI 48504	38-2329711	501(C)(3)	75,193.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
FLINT CULTURAL CENTER CORPORATION 601 EAST 2ND ST FLINT, MI 48503	38-6089075	501(C)(3)	1,151,246.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
FLINT HOUSING COMMISSION 3820 RICHFIELD ROAD FLINT, MI 48506	38-2264120	GOV	15,000.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
FLINT INNOVATIVE SOLUTIONS 432 NORTH SAGINAW STREET, SUITE 131 FLINT, MI 48502	83-1478758	501(C)(3)	46,697.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
FLINT INSTITUTE OF ARTS 1120 EAST KEARSLEY STREET FLINT, MI 48503	38-1539984	501(C)(3)	443,103.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
FLINT INSTITUTE OF MUSIC 1025 EAST KEARSLEY STREET FLINT, MI 48503	38-6159482	501(C)(3)	644,064.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
FLINT INSTITUTE OF SCIENCE AND HISTORY - 1221 EAST KEARSLEY STREET - FLINT, MI 48503	82-2978635	501(C)(3)	16,900.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
FLINT JEWISH FEDERATION 5080 WEST BRISTOL ROAD, SUITE 3 FLINT, MI 48507	38-1359257	501(C)(3)	14,971.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLINT PUBLIC ART PROJECT 1051 ARAPAHO DRIVE BURTON, MI 48509	83-1903916	501(C)(3)	25,000.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
FLINT PUBLIC LIBRARY 1026 EAST KEARSLEY STREET FLINT, MI 48503	38-3522288	GOV	8,064.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
FLINT RIVER WATERSHED COALITION 1300 BLUFF STREET, SUITE 114 FLINT, MI 48504	38-3546239	501(C)(3)	9,713.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
FLINT ROTARY CHARITABLE FOUNDATION 10426 COBBLESTONE BOULEVARD DAVISON, MI 48423	38-2125941	501(C)(3)	16,712.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
FLINT SOAP BOX DERBY 233 ABERDEEN COURT FLUSHING, MI 48433	83-2411065	501(C)(3)	11,768.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
FLINT SOCIAL CLUB 615 SAGINAW STREET FLINT, MI 48502	86-1482936	501(C)(3)	54,900.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
GEARUP2LEAD 4119 NORTH SAGINAW STREET FLINT, MI 48505	47-2629774	501(C)(3)	20,000.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
GENESEE COUNTY FREE MEDICAL CLINIC 2437 WELCH BOULEVARD FLINT, MI 48504	38-2995700	501(C)(3)	20,000.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
GENESEE COUNTY PARKS & RECREATION COMMISSION - 5045 EAST STANLEY ROAD - FLINT, MI 48506	38-6004849	GOV	59,927.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GENESEE HEALTH PLAN 2171 SOUTH LINDEN RD FLINT, MI 48532	38-3625439	501(C)(3)	32,000.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
GENESEE SWIFT TRACK CLUB 1291 DONAL DRIVE FLINT, MI 48532	87-3495514	501(C)(3)	7,000.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
GENESYS HURLEY CANCER INSTITUTE 302 KENSINGTON AVE FLINT, MI 48503	38-3545312	501(C)(3)	37,500.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
GENWEL UNITED INC. PO BOX 158 FLINT, MI 48502	85-1950453	501(C)(3)	7,000.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
GERHOLZ CENTER FOR CHRISTIAN COUNSELING-FIRST PRESBYTERIAN CHURCH OF FLINT - 746 SOUTH SAGINAW STREET - FLINT, MI 48503	38-1359204	501(C)(3)	25,000.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
GIRL SCOUTS OF SOUTHEASTERN MICHIGAN - 1333 BREWERY PARK BOULEVARD, SUITE 500 - DETROIT, MI 48207	38-1598947	501(C)(3)	33,500.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
GOTTAGETIT 7568 SUNDEW DRIVE SE CALEDONIA, MI 49316	84-5077114	501(C)(3)	10,000.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
GRAND BLANC CHARTER TOWNSHIP PO BOX 1833 GRAND BLANC, MI 48480	38-6025445	GOV	14,694.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
GRAND BLANC COMMUNITY SCHOOLS 11920 SOUTH SAGINAW STREET GRAND BLANC, MI 48439	38-6001238	501(C)(3)	33,750.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRAND VALLEY STATE UNIVERSITY 1 CAMPUS DRIVE, 100 STUDENT SERVICES BUILDING - ALLENDALE, MI 49401	38-1684280	501(C)(3)	16,850.	0.	N/A	N/A	PROGRAM/OPERATIONAL/SCHOLARSHIP SUPPORT
GREATER FLINT ARTS COUNCIL 816 SOUTH SAGINAW STREET FLINT, MI 48502	38-2156116	501(C)(3)	5,257.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
GREATER FLINT HEALTH COALITION 120 WEST FIRST STREET FLINT, MI 48502	38-3301514	501(C)(3)	10,000.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
HEM OF HIS GARMENT 3502 LAPEER ROAD FLINT, MI 48503	87-2654467	501(C)(3)	16,000.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
HILLSDALE COLLEGE 33 EAST COLLEGE DRIVE HILLSDALE, MI 49242	38-1374230	501(C)(3)	7,500.	0.	N/A	N/A	PROGRAM/OPERATIONAL/SCHOLARSHIP SUPPORT
HOLLY ACADEMY EDUCATION FOUNDATION 820 ACADEMY ROAD HOLLY, MI 48442	38-3485667	501(C)(3)	5,622.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
HOLLY TOWNSHIP 102 CIVIC DRIVE HOLLY, MI 48442	38-6032902	GOV	200,000.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
HOLY FAMILY CATHOLIC SCHOOL 215 ORCHARD STREET GRAND BLANC, MI 48439	38-1575300	501(C)(3)	5,081.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
HOPE COLLEGE P. O. BOX 9000 HOLLAND, MI 49422	38-1381271	501(C)(3)	9,750.	0.	N/A	N/A	PROGRAM/OPERATIONAL/SCHOLARSHIP SUPPORT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMANE SOCIETY OF GENESEE COUNTY G-3325 SOUTH DORT HIGHWAY BURTON, MI 48529	38-1265627	501(C)(3)	5,599.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
HUNDRED CLUB OF GENESEE, SHIAWASSEE AND LAPEER COUNTIES - 5206 GATEWAY CENTRE, SUITE 100 - FLINT, MI 48507	38-2091735	501(C)(3)	8,922.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
HURLEY FOUNDATION ONE HURLEY PLAZA FLINT, MI 48503	38-3085047	501(C)(3)	164,573.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
IMICHIGAN PRODUCTIONS 615 SOUTH SAGINAW STREET FLINT, MI 48502	27-2198405	501(C)(3)	50,000.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
IVY HOUSE PO BOX 1136 FLINT, MI 48501	20-0471903	501(C)(3)	7,790.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
KETTERING UNIVERSITY 1700 UNIVERSITY AVENUE FLINT, MI 48504	38-2410852	501(C)(3)	9,181.	0.	N/A	N/A	PROGRAM/OPERATIONAL/SCHOLARSHIP SUPPORT
LATINX TECHNOLOGY & COMMUNITY CENTER OF GREATER FLINT - PO BOX 743 - FLINT, MI 48501	38-6146299	501(C)(3)	40,000.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
LOOSE SENIOR CITIZENS CENTER 707 NORTH BRIDGE STREET LINDEN, MI 48451	38-3266054	501(C)(3)	5,538.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
MADE INSTITUTE PO BOX 310246 FLINT, MI 48531	47-3281597	501(C)(3)	17,000.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MICHIGAN BASKETBALL ASSOCIATION P.O. BOX 1382 FLINT, MI 48502	38-2912252	501(C)(3)	6,000.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
MICHIGAN BREASTFEEDING NETWORK 503 MALL COURT #296 LANSING, MI 48912	26-4308289	501(C)(3)	75,000.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
MICHIGAN CROSSROADS COUNCIL, INC., BOY SCOUTS OF AMERICA - 14258 MICHIGAN STREET PO BOX 129 - EAGLE, MI 48822	45-4003240	501(C)(3)	8,252.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
MICHIGAN DENTAL ASSOCIATION FOUNDATION - 3657 OKEMOS ROAD, SUITE 200 - OKEMOS, MI 48864	38-3421257	501(C)(3)	59,947.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
MICHIGAN ORGANIZING PROJECT 2610 MARTIN LUTHER KING AVENUE FLINT, MI 48505	38-3058190	501(C)(3)	135,000.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
MICHIGAN STATE UNIVERSITY 426 AUDITORIUM ROAD, ROOM 2 EAST LANSING, MI 48824	38-6005984	501(C)(3)	38,384.	0.	N/A	N/A	PROGRAM/OPERATIONAL/SCHOLARSHIP SUPPORT
MICHIGAN TECHNOLOGICAL UNIVERSITY 1400 TOWNSEND DRIVE HOUGHTON, MI 49931	38-1554664	GOV	9,500.	0.	N/A	N/A	PROGRAM/OPERATIONAL/SCHOLARSHIP SUPPORT
MOTHERS OF JOY INSTITUTE FOR PARENTING AND FAMILY WELLNESS - PO BOX 358 - SWARTZ CREEK, MI 48473	86-1628661	501(C)(3)	25,250.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
N SPIRE U COMMUNITY ORGANIZATION CORP - PO BOX 1229 - FLINT, MI 48501	87-2907313	501(C)(3)	23,555.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD ENGAGEMENT HUB 3216 MARTIN LUTHER KING AVENUE FLINT, MI 48505	47-2208674	501(C)(3)	102,360.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
NORTH FLINT NEIGHBORHOOD ACTION COUNCIL - 4119 NORTH SAGINAW STREET, SUITE 104 - FLINT, MI 48505	82-5155450	501(C)(3)	99,500.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
OAKLAND UNIVERSITY 120Q 318 MEADOW BROOK ROAD ROCHESTER, MI 48309	38-1714400	501(C)(3)	12,500.	0.	N/A	N/A	PROGRAM/OPERATIONAL/SCHOLARSHIP SUPPORT
PAWS ANIMAL RESCUE PO BOX 87 SWARTZ CREEK, MI 48473	80-0526039	501(C)(3)	5,500.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
PIERCE PARK NATURE PRESERVE 813 MAXINE FLINT, MI 48503	87-4697742	501(C)(3)	11,032.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
PLANNED PARENTHOOD OF MICHIGAN 950 VICTORS WAY, SUITE 100 ANN ARBOR, MI 48108	38-1707521	501(C)(3)	28,212.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
PRISM PROJECT P.O. BOX 504 LINDEN, MI 48451	84-1888244	501(C)(3)	35,500.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
QUALITY LIVING SYSTEMS MANAGEMENT CORPORATION - PO BOX 7029 - FLINT, MI 48507	38-2401686	501(C)(3)	9,074.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
RE-CONNECTIONS, INC. 812 ROOT STREET FLINT, MI 48503	47-2819301	501(C)(3)	15,000.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REVIVE COMMUNITY HEALTH CENTER 1221 BEACH STREET FLINT, MI 48502	81-1816896	501(C)(3)	30,000.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
SAGINAW COMMUNITY FOUNDATION 1 TUSCOLA, SUITE 100B SAGINAW, MI 48607	38-2474297	501(C)(3)	20,000.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
SAGINAW VALLEY STATE UNIVERSITY 7400 BAY ROAD UNIVERSITY CENTER, MI 48710	38-1798800	501(C)(3)	17,000.	0.	N/A	N/A	PROGRAM/OPERATIONAL/SCHOLARSHIP SUPPORT
SECOND CHANCE CHURCH 5306 NORTH STREET FLINT, MI 48505	41-2214610	501(C)(3)	10,000.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
SHELTER OF FLINT, INC. 924 CEDAR STREET FLINT, MI 48503	38-2620824	501(C)(3)	50,148.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
ST. ANDREWS EPISCOPAL CHURCH 1922 IOWA STREET FLINT, MI 48506	38-3214617	501(C)(3)	13,500.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
ST. LUKE'S N.E.W. LIFE CENTER 3115 LAWNDALE FLINT, MI 48504	30-0296428	501(C)(3)	23,500.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
STEMLETICS ACADEMY 3281 TALL OAKS COURT FLINT, MI 48532	85-0563729	501(C)(3)	10,000.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
STREETHEARTS ANIMAL RESCUE PO BOX 109121 BURTON, MI 48519	47-2640665	501(C)(3)	5,500.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SYLVESTER BROOME EMPOWERMENT VILLAGE - 4119 NORTH SAGINAW STREET - FLINT, MI 48505	47-5271086	501(C)(3)	119,600.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
TAPOLOGY, INC. PO BOX 5040 FLINT, MI 48505	06-1818660	501(C)(3)	52,000.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
THE BLAKE E ODUM MOTIVATIONAL FOUNDATION - 800 REVOLUTION MILL DRIVE #200 - GREENSBORO, NC 27405	46-2360137	501(C)(3)	15,000.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
THE FOUNDATION FOR MOTT COMMUNITY COLLEGE - 1401 EAST COURT STREET - FLINT, MI 48503	38-2673057	501(C)(3)	36,913.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
THE RAINBOW CONNECTION 621 WEST UNIVERSITY ROCHESTER, MI 48307	38-2608775	501(C)(3)	15,000.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
THE SALVATION ARMY 211 WEST KEARSLEY STREET FLINT, MI 48502	38-1370971	501(C)(3)	14,633.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
THE SCHOLARS ETIQUETTE AND SELF IMAGE INSTITUTE - G3432 W. PASADENA AVE - FLINT, MI 48504	83-2353933	501(C)(3)	15,000.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
TOTAL LIFE PROSPERITY COMMUNITY DEVELOPMENT CORPORATION - 5706 MAPLEBROOK LANE - FLINT, MI 48507	82-4735711	501(C)(3)	38,000.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
TOYS FOR HOSPITALIZED CHILDREN 824 EASTERN PARKWAY BROOKLYN, NY 11213	11-6003180	501(C)(3)	9,600.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ULOMA IMMIGRATION HOUSE 8231 HOLLY DRIVE CANTON, MI 48187	82-3831226	501(C)(3)	7,000.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
UMA STRONG MARSHALL OUTREACH P.O. BOX 392 FLINT, MI 48502	83-1589324	501(C)(3)	21,900.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
UNITED WAY OF GENESEE COUNTY PO BOX 949 FLINT, MI 48501	38-1359516	501(C)(3)	167,799.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
UNIVERSITY OF MICHIGAN-ANN ARBOR 515 EAST JEFFERSON ANN ARBOR, MI 48109	38-6006309	501(C)(3)	23,649.	0.	N/A	N/A	PROGRAM/OPERATIONAL/SCHOLARSHIP SUPPORT
UNIVERSITY OF MICHIGAN-FLINT 303 EAST KEARSLEY STREET FLINT, MI 48502	38-6006309	501(C)(3)	162,199.	0.	N/A	N/A	PROGRAM/OPERATIONAL/SCHOLARSHIP SUPPORT
VILLAGE INFORMATION CENTER 720 EAST SECOND STREET FLINT, MI 48503	38-2370077	501(C)(3)	19,600.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
VISION TO LEARN 12100 WILSHIRE BOULEVARD, SUITE 127 LOS ANGELES, CA 90025	45-3457853	501(C)(3)	25,000.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
WELLNESS AIDS SERVICES, INC. 311 EAST COURT STREET FLINT, MI 48502	38-2674052	501(C)(3)	24,876.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
WESTERN MICHIGAN UNIVERSITY 1903 WEST MICHIGAN AVENUE KALAMAZOO, MI 49008	38-6007327	501(C)(3)	7,500.	0.	N/A	N/A	PROGRAM/OPERATIONAL/SCHOLARSHIP SUPPORT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHALEY CHILDREN'S CENTER 1201 NORTH GRAND TRAVERSE FLINT, MI 48503	38-1358235	501(C)(3)	65,280.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
WISHING WELL THEATRE INC 612 3RD STREET FENTON, MI 48430	87-1032605	501(C)(3)	7,500.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
WITHOUT WALLS OUTREACH 6202 DUPONT STREET FLINT, MI 48505	36-4638271	501(C)(3)	15,763.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
XCEPTIONAL HEROES 12745 SOUTH SAGINAW STREET STE. #806, BOX #104 - GRAND BLANC, MI 48439	87-3448617	501(C)(3)	15,000.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
YOUNG ARTISTIC MINDS 3414 EDGEWOOD COURT DAVISON, MI 48423	82-1089509	501(C)(3)	15,000.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
YOUNG MENS CHRISTIAN ASSOCIATION OF FLINT - 411 EAST THIRD STREET - FLINT, MI 48503	38-1358056	501(C)(3)	14,223.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
YOUTH ARTS UNLOCKED 8048 MILLER ROAD, SUITE D SWARTZ CREEK, MI 48473	83-0933133	501(C)(3)	30,000.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT
YWCA OF GREATER FLINT 801 SOUTH SAGINAW STREET FLINT, MI 48502	38-1360597	501(C)(3)	18,766.	0.	N/A	N/A	PROGRAM/OPERATIONAL SUPPORT

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

GRANTEES RECEIVING GRANTS THAT MEET SPECIFIC CRITERIA ARE REQUIRED TO FILE A REPORT REGARDING THE USE OF THE FUNDS. REPORTS MAY BE REQUESTED MORE FREQUENTLY DEPENDING UPON THE SPECIFIC STRUCTURE OF THE GRANT OR PROJECT.

SCHEDULE 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

2023

Open to Public Inspection

Name of the organization

COMMUNITY FOUNDATION OF GREATER FLINT

Employer identification number

38-2190667

Part I Questions Regarding Compensation

			Yes	No
1a	Check the 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.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (such as maid, chauffeur, chef)		
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	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	**2**		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☒ Compensation committee	☒ Written employment contract		
	☐ Independent compensation consultant	☒ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	**4b**		X
c	Participate in or receive payment from an equity-based compensation arrangement?	**4c**		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
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:			
a	The organization?	**5a**		X
b	Any related organization?	**5b**		X
	If "Yes" on line 5a or 5b, describe in Part III.			
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:			
a	The organization?	**6a**		X
b	Any related organization?	**6b**		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	**7**		X
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	**8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ISAIAH OLIVER	(i)	192,003.	0.	3,605.	9,812.	10,238.	215,658.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JA'NEL JAMERSON	(i)	162,666.	0.	144.	8,973.	5,946.	177,729.	0.
VP OF POLICY & P20 PARTNERSHIPS	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SUE PETERS	(i)	155,411.	0.	414.	8,066.	12,523.	176,414.	0.
VP OF COMMUNITY IMPACT	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) BRETT HUNKINS	(i)	150,361.	0.	2,914.	7,664.	1,848.	162,787.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

COMMUNITY FOUNDATION OF GREATER FLINT

Employer identification number

38-2190667

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	9	67,028.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( )				
26	Other ( )				
27	Other ( )				
28	Other ( )				

				Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	29	0		
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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a			X
b	If "Yes," describe the arrangement in Part II.				
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X	
b	If "Yes," describe in Part II.				
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				

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

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTORS IS BEING REPORTED IN COLUMN B.

SCHEDULE M, LINE 32B:

CUSTODIAL BANK RECEIVES AND SELL DONATED STOCK.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF GREATER FLINT

Employer identification number
38-2190667

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND COMMUNITY LEADERSHIP ACTIVITIES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

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 2023, THE ORGANIZATION PROVIDED GRANTS TO 317 DIFFERENT ORGANIZATIONS.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

CAYMAN ISLANDS, BRITISH VIRGIN IS, JERSEY

FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE MAY EXERCISE ALL POWERS AND AUTHORITIES OF THE BOARD IN MANAGEMENT OF THE BUSINESS AND AFFAIRS OF THE FOUNDATION DURING INTERVALS BETWEEN MEETINGS OF THE TRUSTEES PROVIDED, HOWEVER, THE EXECUTIVE COMMITTEE SHALL NOT BE EMPOWERED:

(A)TO SELL, LEASE, OR EXCHANGE ALL OR SUBSTANTIALLY ALL OF THE FOUNDATION'S PROPERTY AND ASSETS;

(B)TO DISSOLVE THE FOUNDATION OR REVOKE A DISSOLUTION;

(C)TO AMEND THESE BYLAWS;

(D)TO FILL VACANCIES ON THE BOARD;

(E)TO REMOVE ANY TRUSTEE;

(F)TO AUTHORIZE GRANTS IN EXCESS OF 1% OF THE FOUNDATION'S CORPUS AND/OR THE EXPENDITURE OF MONEYS OF THE FOUNDATION IN EXCESS OF 10% OF THE CURRENT

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

YEAR'S OPERATING BUDGET.

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

A DRAFT OF FORM 990 IS REVIEWED BY THE DIRECTOR OF FINANCE AND IS THEN REVIEWED AND APPROVED BY THE PRESIDENT & CEO. MANAGEMENT REVIEWS THE 990 WITH THE AUDIT COMMITTEE, AND THE AUDIT COMMITTEE RECOMMENDS ACCEPTANCE TO THE BOARD OF TRUSTEES. UPON THE COMMITTEE'S RECOMMENDATION, THE 990 IS SHARED WITH THE BOARD, WHICH VOTES TO ACCEPT THE RECOMMENDATION.

FORM 990, PART VI, SECTION B, LINE 12C:

COMMUNITY FOUNDATION TRUSTEES AND STAFF COMPLETE A CONFLICT OF INTEREST DISCLOSURE ANNUALLY, AND REPORT CONFLICTS AS REQUIRED. THESE CONFLICTS ARE VERBALIZED WITHIN MEETINGS AND DOCUMENTED. TRUSTEES ARE REQUIRED TO ABSTAIN FROM DISCUSSION AND VOTING WHERE CONFLICT EXISTS.

FORM 990, PART VI, SECTION B, LINE 15:

CEO - INDEPENDENT COMPENSATION STUDY PERFORMED AND PRESENTED TO EXECUTIVE COMMITTEE. EXECUTIVE COMMITTEE APPROVES PRESIDENT'S SALARY ANNUALLY.
OTHER OFFICERS & KEY EMPLOYEES - EACH YEAR, COMMUNITY FOUNDATION SENIOR LEADERSHIP REVIEWS SECTOR COMPENSATION DATA AS PROVIDED IN NATIONAL AND REGIONAL GUIDES FOR GRANTMAKING ORGANIZATIONS, INCLUDING COMMUNITY FOUNDATION-SPECIFIC DATA. THE DATA IS SHARED WITH THE CHAIR OF THE BOARD OF TRUSTEES, AND THE PRESIDENT AND CEO REVIEWS ALL STAFF COMPENSATION WITH THE EXECUTIVE COMMITTEE ANNUALLY.
THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2023.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CA,FL,IL,MD,MA,MI,NV,NJ,NM,NY,NC,OH,SC,TN,WV

Name of the organization: COMMUNITY FOUNDATION OF GREATER FLINT

Employer identification number: 38-2190667

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.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING FEES:

PROGRAM SERVICE EXPENSES	1,820,971.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,820,971.

OTHER FEES:

PROGRAM SERVICE EXPENSES	485,473.
MANAGEMENT AND GENERAL EXPENSES	62,177.
FUNDRAISING EXPENSES	33,193.
TOTAL EXPENSES	580,843.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,401,814.

Name of the organization: COMMUNITY FOUNDATION OF GREATER FLINT

Employer identification number: 38-2190667

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN SPLIT-INTEREST VALUE	-9,201.
PRIOR YEAR GRANTS RETURNED	22,987.
TOTAL TO FORM 990, PART XI, LINE 9	13,786.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

COMMUNITY FOUNDATION OF GREATER FLINT

Employer identification number

38-2190667

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" 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	(g) No
FOUNDATION FOR THE FLINT CULTURAL CENTER - 38-3573890, 500 S SAGINAW ST, STE 200, FLINT, MI 48502	SUPPORT ORG	MICHIGAN	501(C)(3)	LINE 12A, I	COMMUNITY FOUNDATION OF GREATER FLINT	X	
FOUNDATION FOR FLINT - 81-2649933 500 S SAGINAW ST, STE 200 FLINT, MI 48502	SUPPORT ORG	MICHIGAN	501(C)(3)	LINE 12A, I	COMMUNITY FOUNDATION OF GREATER FLINT	X	
FLINT KIDS LEARN - 81-4991822 500 S SAGINAW ST, STE 200 FLINT, MI 48502	SUPPORT ORG	MICHIGAN	501(C)(3)	LINE 12A, I	COMMUNITY FOUNDATION OF GREATER FLINT	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) 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		X
b Gift, grant, or capital contribution to related organization(s)	1b		X
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d	X	
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o Sharing of paid employees with related organization(s)	1o	X	
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s	X	

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part VII Supplemental Information

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