2949325800911

Form 990 (2016)

	990 (2016) NORTH FLINT						
aı	t III 、Statement of Prog		-				
	_,		ote to any line in this Part III		·		·
	Briefly destribe the organization's						
	TO REDEVELOP RESIDENT.	AL AND COMMERC	IAL NORTH FLINT.	·			
	Did the organization undertake an	av significant program s	envices during the year whi	ch wore not listed on the			
	prior Form 990 or 990-EZ?	iy sigiiiiloani program s	services during the year will	on were not instead on the		Yes	X No
	If "Yes," describe these new servi	ices on Schedule O	•		•	165	E 140
	Did the organization cease condu		ant changes in how it conduc	ets, any program			
	services?	oung, or mano biginner	ant onangoo in now it contact	no, any program		Yes	X No
	If "Yes," describe these changes	on Schedule O	·	•	•	00	E
	Describe the organization's progra		ments for each of its three la	argest program services.	as measured by		
	expenses Section 501(c)(3) and			•			
	the total expenses, and revenue,		•		, ,		
	•		•				
1	(Code) (Expens	es \$ 485,	602 including grants of	5)	(Revenue \$		
	NFRC Accomplishments	2016/17 Formal	ly organized the N	orth Flint Food	Market (NFF	M) as a	1
	cooperative Received	pre-developmen	t funding to laund	h the NFFM Hire	d food retai	1 consu	ıltantı
	to provide technical	assistance sto	re planning team (rganized the NF	FM Board of	Directo	ors
	Opened the Foss Avenu	e Nature Trail	Installed new roo	fs and vinyl si	ding on 4 ho	mes in	north
	Flint Attended the na	tional Up & Co	ming Food Co-op Co	onference Facili	tated commun	ity	
	engagement sessions I	ncreased food	co-op member-owner	memberships an	d member equ	ity	
	investment Hired addi	tional NFRC st	aff Managed Eagle	s Nest Academy	and Eagle's	Nest Ea	irly
	Learning Center						
_							
_	(Code) (Expens	es \$	including grants of	ß)	(Revenue \$_)
1	(Code) (Expens	es \$	including grants of	B)	(Revenue \$_		
	(Code) (Expens	es \$	including grants of	B)	(Revenue \$_		
	(Code) (Expens	es \$	including grants of	B)	(Revenue \$		
	(Code) (Expens	es \$	including grants of	\$)	(Revenue \$		
	(Code) (Expens	es \$	including grants of	·)	(Revenue \$_		
	(Code) (Expens	es \$	including grants of	5)	(Revenue \$_		
	(Code) (Expens	es \$	including grants of	b)	(Revenue \$ _		
	(Code) (Expens	es \$	including grants of	B)	(Revenue \$		
	(Code) (Expens	es \$	including grants of	B)	(Revenue \$		
_	(Code) (Expens	es \$	including grants of	B)	(Revenue \$		
	(Code) (Expens	es \$	including grants of	5)	(Revenue \$		
			including grants of				
.	(Code) (Expens	ses \$					
	(Code) (Expens	ses \$	including grants of				

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Part IV	Checklist of Red	quired Schedules

		-		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		l		
	complete Schedule A	ļ	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	į	_		
	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 Revenue Procedure 98-19? If "Yes," complete Schedule C,		_		
_	Part III .	-	5		
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	[7.5
_	"Yes," complete Schedule D, Part I	}	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		_		37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III.		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				v
•	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	}	8		X
9	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	į			
	debt negotiation services? If "Yes," complete Schedule D, Part IV		9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	İ	-		Α
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,				- 21
•	VII, VIII, IX, or X as applicable				
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"				
	complete Schedule D, Part VI		11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	Ī			
	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					
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	-	11d		X
е	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		445		7.5
	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		40-	v	
		ŀ	12a	X	
Ø	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		v
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,	ŀ		-	
_	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		х
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		х
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		Х
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		Х
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		Х
CEA			Form	000 (2016\

						Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			2	0a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			2	ю.		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			ĺ		T	
	domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II .			1	21		X
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				1	j	
•	employees? If "Yes," complete Schedule J			_2	23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			1	1		
-	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			1	1	ſ	
	through 24d and complete Schedule K. If "No," go to line 25a			2	4a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			. 2	4b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year				ļ		
	to defease any tax-exempt bonds?			. 2	4c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		•	2	4d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			Ì		ĺ	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			. 2	!5a		<u>X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			}	1	}	
	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			2	5b		<u>X</u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			1		ĺ	
	current or former officers, directors, trustees, key employees, highest compensated employees, or					7.	
	disqualified persons? If "Yes," complete Schedule L, Part II		•	-2	26	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			ļ	Ì	}	
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			\ .	27		v
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L,	•			27		X
28	Part IV instructions for applicable filing thresholds, conditions, and exceptions)						
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .			١,	8a	1	Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		•		.va		
	Schedule L, Part IV			9	8b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	•	•	}=	-		
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		_	2	28c	1	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			_ <u>├</u>	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			1 :	30	1	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,						
	Part I			;	31	1	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			<u></u> ;	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)?		•	. 3	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			3	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			_ <u> </u>	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 in Schedule O for Part VI, lines 11b and				I		
	19? Note. All Form 990 filers are required to complete Schedule O				38	X	
				_		/	30.40

NORTH FLINT REINVESTMENT 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	Eniter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . 1a	1	res	NO
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
·	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
La	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Ì	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30	1	
+a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial]]		
	account)?	4a		х
_	·	40		
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
				ı
_	(FBAR)	-	1	v
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		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ā	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		i	**
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	_		1
	gifts were not tax deductible? .	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	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	-		
е	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		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	······································	Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			İ
	sponsoring organization have excess business holdings at any time during the year?	8		ļ
9	Sponsoring organizations maintaining donor advised funds.			İ
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
Ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
0	Section 501(c)(7) organizations. Enter			
а	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]			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders] ,		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	
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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
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			
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	 	_ -

Pai	rt VI . Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 7		1	
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 7	Į	- [
`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, or 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:			
а	The governing body?	8a	_X_	
ь	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 in Schedule O	9		X
Sec	tion 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	Χ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	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 in 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?	_	7,	
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	ļ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		1	
	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		L
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► Michigan			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply			
	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	DELORIS FLYNN (810)787-9019, 1159 E FOSS AVENUE, Flint, MI 48505			

	Form	990	(201)	6)
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NORTH FLINT REINVESTMENT

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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 instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

					,			1		
(A)	(B)			Pos	C) sition			(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for	hours per officer and a director/trustee) eek (list any						Reportable compensation from the	Reportable compensation from related	Estimated amount of other
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) GARY BYAS MEMBER	2.00_	Х						C	0	0
(2) CAROLYN TYLER MEMBER	2.00	Х						C	0	0
(3) LEONIA GREEN MEMBER	2.00	Х						C	0	0
(4) EDGAR CLARKE COMMUNITY OUTREACH	40.00	Х						9,984	0	0
(5) ROD GREEN CHAIRMAN	2.00			Х	_				0	0
(6) CAROLYN DAVIS BOARD TREASURER	2.00			Х				, c	0	0
(7) REGINALD FLYNN EXECUTIVE DIRECTOR	40.00			х	х			75,481	0	0
(8) DELORIS FLYNN CHIEF FINANCIAL OFFICER	40.00	_		Х	Х			75,000	0	0
(9) DORIS CLARKE SECRETARY	40.00			Х				26,951	0	0
(10)										
(11)										
<u>(12)</u>										
<u>(13)</u>										
(14)										

Part	VII Section A. Officers, Directors, Trustees,	Key Employ	ees, a	nd l	High	est	Comp	ens	ated Employees	(continued)			
•	(A) Name and title	(B) Average hours per week (list any	box u	ınless	s pers	ition ore the ion is ector/	nan one both an (trustee)		(D) Reportable compensation from	(E) Reportable compensation from		(F) Estimated amount of other	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	Ì	from the organization and relate organization	e on ed
(-15)													
<u>(16)</u>						_		. <u>-</u>			_		
<u>(17)</u> _													
(18)													
(19)													
(20)													
1b	Sub-total Total from continuation sheets to Part VII, Secti							•					
c d	Total (add lines 1b and 1c)	on A	•					•	107 416				
2	Total number of individuals (including but not limited reportable compensation from the organization	to those liste	ed abo	ve) v	who	rece	eived r	nore	187,416 than \$100,000 of	•)		0_
	roper able componed for mem are organization							-		<u> </u>		Yes	No
3	Did the organization list any former officer, director employee on line 1a? <i>If</i> "Yes," <i>complete Schedule</i> 3.		•		ee, o	or hi	ghest	com	pensated		3		X
4	For any individual listed on line 1a, is the sum of reporganization and related organizations greater than												
5	<i>individual</i>	compensation	 from a	any ι	unre	lated	d organ	nızal	tion or individual		4	,	Х
	for services rendered to the organization? If "Yes,"	complete Sch	nedule	J fo	r suc	ch p	erson				5		X
_	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Report compensation from the organization.												
	year (A)					-		•	(B)			(C)	
	Name and business address								Description of	services	Co	mpensatio	n
2	Total number of independent contractors (including			ose	liste	d ab	ove) v	vho					

Form 99			LINT REINVES	TMENT	.=		61-1583	065 Page 9
Part '	VIII]	. Statement of Reven						
		Check if Schedule O contain	ns a response or r	note to any line in th				
	۲,	-			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s ts	1a	Federated campaigns	1a					
Contributions, Grits, Grants and Other Similar Amounts	b	Membership dues .	1b		1			
λ, A G	С	Fundraising events	1c		1			
E E	d	Related organizations	1d		1			
Sim S	е	Government grants (contribut	ions) 1e		1			
je je	f	All other contributions, gifts, g	rants,		1			
€ 8		and similar amounts not inclu-	ded above 1f	93,360				
a g	g	Noncash contributions include	ed in lines 1a-1f \$		1			
	h	Total. Add lines 1a-1f	·	. •	93,360			
				Business Code				
nue.	2a	NEW SCHOOL		561439	172,159	172,159]
Zeve	ь	TRANSPORTATION SERV	ICE	480000	128,860	128,860		
že.	С	MANAGEMENT FEES		541610	184,148	184,148		
Program Service Revenue	d	RENTAL INCOME		532000	301,109	301,109		
E	е							
īg	f	All other program service reve	nue .					
<u> </u>	g	Total. Add lines 2a-2f			786,276			
	3	Investment income (including of	dividends, interest,	<u>-</u>				
		and other similar amounts)		. •				
	4	Income from investment of tax	exempt bond proc	eeds >				
	5	Royalties .	<u> </u>	. ▶				
			(ı) Real	(ii) Personal] [
	6a	Gross rents .]			
	1	Less rental expenses		<u> </u>] ' [
	С	Rental income or (loss)		<u></u>]			
	d	Net rental income or (loss)		. <u></u>				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	ь	Less cost or other basis and sales expenses						
	_	Gain or (loss) .		+	1			
		Net gain or (loss) .			1			
<u> </u>		Gross income from fundraising	-					
en	\ a	events (not including \$,					
ş Ş		of contributions reported on lin	e 1c)					-
ē			a					1
Other Revenue	b	Less direct expenses	b		1 1			
•		Net income or (loss) from fund	_	. •	1			1
	1	Gross income from gaming ac	_					
			а					
	h		b		1			
	1	Net income or (loss) from gam		. •	1			
	1		ing activities				***************************************	
	10a	Gross sales of inventory, less returns and allowances	. а	İ				
	١,	Less cost of goods sold	. a . b		-			
	1	Net income or (loss) from sale			1			
	- د	Miscellaneous Revenue		1			······································	
	110			Business Code	1			
	11a			-	 			
	b				 			
	6	All other reveaus			 			+
		All other revenue Total. Add lines 11a-11d .	•	-	 -			
	1	Total revenue. See instruction			970 676	706 27		
	12	Total revenue. See instruction	19		879,636	786,276		q c

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete colu	mn (A)
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Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. 1 Grants and other assistance to demestic organizations and dimensic governments. See Part IV, line 21 and and commissing covernments. See Part IV, line 21 and commissing covernments. See Part IV, line 21 and commissions (prograp governments, and foreign individuals). See Part IV, line 22 and commissions. See Part IV, line 31 and 16 and the assistance to foreign individuals. See Part IV, line 31 and 16 and the commission of current officials. See Part IV, line 17 and 16		Check if Schedule O contains a response or note to	any line in this Part IX			
88. 8b. and 10b of Part VIII. Grants and other assistance to domestic originizations and domestic povernments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign originations, foreign povernments, and foreign individuals. See Part IV, line 15 and 16 Benefits and to or for members Compensation of current officiers, discloss, trustees, and key employees Compensation of current officiers, discloss, trustees, and key employees Compensation of current officiers, discloss, trustees, and key employees Compensation of current officiers, discloss, trustees, and key employees Compensation of current officiers, discloss, trustees, and key employees Compensation of current officiers, discloss, trustees, and key employees Compensation of current officiers, discloss, trustees, and key employees Compensation of current officiers, discloss, trustees, and key employees Compensation of current officiers, discloss, trustees, and key employees Compensation of current officiers, disclosed approach science of compensation of current officiers, disclosed approach science of current officiers, disclosed approach science of current officiers, disclosed approach science of current officiers, disclosed approach science of current officiers, disclosed approach science of current officiers, disclosed approach science of current officiers, disclosed approach science of current officiers, disclosed approach science of current officiers, disclosed approach science of current of current of current officiers, disclosed approach science of current of c	Do n	ot include amounts reported on lines 6b, 7b,				
and comests governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits pack foreign governments and foreign individuals. See Part IV, lines 15 and 16 Benefits pack foreign governments. See Part IV, line 17 Other administration of current officiors, directors, trustess, and key employees 6 Compensation not included above, to disqualified persons (dis defined under section 4958(pt(1)) and persons described in s	8b, 9	b, and 10b of Part VIII.	rotal expenses			
2 Grants and other assistance to domestic industrials See Part IV, line 15 and 16 grants and other assistance to foreign organizations, foreign governments, and foreign industrials. See Part IV, line 15 and 16 grants and store organizations from the season of current officers, directors, trustees, and key employees Compensation not included above, to dequalified persons (as defined under section 4958(ff.(1)) and persons desorbed an section 4958(ff.(1)) and persons desorbed an section 4958(ff.(1)) and persons desorbed an section 4958(ff.(1)) and persons desorbed an section 4958(ff.(1)) and persons desorbed an section 4958(ff.(1)) and persons desorbed an section 4958(ff.(1)) and persons desorbed an section 4958(ff.(1)) and 403(b) employer contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benetits 10 Fees for services (non-employees) 11 Fees for services (non-employees) 12 Management 13 Logal	1	Grants and other assistance to domestic organizations				
Individuals See Part IV, line 22		and domestic governments See Part IV, line 21				
3 Grants and other assistance to foreign organizations, foreign programations, foreign pro	2	Grants and other assistance to domestic				
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 6. Compensation not included above, to disqualified persons (as defined under section 4958(x(3)(8)) 7. Other salines and wages 8. Pension plan accrusials and contributions (include section 401(x) and 403(b) employer contributions) 9. Other employee benefits 9. Payroll taxes 1. Fees for services (non-employees) a Management b Legal. 4. Accounting e Professional fundraising services See Part IV, line 17 investment management fees 9. Other (Illina 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 23. 302 24. Adversings and promotion 12, 632 13. Office expenses 4. 863 4. 863 4. 863 5. Acqualities 6. Occupancy 13. Royalities 10. Occupancy 13. Royalities 10. Occupancy 13. Royalities 10. Corrierness, conventions, and meetings 1. Information depletion, and amortization 1. (A) amount, list line 11ge acceptance in line 24e expenses for any lederal, state, or local public officials Corrierness, conventions, and meetings 1. Information, depletion, and amortization 1. (A) amount, list line 18ge expenses on Schedule O) 2. (Aversings and promotion 4. (A) amount, list line 18ge expenses on Schedule O) 2. (Aversings and promotion 3. (A) (A) (A) (A) (A) (A) (A) (A) (A) (A)		ındıvıduals See Part IV, line 22 .				
Individuals. See Part IV, lines 15 and 16 Benefits paid to or for members	3	Grants and other assistance to foreign				
### A Benefits paid to or for members	•	organizations, foreign governments, and foreign				
5 Compensation of current officors, directors, trustees, and key amplyees 6 6 Compensation not included above, to disqualified persons (as defined under section 4980(f)(1)) and persons described in section 4980(f)(3))8 7 Other salanes and wages 276,240 243,921 32,319 Penson plan accrusis and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits Payroll taxes Pa		individuals. See Part IV, lines 15 and 16				
trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(p(1)) and persons (as defined under section 4958(p(3))8) Person plan accrusis and contributions (include section 401(k) and 402(b) imployer contributions) Other employee benefits Payroli taxes Fees for services (non-employees) a Management b Legal. C Accounting I Lobbyring Professional fundraising services See Part IV, line 17 Investment management fees Other (Iffine 1) gamount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) 23 , 302 24 Advertising and promotion A) amount, list line 11g expenses on Schedule 0) 12 , 632 13 Office expenses 4 , 863 4 , 863 4 , 863 14 information technology 15 Royalbes 38 , 395 38 , 395 38 , 395 38 , 395 38 , 395 38 , 395 38 , 395 38 , 395 39 , 39	-4	Benefits paid to or for members .				
6 Compensation not included above, to disqualified persons (as defined under section 4958(c)(3)(8) 7 Other salaries and wages 276,240 243,921 32,319 8 Penson plan accrusis and contributions (include section 407(k) and 403(b) employer contributions) 9 Other employae benefits 10 Payroll taxes 11 Fees for services (non-employees) 12 Management	5	Compensation of current officers, directors,			Ì	
persons described in section 4986(x(3)XB) 7 Other salanes and wages 8 Pension plan accrusts and contributions (include section 40(k), and 40(k)) employer contributions) 9 Other employee benefits 10 Payroll stars 11 Fees for services (non-employees) 1 Management 1 Legal		trustees, and key employees .				
persons described in section 4958(c/(3)(8)) 7 Other salence and wages 8 Penson plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Penson plan accruals and contributions 9 Other employee benefits 10 Payroll taxes 11 Fess for services (non-employees) a Management b Legal. c Accounting d Lobbying Professional fundraising services See Part IV, line 17 Investment management fees 9 Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 19g expenses on Schedule O) 12 Advertising and promotion 13 Office expenses 14 1,863 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 10 Payments to affiliates 10 Payments to affiliates 11 Payments to affiliates 12 Payments of travel or expenses in line 24e if line 24e amount exceeds 10% of line 25, column (A) amount, list line 19g expenses on Schedule O) 19 ROGRAM EXPENSE 10 All other expenses 10 13, 280 11, 934 11, 571 11, 934 11, 571 11, 934 11, 7, 423 11, 937 11, 934 11, 938 11, 938 11, 938 11, 938 11, 938 11, 938 11, 938 11, 938 11, 938 11, 938 11, 938 11, 938 11, 938 11	6	Compensation not included above, to disqualified				
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Person plan accruals and contributions (include section 401(k) and 403(b) employer contributions)		persons described in section 4958(c)(3)(B)				
section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) a Management Legal . c Accounting e Professional fundraising services See Part IV, line 17 investment management fees Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 23, 302 23, 302 23, 302 24 Advertising and promotion 12, 632 10 Office expenses 4, 863 4, 863 11 Information technology 360 360 360 360 370 28 Agreement of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest 10 Office expenses Itemize expenses not covered above (List miscellaineous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) PROGRAM EXPENSE 8 AG19 8 AG19 13, 280 13, 280 14, 571 14, 571 14, 571 14, 571 41, 571 41, 571 41, 571 5 Total functional expenses. Add lines 1 through 24e 669, 912 485, 602 184, 310 0 office expenses for continum (B) print costs from a combined educational campagn and fundraising solicitation (Check here — If if	7	Other salaries and wages	276,240	243,921	32,319	
9 Other employee benefits 10 Payroll taxes 11 Pees for services (non-employees) a Management b Legal . c Accounting d Lobbying Professional fundraising services See Part IV, line 17 f Investment management fees g Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g amount exceeds 10% of line 25, column (A) amount, list line 12g amount expenses (and a linformation technology (b) 360 (b) 360 (c) 360	8	Pension plan accruals and contributions (include				
10		section 401(k) and 403(b) employer contributions)				<u>-</u>
11 Fees for services (non-employees) a Management b Legal . c Accounting d Lobbying Professional fundriasing services See Part IV. line 17 f Investment management fees g Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 12 Advertising and promotion 13 Office expenses 14, 863 15 Royalhes 16 Occupancy 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 11 Interest 12 Payments of affiliates 20 Interest 21 Payments of affiliates 22 Depreciation, depletion, and amortization 23 Insurance 34 Other expenses Itemize expenses in covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 23 PROGRAM EXPENSE 24 All other expenses 25 Total functional expenses 26 Total functional expenses 27 Storm (A) amount, list line 24e expenses on Schedule O) 28 PROGRAM EXPENSE 39 Storm (A) amount, list line 24e expenses on Schedule O) 30 All other expenses 31 1, 280 31 13, 280 31 14, 281 31 280 31 3,	9	Other employee benefits				
a Management b Legal	10	·				
b Legal c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 23,302 23,302 23,302 23,302 23,302 23,302 23,302 23,302 23,302 23,302 23,302 23,302 23,302 23,302 23,302 23,302 24,863 4	11	Fees for services (non-employees)				
C Accounting d Lobbying Professional fundraising services See Part IV, line 17 f Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 12	а	Management				
d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 23,302 24,863 24,863 25 26,8395 27,848 27,839 27,839 27,839 27,839 27,839 27,839 27,839 27,839 27,839 27,839 27,839 27,839 27,839 28,839 28,839 28,839 29,839 29,839 29,839 29,839 29,839 29,839 29,839 20 20 Interest 2,839 2,839 20 Interest 3,560 20 Insurance 5,525 20 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 20 PROGRAM EXPENSE 8,619 8,619 20 ROGRAM EXPENSE 13,280 13,280 21,283 25 Total functional expenses. Add lines 1 through 24e 669,912 485,602 184,310 0 26 Joint costs. Complete this line only if the organization reported in column (B) pint costs from a combined educational campagin and fundraising solicitation Check here ▶ Infection of the organization reported in column (B) pint costs from a combined educational campagin and fundraising solicitation Check here ▶ Infection of the organization reported in column (B) pint costs from a combined educational campagin and fundraising solicitation Check here ▶ Infection of the control of the column (B) pint costs from a combined educational campagin and fundraising solicitation Check here ▶ Infection C	b	-				
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23 Insurance 6,525 6,525 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a PROGRAM EXPENSE 207,848 207,848 b b BUS LEASE 8,619 8,619 c FUEL 13,280 13,280 d MAINTENANCE EXPENSE 41,571 41,571 e All other expenses 19,357 11,934 7,423 25 Total functional expenses. Add lines 1 through 24e 669,912 485,602 184,310 0 5 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		•	3.560		3 560	
24 Other expenses I temize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a PROGRAM EXPENSE 207,848 207,848 b BUS LEASE 8,619 8,619 c FUEL 13,280 13,280 d MAINTENANCE EXPENSE 41,571 41,571 e All other expenses 19,357 11,934 7,423 25 Total functional expenses. Add lines 1 through 24e 669,912 485,602 184,310 0 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		·				
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Inne 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a PROGRAM EXPENSE 207,848 207,848 b BUS LEASE 8,619 8,619 c FUEL 13,280 13,280 d MAINTENANCE EXPENSE 41,571 41,571 e All other expenses 19,357 11,934 7,423 25 Total functional expenses. Add lines 1 through 24e 669,912 485,602 184,310 0 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		•				•
(A) amount, list line 24e expenses on Schedule O) a PROGRAM EXPENSE		•				
a PROGRAM EXPENSE b BUS LEASE c FUEL d MAINTENANCE EXPENSE e All other expenses 207,848 207,848 207,848 8,619 8,619 13,280 13,280 41,571 41,571 e All other expenses 19,357 11,934 7,423 25 Total functional expenses. Add lines 1 through 24e 669,912 485,602 184,310 0 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						
b BUS LEASE	2	• • • • • • • • • • • • • • • • • • • •	207.848	207.848		
the distribution of the content of	h					
d MAINTENANCE EXPENSE 41,571 e All other expenses 19,357 11,934 7,423 25 Total functional expenses. Add lines 1 through 24e 669,912 485,602 184,310 0 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	c					
e All other expenses 19,357 11,934 7,423 25 Total functional expenses. Add lines 1 through 24e 669,912 485,602 184,310 0 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	_			13,200	41.571	
Total functional expenses. Add lines 1 through 24e 669,912 485,602 184,310 0 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	_			11.934		
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		·				0
organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here. ▶ ☐ if				103,002	10-1/310	
fundraising solicitation. Check here ► ☐ if		organization reported in column (B) joint costs				
		following SOP 98-2 (ASC 958-720)				

Balance Sheet

Part X

Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 1 1 Cash - non-interest-bearing 11,417 167,474 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 17,766 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net 7 Assets 8 Inventories for sale or use Prepaid expenses and deferred charges 9 28,146 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 43,878 10b 10c **b** Less accumulated depreciation 8,348 21,918 35,530 11 Investments - publicly traded securities 11 Investments - other securities See Part IV, line 11 12 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 Other assets See Part IV, line 11 . 15 15 33,335 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 248,916 17 Accounts payable and accrued expenses 16,900 17 19,801 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, 22 iabilities trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 54,251 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 25 37,426 Total liabilities. Add lines 17 through 25 16,900 26 111,478 Organizations that follow SFAS 117 (ASC 958), check here > X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 16,435 27 137,438 28 Temporarily restricted net assets 28 29 Permanently restricted net assets . . . 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 16,435 33 137,438 34 Total liabilities and net assets/fund balances 33,335 34 248,916

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Schedule O

EEA

the Single Audit Act and OMB Circular A-133?

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Form 990 (2016)

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SCHEDULE A

(Form 990 or 990-EZ)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization Employer identification number NORTH FLINT REINVESTMENT 61-1583065 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 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. 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. 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 Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes (A) (B) (C) (D)

(E)

Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) 2012 **(b)** 2013 (c) 2014 (d) 2015 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 21,80d 93,360 115,160 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 315,072 786,276 1,101,348 Total. Add lines 1 through 3 336,872 879,636 1,216,508 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) . . 650,645 Public support. Subtract line 5 from line 4 565,863 Section B. Total Support (a) 2012 **(b)** 2013 Calendar year (or fiscal year beginning in) ▶ (c) 2014 (d) 2015 (e) 2016 (f) Total Amounts from line 4 336,872 879,636 1,216,508 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI) . Total support. Add lines 7 through 10 1,216,508 11 Gross receipts from related activities, etc. (see instructions) 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . ▶□ Section C. Computation of Public Support Percentage Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 14 46.52 % Public support percentage from 2015 Schedule A, Part II, line 14 15 % 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this 16a X box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2015. 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 - 2016. 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 \Box 10%-facts-and-circumstances test - 2015. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

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.)

Sec	tion A. Public Support				, , , , , , , , , , , , , , , , , , ,	<u>/</u>	
Cale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total /
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	i				-	./
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				1		
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			/.			
С	Add lines 7a and 7b .						
8	Public support (Subtract line 7c from fine 6)						
	ction B. Total Support			//			
Cal	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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		1				
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	/!					
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the or organization, check this box and stop here	<u> </u>	<u></u>	or fifth tax year as	s a section 501(c)(3		▶ □
Se	ction C. Computation of Public S						
15	Public support percentage for 2016 (line 8, c				- •	15	%
16	Public support percentage from 2015 Sched			<u>_</u>	<u>- · · .</u>	16	%
	ction D. Computation of Investme						
17	Investment income percentage for 2016 (line			lumn (f)) .	•	17	%
18	Investment income percentage from 2015 Sc					18	%
19a	33 1/3% support tests - 2016. If the organiz 17 is not more than 33 1/3%, check this box	ation did not check and stop here. Th	the box on line 14, ie organization qual	, and line 15 is moi ifies as a publicly s	re than 33 1/3%, an supported organizat	d line ion .	. ▶ 🛚
	33 1/3% support tests - 2015. If the organiz line 18 is not more than 33 1/3%, check this	box and stop here	. The organization	qualifies as a publi	cly supported organ	1/3%, and nization	▶ □
<u>20</u>	Private foundation. If the organization did n	ot check a box on	iine 14, 19a, or 19b	, check this box ai	nd see instructions		<u> </u>

Part IV Supporting Organizations

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

Sect	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1	[
. 2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
· 3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	ĺ		
	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		
С	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	<u> </u>	ļ
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	Į		
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action;			
	(III) the authority under the organization's organizing document authorizing such action, and (IV) how the action			
	was accomplished (such as by amendment to the organizing document)	5a	ļ	ļ
b				1
	designated in the organization's organizing document?	5b	ļ	<u> </u>
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	ļ	ļ
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	<u> </u>	ļ
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			1
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7	ļ	ļ
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8	ļ	
9a				
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	Ì		
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI	9a	ļ	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	Ļ	ļ
c				
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI	9с	 	<u> </u>
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 10b below	10a	.	ļ
t	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.)	105		1

Par	t IV Supporting Organizations (continued)			-
h	•		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c	<u></u>]	
Sec	tion B. Type I Supporting Organizations			
			Yes	No
_ 1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
-	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
_	The state of the s			
2	Did the organization operate for the benefit of any supported organization other than the supported	i		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	ĺ		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		1	
	supervised, or controlled the supporting organization.	2	نـــــا	
Sec	tion C. Type II Supporting Organizations		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		165	NO
1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	ĺ		
	or management of the supporting organization was vested in the same persons that controlled or managed	ĺ		
	the supported organization(s).	1	1	
Sec	tion D. All Type III Supporting Organizations		L	
<u> </u>	tion b. All Type III oupporting 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	1		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
_	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1		
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	1	
	•	- - -	-	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	<u> </u>	
Sec	ction 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	instr	uctioi	1S).
_	The organization satisfied the Activities Test Complete line 2 below.			
-	The organization is the parent of each of its supported organizations. Complete line 3 below.	. /		ممانعم
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(566	Yes	
2	Activities Test. Answer (a) and (b) below.		165	No
8	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	1		
	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	2a		1
	that these activities constituted substantially all of its activities	4d	 	
t	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1		
	reasons for the organization's position that its supported organization(s) would have engaged in these	22		
_	activities but for the organization's involvement	2b	 	ļ
3				
i	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		1
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> . Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja	 	-
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3h	1	1

Part V Type III Non-Functionally Integrated 509(a)(3				
1 Check here if the organization satisfied the Integral Part				
instructions. All other Type III non-functionally integrated	supporting organizati	ons must c	omplete Sect	ions A through E.
Section A - Adjusted Net Income		(A) P	rior 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 instr	uctions) 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) P	rior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (se	e			
instructions for short tax year or assets held for part of year)				
a Average monthly value of securities	1a			
b Average monthly cash balances	11)		
c Fair market value of other non-exempt-use assets	10	;		
d Total (add lines 1a, 1b, and 1c)	10	1		
e Discount claimed for blockage or other				
factors (explain in detail in Part VI)				
2 Acquisition indebtedness applicable to non-exempt-use asse	ts 2			
3 Subtract line 2 from line 1d	3			
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for	or greater amount,			
see instructions).	4			
5 Net value of non-exempt-use assets (subtract line 4 from line	3) 5			
6 Multiply line 5 by 035	6			
7 Recoveries of prior-year distributions	7	<u>'</u>		
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, Co	olumn A) 1			
2 Enter 85% of line 1	2	!		
3 Minimum asset amount for prior year (from Section B, line 8,	Column A) 3			
4 Enter greater of line 2 or line 3	4	,		
5 Income tax imposed in prior year	5			
6 Distributable Amount. Subtract line 5 from line 4, unless su	bject to			
emergency temporary reduction (see instructions)	6			
7 Check here if the current year is the organization's first a instructions)	s a non-functionally-int	tegrated Ty	pe III support	ing organization (see

Schedu	le A (Form 990 or 990-EZ) 2016 NORTH FLINT REINVESTMENT		61-158	3065 Page 7
Par	V . Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Sec	tion D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exe			
	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organiza	tions	
4	Amounts paid to acquire exempt-use assets			<u> </u>
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is respon	sive	
	(provide details in Part VI). See instructions			
- 9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016			
_	(reasonable cause required - explain in Part VI) See			
	instructions			
3	Excess distributions carryover, if any, to 2016.			· · · · · · · · · · · · · · · · · · ·
a				
<u>_</u>				
	From 2013 .			
	From 2014			
	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Carryover from 2011 not applied (see instructions)			
i	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7 ⁻ \$			
a	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017 Add lines 3j			
•	and 4c.			
8				
a				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016 .			

Schedule A (Form 990 or 990-EZ) 2016

EEA

SCHEDULE D (Form 990)

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.

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	e of the organization	Employer identification	n number	
NOI	RTH FLINT REINVESTMENT	61-15830	65	
Pai	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	ccounts.		
	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	1		
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
· 4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	1		
	funds are the organization's property, subject to the organization's exclusive legal control?		Yes	∏No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be us	sed	_	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpos			
	conferring impermissible private benefit?		Yes	∏No
Pa	rt 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)			
-		rically important land area		
	Protection of natural habitat			
	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		End of the Ta	ax Year
а	Total number of conservation easements .	. 2a		
b	Total acreage restricted by conservation easements	. 2b		
c	Number of conservation easements on a certified historic structure included in (a)	. 2c		
d				
_	historic structure listed in the National Register	. 2d		
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the conservation easements modified transferred, released, extinguished, or terminated by the conservation easements modified transferred transferred.	L		
-	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 conser	vation easements dunno th	· 	
-	→	J	,	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	on easements during the ve	ear	
	▶ \$,		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h	n)(4)(B)(ı)		
	and section 170(h)(4)(B)(ii)?	A A A /	. 🔲 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 statement	•		
	organization's accounting for conservation easements			
Pa	art III Organizations Maintaining Collections of Art, Historical Treasures, o	or Other Similar Ass	ets.	
سست	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.			
1a	0510.440(400.050)	ent and balance sheet		
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research			
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes thes			
b	V. 1 0540 440 (400 050)			
~	works of art, historical treasures, or other similar assets held for public exhibition, education, or research			
	public service, provide the following amounts relating to these items			
	(i) Revenue included on Form 990, Part VIII, line 1	⊾ €		
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical treasures, or other similar assets for financial	gain provide the	-	
~	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	gain, provide life		
-	Down and what are Francisco De AVIIII has 4	⊾ €	3	
a b	and the Francisco Parks	> \$		
u				

Par								ets (conti	nued)_
3	Using the organization's acquisition, accession, and	other records, ch	neck any o	f the follow	ving that are a s	ignifica	nt use of its		
	collection items (check all that apply)								
а	Public exhibition	d U Loar	or exchar	nge progra	ıms				
b	Scholarly research	e 📙 Othe	er						
С	Preservation for future generations								
4	Provide a description of the organization's collections	s and explain how	w they furth	ner the org	janization's exe	mpt pui	pose in Part		
	XIII								
5	During the year, did the organization solicit or receive					r		_	_
	assets to be sold to raise funds rather than to be mai		of the organ	nization's	collection?		<u>-</u>	Yes	No
Par	t IV Escrow and Custodial Arrangem								
	Complete if the organization answer	erea "Yes" or	ı Form 9	90, Pan	t IV, line 9, d	r repo	orted an amou	nt on Forn	ו
	990, Part X, line 21.		f 1 1						
1a	Is the organization an agent, trustee, custodian or other	ner intermediary	tor contribi	ations or o	ther assets not			п.,	п.,
	included on Form 990, Part X?			•				∐ Yes	∐ No
ь	If "Yes," explain the arrangement in Part XIII and con	npiete the followi	ng table				T		
	D halanaa					-	Amo	ount	
С.	Beginning balance			•	•	1c			
đ	Additions during the year		•			1d	-		
e	Distributions during the year .					1e			
f	Ending balance	Dort V. Irao 21	for opposit	or avatad	hal aaaa yat habi		 	. Yes	
2a	Did the organization include an amount on Form 990						• •	. Lites	∐ No
b Da	If "Yes," explain the arrangement in Part XIII Check t V Endowment Funds.	nere ii the explai	nauon nas	been prov	dued on Part Al				
ra	Complete if the organization answer	ared "Ves" or	Form 0	00 Pari	t IV line 10				
		a) Current year	(b) Pric		(c) Two years ba	- I	(d) Three years back	(a) Four-you	m haak
1-	Beginning of year balance .	a) Content year	(b) File	year	(C) Two years ba	ick -	(u) Three years back	(e) Four yea	IS DACK
าa b	Contributions							 	
C	Net investment earnings, gains, and							 	
·	losses .					l			
ч	Grants or scholarships							 	
-	Other expenditures for facilities and								
·	programs .							}	
f	Administrative expenses							 	
g	End of year balance				 				
2	Provide the estimated percentage of the current year	r end balance (lir	ne 1a. colu	mn (a)) he	eld as				
а	Board designated or quasi-endowment	%	•	. ,,					
ь	Permanent endowment > %								
С	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c should equa	1 100%							
3a	Are there endowment funds not in the possession of	the organization	that are h	eld and ad	lministered for t	he			
	organization by							Ye	s No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations			•				3a(ii)	
b	If "Yes" on 3a(II), are the related organizations listed	as required on S	Schedule R	?				3b	
4	Describe in Part XIII the intended uses of the organiz	zation's endowm	ent funds						
Pa	rt VI Land, Buildings, and Equipmen	t.							
	Complete if the organization answ	ered "Yes" o	n Form 9	90, Par	t IV, line 11a	. See	Form 990, Pa	art X, line 1	10.
	Description of property	(a) Cost or oth	er basis	(b) Cost of	or other basis	(c) A	ccumulated	(d) Book va	lue
		(investmi	ent)	(other)	de	preciation		
1a	Land .								
b	Buildings		25,290				5,708	1:	9,582
С	Leasehold improvements								
d	Equipment								
е	Other STMD1E		18,588				2,640		5,948
Tota	I. Add lines 1a through 1e (Column (d) must equal Fo	orm 990, Part X,	column (B), line 10c)		>	3	5,530

Schedule D (Form 990) 2016

NORTH FLINT REINVESTMENT

61-1583065

Page 2

``	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial	derivatives		
Closely-he	eld equity interests		
Other			
A)			
В)			
C)			
(D)			
E)			
 F)			
G)			
(H)			
	must equal Form 990, Part X, col. (B) line 12.)	•	
art VIII	Investments - Program Related		IV, line 11c. See Form 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Mathod of valuation
1)			Cost or end-of-year market value
1)			
2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	 		······································
		_ !	
	Othor Assots	>	<u> </u>
	Other Assets.		IV line 11d. See Form 000. Part V. line 15
	Other Assets.	wered "Yes" on Form 990, Par	
art IX	Other Assets.		IV, line 11d. See Form 990, Part X, line 15
Part IX	Other Assets.	wered "Yes" on Form 990, Par	
(1) (2)	Other Assets.	wered "Yes" on Form 990, Par	
(1) (2) (3)	Other Assets.	wered "Yes" on Form 990, Par	
(1) (2) (3) (4)	Other Assets.	wered "Yes" on Form 990, Par	
(1) (2) (3) (4) (5)	Other Assets.	wered "Yes" on Form 990, Par	
(1) (2) (3) (4) (5)	Other Assets.	wered "Yes" on Form 990, Par	
(1) (2) (3) (4) (5) (6)	Other Assets.	wered "Yes" on Form 990, Par	
(1) (2) (3) (4) (5) (6) (7)	Other Assets.	wered "Yes" on Form 990, Par	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization ansv	wered "Yes" on Form 990, Pari	
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column	Other Assets. Complete if the organization answers.	wered "Yes" on Form 990, Pari	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answers. In (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organization answers.	wered "Yes" on Form 990, Pari (a) Description	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column	Other Assets. Complete if the organization answer (b) must equal Form 990, Part X, col (B) ling Other Liabilities. Complete if the organization answer line 25.	wered "Yes" on Form 990, Part (a) Description ne 15) wered "Yes" on Form 990, Part	•
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column	Other Assets. Complete if the organization answer (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organization answer (a) Description of liability	wered "Yes" on Form 990, Pari (a) Description	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Part X	Other Assets. Complete if the organization answer (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organization answer (a) Description of liability income taxes	wered "Yes" on Form 990, Pari (a) Description ne 15) wered "Yes" on Form 990, Pari (b) Book value	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Part X) (1) Federal (2) LOAN	Other Assets. Complete if the organization answer (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organization answer (a) Description of liability	wered "Yes" on Form 990, Part (a) Description ne 15) wered "Yes" on Form 990, Part	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (2) art X (1) Federal (2) LOAN (3)	Other Assets. Complete if the organization answer (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organization answer (a) Description of liability income taxes	wered "Yes" on Form 990, Pari (a) Description ne 15) wered "Yes" on Form 990, Pari (b) Book value	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Part X) (1) Federal (2) LOAN (3) (4)	Other Assets. Complete if the organization answer (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organization answer (a) Description of liability income taxes	wered "Yes" on Form 990, Pari (a) Description ne 15) wered "Yes" on Form 990, Pari (b) Book value	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federal (2) LOAN (3) (4) (5)	Other Assets. Complete if the organization answer (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organization answer (a) Description of liability income taxes	wered "Yes" on Form 990, Pari (a) Description ne 15) wered "Yes" on Form 990, Pari (b) Book value	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Part X (2) LOAN (3) (4) (5)	Other Assets. Complete if the organization answer (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organization answer (a) Description of liability income taxes	wered "Yes" on Form 990, Pari (a) Description ne 15) wered "Yes" on Form 990, Pari (b) Book value	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Part X	Other Assets. Complete if the organization answer (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organization answer (a) Description of liability income taxes	wered "Yes" on Form 990, Pari (a) Description ne 15) wered "Yes" on Form 990, Pari (b) Book value	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (2) LOAN (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answer (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organization answer (a) Description of liability income taxes	wered "Yes" on Form 990, Pari (a) Description ne 15) wered "Yes" on Form 990, Pari (b) Book value	t IV, line 11e or 11f. See Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Part X (1) Federal (2) LOAN (3) (4) (5) (6)	Other Assets. Complete if the organization answer (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organization answer (a) Description of liability income taxes	wered "Yes" on Form 990, Pari (a) Description ne 15) wered "Yes" on Form 990, Pari (b) Book value	(b) Book value

Schedule D (Form 990) 2016

EEA

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2016

Open To Public Inspection

Name of the organization				_			Emp	loyer iden	tification	n numbe)r		
NORTH FLINT REINVEST	MENT						61	-15830)65				
Part Excess Benefi	t Transaction	s (section 501(d	c)(3), s	section :	501(c)(4),	, and 50	01(c)(29) orga	nızatıor	is onl	y)			
Complete if the	organization a	nswered "Yes"	on Fo	rm 990,	Part IV,	line 25a	or 25b, or Fo	rm 990	I-EZ, I	Part V	/, line	40b	
1 (a) Name of disqualified pers	200	(b) Relationship betw	reen disqu	ualified pers	on and		(a) Daggastu	. o of tenno				(d) Con	rected?
e (a) Name of disquamed pers		org	anization	1			(c) Descaption) Oi liansa				Yes	No
	}											ŀ	}
_(1)												ļ	<u> </u>
•	ĺ											ļ	
(2)		 											<u> </u>
(0)													
(3) 2 Enter the amount of tax inc	ourrod by the era	anization manage	ro or du	couplifica		luman th						L	<u> </u>
under section 4958 .	correct by the org	anization manage	15 OI UI	squamec	i persons c	uring are	e year		► 4	2			
3 Enter the amount of tax, if	anv. on line 2. at	ove, reimbursed t	by the c	organizati	on		•		▶ 9	, k			
	, ,		-,				•		•				
Part II Loans to and/o	or From Intere	sted Persons.											
Complete if the							38a or Form 9	90, Pai	rt IV, I	line 26	ö, or ı	f the	
organization rep	ported an amo	unt on Form 99	0, Par	t X, line	5, 6, or 2	22.							
(a) Name of interested person	(b) Relationship	(c) Purpose of	(d) Lo	an to or	(e) On	gınal	(f) Balance due	(g) In	default?	(h) Ap	proved	(i) Wi	ntten
	with organization	loan		m the	principal a	amount]		1 ′	ard or	agree	ment?
								L		comm	nittee?		
	<u> </u>	 	То	From				Yes	No	Yes	No	Yes	No
	EXECUTIVE	TO ASSIST		3.5				ł	1	j			
(1) DR REGINAL FLYNN	DIRECTOR	WITH EXPEN		<u> X</u>	 				X	├	X		X
(2)	ł			1							ŀ		
	 							+	 	 			
(3)	1	}			}						}		}
				†			·	1	 	 		ļ	 -
(4)	1			<u> </u>	ļ 					}	}		1
(5)	<u> </u>	<u> </u>		<u> </u>	<u> </u>		l]		<u></u>		<u> </u>
Total						\$		L		<u> </u>		<u> </u>	
		fiting Intereste											
Complete if the	e organization	answered "Yes	On Fo	orm 990	, Part IV	, line 2 <i>1</i>	<u></u>						
(a) Name of interested person	1 '''	hip between interested	(c) Amount of	assistance	(0) Type of assistance	l	(e	e) Purpos	se of ass	sistance	
	person a	and the organization				 -							
(1)	1												
						 							
(2)			}			1							
				-									
(2)	1		1			-		}					

(4)

	mm 990 or 990-EZ) 2016 NORTH FLINT			61-1583065	5 F	Page 2
Part IV	Business Transactions Invo			- 005 00-		
	Complete if the organization)			- ,	
	(a) Name of interested person	(b) Relationship between	(c) Amount of	(d) Description of transaction	(e) Sha	
		interested person and the organization	transaction	l	1	ation's
		organization		1	reven	,
			 	-	Yes	No
(1)						
(2)						
(3)						
(4)						
(5) Part V	Supplemental Information					
	Provide additional information	for responses to questions	s on Schedule L (se	ee instructions)		
						
		 		 		
						
						
						
		 				
		 				
						
						

EEA

Schedule L (Form 990 or 990-EZ) 2016

SCHEDULE O' (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

2016

Open to Public Inspection

Employer identification number

NORTH FLINT REINVESTMENT 61-1583065 01. Officer, directors, etc. family relationship (Part VI, line 2) THE EXECUTIVE DIRECTOR, DR REGINALD FLYNN IS ESPOUSAL TO MRS DELORIS FLYNN, CHIEF FINANCIAL OFFICER AND GRANT MANAGER. 02. Form 990 governing body review (Part VI, line 11) THE BOARD OF DIRECTOR REVIEWS THE FORM 990 BEFORE IT IS FILED WITH THE I.R.S. 03. Conflict of interest policy compliance (Part VI, line 12c) NORTH FLINT REINVESTMENT DOES HAVE A CONFLICT OF INTEREST POLICY. THE BOARD OF DIRECTORS REVIEW THE POLICY AND COMPLAINTS IF ANY ARE PRESENTED. 04. CEO, executive director, top management comp (Part VI, line 15a) THE EXECUTIVE DIRECTOR SALARY INCREASES ARE REVIEWED ANNUALLY BY THE BOARD OF DIRECTORS APPROVAL. 05. Other officer or key employee compensation (Part VI, line 15b OTHER KEY EMPLOYEES SALARY INCREASES ARE REVIEWED ANNUALLY BY THE BOARD OF DIRECTORS FOR APPROVAL. 06. Governing documents, etc, available to public (Part VI, line 19) ALL GOVERNMENT DOCUMENT ARE MADE AVAILABLE VIA A WEBSITE AND UPON REQUEST BY THE GENERAL PUBLIC. 07. Explanation of other changes in net assets or fund balances (Part XI, line 9) THIS AMOUNT REPRESENTS PRIOR PERIOD ADJUSTMENTS MADE TO THE BOOKS AND RECORDS.