`590 Form

Return of Organization Exempt From Income Tax

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

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

Department of the Treasury Internal Revenue Sérvice

Check if applicable

Final return/terminated

Address change

Amended return

Application pending

Tax-exempt status

Form of organization

Summary

FLINT.

Website >

1

Part I

Activities & Governance

Revenue 2010

17

18

19

Name change

Initial return

For the 2017 calendar year, or tax year beginning

501(c)(3)

Doing business as

NORTHFLINTCORP.COM

Total number of volunteers (estimate if necessary)

Contributions and grants (Part VIII, line 1h)

Program service revenue (Part VIII, line 2g)

1159 E FOSS AVENUE

Flint, MI 48505

F Name and address of principal officer

501(c) (

Number of voting members of the governing body (Part VI, line 1a)

Total unrelated business revenue from Part VIII, column (C), line 12

Net unrelated business taxable income from Form 990-T, line 34

Investment income (Part VIII, column (A), lines 3, 4, and 7d)

Total fundraising expenses (Part IX, column (D), line 25)

Revenue less expenses Subtract line 18 from line 12

Corporation Trust Association

◀ (insert no)

Net Assets or Fund Balances 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is Sign Here EXECUTIVE DIRECTOR REGINALD FLYNN, Type or print name and title Date Print/Type preparer's name Paid ANITA TELLIS P00943329 self-employed Preparer TELLIS AND COMPANY Firm's name PLLC Firm's EIN **Use Only** Firm's address 15 E Kirby St Ste 106 Phone no Detroit MI 48202 313-873-3812

For Paperwork Reduction Act Notice, see the separate instructions.

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

X No

Yes

Pa	2990 (2017) NORTH FLINT REINVESTMENT	61-1583065 P								
	t III Statement of Program Service Accomplishments									
	Check if Schedule O contains a response or note to any line in this Part III									
1	Briefly describe the organization's mission									
	TO REDEVELOP RESIDENAL AND COMMERCIAL NORTH FLINT.									
,										
2	Did the organization undertake any significant program services during the year which were not listed on the	П., П.,								
	prior Form 990 or 990-EZ?	∐ Yes 🔣 No								
	If "Yes," describe these new services on Schedule O									
3	Did the organization cease conducting, or make significant changes in how it conducts, any program									
	services? · · · · · · · · · · · · · · · · · · ·	· · · · · · ∐ Yes 🔣 No								
	If "Yes," describe these changes on Schedule O									
4	Describe the organization's program service accomplishments for each of its three largest program services, as mea	-								
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	to others,								
	the total expenses, and revenue, if any, for each program service reported									
<u> </u>										
4a	(Code) (Expenses \$667,805 including grants of \$) (Rev									
	1-Received financing to purchase former Abundant Life Church building. 2-									
	Food Market Coop owners to 616 members 3-Received pre-development grant from the MI Good Food Fund 4-Hired NFFM General Manager 5-Installed new roofs and vinyl siding on 2 homes in North									
	Flint 6-Attended the national Up & Coming Food Co-op Conference 7-Facility									
	community grocery store planning and engagement sessions 8-Hired communi									
	development specialist 9-Managed Eagle's Nest Early Learning Center 10-A									
	economic development and Opportunity Zone professional development train:	ing								
										
4b	(Code) (Expenses \$ including grants of \$) (Reve	enue \$								
	() () () () () () () () () ()									
4c	(Code) (Expenses \$ including grants of \$) (Reve	enue \$								
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Pa	TIV Checklist of Required Schedules			
_			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	Ì .		
_	complete Schedule A · · · · · · · · · · · · · · · · · ·	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
_	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u> X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			ļ
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	ļ	_ 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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I · · · · · · · · · · · · · · · · · ·	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			ĺ
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	j		
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			ļ
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	ĺ		
	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,			
	VII, VIII, IX, or X as applicable			ĺ
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	Χ	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			1
	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		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Χ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Χ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Χ	L
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	ļ		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	ľ	Χ
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		Χ
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		Χ
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		Х
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
FFA		Form		

Checklist of Required Schedules (continued) | Part IV | Yes No 202 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Χ b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20h Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Χ Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 22 Χ Part IX. column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Χ Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a Χ 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a 25a Χ transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? Χ Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II Χ 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Χ Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions) 28a Χ а A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete b 28b Χ 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 Χ Χ Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Χ Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Χ 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." 32 complete Schedule N. Part II 32 Χ Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 33 Χ sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 Х Did the organization have a controlled entity within the meaning of section 512(b)(13)? Χ 35a 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a b controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Χ 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. Χ 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 19? Note. All Form 990 filers are required to complete Schedule O

17) 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	• • • •	• • •	Щ
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		İ	
b.	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			.,
•	reportable gaming (gambling) winnings to prize winners?	1c		_X_
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		l	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 35	0 L	.	
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	a -	ŀ	v
3a _	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b 4a	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			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	40	Ì	v
b	If "Yes," enter the name of the foreign country	4a		<u>X</u>
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		-	
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		1	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	I	- 1	
	and services provided to the payor?	7a		Χ
b	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?	7с		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		Χ_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Χ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		v
9	sponsoring organization have excess business holdings at any time during the year?			Х
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	- 1	Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter		-	.,
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	· · · · · · · · · · · · · · · · · · ·	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		j	
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	, , , , , , , , , , , , , , , , , , ,	14a	\dashv	Χ_
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2017) NORTH FLINT REINVESTMENT Page 6 61-1583065 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a `Enter the number of voting members of the governing body at the end of the tax year 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 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? Χ 3 Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Х 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Χ 6 Did the organization have members or stockholders? Х 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? 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 Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following Each committee with authority to act on behalf of the governing body? Яh Χ Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No 10a Did the organization have local chapters, branches, or affiliates? Χ 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 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Х Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 14 Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Χ If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Michigan 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
 - X 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

	(2017)	

NORTH FLINT REINVESTMENT

61-1583065

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Part VIII 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
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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

(A) Name and Title	(B) Average hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1093-MISC)	organization and related organizations
(1) GARY BYAS MEMBER	2.00	Х						0	0	0
(2) CAROLYN TYLER MEMBER	2.00	Х						0	0	_ 0
(3) LEONIA GREEN MEMBER	20_0_	Х						0	0	0
(4) ROD GREEN CHAIRMAN	20_0_			Х				0	0	0
(5) CAROLYN DAVIS TREASURER	200_			Х	[0	0	_ 0
(6) DELORIS FLYNN CHIEF FINANCIAL OFFICER	40.00				Х			75,000	0	0
(7) DORIS CLARKE SECRETARY	40.00				Х			0	0	0
(8) REGINALD FLYNN EXECUTIVE DIRECTOR	40.00					Х		112,499	0	0
<u>(9)</u>										
(10)										
(11)										
(12)										
(13)										
(14)										

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(A) Name and	cers, Directors, Trustees, i	(B) (do not check more box, unless personal a direct week (list any			tion ore that on is b	an one both an rustee)		(D) Reportable compensation from	(E) Reportable compensation from related	1	(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)	ο.	mpensation from the rganization and relater ganization	on d
(15)						-	-		<u>.</u>				
<u>(16)</u>													
(17)													
(18)													
(19)													
(20)													
(21)							-						
(22)													
(23)													
(24)													
(25)													
c Total from continuation	n sheets to Part VII, Section	n A · ·						>	187,499	0			0
	als (including but not limited t									1			
3 Did the organization list	any former officer, director,	or trustee, ke	ey emp	oloye	e, o	r high	hest c	omp	ensated			Yes	No
• •	"Yes," complete Schedule J on line 1a, is the sum of repo								on from the		3	-	Х
organization and related	organizations greater than S	\$150,000? <i>If</i>	"Yes,"	' соп	plet	e Sci	hedul				4	, .	Х
5 Did any person listed on	line 1a receive or accrue con	mpensation f	rom ar	ny un	rela	ted o	rganız	zatior	n or individual		-		
for services rendered to Section B. Independent	the organization? If "Yes," c	complete Sch	edule .	J for	suc	h per	rson	,		• • • • • • • •	5		X
1 Complete this table for y	our five highest compensated organization. Report compens												
	(A) Name and business address								(B) Description of	services	Com	(C) pensation	n
							_						
					•								
•	dent contractors (including bi			se lis	ted a	abov	e) who	0		_			

om 99	0 (201	17) NORTH FLINT REIN	61-1583065					
Part \	VIII	Statement of Revenue				-		
		Check if Schedule O contains a response	or no	te to any line in this	Part VIII	<u> </u>		<u> </u>
•			• ,•		(A) Intal revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
 ,	10	Federated campaigns	1a	1 200		revenue		512-514
ints	1a b	Membership dues	1b					
Gra	C	Fundraising events	1c					
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations	1d					
s, G mila	e	Government grants (contributions) · ·	1e					s
i Sign	f	All other contributions, gifts, grants,			·	1		
the Sthe		and similar amounts not included above	1f	370,000	,	1		
nd C	g	Noncash contributions included in lines 1a-1	f \$					
ة <u>ن</u>	h	Total. Add lines 1a-1f	<u>.</u>		370,000			
				Business Code				
Program Service Revenue	2a	NEW SCHOOL		561439	23,426	23,426		
Reve	b	TRANSPORTATION INCOME		480000	121,400	121,400		
92	С	MANAGEMENT FEES		541610	200,599	200,599		
Sen	d	RENTAL INCOME		532000	300,890	300,890		
Ē	e			<u> </u>				
rog	1	All other program service revenue		L				
	<u> </u>	Total. Add lines 2a-2f	• • •		646,315			
Other Revenue	4 5 6a b c d 7a b c d 8a	Investment income (including dividends, inter and other similar amounts)	proce	(ii) Personal		,		
	10a b c	Less direct expenses	. b a . b 	Business Code 900099	1,196 54,163	1,196 54,163		
	•	All other revenue			55 359			
	, 94	Transport Minimum School (1997) 1997 1997 1997 1997 1997 1997 1997			17 37W			

0

o

701,674

1,071,674

12 Total revenue. See instructions

61-1583065

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (A) (D) Do not include amounts reported on lines 6b. 7b. Total expenses Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses **建筑** Grants and other assistance to domestic organizations ** 57. and domestic governments. See Part IV, line 21 Account of the Grants and other assistance to domestic 2 individuals See Part IV. line 22 2 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 13665 4 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 344,136 302,840 41,296 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 16,652 14,654 1,998 10 32,529 28,626 3,903 11 Fees for services (non-employees) b 6,462 5,000 1,462 C 7.149 7,149 d Lobbying 据的基础的通讯的 · 是一个一个一个 Professional fundraising services See Part IV, line 17 f Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 15,936 15,936 12 Advertising and promotion 9,940 9,940 13 2,634 2,634 14 Information technology 730 730 15 16 53,934 47,462 6,472 17 10,980 10,980 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,168 19 Conferences, conventions, and meetings 1,168 20 21 22 Depreciation, depletion, and amortization 4,637 4,637 23 6,010 6,010 35 *** 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) а FUEL 15,870 15,870 b BUS LEASE 55,272 55,272 С MAINTENANCE EXPENSES 32,066 28,219 3,847 PROGRAM EXPENSES 167,130 167,130 All other expenses 11,861 2,732 9,129 25 Total functional expenses. Add lines 1 through 24e 795,096 667,805 127,291 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 following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet**

1			Check if Scriedule O contains a response of note to any line in this Part X	(A)		(B)
1 Cash - non-interest-bearing 167,474 1 425,502						
2 Savings and temporary cast investments 3 Pedges and grants receivable, net 4 Accounts receivable, and 5 Loans and other receivables from current and former officers, directors, trustesse, key employees, and highest compensated employees Complete Part II of Schedule L 6 Loans and other receivables from other disquastled persons (as defined under section 495kf)(11); persons described in section 495kf)(12); persons described in section 495kf)(13); persons described in		1	Cash - non-interest-hearing		1	
3 Piedges and grants receivable, net 17,766 4	,		Cash Hor Marca Scaring	107,474		423,302
4 Accounts receivable, net 1.7.766 4 4 4 4 4 4 4 4 4						
5 Loans and other receivables from current and former officers, directors, trustees, key emptoyees, and highest compensated emptoyees S				17 766	— - -	<u> </u>
Trustitees, key employees, and highest compensated employees Complete Part I of Schedule L Class and other recevables from other dequalified persons (as defined under section 4958(f(11)), persons described in section 4958(f(13)), persons described f(13), persons describe			, too and to contain, not	LASC PARK TOTAL	F. Th.	97. 32 No. 24 (18) No. 14
Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958([1])), persons described in section 4958([1]) sub-contributing employers and sponsories organizations of section 501([9]) voluntary employees beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 9 Propared expenses and deferred charges 28, 146 9 10 Land, buildings, and equipment cost or other basis: Complete Part IV of Schedule D 12 Investments - publicly traded securities 11 Investments - publicly traded securities 12 Investments - publicly traded securities 13 Investments - program-related See Part IV, line 11 14 Intrangible assets 15 Other assets See Part IV, line 11 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 19 Part Part Payable 19 Escrow or custodial account hability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, lightest compensated employees, and directors trustees, key employees, lightest compensated employees, and complete Part II of Schedule D 28 Total Habilities. Add lines 17 through 25 29 Corporation that officers is that follow SFAS 117 (ASC 958), check here and complete lines 30 through 34 20 Capital stock or furst principle, or current funds 21 Capital stock or furst principle, or current funds 22 Capital stock or furst principle, or current funds 24 Capital stock or furst principle, or current funds 25 Other labilities and other labilities not included on lines 17-24) Complete Part X 26 Total Habilities. Add lines 17 through 25 27 Titolal Habilities and other labilities not included on lines 17-24) Complete Part X 27 Capital stock or furst principal, or current funds 26 Capital stock or furst principal, or current funds 27 Capital complete lines 30 through 34 28 Relatance dearings, endowment, accumulated income, or other funds 29 Capital stoc					3 440	The state of the s
Section Complete Part Vision Complete				The training of the state of th	- 4 's	Programma Starter - 1 1 14
## 4958()(1)), persons described in section 4958(x(3)(B), and contributing employers and sponsoring organizations (or section 501(x)) voluntary employers beneficiary organizations (or senteructions) Complete Part I of Schedule L		6		الله المعرودة عرائد الله الله المدوال المدوال عراد	7 -> 1	St. Committee in the case of the said
Sponsoning organizations of section 501(c/g) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			· · · · · · · · · · · · · · · · · · ·	建筑	3.2	3 7 7 7 7 8 4 4 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Total labelities and loans receivable, net Total labelities (complete Part It of Schedule L Total labelities (complete Part It of Schedule D Total lab						
7 Notes and loans receivable, net 7 8 Inventiones for sale or use 10a 10a 12, 985 35, 530 10c 30, 893 10c 3				A SELLE SELLE SELLE		hadre and his hour makes the
8 Inventores for sale or use 9 Prepaid expenses and deferred charges 10a		7				
10a	ets		·			
10a	\SS(<u> </u>	
Section Part Vi of Schedule D 10a 43,878 10a 5	⋖				1003	the Joseph State of The Control
b Less accumulated depreciation 10b 12,985 35,530 10c 30,893 11 Investments - publicly traded securities 11 Investments - other securities 12 12 13 Investments - program-related See Part IV, line 11 13 14 11 13 14 11 15 15 15 15 15 15		IVa	- · · · · · · · · · · · · · · · · · · ·		6	
11 Investments - publicly traded securities 11 12 12 12 12 12 12 1		L			مشيه	The state of the s
12 Investments - Other securities See Part IV, line 11 13 13 14 15 15 15 15 16 16 16 16				35,530		30,893
13 Investments - program-related See Part IV, line 11 14 14 14 15 15 14 15 15			•			
Intangible assets 14			·		-	
15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 248,916 16 456,395 17 Accounts payable and accrued expenses 19,801 17 20,010 18 19 19 19 19 19 19 19						
Total assets. Add lines 1 through 15 (must equal line 34) 248,916 16			-			
17						
18 Grants payable 18 19 Deferred revenue 19 19 20 20 21 20 21 20 21 22 22						
19 Deferred revenue 19 20 Tax-exempt bond labilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 24 24 24 24 24 25 25 24 26 26 26 26 26 27 27 27				19,801		20,010
20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities. Add lines 17 through 25 27 Total liabilities. Add lines 17 through 25 28 Temporanly restricted net assets 29 Permanently restricted net assets 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 31 Total liabilities and net assets/fund balances 32 Total liabilities and net assets/fund balances 34 Total liabilities and net assets/fund balances 35 Total liabilities and net assets/fund balances 36 Total liabilities and net assets/fund balances 36 Total liabilities and net assets/fund balances 37 Total liabilities and net assets/fund balances 38 Total liabilities and net assets/fund balances 39 Total liabilities and net assets/fund balances 30 Capital stock or trust principal, or current funds 31 Total liabilities and net assets/fund balances 32 Total liabilities and net assets/fund balances 34 Total liabilities and net assets/fund balances 35 Total liabilities and net assets/fund balances 36 Total liabilities and net assets/fund balances 37 Total liabilities and net assets/fund balances 38 Total liabilities and net assets/fund balances 39 Total liabilities and net asset			· ·			
Secretary Secr						
22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 25 24 Unsecured notes and loans payable to unrelated third parties 25 24 27 27 27 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 37,426 25 26 Total liabilities. Add lines 17 through 25 37,426 25 27 Unrestricted net assets 37,426 25 28 Temporanily restricted net assets 28 125,238 29 Permanently restricted net assets 28 125,238 29 Permanently restricted net assets 29 29 Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 30 Secured mortgages and notes payable to unrelated third parties 28 125,238 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 137,438 33 396,367 34 Total liabilities and net assets/fund balances 248,916 34 456,395						
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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			· · · · · · · · · · · · · · · · · · ·	F4 0F1		40.010
parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Corganizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Corganizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 36 Capital stock or trust principal, or current funds 37 Total liabilities and net assets/fund balances 38 Description of Strate Part X 39 Strate Part X 30 Capital stock or trust principal, or current funds 30 Capital stock or trust principal, or current funds 31 Total net assets or fund balances 32 Total liabilities and net assets/fund balances 39 Strate Part X 30 Capital stock or trust principal, or current funds 30 Capital stock or trust principal, or current funds 31 Total liabilities and net assets/fund balances 32 Strate Part X 33 Total liabilities and net assets/fund balances 34 Total liabilities and net assets/fund balances			· ·	34,231	24	40,018
Section Schedule D 37,426 25			,			
Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets Temporarily restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds Capital stock or trust principal, or current funds Retained earnings, endowment, accumulated income, or other funds Total liabilities and net assets/fund balances 111, 478 26 60,028 111, 478 27 271,129 271,129 28 125,238 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 31 Retained earnings, endowment, accumulated income, or other funds 32 Total liabilities and net assets/fund balances 248,916 34 456,395			• •	27.426	25	
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Complete lines 27 through 29, and lines 33 and 34. 137,438 27 271,129				الشفيطات والأراز		
33 Total net assets or fund balances	Sa					in the same of the
33 Total net assets or fund balances	ğ	27		127 420		
33 Total net assets or fund balances	Sala			137,436		
33 Total net assets or fund balances	ā					123,238
33 Total net assets or fund balances	5		<u> </u>	1 , 5 m , 3 , 1 , 1 , 1 , 1 , 1 , 1 , 1 , 1 , 1	211.2	; (-4)4 · · ·
33 Total net assets or fund balances	<u>ا</u>		· · · · · · · · · · · · · · · · · · ·	[30] "是是一个	*****	The state of the s
33 Total net assets or fund balances	ţ	30	•	the time and the transfer with .	30	LANCE III
33 Total net assets or fund balances	SSE		•			·
33 Total net assets or fund balances	χŢ		- ' '			
34 Total liabilities and net assets/fund balances	ž			127 /20		206 267
230,510						
	EEA			240,310	<u> </u>	

	1990 (2017) NORTH FLINT REINVESTMENT	<u>61-158</u>	33065		Pa	age 1 <u>2</u>
Рa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					$\cdot \square$
1	Total revenue (must equal Part VIII, column (A), line 12)	\vdash		1,0	71,	674
2	Total expenses (must equal Part IX, column (A), line 25)			7	95,0	<u> </u>
3	Revenue less expenses Subtract line 2 from line 1	. 3		2	76,	578
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4		1	.37,4	438
5	Net unrealized gains (losses) on investments	. 5				
6	Donated services and use of facilities	. 6				
7	Investment expenses					
8	Prior period adjustments	. 8		. (17,6	649)
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9				0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	. 10		3	96,3	367
Pã	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u>.</u> .			$\cdot \square_{-}$
					Yes	No
1	Accounting method used to prepare the Form 990 🔲 Cash 🔯 Accrual 🔲 Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O		1	- 1		Ì
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>L</u>	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both				•	
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Χ	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	•		`		ĺ
	separate basis, consolidated basis, or both					ĺ
	Separate basis Consolidated basis Both consolidated and separate basis			:		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			į		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		<u>L</u>	2c		L
	If the organization changed either its oversight process or selection process during the tax year, explain in			İ		
	Schedule O					-
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?		· · · L	3a		_X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					_
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		i

EEA

Form 990 (2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

2017

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

OMB No 1545-0047

NOR	TH :	FLINT REINVESTMENT					61-15830					
	rt L	Reason for Public Charit	y Status (All or	rganizations must o	complete	this par						
The	orgar	nization is not a private foundation beca										
1		A church, convention of churches, or				\/A\/i\	. 1					
2	H	A school described in section 170(b)				ハーハッ・	$\cap L$					
	H						111					
3	H	A hospital or a cooperative hospital se	•			•	0 1					
4	Ш	A medical research organization oper	ated in conjunction	with a nospital described	o in sectioi	n 1/0(¤)(1)(A)(III). Enter the					
_		hospital's name, city, and state	<u> </u>									
5	Ш	An organization operated for the bene	-	iversity owned or operate	ed by a gov	rernmental	unit described in					
		section 170(b)(1)(A)(iv). (Complete I	•									
6	닏	A federal, state, or local government	_									
7	X	An organization that normally receives	a substantial part of	of its support from a gove	rnmental u	nit or from	the general public					
		described in section 170(b)(1)(A)(vi). (Complete Part II)										
8		A community trust described in section	on 170(b)(1)(A)(vi).	(Complete Part II)								
9		An agricultural research organization	described in sectio	n 170(b)(1)(A)(ix) opera	ited in conj	unction wif	th a land-grant college	•				
		or university or a non-land-grant colleg	ge of agriculture (se	e instructions) Enter the	name, city,	and state	of the college or					
		university										
10		An organization that normally receives	(1) more than 33	1/3% of its support from o	contribution	ıs, membe	rship fees, and gross					
		receipts from activities related to its ex	empt functions - su	bject to certain exception	ns, and (2) i	no more th	an 33 1/3% of its					
		support from gross investment income	and unrelated bus	iness taxable income (les	ss section 5	511 tax) fro	m businesses					
		acquired by the organization after Jun		·		•						
11	П	An organization organized and operat				•						
12	Ħ	An organization organized and operate	•	•			arny out the nurnoses					
-	ч	of one or more publicly supported org	•	·			• •					
		Check the box in lines 12a through 12		, ,, ,		` ' ' '	` ''	•				
	_	_				•		=				
	а	Type I. A supporting organization				-						
		the supported organization(s) the			ot the aire	ctors or tru	istees of the					
		supporting organization You must		•								
	b		n supervised or con	trolled in connection with	its suppor	ted organi	zation(s), by having					
		control or management of the sup	porting organization	n vested in the same pers	sons that co	ontrol or ma	anage the supported					
		organization(s) You must comp	lete Part IV, Section	ons A and C.								
	С	Type III functionally integrated.	A supporting organ	nization operated in conn	ection with	, and funct	tionally integrated with	١,				
		its supported organization(s) (see	instructions) You	must complete Part IV,	, Sections	A, D, and	E.					
	d	Type III non-functionally integra	ated. A supporting	organization operated in	connection	with its su	ipported organization	(s)				
		that is not functionally integrated	The organization ge	nerally must satisfy a dis	tribution re	quirement	and an attentiveness					
		requirement (see instructions) You	ou must complete	Part IV, Sections A and	D, and P	art V						
	е	Check this box if the organization					pe II, Type III					
		functionally integrated, or Type III	non-functionally inte	egrated supporting organi	ızatıon	,, ,						
	f	Enter the number of supported organiz	-									
	g	Provide the following information about		anization(s)								
		Name of supported organization	(n) EIN	(iii) Type of organization	(iv) is the o	roanization	(v) Amount of monetary	(vi) Amount of				
	٠٠,	o departed a gamento.	(, =	(described on lines 1-10	listed in you	-	support (see	other support (see				
				above (see instructions))	docum	ent?	instructions)	instructions)				
					Yes	No						
					163	110						
A)												
					 		-					
B)												
C)												
				<u></u>	 							
D)					Ì							
E)]		ļ					
						ļ	ļ <u>. </u>					

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")			21,800	93,360	370,000	485,160
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						<u> </u>
3	The value of services or facilities furnished by a governmental unit to the organization without charge	-	_	-			
4	Total. Add lines 1 through 3			21,800	93,360	370,000	485,160
5	The portion of total contributions by			在15年12日 15 15 15 15 15 15 15 15 15 15 15 15 15	歌をない。京	TO THE PARTY OF TH	
	each person (other than a	2-2-2		经 证公金	A Committee of the	1	
	governmental unit or publicly		3		16.25	1 E 1	•
	supported organization) included on	大学				[2008] [2]	
	line 1 that exceeds 2% of the amount		经外条型的	4. T. A. T. T.			
	shown on line 11, column (f)	ALL PARTY	器型企业企	421. 15 24	教 名《海海》	E-12 E-21 145	967,800
6	Public support Subtract line 5 from line 4 · ·	Edition States	引起等。这两	海郭清 清流	中央代文编》(2)	"严语是一个	(482,640
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning ın)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4 · · · · · · · ·			21,800	93,360	370,000	485,160
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on					·	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support Add lines 7 through 10 .	これで かんかんかん	をあれる 成立し	北海江流水山	在 16 10 10 10 10 10 10 10 10 10 10 10 10 10	され あんなんがい	485,160
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	· · · · · · · · · · · · · · · · · · ·	<u></u>				▶□
-	tion C. Computation of Public Su			<u></u>			0/
14	Public support percentage for 2017 (line 6, c					14	0.00 %
15	Public support percentage from 2016 Sched						<u> %</u>
16a	33 1/3% support test - 2017. If the organization supplies						▶ □
_	box and stop here. The organization qualifi						
ь	33 1/3% support test - 2016. If the organiz						▶ □
17a	this box and stop here. The organization quality-facts-and-circumstances test - 2017		· · · · · ·				
IIa	10%-racts-and-circumstances test - 2017 10% or more, and if the organization meets	-					
	Part VI how the organization meets the "fact						
	organization · · · · · · · · · · · · · · · · · · ·		_	•			▶ □
h	_						
b	10%-facts-and-circumstances test - 2016	=				c	
	15 is 10% or more, and if the organization in Explain in Part VI how the organization meet				•		
	•			•			▶ □
18	supported organization · · · · · · · · · · · · · · · · · · ·						
10	instructions						▶ ☑
	madadadia			• • • • • • • • • • • • • • •			<u> </u>

Pa	rt III Support Schedule for Orga	inizations De	escribed in Se	ction 509(a)(2	2)		
	(Complete only if you checke	ed the box on	line 10 of Part	I or if the orga	inization failed	to qualify und	er Part II
	If the organization fails to qu	alify under the	e tests listed be	elow, please co	omplete Part II)	
	ction A. Public Support					1	
ale	endar year (or fiscal year beginning in) 🕨 📙	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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		_				
5	or expended on its behalf						
-	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		 .			-	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			/			<u> </u>
С	Add lines 7a and 7b		<u> </u>	/			
	Public support. (Subtract line 7c from line 6)	•			-		
	ction B. Total Support				I	1	
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	/(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	 		/			
0a	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 · · · · · · · ·				ļ <u> </u>		
1	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
2	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
3	Total support. (Add lines 9, 10c, 11, and 12) · · · · · · · · · · · ·			_			
	First five years. If the Form 990 is for the organization, check this box and stop here	<u>/</u>		or fifth tax year as	a section 501(c)(3	3) 	▶ □
	ction C. Computation of Public Sup					Т т	
	Public support percentage for 2017 (line 8, colu						%
	Public support percentage from 2016 Schedule			· · · · · · · · ·	· · · · · · · · ·	16	%
	ction D. Computation of Investmen	- U	· 			3 .= 1	-
7	Investment income percentage for 2017 (line 1			umn (f)) · · ·		17	%
8	Investment income percentage from 2016 Sch					18	%
	33 1/3% support tests - 2017. If the organization of the support tests - 2017, if the organization of the support tests - 2017. If the organization of the support tests - 2017, if the organization of the support tests - 2017. If the organization of the support tests - 2017, if the organization of the support tests - 2017, if the organization of the support tests - 2017, if the organization of the support tests - 2017, if the organization of the support tests - 2017, if the organization of the support tests - 2017, if the organization of the support tests - 2017, if the organization of the support tests - 2017, if the organization of the support tests - 2017, if the organization of the support tests - 2017, if the organization of the support tests - 2017, if the organization of the support tests - 2017, if the organization of the support tests - 2017, if the organization of the support tests - 2017, if the organization of the support tests - 2017, if the organization of the support tests - 2017, if the organization of the support tests - 2017, if the support tests - 2017, if the organization of the support tests - 2017, if the support tests - 2017, if the support tests - 2017, if the organization of the support tests - 2017, if the support test	nd stop here . The	e organization quali	fies as a publicly s	upported organiza	tion • • • •	▶ 🛚
b	33 1/3% support tests - 2016. If the organizatione 18 is not more than 33 1/3%, check this both	ox and stop here .	. The organization o	qualifies as a publi	cly supported orga		▶ □
20	Private foundation. If the organization did not	check a box on I	ine 14, 19a, or 19b	, check this box an	d see instructions		▶ <u>[]</u>

Part IV **Supporting Organizations**

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

<u> </u>	A A 11		4:	<u> </u>	·
Section	A. All	Supp	ortina	Organ	iizations

- 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
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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.
- 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
- 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
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI
- b Did one or more disgualified 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
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI
- 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
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
-	5a		
	5b		
-	5c		
-	6		
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ĺ	7		
-	8_	-	
	9a		
		-	
-	9b		
-	9с		
	10a		
ŀ			
For	10b m 990 c	or 990-E	Z) 2017

Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	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)	ļ		
	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	L	
Sec	tion B. Type I Supporting Organizations		1.2 7	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		1	
	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	1		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	- <u>'</u> -		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		l	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1_		
Sec	tion D. All Type III Supporting Organizations		1 1	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	i i	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described 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		
Sec	tion 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	instruc	tions)
a	The organization satisfied the Activities Test. Complete line 2 below			
b	 The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity. 	h. /000 i	notrus	tiono
2	Activities Test. <i>Answer (a) and (b) below.</i>	y (see i	Yes	No.
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	
_	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			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3h	[

1	_		ın ın Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	ızatıc	ons must complete Section	ns A through E
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 'Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2	· · · · · · · · · · · · · · · · · · ·	
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or	1		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	34.4		· 通知 · 表 · · · · · · · · · · · · · · · · ·
instructions for short tax year or assets held for part of year).	F		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		_
e Discount claimed for blockage or other	:30		15克克·克·加克·克·克·克·克·克·克·克·克·克·克·克·克·克·克·克·克
factors (explain in detail in Part VI).	in.	And the transfer of the	"是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recovenes of pnor-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		建筑等等	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	· · · · · · · · · · · · · · · · · · ·	
2 Enter 85% of line 1	2	医性结节 医精神病毒素的	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	"你好什么 智能上下河南	
4 Enter greater of line 2 or line 3	4	the the party to the fire for he are	
5 Income tax imposed in prior year	5	了世界, 32、 整度中兰	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally-	·inted	rated Type III supporting	organization (see

instructions).

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Par	t V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exen	npt purposes		
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported		
	organizations, in excess of income from activity			
3	'Administrative expenses paid to accomplish exempt purpose	s of supported organizati	ons	
4	Amounts paid to acquire exempt-use assets			· · · · · · · · · · · · · · · · · · ·
5	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			-
	Distributions to attentive supported organizations to which the	e organization is respons	ive	
	(provide details in Part VI). See instructions.	,		
9	Distributable amount for 2017 from Section C, line 6			
	Line 8 amount divided by Line 9 amount		<u> </u>	
<u> </u>	2.110 0 difficulty divided by Elife C divided.		(ii)	(iii)
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			•
	(reasonable cause required - explain in Part VI). See	,		
	ınstructions			
3	Excess distributions carryover, if any, to 2017			
a		-	·	
b	From 2013		-	
С	From 2014		•	
d	From 2015			
е	From 2016	-		
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7. \$			
a	Applied to underdistributions of prior years			4
b	Applied to 2017 distributable amount		,	
С	Remainder Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions.		1 1	
7	Excess distributions carryover to 2018. Add lines 3j	-		
	and 4c			
8	Breakdown of line 7.			
	Excess from 2013 · · · ·			
	Excess from 2014 · · · ·			
	Excess from 2015 · · · ·			
	Excess from 2016 · · · ·			
	Excess from 2017			

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.

2017

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

Name	of the organization	Employer identification number
NO	RTH FLINT REINVESTMENT	61-1583065
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accour	its.
	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	
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	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferning 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)	
•	Preservation of land for public use (e.g., recreation or education) Preservation of a historically in the public use (e.g., recreation or education)	mportant land area
	Protection of natural habitat Preservation of a certified his	·
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	vation
-	easement on the last day of the tax year	Held at the End of the Tax 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	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
_	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organizat	
•	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?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation ea	asements during the year
-	>	,
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easem	ents during the year
•	▶ \$	3 ,
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i	
•	and section 170(h)(4)(B)(ii)?	п., п.,
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement	
-	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that de	
	organization's accounting for conservation easements	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and b	alance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balar	ice sheet
-	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	
	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, pro	
-	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	ride tile
_	Revenue included on Form 990, Part VIII, line 1	
a h	Assets included in Form 990, Part X	
b	Assets Included In Form 220, Fair A	

3	rt III Organizations Maintaining Coll		rt, Historical T	reasures, or	Other Similar As	3065 Page sets (continued)
•	Using the organization's acquisition, accession, and	other records, cho	eck any of the follow	ring that are a sign	ficant use of its	
	collection items (check all that apply)					
a	Public exhibition	==	n or exchange progr	ams		
b	Scholarly research	e 🗌 Othe	er			
C	Preservation for future generations					
4	Provide a description of the organization's collections	and explain how	they further the org	anization's exempt	purpose in Part	
_	XIII					
5	During the year, did the organization solicit or receive					
Da	rt IV Escrow and Custodial Arrangen		the organization's c	collection	· · · · · · · · · · · · · · ·	· · Yes N
T a	Complete if the organization answ		Form 990 Pa	rt IV line 9 or	reported an amou	unt on Form
	990, Part X, line 21	reieu ies oi	11 01111 000,1 0	10 1 v , mic 0, 01	reported an amor	ant on rom
1a	Is the organization an agent, trustee, custodian or oth	her intermedian f	or contributions or c	ther assets not		
ıa		-				· · Yes N
b	If "Yes," explain the arrangement in Part XIII and com					🗆 ies 🗀 ie
U	in res, explain the arrangement in Fart Ain and Con	ipiete trie ioliowiri	y table		Δr	mount
С	Beginning balance			. .	1c	nount
d	3				1d	
e	Treatments surviyative your				1e	·
f	Ending balance				1f	
2a	Did the organization include an amount on Form 990). Part X. line 21. f	or escrow or custod	ial account liability	,	· · · Tyes No
b	If "Yes," explain the arrangement in Part XIII Check it					<u>.</u>
Pa	rt V Endowment Funds.					
	Complete if the organization answ	ered "Yes" or	า Form 990, Pa	rt IV, line 10		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
С	Net investment earnings, gains, and			-		
	losses					
d	Grants or scholarships					
е	Other expenditures for facilities and	-				
	programs					
f	Administrative expenses					
g	End of year balance					_ <u> </u>
2	Provide the estimated percentage of the current year	end balance (line	; 1g, column (a)) he	ld as		
а	Board designated or quasi-endowment	%				
þ	Permanent endowment					
	Temporarily restricted endowment	%				
С	The percentages on lines 2a, 2b, and 2c should equa	al 100%				
С						
с 3а	Are there endowment funds not in the possession of	the organization t	hat are held and add	ministered for the		
_	Are there endowment funds not in the possession of organization by	the organization t	hat are held and ad	ministered for the		Yes No
_		the organization t	hat are held and ad	ministered for the		Yes No
_	organization by	the organization t	hat are held and ad	ministered for the		
_	organization by (i) unrelated organizations			ministered for the	· · · · · · · · · · · · · · · · · · ·	. 3a(i)
3a b	organization by (i) unrelated organizations	as required on Sci	hedule R?	ministered for the		3a(i) 3a(ii)
3a b	organization by (i) unrelated organizations (ii) related organizations If "Yes" on 3a(II), are the related organizations listed at Describe in Part XIII the intended uses of the organization organization organization.	as required on So			· · · · · · · · · · · · · · · · · · ·	3a(i) 3a(ii) 3b
3a b	organization by (i) unrelated organizations	as required on So			See Form 990, Pa	3a(i) 3a(ii) 3b
3a b	organization by (i) unrelated organizations (ii) related organizations If "Yes" on 3a(II), are the related organizations listed at Describe in Part XIII the intended uses of the organization organization organization.	as required on So ation's endowment. vered "Yes" or (a) Cost or othe	hedule R? nt funds n Form 990, Paler basis (b) Cost	rt IV, line 11a.	(c) Accumulated	3a(i) 3a(ii) 3b
3a b	(ii) unrelated organizations (ii) related organizations (iii) related organizations (iii) restricted organizations listed at Describe in Part XIII the intended uses of the organization answ	as required on So ation's endowment. vered "Yes" or	hedule R? nt funds n Form 990, Paler basis (b) Cost	rt IV, line 11a.		3a(i) 3a(ii) 3b
3a b	(ii) unrelated organizations (ii) related organizations (iii) related organizations (iii) restricted organizations listed at Describe in Part XIII the intended uses of the organization answ	as required on So ation's endowment. vered "Yes" or (a) Cost or othe	hedule R? nt funds n Form 990, Paler basis (b) Cost	rt IV, line 11a.	(c) Accumulated	3a(i) 3a(ii) 3b
b 4 Pa	(ii) unrelated organizations	as required on Sociation's endowment. vered "Yes" or (a) Cost or othe (investme	hedule R? nt funds n Form 990, Paler basis (b) Cost	rt IV, line 11a.	(c) Accumulated	3a(i) 3a(ii) 3b
3a b 4 Pa	(ii) unrelated organizations (ii) related organizations (iii) related organizations If "Yes" on 3a(II), are the related organizations listed at Describe in Part XIII the intended uses of the organization to Tank Buildings, and Equipment Complete if the organization answ	as required on Sociation's endowment. vered "Yes" or (a) Cost or othe (investme	hedule R? nt funds n Form 990, Par tribasis (b) Cost	rt IV, line 11a.	(c) Accumulated depreciation	3a(i) 3a(ii) 3b art X, line 10 (d) Book value
3a b 4 Pa	(ii) unrelated organizations	as required on Sociation's endowment. vered "Yes" or (a) Cost or othe (investme).	hedule R? nt funds n Form 990, Par tribasis (b) Cost	rt IV, line 11a.	(c) Accumulated depreciation	3a(i) 3a(ii) 3b art X, line 10 (d) Book value

	(a) Description of security or category	(b) Book value	(c) Method of valuation
,	(including name of security)		Cost or end-of-year market value
•	erivatives		
· ·	Id equity interests	• • • • • • • • • • • • • • • • • • • •	
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
_(F)			
(G)			
(H)			V
	must equal Form 990, Part X, col (B) line 12)	<u> </u>	· · · · · · · · · · · · · · · · · · ·
Part VIII	Investments - Program Related Complete if the organization ans		rt IV, line 11c. See Form 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Part IX	must equal Form 990, Part X, col (B) line 13) Other Assets.	•	# IV I'm 44 + Con Form 000 Part V I and 45
	Complete if the organization ans		rt IV, line 11d See Form 990, Part X, line 15
(4)		(a) Description	(b) Book value
(1)			
(2)			
(4)			
(4) (5)			
(4) (5) (6)			
(4) (5) (6) (7)			
(4) (5) (6) (7) (8)			
(4) (5) (6) (7) (8) (9)	n (b) must equal Form 990. Part X. col (B) lu	ne 15)	
(4) (5) (6) (7) (8) (9)	n (b) must equal Form 990, Part X, col (B) lii Other Liabilities.	ne 15)	
(4) (5) (6) (7) (8) (9) Total. (Column	Other Liabilities.		rt IV, line 11e or 11f. See Form 990, Part X,
(4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Liabilities. Complete if the organization ans		
(4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Liabilities. Complete if the organization ans line 25. (a) Description of liability	wered "Yes" on Form 990, Pa	
(4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Liabilities. Complete if the organization ans line 25. (a) Description of liability	wered "Yes" on Form 990, Pa	
(4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Liabilities. Complete if the organization ans line 25. (a) Description of liability	wered "Yes" on Form 990, Pa	
(4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal II (2)	Other Liabilities. Complete if the organization ans line 25. (a) Description of liability	wered "Yes" on Form 990, Pa	
(4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal II (2) (3)	Other Liabilities. Complete if the organization ans line 25. (a) Description of liability	wered "Yes" on Form 990, Pa	
(4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal II (2) (3) (4)	Other Liabilities. Complete if the organization ans line 25. (a) Description of liability	wered "Yes" on Form 990, Pa	
(4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal II (2) (3) (4) (5)	Other Liabilities. Complete if the organization ans line 25. (a) Description of liability	wered "Yes" on Form 990, Pa	
(4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal II (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization ans line 25. (a) Description of liability	wered "Yes" on Form 990, Pa	
(4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal II (2) (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization ans line 25. (a) Description of liability	wered "Yes" on Form 990, Pa	
(4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal II (2) (3) (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization ans line 25. (a) Description of liability	wered "Yes" on Form 990, Pa	
(4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal II (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b)	Other Liabilities. Complete if the organization ans line 25. (a) Description of hability income taxes	wered "Yes" on Form 990, Par	rt IV, line 11e or 11f. See Form 990, Part X,

art VI Deconciliation of Devenue new Audited Einspeiel Ctatements		51-1583065 Peturn	, P
Reconciliation of Revenue per Audited Financial Statements		return.	
Complete if the organization answered "Yes" on Form 990, Part I	v, line 12a	1 . 1	
Total revenue, gains, and other support per audited financial statements		1	1,071,6
Amounts included on line 1 but not on Form 990, Part VIII, line 12	1	· ,	
Net unrealized gains (losses) on investments	ļ	١٠ ١ -	
) Donated services and use of facilities		」 `	
Recoveries of prior year grants		-	
Other (Describe in Part XIII)		<u> </u>	
Add lines 2a through 2d		2e	
Subtract line 2e from line 1		3	1,071,6
Amounts included on Form 990, Part VIII, line 12, but not on line 1			
Investment expenses not included on Form 990, Part VIII, line 7b 4a			
Other (Describe in Part XIII) 4b		7	
Add lines 4a and 4b		4c	
Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	1,071,6
art XII Reconciliation of Expenses per Audited Financial Statement		per Return	
Complete if the organization answered "Yes" on Form 990, Part			•
Total expenses and losses per audited financial statements		11	705 (
		 ' 	795,0
Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities			
		- '	
Prior year adjustments		-	
Other losses		-	
Other (Describe in Part XIII)		- _	
Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·		2e	
Subtract line 2e from line 1		3	795,0
Amounts included on Form 990, Part IX, line 25, but not on line 1			
Investment expenses not included on Form 990, Part VIII, line 7b 4a		ا: ا	
Other (Describe in Part XIII)		'	
		- 1	
		4c	
Add lines 4a and 4b		4c 5	795,0
Add lines 4a and 4b		5	795,0
Add lines 4a and 4b	d 2b, Part V, line 4, Part	5	795,(
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) art XIII Supplemental Information. Note the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b are	d 2b, Part V, line 4, Part	5	795,0
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) art XIII Supplemental Information. Note the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b are	d 2b, Part V, line 4, Part	5	795,0
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) art XIII Supplemental Information. Note the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b are	d 2b, Part V, line 4, Part	5	795,0
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) art XIII Supplemental Information. Note the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b are	d 2b, Part V, line 4, Part	5	795,0
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) art XIII Supplemental Information. Note the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b are	d 2b, Part V, line 4, Part	5	795,0
Add lines 4a and 4b	d 2b, Part V, line 4, Part	5	795,0
Add lines 4a and 4b	d 2b, Part V, line 4, Part	5	795,0
Add lines 4a and 4b	d 2b, Part V, line 4, Part	5	795,0
Add lines 4a and 4b	d 2b, Part V, line 4, Part	5	795,0
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) art XIII Supplemental Information. Note the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b are	d 2b, Part V, line 4, Part	5	795,0
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) art XIII Supplemental Information. Note the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b are	d 2b, Part V, line 4, Part	5	795,(
Add lines 4a and 4b	d 2b, Part V, line 4, Part	5	795,0
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) art XIII Supplemental Information. Note the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b are	d 2b, Part V, line 4, Part	5	795,(
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) art XIII Supplemental Information. Note the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b are	d 2b, Part V, line 4, Part	5	795,0
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) art XIII Supplemental Information. Note the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b are	d 2b, Part V, line 4, Part	5	795,(
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) art XIII Supplemental Information. Note the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b are	d 2b, Part V, line 4, Part	5	795,(
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) art XIII Supplemental Information. Note the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b are	d 2b, Part V, line 4, Part	5	795,(
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) art XIII Supplemental Information. Note the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b are	d 2b, Part V, line 4, Part	5	795,0
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) art XIII Supplemental Information. Note the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b are	d 2b, Part V, line 4, Part	5	795,0
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) art XIII Supplemental Information. Note the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b are	d 2b, Part V, line 4, Part	5	795,0
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) art XIII Supplemental Information. Note the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b are	d 2b, Part V, line 4, Part	5	795,0
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) art XIII Supplemental Information. Note the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b are	d 2b, Part V, line 4, Part	5	795,0
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) art XIII Supplemental Information. Note the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b are	d 2b, Part V, line 4, Part	5	795,0
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) art XIII Supplemental Information. Note the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b are	d 2b, Part V, line 4, Part	5	795,0
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) art XIII Supplemental Information. Note the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b are	d 2b, Part V, line 4, Part	5	795,0

⊗ SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.

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

OMB No 1545-0047

2017

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization 61-1583065 NORTH FLINT REINVESTMENT 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. Committee meeting documentation (Part VI, line 8b) COMMITTEE DOCUMENTS ARE MAINTAINED FOR EACH BOARD MEETING. 03. 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. 04. Conflict of interest policy compliance (Part VI, line 12c) CONFLICT OF INTEREST ARE DISCUSSED ANNUALLY AND DOCUMENTED. 05. CEO, executive director, top management comp (Part VI, line 15a) THE EXECUTIVE DIRECTOR SALARY INCREASES ARE REVIEWED ANNUALLY BY THE BOARD OF DIRECTORS APPROVAL. 06. 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. 07. Governing documents, etc, available to public (Part VI, line 19) DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST, AND LOCATED ON A PUBLIC WEBSITE.