Return of Organization Exempt From Income Tax

2018

Dep

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

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- '	Do not enter social security numbers on this form	as it may be made public
partment of the Treasury	bo not enter social security numbers on this form	as it may be made public.
ernal Revenue Service	▶ Go to www.irs.gov/Form990 for instructions and	the latest information.

Open to Public Inspection

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				ar year, or tax year beginning 10-01	, 2010, and e	inding	09-30 ,2019		
В			plicable	C Name of organization NORTH FLINT REINVESTMENT	· 		D Employer identification no		
\vdash	Addre	ess ch	nange	Doing business as			61-1583065		
\vdash	Name	char	nge	Number and street (or PO box if mail is not delivered to street address)		Room/suite	E Telephone number		
닏	Initial	retun	n	1159 E FOSS AVENUE		(810) 787-9019			
Ц	Final	returr	n/terminated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts			
Ц	Amen	ded r	etum	Flint, MI 48505			\$ 639,795		
	Applic	ation	pending	F Name and address of pnncipal officer	01	H(a) Is this a group r	return for subordinates? Yes X No		
					KY 9	H(b) Are all subor	dinates included? Yes No		
<u> </u>	Tax-e	xemp	t status X	501(c)(3)		If "No," a	ittach a list (see instructions)		
J	Webs	ite	NOF	THFLINTCORP.COM		H(c) Group exen	nption number		
ĸ	Form	of org	ganization 🗵	Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Yes	ar of formation	2011 M State	of legal domicile MI		
Pa	art I		Summar	y					
		1	Briefly descri	be the organization's mission or most significant activities TO RED	EVELOP RE	SIDENAL AND	COMMERCIAL NORTH		
a	- {		FLINT.						
Governance	- 1								
Ě					-				
ŏ.	:	2	Check this be	ox > if the organization discontinued its operations or disposed of mo	re than 25% o	f its net assets			
Ö	;	3	Number of ve	oling members of the governing body (Part VI, line 1a)			3 7		
ities &	.	4	Number of in	dependent voting members of the governing body (Part VI, line 1b)			4 7		
_ <u>=</u> =				of individuals employed in calendar year 2018 (Part V, line 2a)			5 35		
≱	1.			of volunteers (estimate if necessary)			6 15		
ZĂ	1.			d business revenue from Part VIII, column (C), line 12			7a 0		
\supset				business taxable income from Form 990-T, line 38			7b 0		
ΥЭ			1101 0111010101	Saurious taxasis income tion 1 only cost i, into co		Prior Year	Current Year		
Ä	١,	8	Contributions	and grants (Part VIII, line 1h)			,000 46,167		
				rice revenue (Part VIII, line 2g)			,315 583,687		
ゝ⋷	1		-	come (Part VIII, column (A), lines 3, 4, and 7d)		040	,313 383,687		
Revenue	1			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5.5	,359 9,941		
<u> </u>	1					1,071			
	1			milar amounts paid (Part IX, column (A), lines 1-3)		1,0/1			
3	1			to or for members (Part IX, column (A), line 4)		-	0		
7	1			er compensation, employee benefits (Part IX, column (A), lines 5-10)		393	217 252 222		
es	;			fundraising fees (Part IX, column (A), line 11e)			,317 353,332		
Expenses	'			ing expenses (Part IX, column (D), line 25)	0	 .			
X	٠ 4			tes (Part IX, column (A), lines 11a-11d, 11f-24e)		401	770		
ш	1		•	es Add lines 13-17 (must equal Part IX, column (A), line 25)		401			
				والمقارب والمراجب	- I -		,096 846,020 ,578 (206,225)		
_			LEAGURE IGS			Beginning of Current			
Net Assets or	B 2	n	Total accete	Part X, line 16)	-RS-0SC	456			
SSe				Part X, line 16) 6 (Part X, line 26)					
let A	를 2:			fund balances Subtract line 21 from line 20			,028 36,602		
_	art I			re Block OGDEN		390,	,367 190,142		
				are that I have examined this return, including accompanying schedules and statements, and t	to the best of my ki	nowledge and belief, it is			
true	, corre	ect, ar	nd complete Dec	laration of preparer (other than officer) is based on all information of which preparer has any kr	nowledge				
			•	reginald Ferna			2/20/2020		
Sig	ın		Signatur	e of officer			Date		
He									
110		Ţ		NALD FLYNN, EXECUTIVE DIRECTOR					
							/ DTIN		
Dai	id		Pnnt/Type pre	parer's traffile		Check	if PTIN		
Paid ANITA TELL: Preparer Firm's name					-07 - 2020_	self-employed	P00943329		
	-		Firm's name	TELLIS AND COMPANY, PLLC		Firm's EIN			
US	e O	ıııy	Firm's addres			Phone no			
			<u> </u>	Detroit MI 48202		31	.3-873-3812		
мау	the	IKS_	discuss this	eturn with the preparer shown above? (see instructions)		<u> </u>	· · · · · ☐ Yes 🗵 No		

Form 990 (2018)

prior Form 990 or 990-E2? Yes No If Yes, describe these new services on Schedule O		n 990 (2018)	NORT									<u>61-15830</u>		Pa
Birthy describe the organization in mission TO REDEVELOP RESIDENAL AND COMMERCIAL NORTH FLINT. Did the organization undertake any significant program services during the year which were not listed on the prior form \$90 or \$90-E2?	Pa		ateme	nt of Prog	•	ice Acco								
Dd the organization undertake any significant program services during the year which were not listed on the prior form 990 of 990-E2?		Chi	eck if Sch	nedule O con	tains a respo	nse or note t	o any line in this Part	<u> </u>			· · <u>· ·</u>	<u> </u>	· · · ·	
Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 of 990-E27	l	Bnefly descri	bè the or	ganızatıon's	mission									
prior Form 990 or 990-E2?		TO REDEV	ELOP_E	RESIDENAL	L AND COM	MERCIAL	NORTH FLINT.							
prior Form 990 or 990-E2?			·											
prior Form 990 or 990-E2?														
prior Form 990 or 990-E2?			_											
If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Did the organ	nization u	indertake any	/ significant pi	rogram servi	ces during the year w	hich were n	ot listed on	the				
Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No If Yes Yes cheef these changes on Schedule O		prior Form 99	90 or 990)-EZ?								🗌 Yes	⊠ N	0
services?		If "Yes," desc	nbe thes	e new servic	es on Schedu	ule O						_		
services?		Did the organ	nization d	ease conduc	ting, or make	significant o	changes in how it cond	lucts, any p	rogram					
Describe the organization's program service accomplishments for each of its hiree largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported a (Code) (Expenses \$ 730,918 including grants of \$) (Revenue \$ 1-Hired General Manager for Grocery Store Food Coop Project. 2-Surpassed 700 Food Coop Member-owners 3-Raised \$130,000 in start-up Capital for the North Flint Food Market 4-Purchased grocery store site (\$402 Clin Coad) 5-Hosted Youth Missiness Bootsemp 6-Hired Architect & Engineering firm for grocery store project 7-Hired Store Designer for grocery store Foacured grocery store Financing commitment letters from CS Mott Foundation, Community Foundation of Greater Flint, Ruth Mott Foundation, LISC, IFF, City of Flint, Capital Impact Fartners and Frankenmuth Credit Union. 9-Managed Eagle's Nest Early Learning Center 10-Minager Eagle's Nest Academy b (Code) (Expenses \$												🗌 Yes	X N	o
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	C	(Code		_) (Expense	s \$									

Part IV

61-1583065

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		163	140
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
•	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Χ
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	ı		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			•
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Χ
С	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		X
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Χ	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		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			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
		_	aan /2/	240

Part IV Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Χ 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete Schedule J 23 Χ 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a. Χ Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Х 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? 25b If "Yes," complete Schedule L, Part I 26 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 26 Χ 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Χ 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) 28a 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 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 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Χ 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O Χ Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V.............. Yes No 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 10 **b** Enter the number of Form W-2G included in line 1a Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

	990 (2018) NORTH FLINT REINVESTMENT 61-1583	065		Page 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	İ		ĺ
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	_X_	<u> </u>
	Note . If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	<u> </u>	X
b	If "Yes," enter the name of the foreign country		l	ļ
	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?	<u> </u>	<u> </u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X_
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		├
7	Organizations that may receive deductible contributions under section 170(c).		[
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		<u>X</u>
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?	7c	 	X
ď	If "Yes," indicate the number of Forms 8282 filed during the year	 		77
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g	The organization recover a contribution of quantities interesting property, and the organization metroscopy	7g 7h		X
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	 		
Ü	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.	-		<u> </u>
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoning organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter		<u> </u>	<u> </u>
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 10b	1		
11	Section 501(c)(12) organizations. Enter	1		
а	Gross income from members or shareholders	1	ļ	l
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		1
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	Ī		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
þ	Enter the amount of reserves the organization is required to maintain by the states in which	1		l
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	<u> </u>		L
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O			

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 Enter the number of voting members of the governing body at the end of the tax year 7 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 h Enter the number of voting members included in line 1a, above, who are independent 7 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Χ 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Χ one or more members of the governing body? 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 the year by the following X 8a 8Ь Х Each committee with authority to act on behalf of the governing body? 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) 10a 10a Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Χ 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 13 Χ Did the organization have a written whistleblower policy? 14 Χ 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X Other officers or key employees of the organization 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? 16a 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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website X Upon request Other (explain in Schedule O) Another's website 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 20 State the name, address, and telephone number of the person who possesses the organization's books and records DELORIS FLYNN (810) 787-9019, 1159 E FOSS AVENUE, Flint, MI 48505

Form 990 (2018) NORTH FLINT REINVESTMENT	61-1583065	Page 7

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

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

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

(C) Position (F) (A) (B) (D) (E) (do not check more than one Name and Title Average Reportable Reportable Estimated box, unless person is both an compensation compensation from amount of hours per officer and a director/trustee) week (list any from related other organizations compensation hours for related Individual trustee organization (W-2/1099-MISC) from the Key employee (W-2/1099-MISC) organization omanizations and related below dotted compensated organizations (1) GARY BYAS 2.00 MEMBER Χ 0 0 0 (2) CAROLYN TYLER 2.00 Χ 0 0 MEMBER (3) LEONIA GREEN 2.00 Χ 0 0 0 MEMBER 2.00 (4) ROD GREEN X 0 0 CHAIRMAN (5) CAROLYN DAVIS 2.00 X 0 0 TREASURER (6) DELORIS FLYNN 40.00 X 67,192 0 0 CHIEF FINANCIAL OFFICER 40.00 (7) DORIS CLARKE-MADISON 41,500 X 0 SECRETARY (8) REGINALD FLYNN 40.00 Х 86,422 0 n EXECUTIVE DIRECTOR (9) (10) (11) (12) (13) (14)

Section A.

Part	VIII Section A. Officers, Directors, Trustees, K				(C				<u> </u>	, <u> </u>	
	(A)	(B)	(40.00		Posi				(D)	(E)	(F)
	Name and title	Average					an one both an		Reportable	Reportable	Estimated
		hours per week (list any	office	r and	a dire	ctor/t	trustee)		compensation from	compensation from related	amount of other
		hours for	Indiv or di	Instit	Officer	Key	emp High	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
		related organizations	Individual trustee or director	Institutional trustee	역	employee	est co	er	(W-2/1099-MISC)	(**-2, 1033 111100)	organization
		below dotted line)	trust	ם		уее	ompe				and related organizations
		,	8	stee			Highest compensated employee				_
							8.				
<u>(</u> 15)							,				
								_	-		
(16)											
(17)		_									
<u> </u>		} -									
(18)											_
· -'											
(19)											
(20)											
(24)								_			
<u>(21)</u> _											
(22)											
<u></u>											
(23)_											
								L			
<u>(24)</u>					1						
<u>(</u> 25)											
1b	Sub-total							_		<u> </u>	
c	Total from continuation sheets to Part VII, Section							•			
d	Total (add lines 1b and 1c)							•	195,114	0	0
2	Total number of individuals (including but not limited	to those listed	above	e) wl	no re	ceiv	ed mo	re th	nan \$100,000 of		
	reportable compensation from the organization									0	····
											Yes No
3	Did the organization list any former officer, director, o										3 X
4	employee on line 1a? If "Yes," complete Schedule J for any individual listed on line 1a, is the sum of repo										
4	organization and related organizations greater than \$										
	ındıvıdual · · · · · · · · · · · · · · · · · · ·										4 X
5	Did any person listed on line 1a receive or accrue co										
	for services rendered to the organization? If "Yes," co.	mplete Sched	dule J fo	or su	ich p	erso	on				5 X
Secti	on B. Independent Contractors										
1	Complete this table for your five highest compensate										
	compensation from the organization Report compen	sation for the	calend	dar y	/ear	endi	ing wit	h or	within the organiza	tion's tax	
	year							_	(B)		(C)
	(A) Name and business address								Description of	services	Compensation
	Name and obsiness address								25551911511 011		
	•										
									<u> </u>		
2	Total number of independent contractors (including b			se lis	sted a	abov	ve) wh	0			
	received more than \$100,000 of compensation from	tne organizat	ion								

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) (A) Revenue excluded from tax under sections 512-514 Related or exempt function Unrelated Total revenue business Federated campaigns Contributions, Gifts, Grants and Other Similar Amounts 1b 1c Fundraising events d Related organizations 1d Government grants (contributions) . . 1e All other contributions, gifts, grants, 1f and similar amounts not included above 46,167 Noncash contributions included in lines 1a-1f \$ 46,167 **Business Code** Program Service Revenue 24,981 24,981 2a NEW SCHOOL 561439 480000 132,641 b TRANSPORTATION INCOME 132,641 541610 131,331 131,331 C MANAGEMENT FEES 532000 294,734 294,734 d RENTAL INCOME f All other program service revenue g Total. Add lines 2a-2f · · · · · · · · · · · · · · · · · · ▶ 583,687 Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds (i) Real (II) Personal 6a Gross rents **b** Less rental expenses · · · · c Rental income or (loss) . . . d Net rental income or (loss) · · · · · · · · · · · · · · · ▶ (i) Secunties (ii) Other 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) Other Revenue 8a Gross income from fundraising events (not including of contributions reported on line 1c) See Part IV. line 18 a ${\bf b}$ Less direct expenses $\cdots \cdots {\bf b}$ c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 a ٠, b Less direct expenses b c Net income or (loss) from gaming activities · · · · · · · ▶ 10a Gross sales of inventory, less returns and allowances a b **b** Less cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11a MISC REVENUE 900099 606 606 900099 9,335 9,335 b OTHER INCOME d All other revenue e Total. Add lines 11a-11d 9,941

.

639,795

593,628

0

Total revenue. See instructions

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (B) (C) Program service expenses Management and general expenses Total expenses Fundraising 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 307,581 270,671 36,910 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 12,661 11,142 1,519 10 33,090 29,119 3,971 11 Fees for services (non-employees) а ь (3,033)(3,033)С Accounting 6,223 6,223 d Professional fundraising services See Part IV, line 17 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 5,110 5,110 12 Advertising and promotion 6,467 6,467 13 Office expenses 2,950 248 2,702 14 Information technology 2,645 2,645 15 16 86,649 76,251 10,398 17 11,033 11,033 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 1,338 1,338 20 1,455 1,455 21 22 Depreciation, depletion, and amortization 4,637 4,637 23 14,427 14,427 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) FUEL 15,206 15,206 а BUS LEASE 55,943 55,943 MAINTENANCE EXPENSES 7,696 5,883 1,813 PROGRAM EXPENSES 142,265 142,265 e All other expenses 131,677 127,223 4,454 25 Total functional expenses. Add lines 1 through 24e 846,020 730,918 115,102 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 following SOP 98-2 (ASC 958-720)

Form 990 (2018) 61-1583065 Page 11 NORTH FLINT REINVESTMENT Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 1 1 425,502 200,489 Cash - non-interest-bearing 2 2 Pledges and grants receivable, net 3 3 Accounts receivable, net 4 Δ Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 7 Notes and loans receivable, net 8 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 43,878 10c Less accumulated depreciation 10b 30,893 26,255 11 11 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 456,395 16 226,744 17 Accounts payable and accrued expenses 20,010 17 12,644 18 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D. 21 21 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 40,018 23,958 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 25 26 36,602 26 Total liabilities. Add lines 17 through 25 60,028 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances

27 27 271,129 190,142 125,238 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 33 33 396,367 190,142 34 34 226,744 Total liabilities and net assets/fund balances 456,395

complete lines 27 through 29, and lines 33 and 34.

Form	1990 (2018) NORTH FLINT REINVESTMENT	<u>61-158306</u>	5	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<u>. 🖳</u>
1	Total revenue'(must equal Part VIII, column (A), line 12)	. 1	(539,	795 <u> </u>
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	8	346,0	020
3	Revenue less expenses Subtract line 2 from line 1	. 3	(2	206,2	225)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4		396,3	<u> 367</u>
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	- 6			
7	Investment expenses	. 7		_	
8	Pnor period adjustments	. 8			
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	1	190,1	142
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	<u>.</u>	• • •		<u>. LL</u>
				Yes	No
1	Accounting method used to prepare the Form 990				1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	· · · · · · · · · · · · · · · · · · ·				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				,,
	the Single Audit Act and OMB Circular A-133?		3a		X
b			.		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990 (2	2018)
	•				

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization **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.

OMB No 1545-0047 2018

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

NORTH FLINT REINVESTMENT 61-1583065 Reason for Public Charity Status (All organizations must complete this part) See instructions. Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

Page 2

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

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

Section A. Public Support

Sec	tion A. Fublic Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")		21,800	93,360	370,000	46,167	531,327
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge			_			
4	Total. Add lines 1 through 3 · · · · · ·		21,800	93,360	370,000	46,167	531,327
5	The portion of total contributions by						
	each person (other than a	1					
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						1,248,747
6	Public support Subtract line 5 from line 4 · ·						(717,420
_	tion B. Total Support	1 1 201	1	() 0010	4 11 2047	4 . 2040	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		21,800	93,360	370,000	46,167	<u>531,327</u>
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						531,327
12	Gross receipts from related activities, etc. (se	ee instructions)				12	
13 Sec	First five years. If the Form 990 is for the orgoganization, check this box and stop here tion C. Computation of Public Su	<u> </u>	<u> </u>				▶ 🗌
14	Public support percentage for 2018 (line 6, c		_ -			14	0.00 %
15	Public support percentage from 2017 Schede					15	%
16a	33 1/3% support test - 2018. If the organizat						
	box and stop here. The organization qualifies						▶ □
b	33 1/3% support test - 2017. If the organizat						_
	this box and stop here . The organization qua						▶ 🗍
17a	10%-facts-and-circumstances test - 2018.						
	10% or more, and if the organization meets th	ne "facts-and-circur	mstances" test, check	this box and stop	here. Explain in		
	Part VI how the organization meets the "facts						
	organization						▶ 📋
b	10%-facts-and-circumstances test - 2017.						_
	15 is 10% or more, and if the organization me	-					
	Explain in Part VI how the organization meet	s the "facts-and-cir	rcumstances" test Th	ie organization qua	llifies as a publicly		
							▶ 🔲
18	Private foundation. If the organization did no	ot check a box on li	ne 13, 16a, 16b, 17a,	or 17b, check this	box and see		
	instructions	<u> <u>.</u></u>	<u></u> <u>.</u>	<u></u>	<u> </u>	<u></u>	<u> </u> ▶

Sche		H FLINT REI				61-1583065	Page
Pa	rt III Support Schedule for Or	ganizations D	escribed in Se	ection 509(a)(2)		
	(Complete only if you chec	ked the box or	n line 10 of Par	t I or if the orga	anization failed	I to qualify under	Part II.
	If the organization fails to o	ualify under th	ne tests listed b	elow, please c	omplete Part I	l.)	
Se	ction A. Public Support	, <u>-</u>				, ····	
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 •						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		ļ <u></u>				
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons • • • • •		_				
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b · · · · · · · · · · ·						
8	Public support (Subtract line 7c from				T		
	line 6)						-
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6 · · · · · · · · · · · · · · · · · ·						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
¢	Add lines 10a and 10b · · · · · · · · · · ·					ļ	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c/11, and 12) · · · · · · · · · · · · · · · · · · ·						
14	First five years. If the Form 990 is for the organization, check this box and stop here	anızatıon's first, sec	cond, third, fourth, or	fifth tax year as a	section 501(c)(3)		▶ 📋
Se	ction C. Computation of Public Su						
15	Public support percentage for 2018 (line 8, co)		15	9
16	Public support percentage from 2017 Schedu					16	. 9
Se	ction D. Computation of Investme						
17	Investment income percentage for 2018 (line 1				• • • • • • • • •		
18	Investment income percentage from 2017 Sch					18	9
	33 1/3% support tests - 2018. If the organiza 17 is not more than 33 1/3%, check this box at	nd stop here. The	organization qualifie	s as a publicly sup	ported organization		▶ 🛚
	33 1/3% support tests - 2017. If the organiza line 18 is not more than 33 1/3%, check this bo	ox and stop here.	The organization qua	alifies as a publicly	supported organiza	tion · · · · ·	
20	Private foundation. If the organization did no	t check a box on lin	e 14, 19a, or 19b, c	neck this box and s	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.)

Section A. A	II Supporting	Organizations
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- 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
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- **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
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 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**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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 disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**
 - 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		ļ
	3a		
	3b		
1	3с		
	4a	ļ	<u> </u>
	4b		
	- 40		
1	4c		
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	5b		
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	10a		
	10b		
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Pai	t IV Supporting Organizations (continued)			
<u> </u>			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
ь	A family member of a person described in (a) above?	11b		
С	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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			Í
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		L
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		V	- A1 -
			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	1		
500	the supported organization(s) tion D. All Type III Supporting Organizations			<u> </u>
360	tion b. Air Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			1
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	_	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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 insti	ructio	1 s) .	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b				
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	e insti		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	<u></u>		——
	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	2b		
^	activities but for the organization's involvement.	20		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Put the agreement of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
L	trustees of each of the supported organizations? <i>Provide details in Part VI.</i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
b	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	of its supported organizations. If Tos, describe in Full Frine for played by the organization in the regular.			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiz	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying to	rust o	n Nov. 20, 1970 (explain	ın Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	ations	must complete Sections	s A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
Section A - Adjusted Net Income		(A) FIIUI Teal	(optional)
1 Net short-term capital gain	1		
2 Recovenes of pnor-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)	J		
a Average monthly value of secunties	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
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			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	ıntegi	ated Type III supporting	organization (see
instructions).			

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organiz	ations (continued)	<u> </u>	
Sec	Section D - Distributions				
1	Amounts paid to supported organizations to accomplish exer				
2	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)				
6	Other distributions (describe in Part VI) See instructions.				
7	Total annual distributions. Add lines 1 through 6				
8	Distributions to attentive supported organizations to which the	e organization is respons	ive		
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2018 from Section C, line 6				
10	Line 8 amount divided by Line 9 amount				
s	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018	
1	Distributable amount for 2018 from Section C, line 6		· · · · · · · · · · · · · · · · · · ·		
2	Underdistributions, if any, for years prior to 2018	-			
	(reasonable cause required - explain in Part VI) See				
	instructions				
3	Excess distributions carryover, if any, to 2018				
а	From 2013				
b	From 2014				
С	From 2015				
d	From 2016		<u></u>		
_е	From 2017				
f	Total of lines 3a through e				
	Applied to underdistributions of prior years				
h	Applied to 2018 distributable amount				
<u>i</u>	Carryover from 2013 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2018 from				
	Section D, line 7 \$				
	Applied to underdistributions of prior years				
	Applied to 2018 distributable amount				
	Remainder. Subtract lines 4a and 4b from 4				
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions				
7	Excess distributions carryover to 2019. Add lines 3j				
	and 4c.				
8	Breakdown of line 7.				
	Excess from 2014 · · · ·				
	Excess from 2015 · · · ·				
	Excess from 2016 · · · ·				
	Excess from 2017				
е	Excess from 2018				

Schedule A (Fon	n 990 or 990-EZ) 2018 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b,
	3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information. (See instructions)
	mics 2, 6, and 6 7 to 6 complete time partitle any additional mice in (each mean content)
·	
	

EEA

Schedule A (Form 990 or 990-EZ) 2018

SCHEDULE D (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

61-1583065 NORTH FLINT REINVESTMENT Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 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 funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 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 important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year Total number of conservation easements b Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

	ule D (Form 990) 2018 NORTH FLINT RE						61-15830	
Pai	rt III Organizations Maintaining C	Collections of A	rt, Historic	cal Tre	asures, or	Other Sin	nilar Asset	s (continued)
3	Using the organization's acquisition, accession,	and other records, ch	eck any of the	followin	g that are a sig	gnificant use o	of its	
	collection items (check all that apply)		•			•		
а	Public exhibition	d ∏ Loa	n or exchange	e prograr	ns			
b	Scholarly research	_	er					
С	Preservation for future generations							
4	Provide a description of the organization's collect	tions and explain how	they further (the organ	ızatıon's exem	ot purpose in	Part	
	XIII			3		h - L		
5	During the year, did the organization solicit or rec	reive donations of art	historical trea	asures o	r other similar			
•	assets to be sold to raise funds rather than to be							. ∏Yes ∏No
Par	rt IV Escrow and Custodial Arrang		r the organiza			 	_	<u> </u>
	Complete if the organization ar		n Form 99	0. Part	IV. line 9. c	r reported	an amount	on Form
	990, Part X, line 21.			-,	,			
	Is the organization an agent, trustee, custodian of	or other intermediany f	or contribution	ns or oth	er assets not			
14		·····						. ∏Yes ∏No
h	If "Yes," explain the arrangement in Part XIII and							. 🗌 les 📋 le
	ii res, explain the arrangement in rant xiii and	complete the following	ig table				Amou	
_	Beginning balance					. 1c	Amou	
C	203					1 · · · · ·		
d								
e	Distributions during the year Ending balance							·
f O-								
2a	Did the organization include an amount on Form					•		
	If "Yes," explain the arrangement in Part XIII Chert V Endowment Funds.	eck here if the explan	ation has bee	n provide	on Part XIII			
rai	Complete if the organization ar	noward "Vaa" o	a Form 00	n Bort	IV line 10			
	Complete ii the organization ai							··
		(a) Current year	(b) Pnor y	rear	(c) Two years be	ack (d) Thr	ree years back	(e) Four years back
1a	Beginning of year balance					_ _		
b	Contributions							
С	Net investment earnings, gains, and		l					
	losses	<u> </u>						
d	Grants or scholarships							
е	Other expenditures for facilities and		ļ					
	programs							
f	Administrative expenses							<u></u>
g	End of year balance	L						
2	Provide the estimated percentage of the current	•	e 1g, column	(a)) held	as			
а	Board designated or quasi-endowment	%						
b	Permanent endowment							
С	Temporanly restricted endowment	%						
	The percentages on lines 2a, 2b, and 2c should of	equal 100%						
3a	Are there endowment funds not in the possession	n of the organization	that are held a	and admi	nistered for the	•		
	organization by							Yes No
	(i) unrelated organizations	• • • • • • • • •	• • • • • •					3a(i)
	(ii) related organizations · · · · · · · ·	• • • • • • • • • •	• • • • • •					3a(ii)
b	If "Yes" on line 3a(ii), are the related organization	ns listed as required o	n Schedule R	?				3b
4	Describe in Part XIII the intended uses of the org		nt funds					
Par	t VI Land, Buildings, and Equipm					_		
	Complete if the organization ar	nswered "Yes" o	n Form 990	<u>0, Part</u>	IV, line 11a	. See Forn	<u>n 990, Part</u>	X, line 10.
	Description of property	(a) Cost or oth	er basis ((b) Cost or	other basis	(c) Accumula	ated	(d) Book value
		(investme	ent)	(0	her)	depreciation	on	
1a	Land							
b	Buildings	2	25,290			1	7,623	7,667
С	Leasehold improvements							
d	Equipment							
е	OtherSTMD1	B · · 1	.8,588					18,588
	. Add lines 1a through 1e (Column (d) must equal			10c)			▶	26,255

Schedule D (Form 990) 2018

Schedul D (Form		NVESTMENT	61-15	33065	Page 3
Part VII	Investments - Other Securities.			5	4.0
	Complete if the organization answere	d "Yes" on Form 990, Pa	rt IV, line 11b. See Form 990	Part X, line	12.
٠	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation (c) Method of valuation (c) Cost or end-of-year market		
(1) Financial o	derivatives				
(2) Closely-he	ld equity interests				
(3) Other					
(A)					
(B)		<u> </u>			
(C)				_	
(D)					
(E)					
(F)					
(G)					
(H)					
	must equal Form 990, Part X, col (B) line 12)				
Part VIII	Investments - Program Related.	d \/ F 000 Da	et IV line 11e See Form 000	Dort V line (12
	Complete if the organization answere	d tes on Form 990, Pa	irt IV, line TTC See Form 990,	Part A, line	13.
	(a) Description of investment	(b) Book value	(c) Method of valuate Cost or end-of-year market		
(1)					
(2)					
(3)					
_(4)					
(5)					
(6)					
(8)					
(9)					
Part IX	must equal Form 990, Part X col (B) line 13) Other Assets.				
FaitiA	Complete if the organization answere	d "Yes" on Form 990. Pa	art IV line 11d. See Form 990	Part X line	15
		escription		(b) Book valu	
(1)	(a) U	esa ipilori		(B) Book value	<u> </u>
(2)		······································			
(3)		-·			
(4)					
(5)					
(6)		· · · · · · · · · · · · · · · · · · ·			
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col (B) line 15)		<u> </u>		
Part X	Other Liabilities. Complete if the organization answere	d "Yes" on Form 990, Pa	art IV, line 11e or 11f. See For	m 990, Part X	۲,
	line 25.	/h) D- 1 -1 -1	1		
1. (1) Federal i	(a) Description of liability	(b) Book value	_		
(2)	TOOTHO MACO		_		
(3)			1	ŕ	
(4)			1	¢	
(5)			7		
(6)			1		
(7)		.	7		
(8)			7		
(9)			1		
	must equal Form 990, Part X, col. (B) line 25.)		7		
	uncertain tax positions. In Part XIII, provide the text	of the feetness to the organizati	on's financial statements that reports t	20	

Sched	D (Form 990) 2018 NORTH FLINT REINVESTMENT	61-1583065	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Return.	<u>-</u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	639,795
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities	-	
C	Recoveries of pnor year grants	7	
d	Other (Describe in Part XIII)	7	
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1	3	639,795
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		039,193
a		- 	
b	Carlo (Describe III)	 -	
C	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	639,795
Pai	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements	1	846,020
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
đ	Other (Describe in Part XIII) 2d		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1	3	846,020
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIII)	-	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	846,020
Pai	t XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part	t X. line	
	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information	,	
_,			
			·
			

Schedule D (Form 990) 2018

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SC HEDULE O

(Form 990 or 990-EZ)

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection
Employer identification number

NORTH FLINT REINVESTMENT	61-1583065
01. Officer, directors, etc. family relationship (Part VI, line 2)	
THE EXECUTIVE DIRECTOR, DR REGINALD FLYNN IS ESPOUSAL TO MRS DELORIS FLYNN,	CHIEF
FINANCIAL OFFICER AND GRANT MANAGER.	
02. Committee meeting documentation (Part VI, line 8b)	
COMMITTEE DOCUMENTS ARE MAINTAINED FOR EACH BOARD MEETING.	<u> </u>
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 O	F 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 D	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,
08. List of other expenses (Part IX, line 24e)	