

Form **990**

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

OMB No. 1545-0047

2005

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

for the **2005** calendar year, or tax year beginning _____, and ending _____

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return
 - Amended return
 - Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
COMMUNITY FOUNDATION OF ST. CLAIR COUNTY

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
516 MCMORRAN BLVD.

City or town, state or country, and ZIP + 4
PORT HURON MI 48060

D Employer identification no.
38-1872132

E Telephone number
810-984-4761

F Accounting method: Cash Accrual Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates Yes No

H(c) Are all affiliates included? Yes No (If "No," attach a list. See instr.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: **WWW.STCLAIRFOUNDATION.ORG**

J Organization type (check only one) 501(c) (**3**) (insert no.) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **32,353,642**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

| | | | | | | |
|------------|--|--|----------------|-------------------|------------|-----------|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received: | | | | |
| | a | Direct public support | 1a | 2,336,792 | | |
| | b | Indirect public support | 1b | | | |
| | c | Government contributions (grants) | 1c | | | |
| | d | Total (add lines 1a through 1c) (cash \$ 2,336,792 noncash \$) | 1d | | 2,336,792 | |
| | 2 | Program service revenue including government fees and contracts (from Part VII, line 93) | 2 | | | |
| | 3 | Membership dues and assessments | 3 | | | |
| | 4 | Interest on savings and temporary cash investments | 4 | | 39,410 | |
| | 5 | Dividends and interest from securities | 5 | | 629,017 | |
| | 6a | Gross rents | 6a | | | |
| | b | Less: rental expenses | 6b | | | |
| | c | Net rental income or (loss) (subtract line 6b from line 6a) | 6c | | | |
| 7 | Other investment income (describe SEE STATEMENT 1) | 7 | | 10,726 | | |
| Revenue | 8a | Gross amount from sales of assets other than inventory | (A) Securities | 29,337,697 | 8a | |
| | b | Less: cost or other basis and sales expenses | | 27,844,867 | 8b | |
| | c | Gain or (loss) (attach schedule) | | 1,492,830 | 8c | |
| | d | Net gain or (loss) (combine line 8c, columns (A) and (B)) | | SEE STMT 2 | 8d | 1,492,830 |
| | 9 | Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/> | | | | |
| | a | Gross revenue (not including \$ of contributions reported on line 1a) | 9a | | | |
| Revenue | b | Less: direct expenses other than fundraising expenses | 9b | | | |
| | c | Net income or (loss) from special events (subtract line 9b from line 9a) | 9c | | | |
| | 10a | Gross sales of inventory, less returns and allowances | 10a | | | |
| | b | Less: cost of goods sold | 10b | | | |
| | c | Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) | 10c | | | |
| | 11 | Other revenue (from Part VII, line 103) | 11 | | | |
| | 12 | Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) | 12 | | 4,508,775 | |
| Expenses | 13 | Program services (from line 44, column (B)) | 13 | | 2,051,102 | |
| | 14 | Management and general (from line 44, column (C)) | 14 | | 610,251 | |
| | 15 | Fundraising (from line 44, column (D)) | 15 | | | |
| | 16 | Payments to affiliates (attach schedule) | 16 | | | |
| | 17 | Total expenses (add lines 16 and 44, column (A)) | 17 | | 2,661,353 | |
| Net Assets | 18 | Excess or (deficit) for the year (subtract line 17 from line 12) | 18 | | 1,847,422 | |
| | 19 | Net assets or fund balances at beginning of year (from line 73, column (A)) | 19 | | 25,730,298 | |
| | 20 | Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3 | 20 | | -807,175 | |
| | 21 | Net assets or fund balances at end of year (combine lines 18, 19, and 20) | 21 | | 26,770,545 | |

Form **8868**

(Rev. December 2004)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

- You are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- You are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time- Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension-check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

| | | |
|---|--|---|
| Type or print File by the due date for filing your return. See instructions. | Name of Exempt Organization COMMUNITY FOUNDATION OF ST. CLAIR COUNTY | Employer identification number 38-1872132 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 516 MCMORRAN BLVD. | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. PORT HURON MI 48060 | |

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

Books are in the care of ▶ **KAREN A. LEE**

Telephone No. ▶ **810-984-4761** FAX No. ▶

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

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **8/15/06**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year **2005** or
- ▶ tax year beginning , and ending

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Part II

Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

| Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I. | | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|--|-----|------------------|----------------------|----------------------------|-----------------|
| Grants and allocations (attach schedule) STMT 4 | | | | | |
| (cash \$ 2,030,992 non-cash \$ 14,000) | 22 | 2,044,992 | 2,044,992 | | |
| If this amount includes foreign grants, check here <input type="checkbox"/> | | | | | |
| 23 Specific assistance to individuals (attach schedule) <input type="checkbox"/> | 23 | | | | |
| 24 Benefits paid to or for members (attach schedule) <input type="checkbox"/> | 24 | | | | |
| 25 Compensation of officers, directors, etc. | 25 | | | | |
| 26 Other salaries and wages | 26 | 300,289 | | 300,289 | |
| 27 Pension plan contributions | 27 | | | | |
| 28 Other employee benefits | 28 | 36,107 | | 36,107 | |
| 29 Payroll taxes | 29 | 26,593 | | 26,593 | |
| 30 Professional fundraising fees | 30 | | | | |
| 31 Accounting fees | 31 | 14,500 | | 14,500 | |
| 32 Legal fees | 32 | | | | |
| 33 Supplies | 33 | 5,704 | | 5,704 | |
| 34 Telephone | 34 | 2,579 | | 2,579 | |
| 35 Postage and shipping | 35 | 5,310 | | 5,310 | |
| 36 Occupancy | 36 | 32,482 | | 32,482 | |
| 37 Equipment rental and maintenance | 37 | 5,249 | | 5,249 | |
| 38 Printing and publications | 38 | 3,590 | | 3,590 | |
| 39 Travel | 39 | | | | |
| 40 Conferences, conventions, and meetings | 40 | 7,898 | | 7,898 | |
| 41 Interest | 41 | | | | |
| 42 Depreciation, depletion, etc. (attach schedule) | 42 | 27,951 | | 27,951 | |
| 43 Other expenses not covered above (itemize): | | | | | |
| a SEE STATEMENT 5 | 43a | 148,109 | 6,110 | 141,999 | |
| b | 43b | | | | |
| c | 43c | | | | |
| d | 43d | | | | |
| e | 43e | | | | |
| f | 43f | | | | |
| g | 43g | | | | |
| 44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) | 44 | 2,661,353 | 2,051,102 | 610,251 | 0 |

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____ ; (ii) the amount allocated to Program services \$ _____ ;

(iii) the amount allocated to Management and general \$ _____ ; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on this return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

▶ **SEE STATEMENT 6**

Program Service Expenses
(Required for 501(c)(3) & (4) orgs., & 4947(a)(1) trusts; but optional for others.)

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

a SEE SCHEDULE FOR PART II LINE 22

(Grants and allocations \$ **2,044,992**) If this amount includes foreign grants, check here ▶ **2,044,992**

b YOUTH ADVISORY COUNCIL FUND PROGRAM EXPENSES

(Grants and allocations \$) If this amount includes foreign grants, check here ▶ **6,110**

c

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

d

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶ **2,051,102**

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

| | | (A) Beginning of year | | (B) End of year | | |
|-----------------------------|---|--|--|--------------------|------------|-----------|
| Assets | 45 | Cash-non-interest-bearing | | 45 | | |
| | 46 | Savings and temporary cash investments | 1,173,436 | 46 | 677,350 | |
| | 47a | Accounts receivable | 47a | | | |
| | b | Less: allowance for doubtful accounts | 47b | | 47c | |
| | 48a | Pledges receivable | 48a | 282,724 | | |
| | b | Less: allowance for doubtful accounts | 48b | | 48c | |
| | 49 | Grants receivable | | 49 | | |
| | 50 | Receivables from officers, directors, trustees, and key employees (attach schedule) | | 50 | | |
| | 51a | Other notes and loans receivable (attach schedule) | 51a | | | |
| | b | Less: allowance for doubtful accounts | 51b | | 51c | |
| | 52 | Inventories for sale or use | | 52 | | |
| | 53 | Prepaid expenses and deferred charges | | 53 | | |
| | 54 | Investments-securities | <input type="checkbox"/> Cost <input type="checkbox"/> FMV | | 54 | |
| | 55a | Investments-land, buildings, and equipment: basis | 55a | | | |
| b | Less: accumulated depreciation (attach schedule) | 55b | | 55c | | |
| 56 | Investments-other (attach schedule) | SEE STMT 7 | 26,082,876 | 56 | 27,534,221 | |
| 57a | Land, buildings, and equipment: basis | 57a | 319,299 | | | |
| b | Less: accumulated depreciation (attach schedule) | 57b | 129,954 | 57c | 189,345 | |
| 58 | Other assets (describe SEE STATEMENT 9) | | 260,621 | 58 | 285,929 | |
| 59 | Total assets (must equal line 74). Add lines 45 through 58. | | 27,914,951 | 59 | 28,969,569 | |
| Liabilities | 60 | Accounts payable and accrued expenses | 19,771 | 60 | 32,773 | |
| | 61 | Grants payable | 317,328 | 61 | 304,636 | |
| | 62 | Deferred revenue | 1,416 | 62 | | |
| | 63 | Loans from officers, directors, trustees, and key employees (attach schedule) | | 63 | | |
| | 64a | Tax-exempt bond liabilities (attach schedule) | | 64a | | |
| | b | Mortgages and other notes payable (attach schedule) | | 64b | | |
| | 65 | Other liabilities (describe SEE STATEMENT 10) | | 1,846,138 | 65 | 1,861,615 |
| 66 | Total liabilities. Add lines 60 through 65. | | 2,184,653 | 66 | 2,199,024 | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74. | | | | | |
| | 67 | Unrestricted | 3,542,424 | 67 | 26,386,265 | |
| | 68 | Temporarily restricted | 3,310,584 | 68 | 384,280 | |
| | 69 | Permanently restricted | 18,877,290 | 69 | | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74. | | | | | |
| | 70 | Capital stock, trust principal, or current funds | | 70 | | |
| | 71 | Paid-in or capital surplus, or land, building, and equipment fund | | 71 | | |
| | 72 | Retained earnings, endowment, accumulated income, or other funds | | 72 | | |
| 73 | Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) | | 25,730,298 | 73 | 26,770,545 | |
| 74 | Total liabilities and net assets/fund balances. Add lines 66 and 73. | | 27,914,951 | 74 | 28,969,569 | |

Part VI Other Information (continued)

| | | Yes | No |
|-----|--|-----|-----|
| 82a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) | | X |
| 82b | | | |
| 83a | Did the organization comply with the public inspection requirements for returns and exemption applications? | X | |
| 83b | Did the organization comply with the disclosure requirements relating to quid pro quo contributions? | | N/A |
| 84a | Did the organization solicit any contributions or gifts that were not tax deductible? | | X |
| 84b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | N/A |
| 85a | 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? | | N/A |
| 85b | Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year. | | N/A |
| 85c | Dues, assessments, and similar amounts from members | | |
| 85d | Section 162(e) lobbying and political expenditures | | |
| 85e | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | | |
| 85f | Taxable amount of lobbying and political expenditures (line 85d less 85e) | | |
| 85g | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? | | N/A |
| 85h | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | | N/A |
| 86a | 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 | | |
| 86b | Gross receipts, included on line 12, for public use of club facilities | | |
| 87a | 501(c)(12) orgs. Enter: a Gross income from members or shareholders | | |
| 87b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | | |
| 88 | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX | | X |
| 89a | 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0 | | |
| 89b | 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction | | X |
| | Enter: Amount of tax imposed on the organization managers or disqualified persons during the year sections 4912, 4955, and 4958 ▶ 0 | | |
| | Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0 | | |
| 90a | List the states with which a copy of this return is filed ▶ MI | | |
| 90b | Number of employees employed in the pay period that includes March 12, 2005 (See instructions.) | | 5 |
| 91a | The books are in care of ▶ KAREN A. LEE 516 MCMORRAN BLVD Located at ▶ PORT HURON, MI Telephone no. ▶ 810-984-4761 ZIP + 4 ▶ 48060 | | |
| 91b | 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)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | X |
| 91c | At any time during the calendar year, did the organization maintain an office outside of the United States? | | X |
| 92 | If "Yes," enter the name of the foreign country ▶ | | |
| | Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 | | |

**SCHEDULE A
(Form 990 or 990-EZ)**

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

2005

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization: **COMMUNITY FOUNDATION OF ST. CLAIR COUNTY** Employer identification number: **38-1872132**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Comp. | (d) Contrib. to empl. ben. plans & deferred comp. | (e) Expense account & other allowances |
|--|--|-----------|---|--|
| RANDY MAIERS 3773 ARLINGTON FORT GRATIOT MI 48059 | PRESIDENT 40 | 123,558 | 8,707 | 0 |
| KAREN A. LEE 4050 TARA BROOK LANE PORT HURON MI 48060 | CONTROLLER 40 | 51,400 | 1,542 | 0 |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over \$50,000 ▶ | | 0 | | |

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services ▶ | | |

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| Total number of other contractors receiving over \$50,000 for other services ▶ | | |

| Part III Statements About Activities (See page 2 of the instructions.) | | Yes | No |
|---|---|----------|----------|
| 1 | During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. | | X |
| 2 | During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) | | |
| a | Sale, exchange, or leasing of property? | | X |
| b | Lending of money or other extension of credit? | | X |
| c | Furnishing of goods, services, or facilities? | | X |
| d | Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? | | X |
| e | Transfer of any part of its income or assets? | | X |
| 3a | Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) SEE STATEMENT 15 | X | |
| b | Do you have a section 403(b) annuity plan for your employees? | | X |
| c | During the year, did the organization receive a contribution of qualified real property interest under section 170(h)? | | X |
| 4a | Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? | | X |
| b | Do you provide credit counseling, debt management, credit repair, or debt negotiation services? | | X |

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state ▶** _____
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

| (a) Name(s) of supported organization(s) | (b) Line number from above |
|--|----------------------------|
| | |
| | |
| | |

- 14** An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

| Calendar year (or fiscal year beginning in) | (a) 2004 | (b) 2003 | (c) 2002 | (d) 2001 | (e) Total |
|---|-----------|-----------|-----------|-----------|-----------|
| Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) | 3,887,213 | 2,549,072 | 558,785 | 417,217 | 7,412,287 |
| 16 Membership fees received | | | | | 0 |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose | | | | | 0 |
| 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 | 567,469 | 452,781 | 504,426 | 757,840 | 2,282,516 |
| 19 Net income from unrelated business activities not included in line 18 | | | | | 0 |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | 0 |
| 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge | | | | | 0 |
| 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets | | | | | 0 |
| 23 Total of lines 15 through 22 | 4,454,682 | 3,001,853 | 1,063,211 | 1,175,057 | 9,694,803 |
| 24 Line 23 minus line 17 | 4,454,682 | 3,001,853 | 1,063,211 | 1,175,057 | 9,694,803 |
| 25 Enter 1% of line 23 | 44,547 | 30,019 | 10,632 | 11,751 | |

| | | |
|--|-----|-----------|
| 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 | 26a | 193,896 |
| b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts | 26b | |
| c Total support for section 509(a)(1) test: Enter line 24, column (e) | 26c | 9,694,803 |
| d Add: Amounts from column (e) for lines: 18 <u>2,282,516</u> 19 _____ | 26d | 2,282,516 |
| 22 _____ 26b _____ | 26e | 7,412,287 |
| e Public support (line 26c minus line 26d total) | 26e | 7,412,287 |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) | 26f | 76.4563% |

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A

(2004) _____ (2003) _____ (2002) _____ (2001) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A

(2004) _____ (2003) _____ (2002) _____ (2001) _____

| | | |
|--|-----|---|
| c Add: Amounts from column (e) for lines: 15 _____ 16 _____ | 27c | |
| 17 _____ 20 _____ 21 _____ | 27d | |
| d Add: Line 27a total _____ and line 27b total _____ | 27e | |
| e Public support (line 27c total minus line 27d total) | 27e | |
| f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) | 27f | |
| g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) | 27g | % |
| h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) | 27h | % |

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

| | N/A | Yes | No |
|--|-----|-----|----|
| 29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | 29 | | |
| 30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | 30 | | |
| 31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? | 31 | | |
| If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) | | | |
| 32 Does the organization maintain the following: | | | |
| a Records indicating the racial composition of the student body, faculty, and administrative staff? | 32a | | |
| b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 32b | | |
| c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | 32c | | |
| d Copies of all material used by the organization or on its behalf to solicit contributions? | 32d | | |
| If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) | | | |
| 33 Does the organization discriminate by race in any way with respect to: | | | |
| a Students' rights or privileges? | 33a | | |
| b Admissions policies? | 33b | | |
| c Employment of faculty or administrative staff? | 33c | | |
| d Scholarships or other financial assistance? | 33d | | |
| e Educational policies? | 33e | | |
| f Use of facilities? | 33f | | |
| g Athletic programs? | 33g | | |
| h Other extracurricular activities? | 33h | | |
| If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) | | | |
| 34a Does the organization receive any financial aid or assistance from a governmental agency? | 34a | | |
| b Has the organization's right to such aid ever been revoked or suspended? | 34b | | |
| If you answered "Yes" to either 34a or b, please explain using an attached statement. | | | |
| 35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation | 35 | | |

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

| | | (a) Affiliated group totals | (b) To be completed for ALL electing organizations |
|----|---|---|---|
| 36 | Total lobbying expenditures to influence public opinion (grassroots lobbying) | 36 | |
| 37 | Total lobbying expenditures to influence a legislative body (direct lobbying) | 37 | |
| 38 | Total lobbying expenditures (add lines 36 and 37) | 38 | |
| 39 | Other exempt purpose expenditures | 39 | |
| 40 | Total exempt purpose expenditures (add lines 38 and 39) | 40 | |
| 41 | Lobbying nontaxable amount. Enter the amount from the following table- | | |
| | If the amount on line 40 is- | | |
| | The lobbying nontaxable amount is- | | |
| | Not over \$500,000 | 20% of the amount on line 40 | |
| | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | |
| | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | 41 |
| | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | |
| | Over \$17,000,000 | \$1,000,000 | |
| 42 | Grassroots nontaxable amount (enter 25% of line 41) | 42 | |
| 43 | Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 | 43 | |
| 44 | Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 | 44 | |

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the instructions for lines 45 through 50 on page 11 of the instructions.)

| Calendar year (or fiscal year beginning in) ▶ | Lobbying Expenditures During 4-Year Averaging Period | | | | |
|--|--|-------------|-------------|-------------|--------------|
| | (a) 2005 | (b) 2004 | (c) 2003 | (d) 2002 | (e) Total |
| 45 | Lobbying nontaxable amount | | | | |
| 46 | Lobbying ceiling amount (150% of line 45(e)) | | | | |
| 47 | Total lobbying expenditures | | | | |
| 48 | Grassroots nontaxable amount | | | | |
| 49 | Grassroots ceiling amount (150% of line 48(e)) | | | | |
| 50 | Grassroots lobbying expenditures | | | | |

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.) **N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines through c h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines through c h.)

| Yes | No | Amount |
|-----|----|--------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors
Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2005

| | |
|---|---|
| Name of organization COMMUNITY FOUNDATION OF ST. CLAIR COUNTY | Employer identification number 38-1872132 |
|---|---|

Organization type (check one):

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

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

General Rule-

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test under Regulations sections 1.509(a)-3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

| | |
|--|---|
| Name of organization COMMUNITY FOUNDATION OF | Employer identification number 38-1872132 |
|--|---|

Part I Contributors (See Specific Instructions.)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|--|--------------------------------|--|
| 1 | <u>MR. AND MRS. JAMES C. ACHESON FUND</u> <u>600 FORT STREET SUITE 101</u> <hr/> <u>PORT HURON</u> <u>MI 48060</u> | \$ <u>820,411</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 2 | <u>ESTATE OF FATHER DONALD BARTONE</u> <u>4929 SKYLINE LANE</u> <hr/> <u>WASHINGTON</u> <u>MI 48094</u> | \$ <u>173,493</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 3 | <u>ESTATE OF THOMAS TRELEAVEN</u> <u>901 HURON AVENUE</u> <hr/> <u>PORT HURON</u> <u>MI 48060</u> | \$ <u>174,392</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 4 | <u>ESTATE OF VERA FULLER HANSEN</u> <u>721 ST. CLAIR RIVER DR. PO BOX 333</u> <hr/> <u>ALGONAC</u> <u>MI 48001</u> | \$ <u>637,608</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 5 | <u>ESTATE OF MARGARET LUTZ</u> <u>611 WOODWARD</u> <hr/> <u>DETROIT</u> <u>MI 48226</u> | \$ <u>67,500</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| — | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

Statement 1 - Form 990, Part I, Line 7 - Other Investment Income

| <u>Description</u> | <u>Amount</u> |
|-----------------------------|-------------------------|
| INCREASE IN CSV OF LIFE INS | \$ <u>10,726</u> |
| TOTAL | \$ <u><u>10,726</u></u> |

Federal Statements

Statement 2 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Securities

| Desc | How Rec'd | Whom Sold | Date Acquired | Date Sold | Sale Price | Cost & Expense | Deprec | Gain/ -Loss |
|----------------------------|-----------|-----------|---------------|-----------|--------------------|--------------------|----------|--------------------|
| PUBLICLY TRADED SECURITIES | | | | | \$ 29337697 | \$ 27844867 | | \$1,492,830 |
| TOTAL | | | | | <u>\$ 29337697</u> | <u>\$ 27844867</u> | <u>0</u> | <u>\$1,492,830</u> |

Statement 3 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

| <u>Description</u> | <u>Amount</u> |
|--|--------------------|
| NET UNREALIZED GAINS ON INVESTMENTS | \$ -795,923 |
| OTH AMTS INCLUDED ON FINANCIAL STMTS NOT ON RETURN | 17,017 |
| GRANTS TO AGENCY ENDOWMENT FUNDS | 5,596 |
| TRUST MANAGEMENT FEES INCURRED ON AGENCY | 7,195 |
| INTEREST AND DIVIDENDS EARNED ON ENDOWMENT FUNDS | -12,102 |
| REALIZED GAIN ON INVESTMENTS ON AGENCY ENDOWMENT | -28,958 |
| TOTAL | <u>\$ -807,175</u> |

3383 COMMUNITY FOUNDATION OF
 38-1872132
 FYE: 12/31/2005

Federal Statements

Statement 4 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions

| Name Address | Date of Gift | Description of Property | Relationship to Org | Class of Activity | Cash Contrib | NonCash Contrib | Book Value | BV Explanth | FMV Explanth |
|-------------------------------------|--------------|-------------------------|---------------------|--------------------|--------------|-----------------|------------|-------------|--------------|
| PORT HURON HOSPITAL | | CASH | \$ | HEALTH SERVICES | 1,142 | \$ | | | |
| GIRL SCOUTS | | CASH | | YOUTH PROGRAMS | 422 | | | | |
| BOY SCOUTS | | CASH | | YOUTH PROGRAMS | 11,545 | | | | |
| UNITED WAY OF SCC | | PRINTED MATERIALS | | HEALTH SERVICES | | 14,000 | | | |
| UNITED WAY OF SCC | | CASH | | HEALTH SERVICES | 1,116 | | | | |
| THE ARC OF SCC | | CASH | | HEALTH SERVICES | 2,304 | | | | |
| SAFE HORIZONS | | CASH | | HEALTH SERVICES | 20,000 | | | | |
| MARWOOD MANOR NURSING HOME | | CASH | | HEALTH SERVICES | 7,364 | | | | |
| SONS | | CASH | | PARKS AND REC | 15,988 | | | | |
| CITY OF PORT HURON - REC DEPARTMENT | | CASH | | YOUTH PROGRAMS | 4,860 | | | | |
| INTERNATIONAL SYMPHONY ORCHESTRA | | CASH | | YOUTH PROGRAMS | 28,506 | | | | |
| THE PORT HURON MUSICALE | | CASH | | YOUTH PROGRAMS | 5,562 | | | | |
| SCC CHILD ABUSE/NEGLECT COUNCIL | | CASH | | YOUTH PROGRAMS | 1,340 | | | | |
| YMCA | | CASH | | COMMUNITY PROGRAMS | 200 | | | | |
| PH MUSEUM OF ARTS AND HISTORY | | CASH | | COMMUNITY PROGRAMS | 175,615 | | | | |
| VISITING NURSE ASSOC | | CASH | | HEALTH SERVICES | 20,000 | | | | |
| SCC-FIA | | CASH | | HEALTH SERVICES | 5,000 | | | | |

Federal Statements

**Statement 4 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions
 (continued)**

| Name Address | Date of Gift | Description of Property | Relationship to Org | Cash Contrib | NonCash Contrib | Book Value | BV Explanth | FMV Explanth |
|-------------------------------------|-----------------|----------------------------|------------------------|-----------------|--------------------|---------------|----------------|-----------------|
| SCC-DEPT OF HUMAN SERVICES | | CASH | \$ | 5,000 | HEALTH SERVICES | | | |
| YALE UNITED METHODIST CHURCH | | CASH | | 528 | COMMUNITY PROGRAMS | | | |
| ALGONAC-CLAY TWP HISTORICAL SOCIETY | | CASH | | 833 | COMMUNITY PROGRAMS | | | |
| FORT GRATIOT MIDDLE SCHOOL | | CASH | | 100 | YOUTH PROGRAMS | | | |
| MAINSTREET PORT HURON, INC | | CASH | | 5,748 | COMMUNITY PROGRAMS | | | |
| PORT HURON LITTLE LEAGUE | | CASH | | 5,000 | YOUTH PROGRAMS | | | |
| SANBORN-GRATIOT MEMORIAL HOME | | CASH | | 239 | HEALTH SERVICES | | | |
| MERCY MARYDALE CENTER | | CASH | | 300 | HEALTH SERVICES | | | |
| TRI HOSPITAL EMS | | CASH | | 500 | HEALTH SERVICES | | | |
| SALVATION ARMY | | CASH | | 4,800 | COMMUNITY PROGRAMS | | | |
| PEOPLES CLINIC FOR BETTER HEALTH | | CASH | | 2,700 | HEALTH SERVICES | | | |
| PORT HURON HOSPITAL FOUNDATION | | CASH | | 605 | HEALTH SERVICES | | | |
| FEAST OF STE CLAIRES | | CASH | | 1,000 | COMMUNITY PROGRAMS | | | |
| YALE JUNIOR HS | | CASH | | 140 | YOUTH PROGRAMS | | | |
| SVSU | | CASH | | 4,800 | SCHOLARSHIPS | | | |
| U OF M | | CASH | | 10,000 | SCHOLARSHIPS | | | |
| SCCCC | | CASH | | 11,177 | SCHOLARSHIPS | | | |

3383 COMMUNITY FOUNDATION OF
 38-1872132
 FYE: 12/31/2005

Federal Statements

Statement 4 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions (continued)

| Name Address | Date of Gift | Description of Property | Relationship to Org | Cash Contrib | NonCash Contrib | Book Value | BV Explantn | FMV Explantn |
|------------------------------------|-----------------|----------------------------|------------------------|-----------------|----------------------|---------------|----------------|-----------------|
| MSU | | CASH | \$ | 7,400 | \$ | | | |
| | | | | | SCHOLARSHIPS | | | |
| MTU | | CASH | | 1,000 | SCHOLARSHIPS | | | |
| GVSU | | CASH | | 1,300 | SCHOLARSHIPS | | | |
| HOPE COLLEGE | | CASH | | 1,000 | SCHOLARSHIPS | | | |
| ALGONAC COMMUNITY SCHOOLS | | CASH | | 1,885 | YOUTH PROGRAMS | | | |
| WOODROW WILSON ELEMENTARY | | CASH | | 887 | YOUTH PROGRAMS | | | |
| ST. JOHN RIVER DISTRIC HOSPITAL | | CASH | | 4,853 | HEALTH SERVICES | | | |
| EMU | | CASH | | 800 | SCHOLARSHIPS | | | |
| ALGONAC ELEMENTARY | | CASH | | 599 | YOUTH PROGRAMS | | | |
| HARSENS ISLAND ELEMENTARY | | CASH | | 200 | YOUTH PROGRAMS | | | |
| PORT HURON NORTHERN HS | | CASH | | 326 | YOUTH PROGRAMS | | | |
| MARINE CITY SCHOLARSHIP FOUNDATION | | CASH | | 415 | SCHOLARSHIPS | | | |
| CMU-FINANCIAL AID | | CASH | | 1,280 | SCHOLARSHIPS | | | |
| ALBION COMMUNITY COLLEGE | | CASH | | 300 | SCHOLARSHIPS | | | |
| BAKER COLLEGE OF PH | | CASH | | 500 | SCHOLARSHIPS | | | |
| EOC | | CASH | | 684,535 | COMMUNITY REDEVELOP. | | | |
| MID CITY NUTRITION | | CASH | | 2,700 | HEALTH SERVICES | | | |

3383 COMMUNITY FOUNDATION OF
 38-1872132
 FYE: 12/31/2005

Federal Statements

Statement 4 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions (continued)

| Name Address | Date of Gift | Description of Property | Relationship to Org | Cash Contrib | NonCash Contrib | Book Value | BV Explantn | FMV Explantn |
|----------------------------------|--------------|-------------------------|---------------------|--------------|-----------------|------------|--------------------|--------------|
| MORTON ELEMENTARY SCHOOL | | CASH | NONE | \$ | 379 | \$ | YOUTH PROGRAMS | |
| FAIR HAVEN ELEMENTARY | | CASH | NONE | | 200 | | YOUTH PROGRAMS | |
| WASHINGTON ELEMENTARY | | CASH | NONE | | 140 | | YOUTH PROGRAMS | |
| BW CENTER FOR INDEPENDENT LIVING | | CASH | NONE | | 60 | | HEALTH SERVICES | |
| CITY OF ST CLAIR | | CASH | NONE | | 8,000 | | PARKS AND REC | |
| UNIVERSITY OF DETROIT-MERCY | | CASH | NONE | | 680 | | SCHOLARSHIPS | |
| WAYNE STATE UNIVERSITY | | CASH | NONE | | 6,000 | | SCHOLARSHIPS | |
| SCC HEALTH DEPT | | CASH | NONE | | 4,700 | | HEALTH SERVICES | |
| THE HARBOR | | CASH | NONE | | 7,953 | | COMMUNITY PROGRAMS | |
| DOWNRIVER REC COMMISSION | | CASH | NONE | | 20 | | PARKS AND REC | |
| FERRIS STATE UNIV | | CASH | NONE | | 300 | | SCHOLARSHIP | |
| PH NORTHERN HS SPECIAL EDUCATION | | CASH | NONE | | 350 | | YOUTH PROGRAMS | |
| PALMS ELEMENTARY SCHOOL | | CASH | NONE | | 84 | | YOUTH PROGRAMS | |
| ST EDWARD ELEMENTARY | | CASH | NONE | | 90 | | YOUTH PROGRAMS | |
| MEMPHIS PUBLIC SCHOOLS | | CASH | NONE | | 1,350 | | YOUTH PROGRAMS | |
| CITY OF ALGONAC | | CASH | NONE | | 8,000 | | PARKS AND REC | |
| BW PREGNANCY CARE CENTER | | CASH | NONE | | 13,380 | | HEALTH SERVICES | |

Federal Statements

**Statement 4 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions
 (continued)**

| Name Address | Date of Gift | Description of Property | Relationship to Org | Cash Contrib | NonCash Contrib | Class of Activity | Book Value | BV Explanth | FMV Explnth |
|-------------------------------------|--------------|-------------------------|---------------------|--------------|-----------------|----------------------|------------|-------------|-------------|
| WMU | | NONE | | | | SCHOLARSHIPS | | | |
| FOOD BANK OF EASTERN MI | | CASH | \$ | 1,585 | \$ | HEALTH SERVICES | | | |
| THOMAS EDISON ELEMENTARY | | CASH | | 7,800 | | YOUTH PROGRAMS | | | |
| KIDS IN DISTRESS SERVICES | | CASH | | 735 | | YOUTH PROGRAMS | | | |
| U OF NORTHERN OHIO | | CASH | | 5,000 | | YOUTH PROGRAMS | | | |
| ROOSEVELT ELEMENTARY | | CASH | | 6,800 | | SCHOLARSHIP | | | |
| CLEVELAND ELEMENTARY | | CASH | | 3,200 | | YOUTH PROGRAMS | | | |
| KEEWAHDIN ELEMENTARY | | CASH | | 3,400 | | YOUTH PROGRAMS | | | |
| ALMA COLLEGE | | CASH | | 700 | | YOUTH PROGRAMS | | | |
| AQUINAS COLLEGE | | CASH | | 5,600 | | SCHOLARSHIP | | | |
| MOBILE DENTIST, INC | | CASH | | 1,000 | | SCHOLARSHIP | | | |
| MOTHER HILL'S HOUSE OF HOPE | | CASH | | 585 | | HEALTH SERVICES | | | |
| ALGONAC LIONS CHARITIES, INC | | CASH | | 6,000 | | COMMUNITY PROGRAMS | | | |
| PH ARTS INCUBATOR, INC | | CASH | | 15,000 | | COMMUNITY PROGRAMS | | | |
| PH NEIGHBORHOOD HOUSING CORPORATION | | CASH | | 552,135 | | COMMUNITY PROGRAMS | | | |
| ST VINCENT DEPAUL | | CASH | | 116,899 | | COMMUNITY DEVELOPMEN | | | |
| DOWNRIVER HELPING HANDS | | CASH | | 11,000 | | COMMUNITY PROGRAMS | | | |
| | | CASH | | 2,500 | | COMMUNITY PROGRAMS | | | |

Federal Statements

**Statement 4 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions
 (continued)**

| Name Address | Date of Gift | Description of Property | Relationship to Org | Class of Activity | | Book Value | BV Explantn | FMV Explantn |
|--|-----------------|----------------------------|------------------------|----------------------|--------------------|---------------|----------------|-----------------|
| | | | | Cash Contrib | NonCash Contrib | | | |
| NATIONAL ASSOC FOR THE ADVANCEMENT CASH | | NONE | \$ | 375 \$ | COMMUNITY PROGRAMS | | | |
| MEMPHIS ELEMENTARY SCHOOL | | NONE | | 830 | YOUTH PROGRAMS | | | |
| PH NORTHERN MODEL UN | | NONE | | 242 | YOUTH PROGRAMS | | | |
| YALE PUBLIC SCHOOLS | | NONE | | 7,350 | YOUTH PROGRAMS | | | |
| VILLAGE OF EMMETT | | NONE | | 7,000 | COMMUNITY PROGRAMS | | | |
| SCC MARINE RESCUE AND RECOVERY | | NONE | | 3,500 | COMMUNITY PROGRAMS | | | |
| FARRELL-EMMETT ELEMENTARY | | NONE | | 4,000 | YOUTH PROGRAMS | | | |
| GEORGIAN COLLEGE-MARINE PROGRAM | | NONE | | 1,000 | SCHOLARSHIP | | | |
| ST MARYS CATHOLIC CHURCH & ACADEMY | | NONE | | 1,021 | YOUTH PROGRAMS | | | |
| U OF SC AT COLUMBIA | | NONE | | 1,000 | SCHOLARSHIP | | | |
| AVE MARIA UNIVERSITY | | NONE | | 2,000 | SCHOLARSHIPS | | | |
| EMORY UNIVERSITY | | NONE | | 1,000 | SCHOLARSHIPS | | | |
| ILLINOIS INSTITUTE OF TECH | | NONE | | 1,000 | SCHOLARSHIPS | | | |
| COLLEGE FOR CREATIVE STUDIES | | NONE | | 500 | SCHOLARSHIPS | | | |
| COMMUNITY RENAISSANCE PROGRAM | | COMMON BOARD OF DIR | COMMUNITY REDEVELOP. | 204,576 | | | | |
| UNIVERSITY OF SAN FRANCISCO | | NONE | | 1,000 | SCHOLARSHIP | | | |
| MARQUETTE UNIVERSITY | | NONE | | 1,000 | SCHOLARSHIP | | | |

Federal Statements

**Statement 4 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions
(continued)**

| Name Address | Date of Gift | Description of Property | Relationship to Org | Cash Contrib | NonCash Contrib | Book Value | BV Explanth | FMV Explanth |
|-----------------------------|-----------------|----------------------------|------------------------|-----------------|--------------------|---------------|----------------|-----------------|
| LINKS | | NONE | | | COMMUNITY PROGRAMS | | | |
| | | CASH | \$ | 150 \$ | | \$ | | |
| UNIVERSITY OF PENN | | NONE | | | SCHOLARSHIP | | | |
| | | CASH | | 1,000 | | | | |
| NORTHWESTERN UNIVERSITY | | NONE | | | SCHOLARSHIP | | | |
| | | CASH | | 1,300 | | | | |
| PH SPORTS AND ENTERTAINMENT | | NONE | | | YOUTH PROGRAMS | | | |
| | | CASH | | 12,000 | | | | |
| SCCCC BAND | | NONE | | | YOUTH PROGRAMS | | | |
| | | CASH | | 4,799 | | | | |
| MERCY HOME CARE | | NONE | | | HEALTH SERVICES | | | |
| | | CASH | | 3,000 | | | | |
| BACK TO SCHOOL PROGRAMS | | NONE | | | YOUTH PROGRAMS | | | |
| | | CASH | | 30,428 | | | | |
| GRANTS PAYABLE AT 12/31/04 | | | | | | | | |
| | | | | -115,118 | | | | |
| TOTAL | | | | \$ 2,030,992 | \$ 14,000 | \$ | | 0 |

Statement 5 - Form 990, Part II, Line 43 - Other Functional Expenses

| Description | Total Expenses | Program Service | Mgt & General | Fund- Raising |
|-------------------------------|-------------------|--------------------|------------------|------------------|
| | \$ | \$ | \$ | \$ |
| EXPENSES | | | | |
| CONTRACT SERVICES | 702 | | 702 | |
| UTILITIES | 3,197 | | 3,197 | |
| INSURANCE | 4,987 | | 4,987 | |
| COMPUTER SOFTWARE MAINTENANCE | 4,761 | | 4,761 | |
| AWARENESS EXPENSE | 15,168 | | 15,168 | |
| ANNUAL DINNER EXPENSE | 1,391 | | 1,391 | |
| ANNUAL REPORT | 12,006 | | 12,006 | |
| NEWSLETTER | 2,216 | | 2,216 | |
| DUES AND MEMBERSHIPS | 6,438 | | 6,438 | |
| COMMITTEE EXPENSE | 2,604 | | 2,604 | |
| MISCELLANEOUS | 1,546 | | 1,546 | |
| YOUTH ADVISORY COUNCIL | 6,110 | 6,110 | | |
| CRC EXPENSES | 7,045 | | 7,045 | |
| OTHER FUND EXPENSES | 14,070 | | 14,070 | |
| INVESTMENT MANAGEMENT FEES | 65,868 | | 65,868 | |
| TOTAL | \$ 148,109 | \$ 6,110 | \$ 141,999 | \$ 0 |

Statement 6 - Form 990, Part III - Organization's Primary Exempt Purpose

TO RECEIVE AND ACCEPT MONEY AND OTHER PROPERTIES TO BE ADMINISTERED EXCLUSIVELY FOR CHARITABLE PURPOSES, PRIMARILY IN AND FOR THE BENEFIT OF THE COMMUNITIES OF ST. CLAIR COUNTY. NO PART OF THE NET EARNINGS SHALL INURE TO THE BENEFIT OF OR BE DISTRIBUTABLE TO ITS MEMBERS, TRUSTEES, ADVISORY TRUSTEES OR OFFICERS.

Statement 7 - Form 990, Part IV, Line 56 - Other Investments

| Description | Beginning of Year | End of Year | Basis of Valuation |
|--|----------------------|---------------------|-----------------------|
| CERTIFICATES OF DEPOSIT | \$ 819,352 | \$ 509,552 | COST |
| MONEY MARKET FUNDS HELD ON BEHALF OF OTHERS | 1,199,735 | 787,735 | |
| INVESTMENTS | 23,802,988 | 26,001,124 | |
| CHARITABLE GIFT ANNUITY | 260,801 | 235,810 | |
| TOTAL | <u>\$26,082,876</u> | <u>\$27,534,221</u> | |

Statement 8 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

| Description | Beginning of Year | Accum Deprec | End of Year | Accum Deprec |
|------------------------|----------------------|-------------------|-------------------|-------------------|
| LEASEHOLD IMPROVEMENTS | \$ 202,181 | \$ 22,695 | \$ 202,481 | \$ 36,499 |
| EQUIPMENT | 110,001 | 81,529 | 116,818 | 93,455 |
| TOTAL | <u>\$ 312,182</u> | <u>\$ 104,224</u> | <u>\$ 319,299</u> | <u>\$ 129,954</u> |

Statement 9 - Form 990, Part IV, Line 58 - Other Assets

| Description | Beginning of Year | End of Year |
|----------------------------------|----------------------|-------------------|
| CASH SURRENDER VALUE OF LIFE INS | \$ 168,896 | \$ 179,622 |
| INTEREST RECEIVABLE | 4,225 | 4,671 |
| OTHER | 87,500 | 80 |
| MORTGAGE RECEIVABLE | | 101,556 |
| TOTAL | <u>\$ 260,621</u> | <u>\$ 285,929</u> |

Statement 10 - Form 990, Part IV, Line 65 - Other Liabilities

| Description | Beginning of Year | End of Year |
|--------------------------------|----------------------|---------------------|
| FUNDS HELD ON BEHALF OF OTHERS | \$ 1,199,735 | \$ 1,190,001 |
| FUNDS HELD AS AGENCY ENDOWMENT | 454,096 | 495,766 |
| CHARITABLE GIFT ANNUITY | 192,307 | 175,848 |
| TOTAL | <u>\$ 1,846,138</u> | <u>\$ 1,861,615</u> |

Statement 11 - Form 990, Part IV-A - Other Revenue Included on Financial Statements

| Description | Amount |
|--|------------------|
| ADMINISTRATIVE FEE INCOME EARNED ON AGENCY ENDOWMENT FUNDS | \$ 17,430 |
| OTHER REVENUE | 100 |
| TOTAL | \$ <u>17,530</u> |

Statement 12 - Form 990, Part IV-A - Other Revenue Included on Return

| Description | Amount |
|--|------------------|
| INTEREST AND DIVIDEND INCOME EARNED BY AGENCY FUNDS | \$ 12,102 |
| REALIZED GAIN ON INVESTMENTS OF AGENCY ENDOWMENT FUNDS | 28,958 |
| TOTAL | \$ <u>41,060</u> |

Statement 13 - Form 990, Part IV-B - Other Expenses Included on Financial Statements

| Description | Amount |
|----------------------------------|---------------|
| TAX/BOOK DEPRECIATION ADJUSTMENT | \$ 513 |
| TOTAL | \$ <u>513</u> |

Statement 14 - Form 990, Part IV-B - Other Expenses Included on Return

| Description | Amount |
|--|------------------|
| GRANTS TO AGENCY ENDOWMENT FUNDS | \$ 5,596 |
| TRUST MANAGEMENT FEES INCURRED ON AGENCY | 7,195 |
| TOTAL | \$ <u>12,791</u> |

Statement 15 - Schedule A, Part III, Line 3a - Explanation of Grant / Loan QualificationsDescription

THE SCHOLARSHIP FUND SUPPORTS EDUCATION BY PROVIDING SCHOLARSHIPS TO FURTHER THE EDUCATION OF GRADUATES OF A PARTICULAR HIGH SCHOOL, STUDENTS IN A SPECIFIED FIELD OF STUDY OR THOSE ENROLLED IN A SPECIFIC EDUCATIONAL INSTITUTION. THE DONOR MAY CREATE AN ADVISORY COMMITTEE AND DEFINE GUIDELINES FOR SCHOLARSHIP SELECTIONS WHICH ARE CONSISTENT WITH THE EXEMPT PURPOSE OF THE FOUNDATION AS SPECIFIED IN ARTICLES OF INCORPORATION AND BY-LAWS.

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

name(s) shown on return

**COMMUNITY FOUNDATION OF
ST. CLAIR COUNTY**

Identifying number
38-1872132

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

| | | | |
|-----------------------------|---|------------------------------|------------------|
| 1 | Maximum amount. See the instructions for a higher limit for certain businesses | 1 | 105,000 |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation | 3 | 420,000 |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instr. | 5 | |
| (a) Description of property | | (b) Cost (business use only) | (c) Elected cost |
| 6 | | | |
| 7 | Listed property. Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2004 Form 4562 | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12 | ▶ 13 | |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

| | | | |
|----|---|----|--------|
| 14 | Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year (see instructions) | 14 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | 26,191 |

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

| | | | |
|----|---|----------------------------|---|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2005 | 17 | 0 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here | ▶ <input type="checkbox"/> | |

Section B-Assets Placed in Service During 2005 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only-see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property | | | | | | |
| b 5-year property | | 10,290 | 5.0 | HY | S/L | 1,740 |
| c 7-year property | | | | | | |
| d 10-year property | | | | | | |
| e 15-year property | | 300 | 15.0 | HY | S/L | 20 |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs. | | S/L | |
| h Residential rental property | | | 27.5 yrs. | MM | S/L | |
| | | | 27.5 yrs. | MM | S/L | |
| i Nonresidential real property | | | 39 yrs. | MM | S/L | |
| | | | | MM | S/L | |

Section C-Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|----------------|--|--|---------|----|-----|--|
| 20a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs. | | S/L | |
| c 40-year | | | 40 yrs. | MM | S/L | |

Part IV Summary (see instructions)

| | | | |
|----|--|----|--------|
| 21 | Listed property. Enter amount from line 28 | 21 | |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr. | 22 | 27,951 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

For Paperwork Reduction Act Notice, see separate instructions.

| Asset | Description | Date In Service | Cost | Bus % | Sec 179B | Bonus | Basis for Depr | PerConv | Meth | Prior | Current |
|------------------------------|--------------------------------|--------------------|---------------|----------|-------------|-------|-------------------|---------|--------|----------|--------------|
| 5-year GDS Property: | | | | | | | | | | | |
| 65 | PRESIDENTS'S PC | 1/26/05 | 902 | | | | 902 | 5 | HY S/L | 0 | 165 |
| 66 | CONTROLLER'S PC | 1/26/05 | 1,066 | | | | 1,066 | 5 | HY S/L | 0 | 195 |
| 67 | PROGRAM OFFICER #1 PC | 1/26/05 | 1,072 | | | | 1,072 | 5 | HY S/L | 0 | 196 |
| 68 | ASST CONTROLLER PC | 1/26/05 | 1,066 | | | | 1,066 | 5 | HY S/L | 0 | 195 |
| 69 | SERVER | 2/26/05 | 5,684 | | | | 5,684 | 5 | HY S/L | 0 | 947 |
| 70 | NETWORK PRINTER | 8/05/05 | 500 | | | | 500 | 5 | HY S/L | 0 | 42 |
| | | | <u>10,290</u> | | | | <u>10,290</u> | | | <u>0</u> | <u>1,740</u> |
| 15-year GDS Property: | | | | | | | | | | | |
| 71 | CRC BLINDS | 1/10/05 | 300 | | | | 300 | 15 | HY S/L | 0 | 20 |
| | | | <u>300</u> | | | | <u>300</u> | | | <u>0</u> | <u>20</u> |
| Other Depreciation: | | | | | | | | | | | |
| 1 | VISUAL BOARD EQUIPMENT- CON | 9/27/00 | 1,070 | | | | 1,070 | 7 | MO S/L | 650 | 152 |
| 2 | VISUAL BOARD CABINET-EXE | 9/27/00 | 1,315 | | | | 1,315 | 7 | MO S/L | 799 | 188 |
| 3 | CONFERENCE TABLE | 9/01/00 | 1,546 | | | | 1,546 | 7 | MO S/L | 957 | 221 |
| 4 | 12 EXEC CREST BACK CHAIRS | 9/01/00 | 3,328 | | | | 3,328 | 7 | MO S/L | 2,060 | 476 |
| 5 | CREDENZA-CONFERENCE ROOM | 9/01/00 | 1,001 | | | | 1,001 | 7 | MO S/L | 619 | 143 |
| 6 | OVERHEAD HUTCH WITH GLASS | 9/01/00 | 859 | | | | 859 | 7 | MO S/L | 531 | 123 |
| 7 | SINGLE PED DESK | 9/01/00 | 1,728 | | | | 1,728 | 7 | MO S/L | 1,069 | 247 |
| 8 | CREDENZA WITH DOORS | 9/01/00 | 1,001 | | | | 1,001 | 7 | MO S/L | 619 | 143 |
| 9 | EXEC HIGH BACK CHAIR | 9/01/00 | 356 | | | | 356 | 7 | MO S/L | 220 | 51 |
| 10 | CONFERENCE PEDESTAL | 9/01/00 | 735 | | | | 735 | 7 | MO S/L | 455 | 105 |
| 11 | EXEC MID BACK CHAIR | 9/01/00 | 369 | | | | 369 | 7 | MO S/L | 229 | 52 |
| 12 | 4 GUEST CHAIRS | 9/01/00 | 1,011 | | | | 1,011 | 7 | MO S/L | 626 | 144 |
| 13 | GUEST ARMS LEG BASE | 9/01/00 | 190 | | | | 190 | 7 | MO S/L | 117 | 28 |
| 14 | EXEC MID BACK CHAIR | 9/01/00 | 369 | | | | 369 | 7 | MO S/L | 229 | 52 |
| 15 | DESK WITH RIGHT RETURN | 9/01/00 | 1,048 | | | | 1,048 | 7 | MO S/L | 649 | 149 |
| 16 | DESK WITH RIGHT RETURN-PR | 9/01/00 | 1,048 | | | | 1,048 | 7 | MO S/L | 649 | 149 |
| 17 | DESK WITH RIGHT RETURN-SP | 9/01/00 | 1,048 | | | | 1,048 | 7 | MO S/L | 649 | 149 |
| 18 | EXEC MID BACK CHAIR-PROGRAM | 9/01/00 | 369 | | | | 369 | 7 | MO S/L | 229 | 52 |
| 19 | EXEC MID BACK CHAIR-SPECIAL | 9/01/00 | 369 | | | | 369 | 7 | MO S/L | 229 | 52 |
| 20 | 6 GUEST CHAIRS-CONTLR | 9/01/00 | 1,138 | | | | 1,138 | 7 | MO S/L | 705 | 162 |
| 21 | CORNER TABLE- RECEPTION | 9/01/00 | 137 | | | | 137 | 7 | MO S/L | 85 | 20 |
| 22 | END TABLE- EXEC OFFICE | 9/01/00 | 133 | | | | 133 | 7 | MO S/L | 82 | 19 |
| 23 | HP932 INK JET PRINTER | 10/16/00 | 212 | | | | 212 | 5 | MO S/L | 177 | 35 |
| 24 | VOICE MAIL EQUIPMENT | 9/01/00 | 5,305 | | | | 5,305 | 7 | MO S/L | 3,284 | 758 |
| 25 | PHONE/VOICE MAIL INSTALLATION | 9/01/00 | 1,803 | | | | 1,803 | 7 | MO S/L | 1,116 | 258 |
| 26 | POLYCOM SOUND STATION | 9/01/00 | 1,188 | | | | 1,188 | 7 | MO S/L | 735 | 170 |
| 27 | COMPUTER UNIT 2- CONTROLLER | 10/30/01 | 1,194 | | | | 1,194 | 5 | MO S/L | 756 | 239 |
| 28 | WALL PLAQUE/SIGNAGE | 4/27/01 | 1,849 | | | | 1,849 | 7 | MO S/L | 968 | 264 |
| 29 | COMPUTER UNIT #4 | 10/30/01 | 948 | | | | 948 | 5 | MO S/L | 600 | 190 |
| 31 | DIGITAL COPIER | 5/18/02 | 4,894 | | | | 4,894 | 5 | MO S/L | 2,529 | 978 |
| 32 | SONY DIGITAL CAMERA | 2/25/02 | 750 | | | | 750 | 5 | MO S/L | 425 | 150 |
| 34 | LAPTOP COMPUTER-EXECUTIVE DIRI | 5/28/03 | 2,235 | | | | 2,235 | 5 | MO S/L | 708 | 447 |
| 35 | COMPUTER-RECEPTIONIST | 1/15/03 | 1,286 | | | | 1,286 | 5 | MO S/L | 514 | 258 |
| 36 | OFFICE XP SOFTWARE | 1/24/03 | 382 | | | | 382 | 3 | MO S/L | 244 | 127 |
| 37 | TYPEWRITER | 2/28/85 | 849 | | | | 849 | 10 | MO S/L | 849 | 0 |
| 38 | FAX MACHINE | 8/31/94 | 398 | | | | 398 | 5 | MO S/L | 398 | 0 |
| 39 | SOFTWARE- FILMS | 7/01/94 | 15,080 | | | | 15,080 | 5 | MO S/L | 15,080 | 0 |
| 40 | COMPUTER UNIT 1 | 7/06/98 | 2,190 | | | | 2,190 | 5 | MO S/L | 2,190 | 0 |
| 41 | HP LASER JET 6 | 7/06/98 | 1,075 | | | | 1,075 | 5 | MO S/L | 1,075 | 0 |
| 42 | HP DESKJET 890 | 8/05/98 | 425 | | | | 425 | 5 | MO S/L | 425 | 0 |
| 43 | SERVER-MICROSOFT NT | 9/28/98 | 1,900 | | | | 1,900 | 5 | MO S/L | 1,900 | 0 |
| 44 | PYLON | 6/22/98 | 12,021 | | | | 12,021 | 15 | MO S/L | 5,209 | 802 |
| 45 | PANASONIC PHONE SYSTEM | 9/01/00 | 1,135 | | | | 1,135 | 2 | MO S/L | 1,135 | 0 |
| 46 | WIRING FOR COMPUTER NETWORK | 9/01/00 | 1,609 | | | | 1,609 | 15 | MO S/L | 465 | 107 |
| 47 | OFFICE RENOVATIONS | 9/01/00 | 152,670 | | | | 152,670 | 15 | MO S/L | 44,161 | 10,178 |
| 48 | CARPENTING | 9/01/00 | 3,370 | | | | 3,370 | 7 | MO S/L | 2,086 | 482 |
| 49 | ALARM SYSTEMS | 9/01/00 | 1,805 | | | | 1,805 | 15 | MO S/L | 521 | 121 |
| 50 | BLINDS | 9/01/00 | 900 | | | | 900 | 7 | MO S/L | 557 | 128 |
| 55 | PC PROGRAM ASSOCIATE 2 | 10/17/04 | 794 | | | | 794 | 5 | MO S/L | 26 | 159 |
| 56 | PC FOR HOUSING INTIATIVE | 10/17/04 | 794 | | | | 794 | 5 | MO S/L | 26 | 159 |
| 57 | PC FOR CRC RECEPTIONIST | 10/17/04 | 794 | | | | 794 | 5 | MO S/L | 26 | 159 |
| 58 | PC CRC #1 | 10/17/04 | 794 | | | | 794 | 5 | MO S/L | 26 | 159 |

| Asset | Description | Date In Service | Cost | Bus % Sec 179 | Bonus | Basis for Depr | PerConv Meth | Prior | Current |
|-------|--|--------------------|----------------|------------------|-------|-------------------|--------------|----------------|---------------|
| 59 | PC CRC #2 | 10/17/04 | 794 | | | 794 | 5 MO S/L | 26 | 159 |
| 60 | PC CRC #3 | 10/17/04 | 714 | | | 714 | 5 MO S/L | 24 | 143 |
| 61 | CRC PRINTER | 10/17/04 | 449 | | | 449 | 5 MO S/L | 15 | 90 |
| 62 | PHONE SYSTEM | 11/10/04 | 7,173 | | | 7,173 | 5 MO S/L | 239 | 1,435 |
| 63 | FURNITURE | 11/16/04 | 16,600 | | | 16,600 | 7 MO S/L | 198 | 2,371 |
| 64 | LEASHOLD IMPROVEMENTS | 11/15/04 | 41,828 | | | 41,828 | 15 MO S/L | 465 | 2,788 |
| | Total Other Depreciation | | <u>308,375</u> | | | <u>308,375</u> | | <u>101,635</u> | <u>26,191</u> |
| | Total ACRS and Other Depreciation | | <u>308,375</u> | | | <u>308,375</u> | | <u>101,635</u> | <u>26,191</u> |
| | Grand Totals | | 318,965 | | | 318,965 | | 101,635 | 27,951 |
| | Less: Dispositions | | 0 | | | 0 | | 0 | 0 |
| | Net Grand Totals | | <u>318,965</u> | | | <u>318,965</u> | | <u>101,635</u> | <u>27,951</u> |

MI Asset Report

Form 990, Page 1

| Asset | Description | Date In Service | Cost | Basis for Depr | MI Prior | MI Current | Federal Current | Difference Fed - MI |
|----------------------------|--------------------------------|--------------------|---------|-------------------|-------------|---------------|--------------------|------------------------|
| Other Depreciation: | | | | | | | | |
| 1 | VISUAL BOARD EQUIPMENT- CON | 9/27/00 | 1,070 | 1,070 | 650 | 152 | 152 | 0 |
| 2 | VISUAL BOARD CABINET-EXE | 9/27/00 | 1,315 | 1,315 | 799 | 188 | 188 | 0 |
| 3 | CONFERENCE TABLE | 9/01/00 | 1,546 | 1,546 | 957 | 221 | 221 | 0 |
| 4 | 12 EXEC CREST BACK CHAIRS | 9/01/00 | 3,328 | 3,328 | 2,060 | 476 | 476 | 0 |
| 5 | CREDENZA-CONFERENCE ROOM | 9/01/00 | 1,001 | 1,001 | 619 | 143 | 143 | 0 |
| 6 | OVERHEAD HUTCH WITH GLASS | 9/01/00 | 859 | 859 | 531 | 123 | 123 | 0 |
| 7 | SINGLE PED DESK | 9/01/00 | 1,728 | 1,728 | 1,069 | 247 | 247 | 0 |
| 8 | CREDENZA WITH DOORS | 9/01/00 | 1,001 | 1,001 | 619 | 143 | 143 | 0 |
| 9 | EXEC HIGH BACK CHAIR | 9/01/00 | 356 | 356 | 220 | 51 | 51 | 0 |
| 10 | CONFERENCE PEDESTAL | 9/01/00 | 735 | 735 | 455 | 105 | 105 | 0 |
| 11 | EXEC MID BACK CHAIR | 9/01/00 | 369 | 369 | 229 | 52 | 52 | 0 |
| 12 | 4 GUEST CHAIRS | 9/01/00 | 1,011 | 1,011 | 626 | 144 | 144 | 0 |
| 13 | GUEST ARMS LEG BASE | 9/01/00 | 190 | 190 | 117 | 28 | 28 | 0 |
| 14 | EXEC MID BACK CHAIR | 9/01/00 | 369 | 369 | 229 | 52 | 52 | 0 |
| 15 | DESK WITH RIGHT RETURN | 9/01/00 | 1,048 | 1,048 | 649 | 149 | 149 | 0 |
| 16 | DESK WITH RIGHT RETURN-PR | 9/01/00 | 1,048 | 1,048 | 649 | 149 | 149 | 0 |
| 17 | DESK WITH RIGHT RETURN-SP | 9/01/00 | 1,048 | 1,048 | 649 | 149 | 149 | 0 |
| 18 | EXEC MID BACK CHAIR-PROGRAM | 9/01/00 | 369 | 369 | 229 | 52 | 52 | 0 |
| 19 | EXEC MID BACK CHAIR-SPECIAL | 9/01/00 | 369 | 369 | 229 | 52 | 52 | 0 |
| 20 | 6 GUEST CHAIRS-CONTLR | 9/01/00 | 1,138 | 1,138 | 705 | 162 | 162 | 0 |
| 21 | CORNER TABLE- RECEPTION | 9/01/00 | 137 | 137 | 85 | 20 | 20 | 0 |
| 22 | END TABLE- EXEC OFFICE | 9/01/00 | 133 | 133 | 82 | 19 | 19 | 0 |
| 23 | HP932 INK JET PRINTER | 10/16/00 | 212 | 212 | 177 | 35 | 35 | 0 |
| 24 | VOICE MAIL EQUIPMENT | 9/01/00 | 5,305 | 5,305 | 3,284 | 758 | 758 | 0 |
| 25 | PHONE/VOICE MAIL INSTALLATION | 9/01/00 | 1,803 | 1,803 | 1,116 | 258 | 258 | 0 |
| 26 | POLYCOM SOUND STATION | 9/01/00 | 1,188 | 1,188 | 735 | 170 | 170 | 0 |
| 27 | COMPUTER UNIT 2- CONTROLLER | 10/30/01 | 1,194 | 1,194 | 756 | 239 | 239 | 0 |
| 28 | WALL PLAQUE/SIGNAGE | 4/27/01 | 1,849 | 1,849 | 968 | 264 | 264 | 0 |
| 29 | COMPUTER UNIT #4 | 10/30/01 | 948 | 948 | 600 | 190 | 190 | 0 |
| 31 | DIGITAL COPIER | 5/18/02 | 4,894 | 4,894 | 2,529 | 978 | 978 | 0 |
| 32 | SONY DIGITAL CAMERA | 2/25/02 | 750 | 750 | 425 | 150 | 150 | 0 |
| 34 | LAPTOP COMPUTER-EXECUTIVE DIRI | 5/28/03 | 2,235 | 2,235 | 708 | 447 | 447 | 0 |
| 35 | COMPUTER-RECEPTIONIST | 1/15/03 | 1,286 | 1,286 | 514 | 258 | 258 | 0 |
| 36 | OFFICE XP SOFTWARE | 1/24/03 | 382 | 382 | 244 | 127 | 127 | 0 |
| 37 | TYPEWRITER | 2/28/85 | 849 | 849 | 849 | 0 | 0 | 0 |
| 38 | FAX MACHINE | 8/31/94 | 398 | 398 | 398 | 0 | 0 | 0 |
| 39 | SOFTWARE- FILMS | 7/01/94 | 15,080 | 15,080 | 15,080 | 0 | 0 | 0 |
| 40 | COMPUTER UNIT 1 | 7/06/98 | 2,190 | 2,190 | 2,190 | 0 | 0 | 0 |
| 41 | HP LASER JET 6 | 7/06/98 | 1,075 | 1,075 | 1,075 | 0 | 0 | 0 |
| 42 | HP DESKJET 890 | 8/05/98 | 425 | 425 | 425 | 0 | 0 | 0 |
| 43 | SERVER-MICROSOFT NT | 9/28/98 | 1,900 | 1,900 | 1,900 | 0 | 0 | 0 |
| 44 | PYLON | 6/22/98 | 12,021 | 12,021 | 5,209 | 802 | 802 | 0 |
| 45 | PANASONIC PHONE SYSTEM | 9/01/00 | 1,135 | 1,135 | 1,135 | 0 | 0 | 0 |
| 46 | WIRING FOR COMPUTER NETWORK | 9/01/00 | 1,609 | 1,609 | 465 | 107 | 107 | 0 |
| 47 | OFFICE RENOVATIONS | 9/01/00 | 152,670 | 152,670 | 44,105 | 10,178 | 10,178 | 0 |
| 48 | CARPENTING | 9/01/00 | 3,370 | 3,370 | 2,086 | 482 | 482 | 0 |
| 49 | ALARM SYSTEMS | 9/01/00 | 1,805 | 1,805 | 521 | 121 | 121 | 0 |
| 50 | BLINDS | 9/01/00 | 900 | 900 | 557 | 128 | 128 | 0 |
| 55 | PC PROGRAM ASSOCIATE 2 | 10/17/04 | 794 | 794 | 26 | 159 | 159 | 0 |
| 56 | PC FOR HOUSING INTIATIVE | 10/17/04 | 794 | 794 | 26 | 159 | 159 | 0 |
| 57 | PC FOR CRC RECEPTIONIST | 10/17/04 | 794 | 794 | 26 | 159 | 159 | 0 |
| 58 | PC CRC #1 | 10/17/04 | 794 | 794 | 26 | 159 | 159 | 0 |
| 59 | PC CRC #2 | 10/17/04 | 794 | 794 | 26 | 159 | 159 | 0 |
| 60 | PC CRC #3 | 10/17/04 | 714 | 714 | 24 | 143 | 143 | 0 |
| 61 | CRC PRINTER | 10/17/04 | 449 | 449 | 15 | 90 | 90 | 0 |
| 62 | PHONE SYSTEM | 11/10/04 | 7,173 | 7,173 | 239 | 1,435 | 1,435 | 0 |
| 63 | FURNITURE | 11/16/04 | 16,600 | 16,600 | 198 | 2,371 | 2,371 | 0 |
| 64 | LEASHOLD IMPROVEMENTS | 11/15/04 | 41,828 | 41,828 | 465 | 2,788 | 2,788 | 0 |
| 65 | PRESIDENTS'S PC | 1/26/05 | 902 | 902 | 0 | 165 | 165 | 0 |
| 66 | CONTROLLER'S PC | 1/26/05 | 1,066 | 1,066 | 0 | 195 | 195 | 0 |
| 67 | PROGRAM OFFICER #1 PC | 1/26/05 | 1,072 | 1,072 | 0 | 196 | 196 | 0 |
| 68 | ASST CONTROLLER PC | 1/26/05 | 1,066 | 1,066 | 0 | 195 | 195 | 0 |
| 69 | SERVER | 2/26/05 | 5,684 | 5,684 | 0 | 947 | 947 | 0 |
| 70 | NETWORK PRINTER | 8/05/05 | 500 | 500 | 0 | 42 | 42 | 0 |
| 71 | CRC BLINDS | 1/10/05 | 300 | 300 | 0 | 20 | 20 | 0 |

MI Asset Report

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| Asset | Description | Date In Service | Cost | Basis for Depr | MI Prior | MI Current | Federal Current | Difference Fed - MI |
|-------|--|--------------------|---------|-------------------|-------------|---------------|--------------------|------------------------|
| | Total Other Depreciation | | 318,965 | 318,965 | 101,579 | 27,951 | 27,951 | 0 |
| | Total ACRS and Other Depreciation | | 318,965 | 318,965 | 101,579 | 27,951 | 27,951 | 0 |
| | Grand Totals | | 318,965 | 318,965 | 101,579 | 27,951 | 27,951 | 0 |
| | Less: Dispositions | | 0 | 0 | 0 | 0 | 0 | 0 |
| | Net Grand Totals | | 318,965 | 318,965 | 101,579 | 27,951 | 27,951 | 0 |

| Asset | Description | Date In Service | Cost | Bus % | Sec 179Bonus | Basis for Depr | PerConv | Meth | Prior | Current |
|----------------------------|--------------------------------|--------------------|------|----------|-----------------|-------------------|---------|------|-------|---------|
| Other Depreciation: | | | | | | | | | | |
| 1 | VISUAL BOARD EQUIPMENT- CON | 9/27/00 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 2 | VISUAL BOARD CABINET-EXE | 9/27/00 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 3 | CONFERENCE TABLE | 9/01/00 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 4 | 12 EXEC CREST BACK CHAIRS | 9/01/00 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 5 | CREDENZA-CONFERENCE ROOM | 9/01/00 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 6 | OVERHEAD HUTCH WITH GLASS | 9/01/00 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 7 | SINGLE PED DESK | 9/01/00 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 8 | CREDENZA WITH DOORS | 9/01/00 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 9 | EXEC HIGH BACK CHAIR | 9/01/00 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 10 | CONFERENCE PEDESTAL | 9/01/00 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 11 | EXEC MID BACK CHAIR | 9/01/00 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 12 | 4 GUEST CHAIRS | 9/01/00 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 13 | GUEST ARMS LEG BASE | 9/01/00 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 14 | EXEC MID BACK CHAIR | 9/01/00 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 15 | DESK WITH RIGHT RETURN | 9/01/00 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 16 | DESK WITH RIGHT RETURN-PR | 9/01/00 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 17 | DESK WITH RIGHT RETURN-SP | 9/01/00 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 18 | EXEC MID BACK CHAIR-PROGRAM | 9/01/00 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 19 | EXEC MID BACK CHAIR-SPECIAL | 9/01/00 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 20 | 6 GUEST CHAIRS-CONTRLR | 9/01/00 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 21 | CORNER TABLE- RECEPTION | 9/01/00 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 22 | END TABLE- EXEC OFFICE | 9/01/00 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 23 | HP932 INK JET PRINTER | 10/16/00 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 24 | VOICE MAIL EQUIPMENT | 9/01/00 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 25 | PHONE/VOICE MAIL INSTALLATION | 9/01/00 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 26 | POLYCOM SOUND STATION | 9/01/00 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 27 | COMPUTER UNIT 2- CONTROLLER | 10/30/01 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 28 | WALL PLAQUE/SIGNAGE | 4/27/01 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 29 | COMPUTER UNIT #4 | 10/30/01 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 31 | DIGITAL COPIER | 5/18/02 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 32 | SONY DIGITAL CAMERA | 2/25/02 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 34 | LAPTOP COMPUTER-EXECUTIVE DIRI | 5/28/03 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 35 | COMPUTER-RECEPTIONIST | 1/15/03 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 36 | OFFICE XP SOFTWARE | 1/24/03 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 37 | TYPEWRITER | 2/28/85 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 38 | FAX MACHINE | 8/31/94 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 39 | SOFTWARE- FILMS | 7/01/94 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 40 | COMPUTER UNIT 1 | 7/06/98 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 41 | HP LASER JET 6 | 7/06/98 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 42 | HP DESKJET 890 | 8/05/98 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 43 | SERVER-MICROSOFT NT | 9/28/98 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 44 | PYLON | 6/22/98 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 45 | PANASONIC PHONE SYSTEM | 9/01/00 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 46 | WIRING FOR COMPUTER NETWORK | 9/01/00 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 47 | OFFICE RENOVATIONS | 9/01/00 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 48 | CARPENTING | 9/01/00 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 49 | ALARM SYSTEMS | 9/01/00 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 50 | BLINDS | 9/01/00 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 55 | PC PROGRAM ASSOCIATE 2 | 10/17/04 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 56 | PC FOR HOUSING INTIATIVE | 10/17/04 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 57 | PC FOR CRC RECEPTIONIST | 10/17/04 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 58 | PC CRC #1 | 10/17/04 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 59 | PC CRC #2 | 10/17/04 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 60 | PC CRC #3 | 10/17/04 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 61 | CRC PRINTER | 10/17/04 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 62 | PHONE SYSTEM | 11/10/04 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 63 | FURNITURE | 11/16/04 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 64 | LEASHOLD IMPROVEMENTS | 11/15/04 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 65 | PRESIDENTS'S PC | 1/26/05 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 66 | CONTROLLER'S PC | 1/26/05 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 67 | PROGRAM OFFICER #1 PC | 1/26/05 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 68 | ASST CONTROLLER PC | 1/26/05 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 69 | SERVER | 2/26/05 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 70 | NETWORK PRINTER | 8/05/05 | 0 | | | 0 | 0 | HY | 0 | 0 |
| 71 | CRC BLINDS | 1/10/05 | 0 | | | 0 | 0 | HY | 0 | 0 |

AMT Asset Report**Form 990, Page 1**

| Asset | Description | Date In Service | Cost | Bus % | Sec 179 Bonus | Basis for Depr | PerConv Meth | Prior | Current |
|-------|--|--------------------|----------|----------|------------------|-------------------|--------------|----------|----------|
| | Total Other Depreciation | | <u>0</u> | | | <u>0</u> | | <u>0</u> | <u>0</u> |
| | Total ACRS and Other Depreciation | | <u>0</u> | | | <u>0</u> | | <u>0</u> | <u>0</u> |
| | Grand Totals | | 0 | | | 0 | | 0 | 0 |
| | Less: Dispositions | | <u>0</u> | | | <u>0</u> | | <u>0</u> | <u>0</u> |
| | Net Grand Totals | | <u>0</u> | | | <u>0</u> | | <u>0</u> | <u>0</u> |

Depreciation Adjustment Report

All Business Activities

| <u>Form</u> | <u>Unit</u> | <u>Asset</u> | <u>Description</u> | <u>Tax</u> | <u>AMT</u> | <u>AMT Adjustments/ Preferences</u> |
|---|-------------|--------------|--------------------|------------|------------|---|
| There are no assets that meet the criteria of this report | | | | | | |

| Asset | Description | Date In Service | Cost | Tax | AMT |
|---------------------|-----------------------|-----------------|---------------|--------------|----------|
| Prior MACRS: | | | | | |
| 65 | PRESIDENTS'S PC | 1/26/05 | 902 | 181 | 0 |
| 66 | CONTROLLER'S PC | 1/26/05 | 1,066 | 214 | 0 |
| 67 | PROGRAM OFFICER #1 PC | 1/26/05 | 1,072 | 215 | 0 |
| 68 | ASST CONTROLLER PC | 1/26/05 | 1,066 | 214 | 0 |
| 69 | SERVER | 2/26/05 | 5,684 | 1,137 | 0 |
| 70 | NETWORK PRINTER | 8/05/05 | 500 | 100 | 0 |
| 71 | CRC BLINDS | 1/10/05 | 300 | 20 | 0 |
| | | | <u>10,590</u> | <u>2,081</u> | <u>0</u> |

Other Depreciation:

| | | | | | |
|----|----------------------------------|----------|---------|--------|---|
| 1 | VISUAL BOARD EQUIPMENT- CON | 9/27/00 | 1,070 | 153 | 0 |
| 2 | VISUAL BOARD CABINET-EXE | 9/27/00 | 1,315 | 187 | 0 |
| 3 | CONFERENCE TABLE | 9/01/00 | 1,546 | 221 | 0 |
| 4 | 12 EXEC CREST BACK CHAIRS | 9/01/00 | 3,328 | 475 | 0 |
| 5 | CREDENZA-CONFERENCE ROOM | 9/01/00 | 1,001 | 143 | 0 |
| 6 | OVERHEAD HUTCH WITH GLASS | 9/01/00 | 859 | 123 | 0 |
| 7 | SINGLE PED DESK | 9/01/00 | 1,728 | 247 | 0 |
| 8 | CREDENZA WITH DOORS | 9/01/00 | 1,001 | 143 | 0 |
| 9 | EXEC HIGH BACK CHAIR | 9/01/00 | 356 | 51 | 0 |
| 10 | CONFERENCE PEDESTAL | 9/01/00 | 735 | 105 | 0 |
| 11 | EXEC MID BACK CHAIR | 9/01/00 | 369 | 53 | 0 |
| 12 | 4 GUEST CHAIRS | 9/01/00 | 1,011 | 145 | 0 |
| 13 | GUEST ARMS LEG BASE | 9/01/00 | 190 | 27 | 0 |
| 14 | EXEC MID BACK CHAIR | 9/01/00 | 369 | 53 | 0 |
| 15 | DESK WITH RIGHT RETURN | 9/01/00 | 1,048 | 150 | 0 |
| 16 | DESK WITH RIGHT RETURN-PR | 9/01/00 | 1,048 | 150 | 0 |
| 17 | DESK WITH RIGHT RETURN-SP | 9/01/00 | 1,048 | 150 | 0 |
| 18 | EXEC MID BACK CHAIR-PROGRAM | 9/01/00 | 369 | 53 | 0 |
| 19 | EXEC MID BACK CHAIR-SPECIAL | 9/01/00 | 369 | 53 | 0 |
| 20 | 6 GUEST CHAIRS-CONTLR | 9/01/00 | 1,138 | 163 | 0 |
| 21 | CORNER TABLE- RECEPTION | 9/01/00 | 137 | 19 | 0 |
| 22 | END TABLE- EXEC OFFICE | 9/01/00 | 133 | 19 | 0 |
| 23 | HP932 INK JET PRINTER | 10/16/00 | 212 | 0 | 0 |
| 24 | VOICE MAIL EQUIPMENT | 9/01/00 | 5,305 | 757 | 0 |
| 25 | PHONE/VOICE MAIL INSTALLATION | 9/01/00 | 1,803 | 257 | 0 |
| 26 | POLYCOM SOUND STATION | 9/01/00 | 1,188 | 170 | 0 |
| 27 | COMPUTER UNIT 2- CONTROLLER | 10/30/01 | 1,194 | 199 | 0 |
| 28 | WALL PLAQUE/SIGNAGE | 4/27/01 | 1,849 | 265 | 0 |
| 29 | COMPUTER UNIT #4 | 10/30/01 | 948 | 158 | 0 |
| 31 | DIGITAL COPIER | 5/18/02 | 4,894 | 979 | 0 |
| 32 | SONY DIGITAL CAMERA | 2/25/02 | 750 | 150 | 0 |
| 34 | LAPTOP COMPUTER-EXECUTIVE DIRECT | 5/28/03 | 2,235 | 447 | 0 |
| 35 | COMPUTER-RECEPTIONIST | 1/15/03 | 1,286 | 257 | 0 |
| 36 | OFFICE XP SOFTWARE | 1/24/03 | 382 | 11 | 0 |
| 37 | TYPEWRITER | 2/28/85 | 849 | 0 | 0 |
| 38 | FAX MACHINE | 8/31/94 | 398 | 0 | 0 |
| 39 | SOFTWARE- FILMS | 7/01/94 | 15,080 | 0 | 0 |
| 40 | COMPUTER UNIT 1 | 7/06/98 | 2,190 | 0 | 0 |
| 41 | HP LASER JET 6 | 7/06/98 | 1,075 | 0 | 0 |
| 42 | HP DESKJET 890 | 8/05/98 | 425 | 0 | 0 |
| 43 | SERVER-MICROSOFT NT | 9/28/98 | 1,900 | 0 | 0 |
| 44 | PYLON | 6/22/98 | 12,021 | 801 | 0 |
| 45 | PANASONIC PHONE SYSTEM | 9/01/00 | 1,135 | 0 | 0 |
| 46 | WIRING FOR COMPUTER NETWORK | 9/01/00 | 1,609 | 107 | 0 |
| 47 | OFFICE RENOVATIONS | 9/01/00 | 152,670 | 10,178 | 0 |
| 48 | CARPENTING | 9/01/00 | 3,370 | 481 | 0 |
| 49 | ALARM SYSTEMS | 9/01/00 | 1,805 | 120 | 0 |
| 50 | BLINDS | 9/01/00 | 900 | 129 | 0 |
| 55 | PC PROGRAM ASSOCIATE 2 | 10/17/04 | 794 | 159 | 0 |
| 56 | PC FOR HOUSING INTIATIVE | 10/17/04 | 794 | 159 | 0 |
| 57 | PC FOR CRC RECEPTIONIST | 10/17/04 | 794 | 159 | 0 |
| 58 | PC CRC #1 | 10/17/04 | 794 | 159 | 0 |
| 59 | PC CRC #2 | 10/17/04 | 794 | 159 | 0 |
| 60 | PC CRC #3 | 10/17/04 | 714 | 142 | 0 |

| <u>Asset</u> | <u>Description</u> | <u>Date In Service</u> | <u>Cost</u> | <u>Tax</u> | <u>AMT</u> |
|--------------|--|------------------------|----------------|---------------|------------|
| 61 | CRC PRINTER | 10/17/04 | 449 | 90 | 0 |
| 62 | PHONE SYSTEM | 11/10/04 | 7,173 | 1,434 | 0 |
| 63 | FURNITURE | 11/16/04 | 16,600 | 2,371 | 0 |
| 64 | LEASHOLD IMPROVEMENTS | 11/15/04 | 41,828 | 2,789 | 0 |
| | Total Other Depreciation | | <u>308,375</u> | <u>25,970</u> | <u>0</u> |
| | Total ACRS and Other Depreciation | | <u>308,375</u> | <u>25,970</u> | <u>0</u> |
| | Grand Totals | | <u>318,965</u> | <u>28,051</u> | <u>0</u> |

| Asset | Description | Date In Service | Cost | MI |
|---------------------|-----------------------|-----------------|---------------|--------------|
| Prior MACRS: | | | | |
| 65 | PRESIDENTS'S PC | 1/26/05 | 902 | 181 |
| 66 | CONTROLLER'S PC | 1/26/05 | 1,066 | 214 |
| 67 | PROGRAM OFFICER #1 PC | 1/26/05 | 1,072 | 215 |
| 68 | ASST CONTROLLER PC | 1/26/05 | 1,066 | 214 |
| 69 | SERVER | 2/26/05 | 5,684 | 1,137 |
| 70 | NETWORK PRINTER | 8/05/05 | 500 | 100 |
| 71 | CRC BLINDS | 1/10/05 | 300 | 20 |
| | | | <u>10,590</u> | <u>2,081</u> |

Other Depreciation:

| | | | | |
|----|----------------------------------|----------|---------|--------|
| 1 | VISUAL BOARD EQUIPMENT- CON | 9/27/00 | 1,070 | 153 |
| 2 | VISUAL BOARD CABINET-EXE | 9/27/00 | 1,315 | 187 |
| 3 | CONFERENCE TABLE | 9/01/00 | 1,546 | 221 |
| 4 | 12 EXEC CREST BACK CHAIRS | 9/01/00 | 3,328 | 475 |
| 5 | CREDENZA-CONFERENCE ROOM | 9/01/00 | 1,001 | 143 |
| 6 | OVERHEAD HUTCH WITH GLASS | 9/01/00 | 859 | 123 |
| 7 | SINGLE PED DESK | 9/01/00 | 1,728 | 247 |
| 8 | CREDENZA WITH DOORS | 9/01/00 | 1,001 | 143 |
| 9 | EXEC HIGH BACK CHAIR | 9/01/00 | 356 | 51 |
| 10 | CONFERENCE PEDESTAL | 9/01/00 | 735 | 105 |
| 11 | EXEC MID BACK CHAIR | 9/01/00 | 369 | 53 |
| 12 | 4 GUEST CHAIRS | 9/01/00 | 1,011 | 145 |
| 13 | GUEST ARMS LEG BASE | 9/01/00 | 190 | 27 |
| 14 | EXEC MID BACK CHAIR | 9/01/00 | 369 | 53 |
| 15 | DESK WITH RIGHT RETURN | 9/01/00 | 1,048 | 150 |
| 16 | DESK WITH RIGHT RETURN-PR | 9/01/00 | 1,048 | 150 |
| 17 | DESK WITH RIGHT RETURN-SP | 9/01/00 | 1,048 | 150 |
| 18 | EXEC MID BACK CHAIR-PROGRAM | 9/01/00 | 369 | 53 |
| 19 | EXEC MID BACK CHAIR-SPECIAL | 9/01/00 | 369 | 53 |
| 20 | 6 GUEST CHAIRS-CONTR | 9/01/00 | 1,138 | 163 |
| 21 | CORNER TABLE- RECEPTION | 9/01/00 | 137 | 19 |
| 22 | END TABLE- EXEC OFFICE | 9/01/00 | 133 | 19 |
| 23 | HP932 INK JET PRINTER | 10/16/00 | 212 | 0 |
| 24 | VOICE MAIL EQUIPMENT | 9/01/00 | 5,305 | 757 |
| 25 | PHONE/VOICE MAIL INSTALLATION | 9/01/00 | 1,803 | 257 |
| 26 | POLYCOM SOUND STATION | 9/01/00 | 1,188 | 170 |
| 27 | COMPUTER UNIT 2- CONTROLLER | 10/30/01 | 1,194 | 199 |
| 28 | WALL PLAQUE/SIGNAGE | 4/27/01 | 1,849 | 265 |
| 29 | COMPUTER UNIT #4 | 10/30/01 | 948 | 158 |
| 31 | DIGITAL COPIER | 5/18/02 | 4,894 | 979 |
| 32 | SONY DIGITAL CAMERA | 2/25/02 | 750 | 150 |
| 34 | LAPTOP COMPUTER-EXECUTIVE DIRECT | 5/28/03 | 2,235 | 447 |
| 35 | COMPUTER-RECEPTIONIST | 1/15/03 | 1,286 | 257 |
| 36 | OFFICE XP SOFTWARE | 1/24/03 | 382 | 11 |
| 37 | TYPEWRITER | 2/28/85 | 849 | 0 |
| 38 | FAX MACHINE | 8/31/94 | 398 | 0 |
| 39 | SOFTWARE- FILMS | 7/01/94 | 15,080 | 0 |
| 40 | COMPUTER UNIT 1 | 7/06/98 | 2,190 | 0 |
| 41 | HP LASER JET 6 | 7/06/98 | 1,075 | 0 |
| 42 | HP DESKJET 890 | 8/05/98 | 425 | 0 |
| 43 | SERVER-MICROSOFT NT | 9/28/98 | 1,900 | 0 |
| 44 | PYLON | 6/22/98 | 12,021 | 801 |
| 45 | PANASONIC PHONE SYSTEM | 9/01/00 | 1,135 | 0 |
| 46 | WIRING FOR COMPUTER NETWORK | 9/01/00 | 1,609 | 107 |
| 47 | OFFICE RENOVATIONS | 9/01/00 | 152,670 | 10,178 |
| 48 | CARPENTING | 9/01/00 | 3,370 | 481 |
| 49 | ALARM SYSTEMS | 9/01/00 | 1,805 | 120 |
| 50 | BLINDS | 9/01/00 | 900 | 129 |
| 55 | PC PROGRAM ASSOCIATE 2 | 10/17/04 | 794 | 159 |
| 56 | PC FOR HOUSING INTIATIVE | 10/17/04 | 794 | 159 |
| 57 | PC FOR CRC RECIPTIONIST | 10/17/04 | 794 | 159 |
| 58 | PC CRC #1 | 10/17/04 | 794 | 159 |
| 59 | PC CRC #2 | 10/17/04 | 794 | 159 |
| 60 | PC CRC #3 | 10/17/04 | 714 | 142 |

| <u>Asset</u> | <u>Description</u> | <u>Date In Service</u> | <u>Cost</u> | <u>MI</u> |
|--------------|--|------------------------|----------------|---------------|
| 61 | CRC PRINTER | 10/17/04 | 449 | 90 |
| 62 | PHONE SYSTEM | 11/10/04 | 7,173 | 1,434 |
| 63 | FURNITURE | 11/16/04 | 16,600 | 2,371 |
| 64 | LEASHOLD IMPROVEMENTS | 11/15/04 | 41,828 | 2,789 |
| | Total Other Depreciation | | <u>308,375</u> | <u>25,970</u> |
| | Total ACRS and Other Depreciation | | <u>308,375</u> | <u>25,970</u> |
| | Grand Totals | | <u>318,965</u> | <u>28,051</u> |

FYE: 12/31/2005

Form 990, Part I, Line 1a - Direct Public Support

| <u>Description</u> | <u>Cash</u> | <u>Noncash</u> | <u>Total</u> |
|-------------------------------|--------------|----------------|--------------|
| OTHER CONTRIBUTIONS | \$ 463,388 | \$ | \$ 463,388 |
| CONTRIBUTIONS FROM SCHEDULE B | 1,873,404 | | 1,873,404 |
| TOTAL | \$ 2,336,792 | \$ 0 | \$ 2,336,792 |

CRITICAL MESSAGES

NONE

INFORMATIONAL MESSAGES

- PART IV, LINE 67 END OF YEAR UNRESTRICTED FUND BALANCE CALCULATED.
- IF SCHEDULE B REQUIRED, ENTER DATA ON SCREEN SCHB INSTEAD OF INC.
- PREPARER 'PAUL L. BAILEY CPA'

MISSING DATA

PRIOR YEAR DATA

FUNCTIONAL EXPENSES/ACCOMP

M/G LEGAL FEES 9,548

BALANCE SHEET INFORMATION 990

BOY-CASH 50
 EOY-DEFERRED REVENUE 1,416
 EOY-PERMANENTLY RESTRICTED 18,877,290

Forms 990 / 990-EZ Return Summary

For calendar year 2005, or tax year beginning _____, and ending _____

**COMMUNITY FOUNDATION OF
ST. CLAIR COUNTY**

38-1872132

| | | |
|--|-----------------------------|--------------------------|
| Net Asset / Fund Balance at Beginning of Year | | <u>25,730,298</u> |
| Revenue | | |
| Contributions | <u>2,336,792</u> | |
| Program service revenue | <u> </u> | |
| Investment income | <u>679,153</u> | |
| Capital gain / loss | <u>1,492,830</u> | |
| Special events: | | |
| Gross revenue | <u> </u> | |
| Direct expenses | <u> </u> | |
| Net income | <u> </u> | |
| Other income | <u> </u> | |
| Total revenue | <u> </u> | <u>4,508,775</u> |
| Expenses | | |
| Program services | <u>2,051,102</u> | |
| Management and general | <u>610,251</u> | |
| Fundraising | <u> </u> | |
| Payments to affiliates | <u> </u> | |
| Total expenses | <u> </u> | <u>2,661,353</u> |
| Excess / (deficit) | | <u>1,847,422</u> |
| Other changes | | <u>-807,175</u> |
| Net Asset / Fund Balance at End of Year | | <u><u>26,770,545</u></u> |

Reconciliation of Revenue

| | |
|--|-----------------------------|
| Total revenue per financial statements | <u>3,689,322</u> |
| Less: | |
| Unrealized gains | <u>-795,923</u> |
| Donated services | <u> </u> |
| Recoveries | <u> </u> |
| Other | <u>17,530</u> |
| Plus: | |
| Investment expenses | <u> </u> |
| Other | <u>41,060</u> |
| Total revenue per return | <u><u>4,508,775</u></u> |

Reconciliation of Expenses

| | |
|---|-----------------------------|
| Total expenses per financial statements | <u>2,649,075</u> |
| Less: | |
| Donated services | <u> </u> |
| Prior year adjustments | <u> </u> |
| Losses | <u> </u> |
| Other | <u>513</u> |
| Plus: | |
| Investment expenses | <u> </u> |
| Other | <u>12,791</u> |
| Total expenses per return | <u><u>2,661,353</u></u> |

| | Beginning | Balance Sheet Ending | Differences |
|-------------|--------------------------|--------------------------|-------------------------|
| Assets | <u>27,914,951</u> | <u>28,969,569</u> | |
| Liabilities | <u>2,184,653</u> | <u>2,199,024</u> | |
| Net assets | <u><u>25,730,298</u></u> | <u><u>26,770,545</u></u> | <u><u>1,040,247</u></u> |

Miscellaneous Information

Return / extended due date 8/15/06

COMMUNITY FOUNDATION OF ST. CLAIR COUNTY

516 McMorran Blvd., Port Huron, Michigan 48060

Phone: (810) 984-4761 Fax: (810) 984-3394

www.stclairfoundation.org

OFFICERS

Frederick S. Moore, Board Chairman

Charles G. Kelly, 1st Vice Chairman

Joseph A. Vito, Member At-Large

Donna M. Niester, Member At-large

Randy D. Maiers, President/CEO

Marshall J. Campbell, Secretary

Don C. Fletcher, Treasurer

Thomas A. Hunter, Immediate Past Chair

Austin, Douglas

Executive Vice President

Acheson Ventures LLC

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810-966-0900 (w)

810-966-0990 fax (w)

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1979/2005

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President, Cooley Enterprises

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327-2680 unlisted

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1999/2004

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President, SC4

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2003/2004

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2004/2006

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1999/2005

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President/CEO

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Hill, Devendorf, PC

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2004/2006

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1991/2005

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1981/2005

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2003/2006

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1999/2004

Maiers, Randy D.
President of Foundation
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810-841-7545 (Cellular)
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Monaghan, Judge John R.
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1981/2006

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1992/2005

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2003/2005

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OldforWi@cfsbank.com
2004/2006

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2004/2006

Secory, Lynne M.
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810-982-2811 -(w)
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2005

Shier, John W.
Retired, Exec. Vice Pres. and Director
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239-732-0535 Florida
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1965/2004

Touma, Douglas S.
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dstouma@twfcc.com
2003/2006

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2000/2004

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1964/2004