

**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)

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

**A For the 2007 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

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

**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 number**  
**38-1872132**

**E Telephone number**  
**810-984-4761**

**F Accounting method:**  Cash  
 Accrual  Other (specify) \_\_\_\_\_

**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 is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Gross receipts:** Add lines 6b, 8b, 9b, and 10b to line 12 **7,916,139**

**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 instructions.)  
**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).

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)			
Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:		
	<b>a</b> Contributions to donor advised funds	1a	
	<b>b</b> Direct public support (not included on line 1a)	1b	1,139,558
	<b>c</b> Indirect public support (not included on line 1a)	1c	
	<b>d</b> Government contributions (grants) (not included on line 1a)	1d	
	<b>e Total</b> (add lines 1a through 1d) (cash \$ 805,761 noncash \$ 333,797 )	1e	1,139,558
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	2	
	<b>3</b> Membership dues and assessments	3	
	<b>4</b> Interest on savings and temporary cash investments	4	34,368
	<b>5</b> Dividends and interest from securities	5	709,669
	<b>6a</b> Gross rents	6a	
	<b>b</b> Less: rental expenses	6b	
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a	6c		
<b>7</b> Other investment income (describe <b>SEE STATEMENT 1</b> )	7	9,022	
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities	8a	
	6,012,984	8a	
	(B) Other	8b	
<b>b</b> Less: cost or other basis and sales expenses	5,023,057	8b	
<b>c</b> Gain or (loss) (attach schedule)	989,927	8c	
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)	SEE STMT 2	8d	989,927
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a		
<b>b</b> Less: direct expenses other than fundraising expenses	9b		
<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a	9c		
<b>10a</b> Gross sales of inventory, less returns and allowances	10a		
<b>b</b> Less: cost of goods sold	10b		
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
<b>11</b> Other revenue (from Part VII, line 103)	11		
<b>12 Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		2,893,082
Expenses	<b>13</b> Program services (from line 44, column (B))	13	1,622,556
	<b>14</b> Management and general (from line 44, column (C))	14	320,419
	<b>15</b> Fundraising (from line 44, column (D))	15	83,254
	<b>16</b> Payments to affiliates (attach schedule)	16	
	<b>17 Total expenses.</b> Add lines 16 and 44, column (A)	17	
Net Assets	<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	18	866,853
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	19	30,470,678
	<b>20</b> Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 3</b>	20	-100,426
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	

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
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b	Other grants and allocations (attach schedule) <b>STMT 4</b> (cash \$ <u>1,339,680</u> non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	1,339,680	1,339,680		
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A				
25b	Compensation of former officers, directors, key employees, etc. listed in Part V-B				
25c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26	Salaries and wages of employees not included on lines 25a, b, and c	328,843	150,735	136,996	41,112
27	Pension plan contributions not included on lines 25a, b, and c				
28	Employee benefits not included on lines 25a - 27	61,084	25,458	29,390	6,236
29	Payroll taxes	26,935	13,811	9,955	3,169
30	Professional fundraising fees	8,512			8,512
31	Accounting fees	32,915	10,137	16,221	6,557
32	Legal fees	5,329		5,329	
33	Supplies	4,616	2,116	1,923	577
34	Telephone	3,871	1,774	1,613	484
35	Postage and shipping	4,272	1,958	1,780	534
36	Occupancy	15,691	7,193	6,537	1,961
37	Equipment rental and maintenance	5,538	2,539	2,307	692
38	Printing and publications	4,299	1,971	1,791	537
39	Travel				
40	Conferences, conventions, and meetings	2,944	2,178	766	
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	19,544	8,961	8,140	2,443
43	Other expenses not covered above (itemize):				
a	SEE STATEMENT 5	162,156	54,045	97,671	10,440
b					
c					
d					
e					
f					
g					
44	<b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	2,026,229	1,622,556	320,419	83,254

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 its 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**

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.)

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

**a SEE SCHEDULE FOR PART II LINE 22**

(Grants and allocations \$ **1,339,680** ) If this amount includes foreign grants, check here ▶  **1,614,801**

**b YOUTH ADVISORY COUNCIL FUND PROGRAM EXPENSES**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶  **7,755**

**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) ▶ **1,622,556****

**Part IV Balance Sheets (See the instructions.)**

		(A) Beginning of year		(B) End of year			
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.							
<b>Assets</b>	45	Cash—non-interest-bearing		45			
	46	Savings and temporary cash investments	1,529,889	46	1,934,946		
	47a	Accounts receivable	47a				
	b	Less: allowance for doubtful accounts	47b	47c			
	48a	Pledges receivable	48a	254,332			
	b	Less: allowance for doubtful accounts	48b	66,087	48c	254,332	
	49	Grants receivable		49			
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a			
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule)		50b			
	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			
	54a	Investments—publicly-traded securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a		
	b	Investments—other securities (attach schedule)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b		
55a	Investments—land, buildings, and equipment: basis	55a					
b	Less: accumulated depreciation (attach schedule)	55b		55c			
56	Investments—other (attach schedule)	SEE STMT 7	30,020,354	56	30,550,966		
57a	Land, buildings, and equipment: basis	57a	280,869				
b	Less: accumulated depreciation (attach schedule)	SEE STATEMENT 8	144,249	57b	106,474	57c	136,620
58	Other assets, including program-related investments (describe ▶ SEE STATEMENT 9 )		227,709	58	240,287		
59	<b>Total assets</b> (must equal line 74). Add lines 45 through 58		31,950,513	59	33,117,151		
<b>Liabilities</b>	60	Accounts payable and accrued expenses	42,829	60	59,298		
	61	Grants payable	60,965	61	554,787		
	62	Deferred revenue	SEE STATEMENT 10		62	100,000	
	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 11 )		1,376,041	65	1,165,961	
66	<b>Total liabilities.</b> Add lines 60 through 65		1,479,835	66	1,880,046		
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.						
	67	Unrestricted	30,300,934	67	30,878,701		
	68	Temporarily restricted	169,744	68	358,404		
	69	Permanently restricted		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	<b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		30,470,678	73	31,237,105		
74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		31,950,513	74	33,117,151		





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?		X
b	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.)		
	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		N/A
83b			
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
84b			
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		N/A
85a			
b	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
85b			
c	Dues, assessments, and similar amounts from members		85c
d	Section 162(e) lobbying and political expenditures		85d
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		85e
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		85f
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85g			
h	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
85h			
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		86a
b	Gross receipts, included on line 12, for public use of club facilities		86b
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders		87a
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		87b
88a	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		88a
			X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		88b
			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		
b	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		89b
			X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		89e
			X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		89f
			X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		89g
			X
90a	List the states with which a copy of this return is filed MI		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)		90b
			8
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
b	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.		
		Yes	No
91b			X

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c Yes No X

If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here

and enter the amount of tax-exempt interest received or accrued during the tax year 92

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

93 Program service revenue:

- a
b
c
d
e
f Medicare/Medicaid payments
g Fees and contracts from government agencies

94 Membership dues and assessments

95 Interest on savings and temporary cash investments

96 Dividends and interest from securities

97 Net rental income or (loss) from real estate:

- a debt-financed property
b not debt-financed property

98 Net rental income or (loss) from personal property

99 Other investment income

100 Gain or (loss) from sales of assets other than inventory

101 Net income or (loss) from special events

102 Gross profit or (loss) from sales of inventory

103 Other revenue: a

- b ADMINISTRATIVE FEE
c
d
e

104 Subtotal (add columns (B), (D), and (E))

105 Total (add line 104, columns (B), (D), and (E))

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include various income categories and a total row.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.

Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

N/A

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes No X

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes No X

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).



**Part XI**

**Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

	Yes	No
<b>106</b> Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		<b>X</b>

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a	.....			
b	.....			
c	.....			
<b>Totals</b>				

	Yes	No
<b>107</b> Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		<b>X</b>

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a	.....			
b	.....			
c	.....			
<b>Totals</b>				

	Yes	No
<b>108</b> Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		

<b>Please Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer <b>RANDY MAIERS</b>		Date <b>PRESIDENT</b>	
	Type or print name and title			
<b>Paid Preparer's Use Only</b>	Preparer's signature _____	Date <b>6/30/08</b>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Instr. X) <b>380-78-0649</b>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>STEWART, BEAUVAIS &amp; WHIPPLE P.C.</b> <b>1979 HOLLAND AVE</b> <b>PORT HURON, MI 48060-1519</b>	EIN <b>38-2775143</b>	Phone no. <b>810-984-3829</b>	

**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

**2007**

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) Compensation	(d) Contributions to empl. benefit plans & deferred comp.	(e) Expense account and other allowances
SUSAN C. ELLERKAMP 516 MCMORRAN BLVD PORT HURON MI 48060	PRGM OFFICER 40	52,718	1,630	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 ▶		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2007

**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.)

1 X

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.

**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?

2a X

**b** Lending of money or other extension of credit?

2b X

**c** Furnishing of goods, services, or facilities?

2c X

**d** Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? **SEE PART V-A, FORM 990 SEE STATEMENT 16**

2d X

**e** Transfer of any part of its income or assets?

2e X

**3a** Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) **SEE STATEMENT 17**

3a X

**b** Did the organization have a section 403(b) annuity plan for its employees?

3b X

**c** Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c X

**d** Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

**4a** Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a X

**b** Did the organization make any taxable distributions under section 4966?

4b X

**c** Did the organization make a distribution to a donor, donor advisor, or related person?

4c X

**d** Enter the total number of donor advised funds owned at the end of the tax year ▶ 22

**e** Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ 6,302,966

**f** Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ 0

**g** Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ 0

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I     Type II     Type III-Functionally Integrated     Type III-Other

**Provide the following information about the supported organizations.** (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					►

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 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.

Table with columns for Calendar year (or fiscal year beginning in), (a) 2006, (b) 2005, (c) 2004, (d) 2003, and (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends, amounts received from payments on securities loans; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12; 28 Unusual Grants.

**Part V Private School Questionnaire (See page 9 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? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31		
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? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b		
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 11 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
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table-		
<b>If the amount on line 40 is-</b>		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
<b>The lobbying nontaxable amount is-</b>		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000	<b>41</b>	
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>	

**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 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> 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 14 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:

	Yes	No	Amount
<b>a</b> Volunteers			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.)			
<b>c</b> Media advertisements			
<b>d</b> Mailings to members, legislators, or the public			
<b>e</b> Publications, or published or broadcast statements			
<b>f</b> Grants to other organizations for lobbying purposes			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
<b>i</b> Total lobbying expenditures (Add lines c through h.)			

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

**2007**

<b>Name of organization</b> <b>COMMUNITY FOUNDATION OF ST. CLAIR COUNTY</b>	<b>Employer identification number</b> <b>38-1872132</b>
--	--

Organization type (check one):

- |  |  |
|--|--|
| <b>Filers of:</b><br><br>Form 990 or 990-EZ<br><br>Form 990-PF | <b>Section:</b><br><input checked="" type="checkbox"/> 501(c)( <b>3</b> ) (enter number) organization<br><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation<br><input type="checkbox"/> 527 political organization<br><input type="checkbox"/> 501(c)(3) exempt private foundation<br><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation<br><input type="checkbox"/> 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 of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), 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 <b>COMMUNITY FOUNDATION OF</b>	Employer identification number <b>38-1872132</b>
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**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	<u>JAMES C. ACHESON FOUNDATION</u> <u>600 FORT STREET SUITE 101</u> <hr/> <u>PORT HURON</u> <span style="float:right;"><u>MI 48060</u></span>	\$ <u>110,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	<u>CITIZENS FIRST SAVINGS FOUNDATION</u> <u>525 WATER STREET</u> <u>P.O. BOX 5012</u> <u>PORT HURON</u> <span style="float:right;"><u>MI 48060</u></span>	\$ <u>111,301</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	<u>CITY OF PORT HURON</u> <u>100 MCMORRAN BLVD</u> <hr/> <u>PORT HURON</u> <span style="float:right;"><u>MI 48060</u></span>	\$ <u>338,667</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>	<u>MR. AND MRS. DONALD W. GIESE</u> <u>3865 BUTTERNUT COURT</u> <hr/> <u>PORT HURON</u> <span style="float:right;"><u>MI 48060</u></span>	\$ <u>28,550</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>	<u>JOHN HANCOCK LIFE INSURANCE COMPANY</u> <u>P.O. BOX 40</u> <hr/> <u>BUFFALO</u> <span style="float:right;"><u>NY 14240</u></span>	\$ <u>33,639</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>	<u>MR. AND MRS. N.F. MICKEY KNOWLTON</u> <u>2462 STRAWBERRY LANE</u> <hr/> <u>PORT HURON</u> <span style="float:right;"><u>MI 48060</u></span>	\$ <u>25,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>COMMUNITY FOUNDATION OF</b>	Employer identification number <b>38-1872132</b>
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**Part I Contributors (See Specific Instructions.)**

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	<u>MR. AND MRS. CLAUDE S. LAWRENCE</u> <u>855 RIVERVIEW LANE</u> <u>MARYSVILLE MI 48040</u>	\$ 104,968	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	<u>MIDWEST COMMUNITY FOUNDATIONS VENTUR</u> <u>ONE SOUTH HARBOR AVENUE</u> <u>SUITE 3</u> <u>GRAND HAVEN MI 49417</u>	\$ 149,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	<u>QUOTA CLUB OF PORT HURON</u> <u>PO BOX 610862</u> <u>PORT HURON MI 48060</u>	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	<u>MR. AND MRS. F. WILLIAM SCHWARZ</u> <u>4 MEADOW GATE LANE</u> <u>HARBOR SPRINGS MI 49740</u>	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	<u>ST. CLAIR FOUNDATION</u> <u>200 S. RIVERSIDE DRIVE</u> <u>ST. CLAIR MI 48079</u>	\$ 52,868	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	<u>H &amp; H WHITING FOUNDATION</u> <u>200 S. RIVERSIDE</u> <u>ST. CLAIR MI 48079</u>	\$ 64,260	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>COMMUNITY FOUNDATION OF</b>	Employer identification number <b>38-1872132</b>
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**Part II** Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>2</u>	<u>8150 SHARES CFS BANCORP</u> _____ _____ _____	\$ <u>100,001</u>	<u>12/31/07</u>
<u>3</u>	<u>50,000 WALMART</u> <u>50,000 CITIGROUP</u> <u>100,000 GE CAPITAL</u> _____ _____	\$ <u>205,246</u>	<u>5/04/07</u>
<u>4</u>	<u>1000 SHARES KEYCORP</u> _____ _____ _____	\$ <u>28,550</u>	<u>10/26/07</u>
____	_____ _____ _____ _____	\$ _____	_____
____	_____ _____ _____ _____	\$ _____	_____
____	_____ _____ _____ _____	\$ _____	_____

Form **4562**  
 Department of the Treasury  
 Internal Revenue Service

**Depreciation and Amortization**  
 (Including Information on Listed Property)

OMB No. 1545-0172

**2007**

Attachment  
 Sequence No. **67**

▶ 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	125,000
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	500,000
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 instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
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 2006 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 2008. 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 qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant 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	17,487

**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 2007	17	2,057
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 2007 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						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

**Section C-Assets Placed in Service During 2007 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	19,544
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.

Form **4562** (2007)

# Federal Statements

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

<u>Description</u>	<u>Amount</u>
INCREASE IN CSV OF LIFE INS	\$ <u>9,022</u>
TOTAL	\$ <u><u>9,022</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	Depr	Gain/-Loss
PUBLICLY TRADED SECURITIES								
					\$6,012,984	\$5,023,057	\$	\$ 989,927
TOTAL					<u>\$6,012,984</u>	<u>\$5,023,057</u>	<u>0</u>	<u>\$ 989,927</u>

**Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other**

Desc	How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depr	Gain/-Loss
HP DESKJET 890	PURCHASE		8/05/98	12/31/07	\$	425	\$ 425	\$
CARPETING	PURCHASE		9/01/00	9/10/07		1,649	1,649	
TOTAL					<u>\$ 0</u>	<u>2,074</u>	<u>2,074</u>	<u>0</u>

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

<u>Description</u>	<u>Amount</u>
TRANSFER TO RENAISSANCE FUND	\$ -67,126
PRIOR YEAR GRANT CANCELLATIONS	834
UNREALIZED LOSS ON INVESTMENTS	<u>-34,134</u>
TOTAL	<u>\$ -100,426</u>



## Federal Statements

### Statement 4 - Form 990, Part II, Line 22b - Other Grants and Allocations

Name Address	Date of Gift	Description of Property	Relationship to Org	Cash Contrib	NonCash Contrib	Book Value	BV Expl	FMV Expl
PORT HURON HOSPITAL	12/05/07	NONE	\$	1,363	HEALTH SERVICES			
COUNCIL ON AGING, SERVING SCC	11/28/07	NONE		35,843	HEALTH SERVICES			
GIRL SCOUTS	10/01/07	NONE		337	YOUTH PROGRAMS			
BOY SCOUTS	10/01/07	NONE		190	YOUTH PROGRAMS			
UNITED WAY OF SCC	9/24/07	NONE		5,624	HEALTH SERVICES			
AMERICAN RED CROSS	5/20/07	NONE		939	HEALTH SERVICES			
THE ARC OF SCC	11/26/07	NONE		300	HEALTH SERVICES			
MARWOOD MANOR NURSING HOME	10/01/07	NONE		7,385	HEALTH SERVICES			
MARYSVILLE PUBLIC SCHOOLS	3/01/07	NONE		3,500	YOUTH PROGRAMS			
THE PORT HURON PIANO TRIO	8/16/07	NONE		13,030	YOUTH PROGRAMS			
SONS	11/28/07	NONE		8,363	PARKS AND REC			
CITY OF PORT HURON - REC DEPARTMENT	11/19/07	NONE		7,445	YOUTH PROGRAMS			
ST. CLAIR COUNTY RESA	11/01/07	NONE		111,000	YOUTH PROGRAMS			
CATHOLIC SOCIAL SERVICES	11/21/07	NONE		10,000	COMMUNITY PROGRAMS			
INTERNATIONAL SYMPHONY ORCHESTRA	11/19/07	NONE		17,855	YOUTH PROGRAMS			
THE PORT HURON MUSICALE	11/19/07	NONE		8,584	YOUTH PROGRAMS			
SCC CHILD ABUSE/NEGLECT COUNCIL	3/27/07	NONE		30,000	YOUTH PROGRAMS			

3383 COMMUNITY FOUNDATION OF  
 38-1872132  
 FYE: 12/31/2007

## Federal Statements

6/30/2008 12:07 PM

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

Name Address	Date of Gift	Description of Property	Relationship to Org	Class of Activity			FMV Expl
				Cash Contrib	NonCash Contrib	Book Value	
YMCA OF THE BLUE WATER AREA 6/06/07		NONE	\$	10,000 \$	COMMUNITY PROGRAMS		
PORT HURON MUSEUM 11/20/07		NONE		129,725	YOUTH PROGRAMS		
HOLLAND WOODS MIDDLE SCHOOL 4/22/07		NONE		4,700	YOUTH PROGRAMS		
YALE UNITED METHODIST CHURCH 10/01/07		NONE		513	COMMUNITY PROGRAMS		
BLUE WATER BRASS 5/17/07		NONE		5,000	COMMUNITY PROGRAMS		
ST. CLAIR ART ASSOCIATION 2/15/07		NONE		3,000	COMMUNITY PROGRAMS		
GOODWILL INDUSTRIES OF SCC 11/26/07		NONE		500	COMMUNITY PROGRAMS		
ST. CLAIR COUNTY PARKS AND REC 6/27/07		NONE		10,800	COMMUNITY PROGRAMS		
FORT GRATIOT MIDDLE SCHOOL 3/05/07		NONE		200	YOUTH PROGRAMS		
PORT HURON LITTLE LEAGUE 11/28/07		NONE		5,760	YOUTH PROGRAMS		
SANBORN - GRATIOT MEMORIAL HOME 10/01/07		NONE		3	COMMUNITY PROGRAMS		
MERCY MARYDALE CENTER 11/26/07		NONE		500	HEALTH SERVICES		
LADY OF GUADALUPE HISPANIC MISSION 6/29/07		NONE		9,000	COMMUNITY PROGRAMS		
SALVATION ARMY 11/26/07		NONE		830	COMMUNITY PROGRAMS		
PEOPLES CLINIC FOR BETTER HEALTH 11/26/07		NONE		500	HEALTH SERVICES		
PORT HURON HOSPITAL FOUNDATION 11/28/07		NONE		5,051	HEALTH SERVICES		
ECONOMIC DEVELOPMENT ALLIANCE 6/20/07		NONE		7,500	COMMUNITY PROGRAMS		

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

Name Address	Date of Gift	Description of Property	Relationship to Org	Class of Activity			FMV Expl
				Cash Contrib	NonCash Contrib	Book Value	
SAGINAW VALLEY STATE UNIVERSITY	6/15/07	NONE	\$	5,600	\$		
UNIVERSITY OF MICHIGAN	6/15/07	NONE		26,000	SCHOLARSHIPS		
ST. CLAIR COMMUNITY COLLEGE	4/18/07	NONE		250,000	COMMUNITY PROGRAMS		
ST. CLAIR COMMUNITY COLLEGE	10/01/07	NONE		18,860	SCHOLARSHIPS		
MICHIGAN STATE UNIVERSITY	6/15/07	NONE		12,000	SCHOLARSHIPS		
MICHIGAN TECH UNIVERSITY	6/15/07	NONE		2,500	SCHOLARSHIPS		
GRAND VALLEY STATE UNIVERSITY	6/15/07	NONE		10,250	SCHOLARSHIPS		
OAKLAND UNIVERSITY	6/15/07	NONE		1,000	SCHOLARSHIPS		
KETTERING UNIVERSITY	6/15/07	NONE		3,500	SCHOLARSHIPS		
ALGONAC ELEMENTARY SCHOOL	11/28/07	NONE		30,200	YOUTH PROGRAMS		
ALGONAC COMMUNITY SCHOOLS	10/04/07	NONE		1,500	SCHOLARSHIPS		
WOODROW WILSON ELEMENTARY	11/19/07	NONE		3,321	YOUTH PROGRAMS		
ST JOHN RIVER DISTRICT HOSPITAL	11/28/07	NONE		20,000	HEALTH		
GARDENS ELEMENTARY SCHOOL	3/18/07	NONE		200	YOUTH PROGRAMS		
PORT HURON NORTHERN HS	10/17/07	NONE		1,500	YOUTH PROGRAMS		
MARINE CITY SCHOLARSHIP FOUNDATION	5/03/07	NONE		15,136	SCHOLARSHIPS		
CENTRAL MICHIGAN UNIVERSITY	6/15/07	NONE		2,200	SCHOLARSHIPS		

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

Name Address	Date of Gift	Description of Property	Relationship to Org	Class of Activity			Book Value	BV Expl	FMV Expl
				Cash Contrib	NonCash Contrib				
UM - FLINT	6/15/07	NONE	\$	1,500	\$				
BAKER COLLEGE OF PORT HURON	10/01/07	NONE		2,000					
ECONOMIC OPPORTUNITY COMMISSION	11/17/07	NONE		53,699					
MID CITY NUTRITION	12/21/07	NONE		1,000					
BLUE WATER DEVELOPMENTAL HOUSING	11/26/07	NONE		1,000					
SPARLINGVILLE ELEMENTARY SCHOOL	3/18/07	NONE		201					
ST. MARYS SCHOOL- ST. CLAIR	2/07/07	NONE		860					
BELLE RIVER ELEMENTARY SCHOOL	3/05/07	NONE		200					
LAKEPORT ELEMENTARY SCHOOL	3/05/07	NONE		200					
UNIVERSITY OF DETROIT-MERCY	6/15/07	NONE		1,000					
WAYNE STATE UNIVERSITY	6/15/07	NONE		7,750					
MARINE CITY CHAMBER OF COMMERCE	3/07/07	NONE		11,270					
SCC HEALTH DEPT	11/28/07	NONE		5,750					
GARFIELD ELEMENTARY SCHOOL	3/05/07	NONE		200					
THE HARBOR	8/07/07	NONE		1,400					
FIRST CONGREGATIONAL CHURCH OF SC	10/03/07	NONE		14,048					
DOWNRIVER RECREATION COMMISSION	4/05/07	NONE		300					

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

Name Address	Date of Gift	Description of Property	Relationship to Org	Class of Activity			FMV Expl
				Cash Contrib	NonCash Contrib	Book Value	
FIRST NIGHT - PORT HURON	3/05/07	NONE	\$	1,700	\$	COMMUNITY PROGRAMS	
BLUE WATER PEACEMOBILE	1/21/07	NONE		800		YOUTH PROGRAMS	
EAST CHINA SCHOOL DISTRICT	6/06/07	NONE		9,818		YOUTH PROGRAMS	
CITY OF ALGONAC	6/27/07	NONE		25,000		COMMUNITY PROGRAMS	
ALGONAC HOUSING COMMISSION	4/05/07	NONE		1,000		COMMUNITY PROGRAMS	
ST. CLAIR COMMUNITY COLLEGE	11/21/07	NONE		5,000		SCHOLARSHIPS	
PORT HURON HOUSING COMMISSION	9/05/07	NONE		8,250		COMMUNITY PROGRAMS	
CITY OF ST. CLAIR RECREATION	5/17/07	NONE		3,000		COMMUNITY PROGRAMS	
WESTERN MICHIGAN UNIVERSITY	6/15/07	NONE		2,000		SCHOLARSHIPS	
ST. CLAIR COUNTY LIBRARY	3/08/07	NONE		296		COMMUNITY PROGRAMS	
FOOD BANK OF EASTERN MI	11/28/07	NONE		15,100		HEALTH SERVICES	
FRIENDS OF EARLY INTERVENTION	2/13/07	NONE		3,150		HEALTH SERVICES	
ST. MARY SCHOOL	4/22/07	NONE		5,000		YOUTH PROGRAMS	
KIDS IN DISTRESS SERVICES	11/28/07	NONE		12,773		YOUTH PROGRAMS	
BACK TO SCHOOL	6/08/07	NONE		20,409		YOUTH PROGRAMS	
NORTHWESTERN MICHIGAN COLLEGE FNDN	6/15/07	NONE		2,000		SCHOLARSHIP	
HARRISON ELEMENTARY SCHOOL	9/17/07	NONE		1,000		YOUTH PROGRAMS	

**Federal Statements**

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

Name Address	Date of Gift	Description of Property	Relationship to Org	Class of Activity			FMV Expl
				Cash Contrib	NonCash Contrib	Book Value	
ROOSEVELT ELEMENTARY SCHOOL	9/17/07	NONE	\$	1,000	YOUTH PROGRAMS	\$	
CLEVELAND ELEMENTARY	11/19/07	NONE		5,840	YOUTH PROGRAMS		
ALMA COLLEGE	6/15/07	NONE		5,000	SCHOLARSHIP		
AQUINAS COLLEGE	6/15/07	NONE		1,000	SCHOLARSHIP		
INTERNATIONAL SYMPHONY ASSOCIATION	8/16/07	NONE		4,186	YOUTH SERVICES		
ALGONAC LIONS CHARITIES, INC	10/03/07	NONE		15,000	COMMUNITY PROGRAMS		
ST. CLAIR COUNTY HUMANE SOCIETY	1/12/07	NONE		89	COMMUNITY PROGRAMS		
PH ARTS INCUBATOR, INC	9/07/07	NONE		34,500	COMMUNITY PROGRAMS		
DOWNTOWN DEVELOPMENT AUTHORITY	4/09/07	NONE		3,778	COMMUNITY DEVELOPMEN		
ST VINCENT DEPAUL	11/28/07	NONE		11,000	COMMUNITY PROGRAMS		
SACRED HEART MAJOR SEMINARY	1/29/07	NONE		11,000	COMMUNITY PROGRAMS		
ST. MARY/MCCORMICK CATHOLIC ACADEMY	8/01/07	NONE		3,432	COMMUNITY PROGRAMS		
COLLEGE FOR CREATIVE STUDIES	6/15/07	NONE		3,200	SCHOLARSHIPS		
LINKS	2/15/07	NONE		100	COMMUNITY PROGRAMS		
UNIVERSITY OF PENNSYLVANIA	6/15/07	NONE		1,500	SCHOLARSHIPS		
SCCC BAND	11/15/07	NONE		4,800	COMMUNITY PROGRAMS		
HOLY CROSS SCHOOLS	1/29/07	NONE		11,000	YOUTH PROGRAMS		

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

Name Address	Date of Gift	Description of Property	Relationship to Org	Class of Activity			Book Value	BV Expl	FMV Expl
				Cash Contrib	NonCash Contrib				
CUB SCOUT PACK 222	4/17/07	NONE	\$	250 \$	YOUTH PROGRAMS				
ALGONAC CLAY LIBRARY	4/05/07	NONE		1,000	COMMUNITY PROGRAMS				
OHIO STATE UNIVERSITY	6/15/07	NONE		1,500	SCHOLARSHIP				
FOCUS ON THE FAMILY	10/23/07	NONE		10,000	COMMUNITY PROGRAMS				
SAFE HAVEN MATERNITY HOME	10/23/07	NONE		5,000	HEALTH SERVICES				
SALVATIN ARMY	10/23/07	NONE		10,000	COMMUNITY PROGRAMS				
ROSEBURG RESCUE MISSION, INC	10/23/07	NONE		5,000	COMMUNITY PROGRAMS				
OREGON TRAIL COUNCIL, INC.	10/23/07	NONE		16,000	YOUTH PROGRAMS				
SAMARITAN'S PURSE	10/23/07	NONE		10,000	COMMUNITY PROGRAMS				
CITY OF ST. CLAIR DDA	3/07/07	NONE		25,000	COMMUNITY PROGRAMS				
WINSTON FOURSQUARE GOSPEL CENTER	2/08/07	NONE		20,000	COMMUNITY PROGRAMS				
ST. STEPHEN CATHOLIC CHURCH	2/15/07	NONE		1,800	COMMUNITY PROGRAMS				
ST. CLAIR COUNTY LIBRARY LITERACY	3/07/07	NONE		5,000	COMMUNITY PROGRAMS				
OLD NEWS BOYS ASSOCIATION OF PH	11/05/07	NONE		475	COMMUNITY PROGRAMS				
FRIENDS OF THE SC RIVER WATERSHED	4/11/07	NONE		2,079	COMMUNITY PROGRAMS				
ALGONAC FIRE DEPARTMENT	4/05/07	NONE		900	COMMUNITY PROGRAMS				
WEST INDIES SELF-HELP, INC.	4/24/07	NONE		170	YOUTH PROGRAMS				

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## Federal Statements

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

Name Address	Date of Gift	Description of Property	Relationship to Org	Class of Activity			Book Value	BV Expl	FMV Expl
				Cash Contrib	NonCash Contrib				
ALGONAC LITTLE LEAGUE	4/05/07	NONE	\$	500 \$	YOUTH PROGRAMS	\$			
GUILFORD COLLEGE	6/15/07	NONE		1,000	SCHOLARSHIPS				
DUKE UNIVERSITY	6/15/07	NONE		6,500	SCHOLARSHIPS				
DEFIANCE COLLEGE	6/15/07	NONE		1,000	SCHOLARSHIPS				
MISSISSIPPI COLLEGE	6/15/07	NONE		1,000	SCHOLARSHIPS				
RHODE ISLAND SCHOOL OF DESIGN	6/15/07	NONE		1,500	SCHOLARSHIPS				
TRI-STATE UNIVERSITY	6/15/07	NONE		1,000	SCHOLARSHIPS				
MOTT COMMUNITY COLLEGE	6/15/07	NONE		1,000	SCHOLARSHIPS				
EAST CHINA CHARTER TOWNSHIP	6/27/07	NONE		10,800	COMMUNITY PROGRAMS				
CAPAC ELEMENTARY SCHOOL	9/17/07	NONE		1,000	YOUTH PROGRAMS				
WARM BLANKETS CHILDREN'S FOUNDATION	10/23/07	NONE		5,000	COMMUNITY PROGRAMS				
FAMILY DEVELOPMENT CENTER	10/23/07	NONE		1,000	COMMUNITY PROGRAMS				
<b>TOTAL</b>				<b>\$ 1,339,680</b>	<b>\$ 0</b>			<b>0</b>	



**Federal Statements**

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

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
EXPENSES	\$	\$	\$	\$
UTILITIES	2,976	1,364	1,240	372
INSURANCE	5,158		5,158	
COMPUTER SOFTWARE MAINTENANCE	10,120	4,639	4,216	1,265
AWARENESS EXPENSE	25,996	16,507	1,862	7,627
DUES AND MEMBERSHIPS	9,408	4,313	3,919	1,176
COMMITTEE EXPENSE	3,073		3,073	
DONOR CULTIVATION	3,377	3,377		
YOUTH ADVISORY COUNCIL	7,755	7,755		
MISCELLANEOUS	16,256	16,090	166	
INVESTMENT MANAGEMENT FEES	78,037		78,037	
TOTAL	\$ <u>162,156</u>	\$ <u>54,045</u>	\$ <u>97,671</u>	\$ <u>10,440</u>

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

Description

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.

**Federal Statements**

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

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>
MONEY MARKET FUNDS HELD ON BEHALF OF OTHERS INVESTMENTS	\$ 441,818	\$	
	29,578,536	30,550,966	
TOTAL	<u>\$30,020,354</u>	<u>\$30,550,966</u>	

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

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Depr</u>	<u>End of Year</u>	<u>Accum Depr</u>
LEASEHOLD IMPROVEMENTS	\$ 160,353	\$ 69,765	\$ 160,896	\$ 144,249
EQUIPMENT	72,902	57,016	119,973	
TOTAL	<u>\$ 233,255</u>	<u>\$ 126,781</u>	<u>\$ 280,869</u>	<u>\$ 144,249</u>

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

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
CASH SURRENDER VALUE OF LIFE INS	\$ 123,126	\$ 135,114
OTHER	926	1,100
MORTGAGE RECEIVABLE	103,657	104,073
TOTAL	<u>\$ 227,709</u>	<u>\$ 240,287</u>

**Statement 10 - Form 990, Part IV, Line 62 - Deferred Revenue**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
	\$	\$ 100,000
TOTAL	<u>\$ 0</u>	<u>\$ 100,000</u>

**Statement 11 - Form 990, Part IV, Line 65 - Other Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
FUNDS HELD ON BEHALF OF OTHERS	\$ 121,809	\$
FUNDS HELD AS AGENCY ENDOWMENT	635,283	1,025,070
CHARITABLE GIFT ANNUITY	158,719	140,891
ESCROW DEPOSITS	460,230	
TOTAL	<u>\$ 1,376,041</u>	<u>\$ 1,165,961</u>

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

<u>Description</u>	<u>Amount</u>
ADMINISTRATIVE FEES NET OF INCOME ON STATEMENTS	\$ 78,037
UNREALIZED LOSS ON INVESTMENTS	34,134
TOTAL	\$ <u>112,171</u>

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

<u>Description</u>	<u>Amount</u>
TRANSFER TO RENAISSANCE FUND	\$ 67,126
TOTAL	\$ <u>67,126</u>

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

<u>Description</u>	<u>Amount</u>
ADMINISTRATIVE FEES NET OF INCOME ON STATEMENTS	\$ 78,037
PRIOR YEAR GRANT CANCELLATIONS	834
TOTAL	\$ <u>78,871</u>

## Federal Statements

### Statement 15 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
RANDY D. MAIERS 3773 ARLINGTON FORT GRATIOT MI 48059	PRESIDENT	40	128,750	11,480	6,300
KAREN LEE 4050 TARA BROOK LANE PORT HURON MI 48060	CONTROLLER	40	55,710	1,725	0
CHARLES G. KELLY 627 FORT STREET PORT HURON MI 48060	BOARD CHAIR	1	0	0	0
FREDERICK S. MOORE 970 N. RIVERSIDE ST CLAIR MI 48079	TREASURER	1	0	0	0
DONNA M. NIESTER 600 FORT STREET #100 PORT HURON MI 48060	SECRETARY	1	0	0	0
MARTIN E. WEISS 4097 GRATIOT AVENUE FORT GRATIOT MI 48059	MEMBER	1	0	0	0
MARSHALL J CAMPBELL 525 WATER STREET PORT HURON MI 48060	MEMBER	1	0	0	0
DOUGLAS AUSTIN 600 FORT STREET #101 PORT HURON MI 48060	DIRECTOR	0	0	0	0
BETHANY BELANGER 3201 CONGER PORT HURON MI 48060	DIRECTOR	0	0	0	0

**Federal Statements**

**Statement 15 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)**

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
ROSE B. BELLANCA 323 ERIE STREET PORT HURON MI 48060	DIRECTOR	0	0	0	0
HEATHER BOKRAM 409 N. MAIN STREET MARINE CITY MI 48039	DIRECTOR	0	0	0	0
RONALD COOLEY 2801 GRATIOT BLVD MARYSVILLE MI 48040	DIRECTOR	0	0	0	0
GARY A. FLETCHER 522 MICHIGAN PORT HURON MI 48060	DIRECTOR	0	0	0	0
LEE HANSON 4568 LAKESHORE ROAD FORT GRATIOT MI 48059	DIRECTOR	0	0	0	0
STEVEN HILL 901 HURON AVENUE PORT HURON MI 48060	DIRECTOR	0	0	0	0
THOMAS HUNTER 3284 WALDHEIM PORT HURON MI 48060	DIRECTOR	0	0	0	0
ROY KLECHA JR. 1960 FRED MOORE HWY ST. CLAIR MI 48079	DIRECTOR	0	0	0	0
GERALD KRAMER JR. 2425 MILITARY STREET #6 PORT HURON MI 48060	DIRECTOR	0	0	0	0

## Federal Statements

### Statement 15 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
JOHN R. MONAGHAN 201 MCMORRAN BLVD #2600 PORT HURON MI 48060	DIRECTOR	0	0	0	0
FRANKLIN MOORE JR. 633 E. MELDRUM CIRCLE ST. CLAIR MI 48079	DIRECTOR	0	0	0	0
DAVID O'CONNOR JR. 303 LASALLE BLVD PORT HURON MI 48060	DIRECTOR	0	0	0	0
WILL OLDFORD 1411 3RD STREET PORT HURON MI 48060	DIRECTOR	0	0	0	0
WILLIAM ROBINSON 3819 CATALPA COURT PORT HURON MI 48060	DIRECTOR	0	0	0	0
JOHN SHIER 4780 LAKESHORE TERRACE FORT GRATIOT MI 48059	DIRECTOR	0	0	0	0
DOUGLAS S. TOUMA 316 MCMORRAN BLVD PORT HURON MI 48060	DIRECTOR	0	0	0	0
JOSEPH VITO 800 MILITARY STREET #400 PORT HURON MI 48060	DIRECTOR	0	0	0	0
CATHERINE WILKINSON 409 ANDREW MURPHY DRIVE PORT HURON MI 48060	DIRECTOR	0	0	0	0

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### Statement 15 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
DON C. FLETCHER 8360 LAKESHORE LAKEPORT MI 48059	VICE CHAIR	1	0	0	0
DANIEL G. LOCKWOOD 1605 OAKLAND AVENUE ST. CLAIR MI 48079	DIRECTOR	0	0	0	0



**Federal Statements****Statement 16 - Schedule A, Part III, Line 2d - Payment of Compensation / Reimbursement of Exp**Description

SEE PART V, FORM 990

**Statement 17 - Schedule A, Part III, Line 3a - Explanation of Grant/Loan Qualifications**Description

THE COMMUNITY FOUNDATION OF ST. CLAIR COUNTY ADMINISTERS A VARIETY OF SCHOLARSHIP FUNDS. THE SCHOLARSHIP FUNDS WERE ESTABLISHED BY INDIVIDUALS AND ORGANIZATIONS WANTING TO ASSIST STUDENTS IN OBTAINING A COLLEGE OR VOCATIONAL EDUCATION.

EACH SCHOLARSHIP FUND HAS SPECIFIC CRITERIA DEFINED BY THE DONOR WHEN THE FUND WAS ESTABLISHED. SUCH CRITERIA MAY INCLUDE FINANCIAL NEED, AREA OF STUDY, HIGH SCHOOL OF GRADUATE, GRADE POINT AVERAGE AND OTHER ACADEMIC ACHIEVEMENTS, OR A COMBINATION THEREOF. SPECIFIC CRITERIA FOR EACH SCHOLARSHIP FUND CAN BE FOUND ON OUR WEBSITE AT WWW.STCLAIRFOUNDATION.ORG OR CAN BE OBTAINED FROM ANY HIGH SCHOOL GUIDANCE COUNSELOR, CAREER RESOURCE CENTER, FINANCIAL AID OFFICE, OR THE CONTACT PERSON LISTED FOR EACH SCHOLARSHIP. SEPARATE APPLICATIONS MUST BE COMPLETED FOR EACH FUND.

THE COMMUNITY FOUNDATION'S SPENDING POLICY OUTLINES HOW ANNUAL GRANT BUDGETS ARE CALCULATED. A SCHOLARSHIP AD-HOC COMMITTEE IS APPOINTED BY THE FOUNDATION'S SCHOLARSHIP FUNDS. MEMBERS OF THIS COMMITTEE INCLUDE FOUNDATION BOARD TRUSTEES, VARIOUS SCHOOL ADMINISTRATORS, AND COMMUNITY LEADERS AND ARE ANNUALLY APPOINTED TO THE COMMITTEE.

MOST OF OUR SCHOLARSHIP FUNDS ALSO HAVE ACTIVE ADVISORY COMMITTEES IN PLACE, AS ESTABLISHED UNDER THE RELATED FUND AGREEMENTS. THESE ADVISORY COMMITTEES ARE MADE UP OF HIGH SCHOOL COUNSELORS, AND SCHOOL ADMINISTRATORS AND COMMUNITY LEADERS (OTHER THAN THOSE ON THE SCHOLARSHIP AD-HOC COMMITTEE) WHO HAVE KNOWLEDGE OF BOTH THE ESTABLISHED CRITERIA FOR EACH SCHOLARSHIP FUND. A RECAP OF THEIR SELECTION PROCESS AND BASIS FOR DECISIONS IS PROVIDED WITH THEIR RECOMMENDATIONS. FOR SCHOLARSHIP FUNDS HAVING NO ADVISORY COMMITTEE IN PLACE, THE FOUNDATION'S SCHOLARSHIP AD-HOC COMMITTEE FOLLOWS THIS SAME REVIEW AND SELECTION PROCESS. RECIPIENTS OF EACH SCHOLARSHIP MUST COMPLETE AN ACCEPTANCE FORM AS WELL AS A (COLLEGE) DESIGNATION FORM. DISTRIBUTIONS OF SCHOLARSHIPS ARE MADE DIRECTLY TO THE COLLEGE/UNIVERSITY/VOCATIONAL SCHOOL WHERE THE RECIPIENT IS ENROLLED.

ALL SCHOLARSHIP AWARDS ARE REPORTED TO AND RATIFIED BY THE FOUNDATION'S BOARD OF TRUSTEES.

**Federal Statements****Statement 18 - Schedule A, Part IV-A, Line 22 - Other Income**

<u>Description</u>	<u>2006</u>	<u>2005</u>	<u>2004</u>	<u>2003</u>
ADMINISTRATIVE FEE	\$ <u>16,827</u>	\$ <u>          </u>	\$ <u>          </u>	\$ <u>          </u>
TOTAL	\$ <u>16,827</u>	\$ <u>          0</u>	\$ <u>          0</u>	\$ <u>          0</u>

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## Federal Asset Report

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## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Prior MACRS:</b>									
65	PRESIDENTS'S PC	1/26/05	902			902	5 HY S/L	346	180
66	CONTROLLER'S PC	1/26/05	1,066			1,066	5 HY S/L	409	213
67	PROGRAM OFFICER #1 PC	1/26/05	1,072			1,072	5 HY S/L	411	214
68	ASST CONTROLLER PC	1/26/05	1,066			1,066	5 HY S/L	409	213
69	SERVER	2/26/05	5,684			5,684	5 HY S/L	2,084	1,137
70	NETWORK PRINTER	8/05/05	500			500	5 HY S/L	142	100
			<u>10,290</u>			<u>10,290</u>		<u>3,801</u>	<u>2,057</u>
<b>Other Depreciation:</b>									
1	VISUAL BOARD EQUIPMENT- CON	9/27/00	1,070			1,070	7 MO S/L	955	115
2	VISUAL BOARD CABINET-EXE	9/27/00	1,315			1,315	7 MO S/L	1,174	141
3	CONFERENCE TABLE	9/01/00	1,546			1,546	7 MO S/L	1,399	147
4	12 EXEC CREST BACK CHAIRS	9/01/00	3,328			3,328	7 MO S/L	3,011	317
5	CREDENZA-CONFERENCE ROOM	9/01/00	1,001			1,001	7 MO S/L	905	96
6	OVERHEAD HUTCH WITH GLASS	9/01/00	859			859	7 MO S/L	777	82
7	SINGLE PED DESK	9/01/00	1,728			1,728	7 MO S/L	1,563	165
8	CREDENZA WITH DOORS	9/01/00	1,001			1,001	7 MO S/L	905	96
9	EXEC HIGH BACK CHAIR	9/01/00	356			356	7 MO S/L	322	34
10	CONFERENCE PEDESTAL	9/01/00	735			735	7 MO S/L	665	70
11	EXEC MID BACK CHAIR	9/01/00	369			369	7 MO S/L	334	35
12	4 GUEST CHAIRS	9/01/00	1,011			1,011	7 MO S/L	915	96
13	GUEST ARMS LEG BASE	9/01/00	190			190	7 MO S/L	172	18
14	EXEC MID BACK CHAIR	9/01/00	369			369	7 MO S/L	334	35
15	DESK WITH RIGHT RETURN	9/01/00	1,048			1,048	7 MO S/L	948	100
16	DESK WITH RIGHT RETURN-PR	9/01/00	1,048			1,048	7 MO S/L	948	100
17	DESK WITH RIGHT RETURN-SP	9/01/00	1,048			1,048	7 MO S/L	948	100
18	EXEC MID BACK CHAIR-PROGRAM	9/01/00	369			369	7 MO S/L	334	35
19	EXEC MID BACK CHAIR-SPECIAL	9/01/00	369			369	7 MO S/L	334	35
20	6 GUEST CHAIRS-CONTLR	9/01/00	1,138			1,138	7 MO S/L	1,030	108
21	CORNER TABLE- RECEPTION	9/01/00	137			137	7 MO S/L	124	13
22	END TABLE- EXEC OFFICE	9/01/00	133			133	7 MO S/L	120	13
28	WALL PLAQUE/SIGNAGE	4/27/01	1,849			1,849	7 MO S/L	1,497	264
31	DIGITAL COPIER	5/18/02	4,894			4,894	5 MO S/L	4,486	408
32	SONY DIGITAL CAMERA	2/25/02	750			750	5 MO S/L	725	25
34	LAPTOP COMPUTER-EXECUTIVE DIRI	5/28/03	2,235			2,235	5 MO S/L	1,602	447
35	COMPUTER-RECEPTIONIST	1/15/03	1,286			1,286	5 MO S/L	1,029	257
37	TYPEWRITER	2/28/85	849			849	10 MO S/L	849	0
39	SOFTWARE- FILMS	7/01/94	15,080			15,080	5 MO S/L	15,080	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
	Sold/Scrapped: 12/31/07								
44	PYLON	6/22/98	12,021			12,021	15 MO S/L	6,812	801
46	WIRING FOR COMPUTER NETWORK	9/01/00	1,609			1,609	15 MO S/L	679	108
47	OFFICE RENOVATIONS	9/01/00	152,670			152,670	15 MO S/L	64,517	10,178
48	CARPETING	9/01/00	1,649			1,649	7 MO S/L	1,492	157
	Sold/Scrapped: 9/10/07								
49	ALARM SYSTEMS	9/01/00	1,805			1,805	15 MO S/L	762	120
50	BLINDS	9/01/00	900			900	7 MO S/L	814	86
55	PC PROGRAM ASSOCIATE 2	10/17/04	794			794	5 MO S/L	344	159
75	Polycom Soundstation	9/01/00	1,188			1,188	7 MO S/L	1,075	113
76	Portable Donor & Volunteer Recognition W	5/01/07	45,986			45,986	15 MO S/L	0	2,044
77	CARPETING	9/01/00	1,721			1,721	7 MO S/L	1,557	164
78	LAPTOP COMPUTER	8/24/07	1,511			1,511	5 MO S/L	0	101
79	CARPETING	9/10/07	2,192			2,192	7 MO S/L	0	104
	<b>Total Other Depreciation</b>		<u>272,657</u>			<u>272,657</u>		<u>123,037</u>	<u>17,487</u>
	<b>Total ACRS and Other Depreciation</b>		<u>272,657</u>			<u>272,657</u>		<u>123,037</u>	<u>17,487</u>

**Federal Asset Report**

**Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date</u> <u>In Service</u>	<u>Cost</u>	<u>Bus</u> <u>%</u>	<u>Sec</u> <u>179</u>	<u>Bonus</u>	<u>Basis</u> <u>for Depr</u>	<u>Per</u> <u>Conv</u>	<u>Meth</u>	<u>Prior</u>	<u>Current</u>
	<b>Grand Totals</b>		282,947				282,947			126,838	19,544
	<b>Less: Dispositions</b>		2,074				2,074			1,917	157
	<b>Less: Start-up/Org Expensed</b>		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>280,873</u>				<u>280,873</u>			<u>124,921</u>	<u>19,387</u>

38-1872132

**MI Asset Report**

FYE: 12/31/2007

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	MI Prior	MI Current	Federal Current	Difference Fed - MI
<b>Other Depreciation:</b>								
1	VISUAL BOARD EQUIPMENT- CON	9/27/00	1,070	1,070	955	115	115	0
2	VISUAL BOARD CABINET-EXE	9/27/00	1,315	1,315	1,174	141	141	0
3	CONFERENCE TABLE	9/01/00	1,546	1,546	1,399	147	147	0
4	12 EXEC CREST BACK CHAIRS	9/01/00	3,328	3,328	3,011	317	317	0
5	CREDENZA-CONFERENCE ROOM	9/01/00	1,001	1,001	905	96	96	0
6	OVERHEAD HUTCH WITH GLASS	9/01/00	859	859	777	82	82	0
7	SINGLE PED DESK	9/01/00	1,728	1,728	1,563	165	165	0
8	CREDENZA WITH DOORS	9/01/00	1,001	1,001	905	96	96	0
9	EXEC HIGH BACK CHAIR	9/01/00	356	356	322	34	34	0
10	CONFERENCE PEDESTAL	9/01/00	735	735	665	70	70	0
11	EXEC MID BACK CHAIR	9/01/00	369	369	334	35	35	0
12	4 GUEST CHAIRS	9/01/00	1,011	1,011	915	96	96	0
13	GUEST ARMS LEG BASE	9/01/00	190	190	172	18	18	0
14	EXEC MID BACK CHAIR	9/01/00	369	369	334	35	35	0
15	DESK WITH RIGHT RETURN	9/01/00	1,048	1,048	948	100	100	0
16	DESK WITH RIGHT RETURN-PR	9/01/00	1,048	1,048	948	100	100	0
17	DESK WITH RIGHT RETURN-SP	9/01/00	1,048	1,048	948	100	100	0
18	EXEC MID BACK CHAIR-PROGRAM	9/01/00	369	369	334	35	35	0
19	EXEC MID BACK CHAIR-SPECIAL	9/01/00	369	369	334	35	35	0
20	6 GUEST CHAIRS-CONTLR	9/01/00	1,138	1,138	1,030	108	108	0
21	CORNER TABLE- RECEPTION	9/01/00	137	137	124	13	13	0
22	END TABLE- EXEC OFFICE	9/01/00	133	133	120	13	13	0
28	WALL PLAQUE/SIGNAGE	4/27/01	1,849	1,849	1,497	264	264	0
31	DIGITAL COPIER	5/18/02	4,894	4,894	4,486	408	408	0
32	SONY DIGITAL CAMERA	2/25/02	750	750	725	25	25	0
34	LAPTOP COMPUTER-EXECUTIVE DIRI	5/28/03	2,235	2,235	1,602	447	447	0
35	COMPUTER-RECEPTIONIST	1/15/03	1,286	1,286	1,029	257	257	0
37	TYPEWRITER	2/28/85	849	849	849	0	0	0
39	SOFTWARE- FILMS	7/01/94	15,080	15,080	15,080	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
	Sold/Scrapped: 12/31/07							
44	PYLON	6/22/98	12,021	12,021	6,812	801	801	0
46	WIRING FOR COMPUTER NETWORK	9/01/00	1,609	1,609	679	108	108	0
47	OFFICE RENOVATIONS	9/01/00	152,670	152,670	64,461	10,178	10,178	0
48	CARPETING	9/01/00	1,649	1,649	1,492	157	157	0
	Sold/Scrapped: 9/10/07							
49	ALARM SYSTEMS	9/01/00	1,805	1,805	762	120	120	0
50	BLINDS	9/01/00	900	900	814	86	86	0
55	PC PROGRAM ASSOCIATE 2	10/17/04	794	794	344	159	159	0
65	PRESIDENTS'S PC	1/26/05	902	902	346	180	180	0
66	CONTROLLER'S PC	1/26/05	1,066	1,066	409	213	213	0
67	PROGRAM OFFICER #1 PC	1/26/05	1,072	1,072	411	214	214	0
68	ASST CONTROLLER PC	1/26/05	1,066	1,066	409	213	213	0
69	SERVER	2/26/05	5,684	5,684	2,084	1,137	1,137	0
70	NETWORK PRINTER	8/05/05	500	500	142	100	100	0
75	Polycom Soundstation	9/01/00	1,188	1,188	170	169	113	-56
76	Portable Donor & Volunteer Recognition W	5/01/07	45,986	45,986	0	2,044	2,044	0
77	CARPETING	9/01/00	1,721	1,721	1,557	164	164	0
78	LAPTOP COMPUTER	8/24/07	1,511	1,511	0	101	101	0
79	CARPETING	9/10/07	2,192	2,192	0	104	104	0
	<b>Total Other Depreciation</b>		<u>282,947</u>	<u>282,947</u>	<u>125,877</u>	<u>19,600</u>	<u>19,544</u>	<u>-56</u>
	<b>Total ACRS and Other Depreciation</b>		<u>282,947</u>	<u>282,947</u>	<u>125,877</u>	<u>19,600</u>	<u>19,544</u>	<u>-56</u>
	<b>Grand Totals</b>		282,947	282,947	125,877	19,600	19,544	-56
	Less: Dispositions		2,074	2,074	1,917	157	157	0
	Less: Start-up/Org Expensed		0	0	0	0	0	0
	<b>Net Grand Totals</b>		<u>280,873</u>	<u>280,873</u>	<u>123,960</u>	<u>19,443</u>	<u>19,387</u>	<u>-56</u>

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

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Other Depreciation:</b>									
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-CONTLR	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
28	WALL PLAQUE/SIGNAGE	4/27/01	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
37	TYPEWRITER	2/28/85	0			0	0 HY	0	0
39	SOFTWARE- FILMS	7/01/94	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
	Sold/Scrapped: 12/31/07								
44	PYLON	6/22/98	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	CARPETING	9/01/00	0			0	0 HY	0	0
	Sold/Scrapped: 9/10/07								
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
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
75	Polycom Soundstation	9/01/00	0			0	0 HY	0	0
76	Portable Donor & Volunteer Recognition W	5/01/07	0			0	0 HY	0	0
77	CARPETING	9/01/00	0			0	0 HY	0	0
78	LAPTOP COMPUTER	8/24/07	0			0	0 HY	0	0
79	CARPETING	9/10/07	0			0	0 HY	0	0
	<b>Total Other Depreciation</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		0			0		0	0
	<b>Less: Dispositions</b>		0			0		0	0
	<b>Less: Start-up/Org Expensed</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<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						

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<b>Prior MACRS:</b>					
65	PRESIDENTS'S PC	1/26/05	902	180	0
66	CONTROLLER'S PC	1/26/05	1,066	213	0
67	PROGRAM OFFICER #1 PC	1/26/05	1,072	215	0
68	ASST CONTROLLER PC	1/26/05	1,066	213	0
69	SERVER	2/26/05	5,684	1,136	0
70	NETWORK PRINTER	8/05/05	500	100	0
			<u>10,290</u>	<u>2,057</u>	<u>0</u>

**Other Depreciation:**

1	VISUAL BOARD EQUIPMENT- CON	9/27/00	1,070	0	0
2	VISUAL BOARD CABINET-EXE	9/27/00	1,315	0	0
3	CONFERENCE TABLE	9/01/00	1,546	0	0
4	12 EXEC CREST BACK CHAIRS	9/01/00	3,328	0	0
5	CREDENZA-CONFERENCE ROOM	9/01/00	1,001	0	0
6	OVERHEAD HUTCH WITH GLASS	9/01/00	859	0	0
7	SINGLE PED DESK	9/01/00	1,728	0	0
8	CREDENZA WITH DOORS	9/01/00	1,001	0	0
9	EXEC HIGH BACK CHAIR	9/01/00	356	0	0
10	CONFERENCE PEDESTAL	9/01/00	735	0	0
11	EXEC MID BACK CHAIR	9/01/00	369	0	0
12	4 GUEST CHAIRS	9/01/00	1,011	0	0
13	GUEST ARMS LEG BASE	9/01/00	190	0	0
14	EXEC MID BACK CHAIR	9/01/00	369	0	0
15	DESK WITH RIGHT RETURN	9/01/00	1,048	0	0
16	DESK WITH RIGHT RETURN-PR	9/01/00	1,048	0	0
17	DESK WITH RIGHT RETURN-SP	9/01/00	1,048	0	0
18	EXEC MID BACK CHAIR-PROGRAM	9/01/00	369	0	0
19	EXEC MID BACK CHAIR-SPECIAL	9/01/00	369	0	0
20	6 GUEST CHAIRS-CONTLR	9/01/00	1,138	0	0
21	CORNER TABLE- RECEPTION	9/01/00	137	0	0
22	END TABLE- EXEC OFFICE	9/01/00	133	0	0
28	WALL PLAQUE/SIGNAGE	4/27/01	1,849	88	0
31	DIGITAL COPIER	5/18/02	4,894	0	0
32	SONY DIGITAL CAMERA	2/25/02	750	0	0
34	LAPTOP COMPUTER-EXECUTIVE DIRECT	5/28/03	2,235	186	0
35	COMPUTER-RECEPTIONIST	1/15/03	1,286	0	0
37	TYPEWRITER	2/28/85	849	0	0
39	SOFTWARE- FILMS	7/01/94	15,080	0	0
41	HP LASER JET 6	7/06/98	1,075	0	0
44	PYLON	6/22/98	12,021	802	0
46	WIRING FOR COMPUTER NETWORK	9/01/00	1,609	107	0
47	OFFICE RENOVATIONS	9/01/00	152,670	10,178	0
49	ALARM SYSTEMS	9/01/00	1,805	121	0
50	BLINDS	9/01/00	900	0	0
55	PC PROGRAM ASSOCIATE 2	10/17/04	794	158	0
75	Polycom Soundstation	9/01/00	1,188	0	0
76	Portable Donor & Volunteer Recognition Wall	5/01/07	45,986	3,066	0
77	CARPETING	9/01/00	1,721	0	0
78	LAPTOP COMPUTER	8/24/07	1,511	302	0
79	CARPETING	9/10/07	2,192	313	0
	<b>Total Other Depreciation</b>		<u>270,583</u>	<u>15,321</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>270,583</u>	<u>15,321</u>	<u>0</u>
	<b>Grand Totals</b>		<u>280,873</u>	<u>17,378</u>	<u>0</u>



Asset	Description	Date In Service	Cost	MI
<b>Prior MACRS:</b>				
65	PRESIDENTS'S PC	1/26/05	902	180
66	CONTROLLER'S PC	1/26/05	1,066	213
67	PROGRAM OFFICER #1 PC	1/26/05	1,072	215
68	ASST CONTROLLER PC	1/26/05	1,066	213
69	SERVER	2/26/05	5,684	1,136
70	NETWORK PRINTER	8/05/05	500	100
			<u>10,290</u>	<u>2,057</u>
<b>Other Depreciation:</b>				
1	VISUAL BOARD EQUIPMENT- CON	9/27/00	1,070	0
2	VISUAL BOARD CABINET-EXE	9/27/00	1,315	0
3	CONFERENCE TABLE	9/01/00	1,546	0
4	12 EXEC CREST BACK CHAIRS	9/01/00	3,328	0
5	CREDENZA-CONFERENCE ROOM	9/01/00	1,001	0
6	OVERHEAD HUTCH WITH GLASS	9/01/00	859	0
7	SINGLE PED DESK	9/01/00	1,728	0
8	CREDENZA WITH DOORS	9/01/00	1,001	0
9	EXEC HIGH BACK CHAIR	9/01/00	356	0
10	CONFERENCE PEDESTAL	9/01/00	735	0
11	EXEC MID BACK CHAIR	9/01/00	369	0
12	4 GUEST CHAIRS	9/01/00	1,011	0
13	GUEST ARMS LEG BASE	9/01/00	190	0
14	EXEC MID BACK CHAIR	9/01/00	369	0
15	DESK WITH RIGHT RETURN	9/01/00	1,048	0
16	DESK WITH RIGHT RETURN-PR	9/01/00	1,048	0
17	DESK WITH RIGHT RETURN-SP	9/01/00	1,048	0
18	EXEC MID BACK CHAIR-PROGRAM	9/01/00	369	0
19	EXEC MID BACK CHAIR-SPECIAL	9/01/00	369	0
20	6 GUEST CHAIRS-CONTRLR	9/01/00	1,138	0
21	CORNER TABLE- RECEPTION	9/01/00	137	0
22	END TABLE- EXEC OFFICE	9/01/00	133	0
28	WALL PLAQUE/SIGNAGE	4/27/01	1,849	88
31	DIGITAL COPIER	5/18/02	4,894	0
32	SONY DIGITAL CAMERA	2/25/02	750	0
34	LAPTOP COMPUTER-EXECUTIVE DIRECTO	5/28/03	2,235	186
35	COMPUTER-RECEPTIONIST	1/15/03	1,286	0
37	TYPEWRITER	2/28/85	849	0
39	SOFTWARE- FILMS	7/01/94	15,080	0
41	HP LASER JET 6	7/06/98	1,075	0
44	PYLON	6/22/98	12,021	802
46	WIRING FOR COMPUTER NETWORK	9/01/00	1,609	107
47	OFFICE RENOVATIONS	9/01/00	152,670	10,178
49	ALARM SYSTEMS	9/01/00	1,805	121
50	BLINDS	9/01/00	900	0
55	PC PROGRAM ASSOCIATE 2	10/17/04	794	158
75	Polycom Soundstation	9/01/00	1,188	170
76	Portable Donor & Volunteer Recognition Wall	5/01/07	45,986	3,066
77	CARPETING	9/01/00	1,721	0
78	LAPTOP COMPUTER	8/24/07	1,511	302
79	CARPETING	9/10/07	2,192	313
	<b>Total Other Depreciation</b>		<u>270,583</u>	<u>15,491</u>
	<b>Total ACRS and Other Depreciation</b>		<u>270,583</u>	<u>15,491</u>
	<b>Grand Totals</b>		<u>280,873</u>	<u>17,548</u>

38-1872132

**Federal Statements**

FYE: 12/31/2007

**Form 990, Part I, Line 1b - Direct Public Support**

<u>Description</u>	<u>Cash</u>	<u>Noncash</u>	<u>Total</u>
OTHER CONTRIBUTIONS	\$ 71,305	\$	\$ 71,305
CONTRIBUTIONS FROM SCHEDULE B	<u>734,456</u>	<u>333,797</u>	<u>1,068,253</u>
TOTAL	<u>\$ 805,761</u>	<u>\$ 333,797</u>	<u>\$ 1,139,558</u>