

Form **8868**
(Rev. January 2012)

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.**

If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**

If 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.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. THE COMMUNITY RENAISSANCE FUND	Employer identification number (EIN) or <input checked="" type="checkbox"/> 20-1649237
	Number, street, and room or suite no. If a P.O. box, see instructions. 516 MCMORRAN BLVD	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PORT HURON MI 48060	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

KAREN A. LEE
516 MCMORRAN BLVD

• The books are in the care of ▶ **PORT HURON MI 48060**

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 is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **08/15/12**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year **2011** or

▶ tax year beginning _____, and ending _____

2 If the tax year entered in line 1 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.	3a	\$
If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

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.

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2011, or fiscal year beginning _____, 2011, and ending _____, 20 _____

▶ **Do not send to the IRS. Keep for your records.**

▶ **See instructions on back.**

2011

Department of the Treasury
Internal Revenue Service

Name of exempt organization

THE COMMUNITY RENAISSANCE FUND

Employer identification number

20-1649237

Name and title of officer

**RANDY MAIERS
PRESIDENT**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	105,955
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **STEWART, BEAUVAIS & WHIPPLE P.C.** to enter my PIN **33831** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature

Randy Maiers

Date ▶ **07/23/12**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

38519748060

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Karen L. Bailey

Date

7-24-12

ERO Must Retain This Form—See Instructions

Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Federal Statements**Form 990-EZ General Footnote****Description**

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES:

THE COMMUNITY FOUNDATION OF ST. CLAIR COUNTY, TAX ID # 38-1872132, ACTS AS COMMON PAYMASTER FOR BOTH ITS ORGANIZATION AS WELL AS ITS SUPPORTING ORGANIZATION - THE COMMUNITY RENAISSANCE FUND, TAX ID # 20-1649237.

AS THE COMMON PAYMASTER, ALL FORM W-2S ARE REPORTED UNDER AND TAXES ARE PAID THROUGH THE COMMUNITY FOUNDATION'S TAX ID # 38-1872132. WAGES, BENEFITS AND RELATED TAXES ARE ALLOCATED AND RECORDED BETWEEN THE TWO ORGANIZATIONS BASED UPON THE ASSIGNED RESPONSIBILITIES, TIME SPENT AND SPECIFIC WORK PERFORMED. OF THE 9 FORM W-2S FILED IN 2011, ONLY ONE INVOLVED AN ALLOCATION OF WAGES AND BENEFITS BETWEEN THE COMMUNITY FOUNDATION AND THE COMMUNITY RENAISSANCE FUND. THE REMAINING RELATED SOLELY TO THE COMMUNITY FOUNDATION (TWO WERE EMPLOYEES WHO LEFT THE FOUNDATION IN 2011).

WHILE THE AUDITED FINANCIAL STATEMENTS REFLECT THE CONSOLIDATION OF THE COMMUNITY FOUNDATION AND ITS CONTROLLED SUPPORTING ORGANIZATIONS, SEPARATE FORM 990'S ARE FILED FOR EACH ORGANIZATION INDEPENDENTLY, AND CONSEQUENTLY, THIS COMMON PAYMASTER STATUS AND THE EXISTENCE OF SHARE EMPLOYEES SHOULD BE NOTED.

ALTHOUGH THE FOUNDATION'S PRESIDENT/CEO OVERSEES OPERATIONS AND INITIATIVES AND IS AN OFFICER OF COMMUNITY RENAISSANCE FUND (ITS SUPPORTING ORGANIZATION), 100% OF HIS TIME AND RELATED WAGES AND BENEFITS ARE ABSORBED UNDER THE COMMUNITY FOUNDATION'S OPERATIONS. HOWEVER, GIVEN THIS RELATED ORGANIZATION RELATIONSHIP, IRS FORM 990/990EZ REQUIREMENTS OUTLINE THAT THE COMMUNITY FOUNDATION'S PRESIDENT/CEO'S COMPENSATION PACKAGE MUST BE REPORTED ON THE COMMUNITY RENAISSANCE FUND'S FORM 990EZ, EVEN THOUGH IT IS PAID FOR BY THE COMMUNITY FOUNDATION AS THE SUPPORTED ORGANIZATION.

COMMUNITY RENAISSANCE FUND - 990 NARRATIVE ADDRESSING RELATIONSHIPS:

AS OUTLINED BY THE GOVERNING DOCUMENTS, THE COMMUNITY RENAISSANCE FUNDS' BOARD IS COMPRISED OF THE PRESIDENT OF THE COMMUNITY FOUNDATION AS WELL AS THE OTHER OFFICERS ON THE COMMUNITY FOUNDATION'S EXECUTIVE COMMITTEE, WITH AN ODD NUMBER NOT TO EXCEED FIVE INDIVIDUALS. FOR 2011, THOSE BOARD MEMBERS INCLUDE: RANDY MAIERS - PRESIDENT; DON C. FLETCHER - CHAIR; DOUGLAS S. TOUMA - VICE CHAIR; DONNA M. NEISTER - SECRETARY AND ROY W. KLECHA, JR. - TREASURER.

THERE ARE A FEW INSTANCES, AS EXPLAINED BELOW, IN WHICH A BOARD MEMBER HAS OR MAY HAVE A BUSINESS RELATIONSHIP WITH THE FOUNDATION OR ANOTHER OF THE FOUNDATION'S TRUSTEES. GIVEN THE NUMBER OF BOARD MEMBERS, NO TWO TRUSTEES TOGETHER COULD CONTROL NOR PLACE UNDUE INFLUENCE ON ANY BUSINESS OR ACTIVITIES CONDUCTED BY THE BOARD.

ONE OF THE STRENGTHS OF OUR ORGANIZATION IS THAT ITS GOVERNANCE IS STRUCTURED TO ENGAGE KEY COMMUNITY LEADERS FROM ALL BUSINESS ASPECTS AND GEOGRAPHIC AREAS OF THE COUNTY AND THIS PHILOSOPHY IS CARRIED OUT THROUGH ITS SUPPORTING ORGANIZATIONS. GIVEN THIS APPROACH, THERE INEVITABLY WILL BE SOME SITUATIONS WHERE A RELATIONSHIP MAY ARISE. IN EACH OF THESE

Federal Statements**Form 990-EZ General Footnote (continued)****Description**

INSTANCES, HOWEVER, THE FOUNDATION HAS TAKEN MEASURES TO MAINTAIN TRANSPARENCY, KEEP ANY TRANSACTION AT ARM'S-LENGTH, AND ENFORCE ITS CONFLICT OF INTEREST POLICY.

ANNUALLY, ALL BOARD MEMBERS COMPLETE A DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST, INCLUDING SERVICE ON OTHER BOARDS, FAMILY, WHICH IS SUMMARIZED IN BOARD BOOKS AND ARE DISCLOSED VERBALLY AND IN MEETING MINUTES WHEN CONFLICTS OF INTEREST ARISE.

IN THEIR REPECTIVE BUSINESSES, BOARD MEMBERS MAY HAVE BUSINESS RELATIONSHIPS WITH OTHER BOARD MEMBERS WHETHER IT BE THROUGH A FINANCIAL INSTITUTION, LAW FIRM, ACCOUNTING FIRM ETC...; HOWEVER, THE COMMUNITY FOUNDATION AND ITS SUPPORTING ORGANIZATIONS HAVE HAD NO INVOLVEMENT OTHERWISE WITH THE RESPECTIVE POTENTIAL RELATIONSHIPS.

FOLLOWING IS A SUMMARY OF THE BUSINESS RELATIONSHIPS THAT EXISTED IN 2011:

- 1) ONE COMMUNITY RENAISSANCE FUND BOARD MEMBER IS THE PRESIDENT OF A LOCAL FINANCIAL INSTITUTION WHERE WE MAINTAIN DEMAND DEPOSIT ACCOUNTS---ROY KLECHA JR. OF SEAWAY COMMUNITY BANK; HOWEVER, SUCH ACCOUNTS ARE NOT MAINTAINED WITH THAT FINANCIAL INSTITUTION FOR COMMUNITY RENAISSANCE FUND. IT SHOULD BE NOTED THAT IN CARRYING OUT OUR MISSIONS WHICH INCLUDES THE ECONOMIC DEVELOPMENT OF OUR COUNTY, THE FOUNDATION AND ITS SUPPORTING ORGANIZATIONS SUPPORT LOCAL COMMUNITIES AND BUSINESSES WHENEVER POSSIBLE, AND THIS INCLUDES MANY LOCAL FINANCIAL INSTITUTIONS. IN THESE CASES, THE ACCOUNTS MEET THE SAME REQUIREMENTS / CRITERIA OF ACCOUNTS OFFERED TO NON-PROFIT ORGANIZATIONS IN THE GENERAL PUBLIC AND THE TRUSTEE IS NOT AN AUTHORIZED SIGNER OR COULD OTHERWISE CONDUCT ACTIVITY FOR THESE ACCOUNTS.

SIMILARLY, IN HIS ROLE AS BANK PRESIDENT, OTHER TRUSTEES MAY HAVE BANKING RELATIONSHIPS WITH THIS FINANCIAL INSTITUTION; HOWEVER, THE COMMUNITY FOUNDATION HAS HAD NO INVOLVEMENT OTHERWISE WITH THE RESPECTIVE POTENTIAL RELATIONSHIPS.

- 2) ANOTHER BOARD MEMBER IS A PARTNER AT A LOCAL LAW FIRM --- DOUGLAS S. TOUMA OF TOUMA, WATSON, WHALING, COURY, CASTELLO & STREMER, P.C. ALTHOUGH THE FOUNDATION WOULD TYPICALLY ENGAGE THE SERVICES OF INDEPENDENT ATTORNEYS WHEN NECESSARY, IN THE CAPACITY OF TRUSTEE, THIS BOARD MEMBER DOES SERVE ON THE FOUNDATION'S TECHNICAL ADVISOR COMMITTEE GIVEN THEIR EXPERTISE AND KNOWLEDGE, AND FROM TIME TO TIME MAY PROVIDE LEGAL COUNSEL ON GENERAL MATTERS SHOULD SUCH MATTER ARISE.
- 3) DONNA NIESTER IS A MEMBER OF THE COMMUNITY FOUNDATION'S EXECUTIVE COMMITTEE AND THUS A BOARD MEMBER OF THE COMMUNITY RENAISSANCE FUND ORGANIZATION. MS. NIESTER WORKS FOR JIM ACHESON AND IS A VICE PRESIDENT OF THE ACHESON FOUNDATION, AND IS A DONOR-ADVISOR FOR THE JAMES C. ACHESON II (DONOR-ADVISED) FUND. BOTH THE ACHESON FOUNDATION AND THE JAMES C. ACHESON FUND II HAVE MADE GRANTS TO SUPPORT THE PROGRAMS, PROJECTS AND INITIATIVES OF THE COMMUNITY RENAISSANCE FUND, WHICH WOULD BE EXPECTED GIVEN WE ARE THE LARGEST COMMUNITY-BASED CHARITABLE ORGANIZATION IN THE COUNTY. EACH GIFT IS IRREVOCABLE AND IS HANDLED IN THE SAME MANNER AS EVERY OTHER CHARITABLE GIFT RECEIVED.

Form **990-EZ**

Short Form 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)

- ▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).
- All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2011 calendar year, or tax year beginning _____, and ending _____

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

C Name of organization
THE COMMUNITY RENAISSANCE FUND

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
20-1649237

E Telephone number
810-984-4761

F Group Exemption Number
▶

G Accounting Method: Cash Accrual Other (specify) ▶ _____

I Website: ▶ **WWW.STCLAIRFOUNDATION.ORG**

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

J Tax-exempt status (check only one) — 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **182,564**

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

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	91,326
	2 Program service revenue including government fees and contracts	2	12,425
	3 Membership dues and assessments	3	
	4 Investment income	4	2,204
	5a Gross amount from sale of assets other than inventory	5a	76,609
	b Less: cost or other basis and sales expenses	5b	76,609
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	105,955	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	113,818
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	14,476
	13 Professional fees and other payments to independent contractors	13	3,005
	14 Occupancy, rent, utilities, and maintenance	14	40,409
	15 Printing, publications, postage, and shipping	15	37
	16 Other expenses (describe in Schedule O)	16	63,075
17 Total expenses. Add lines 10 through 16	17	234,820	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-128,865
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	392,143
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	263,278

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	44,284	22	65,534
23 Land and buildings	271,461	23	178,323
24 Other assets (describe in Schedule O)	155,033	24	90,197
25 Total assets	470,778	25	334,054
26 Total liabilities (describe in Schedule O)	78,635	26	70,776
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	392,143	27	263,278

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

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 SEE SCHEDULE O			
(Grants \$ 113,818) If this amount includes foreign grants, check here <input type="checkbox"/>	28a		232,220
29			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a		
30			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a		
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a		
32 Total program service expenses (add lines 28a through 31a)	32		232,220

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part **SEE GENERAL FOOTNOTE**

(a) Name and address	(b) Title and aver hours per week devoted to position	(c) Compensation		
		(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferred compensation	other compensation
RANDY MAIERS 516 MCMORRAN BLVD PORT HURON MI 48060	PRESIDENT 8.00	161,632	11,928	19,741
DON FLETCHER 8360 LAKESHORE LAKEPORT MI 48059	CHAIRMAN 1.00	0	0	0
DONNA NIESTER 403 WATER STREET, SUITE 200 PORT HURON MI 48060	SECRETARY 1.00	0	0	0
ROY KLECHA, JR. 1960 FRED MOORE HIGHWAY ST. CLAIR MI 48079	TREASURER 1.00	0	0	0
DOUGLAS TOUMA 316 MCMORRAN BLVD PORT HURON MI 48060	VICE CHAIR 1.00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35b			
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
35c			
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
36			
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. <input type="text" value="37a"/>		
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <input type="text" value="38b"/>		
38b			
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 <input type="text" value="39a"/>		
39a			
b	Gross receipts, included on line 9, for public use of club facilities <input type="text" value="39b"/>		
39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="text"/> ; section 4912 <input type="text"/> ; section 4955 <input type="text"/>		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
40b			
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text"/>		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="text"/>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
40e			
41	List the states with which a copy of this return is filed. <input type="text" value="MI"/>		
42a	The organization's books are in care of <input type="text" value="KAREN A. LEE"/> Telephone no. <input type="text" value="810-984-4761"/> 516 MCMORRAN BLVD Located at <input type="text" value="PORT HURON"/> MI ZIP + 4 <input type="text" value="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: <input type="text"/>		X
42b			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: <input type="text"/>		X
42c			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ 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 <input type="text" value="43"/>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44a			
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44b			
c	Did the organization receive any payments for indoor tanning services during the year?		X
44c			
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O <input type="text"/>		
44d			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45a			
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X
45b			

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Yes No
46

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Yes No
47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a

b If "Yes," was the related organization a section 527 organization? 49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ Yes No

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.

Sign Here
 Signature of officer: *Randy Maiers* Date: 7-25-12
 Type or print name and title: **RANDY MAIERS PRESIDENT**

Paid Preparer Use Only
 Print/Type preparer's name: PAUL L. BAILEY CPA
 Preparer's signature: _____ Date: 07/23/12
 Check if self-employed PTIN: P01259200
 Firm's name: STEWART, BEAUVAIS & WHIPPLE P.C. Firm's EIN: 38-2775143
 Firm's address: 1979 HOLLAND AVE SUITE A PORT HURON, MI 48060-8639 Phone no. 810-984-3829

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2011

Open to Public Inspection

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization

THE COMMUNITY RENAISSANCE FUND

Employer identification number

20-1649237

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other

- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? Yes No
 - (ii) A family member of a person described in (i) above? 11g(ii) X
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) X

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A) COMMUNITY FOUNDATION OF ST CLAIR COUNTY	38-1872132	7	X		X		X		
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2011

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Dotted lines for supplemental information entry.

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

OMB No. 1545-0047

2011

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Name of the organization

Employer identification number

THE COMMUNITY RENAISSANCE FUND**20-1649237**

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 foundationCheck 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 an organization 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 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions 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 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total 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.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization THE COMMUNITY RENAISSANCE FUND	Employer identification number 20-1649237
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COMMUNITY FOUNDATION OF ST CLAIR CTY 516 MCMORRAN BLVD PORT HURON MI 48060	\$ 23,507	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	THE JAMES C ACHESON FOUNDATION 405 WATER STREET SUITE 200 PORT HURON MI 48060	\$ 62,319	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

Open to Public
Inspection

Employer identification number
20-1649237

THE COMMUNITY RENAISSANCE FUND

FORM 990-EZ, PART I, LINE 10 - GRANTS/SIMILAR AMTS PAID TO ORGANIZATIONS

NAME AND ADDRESS	CLASS OF ACTIVITY	DATE OF GIFT	DESC. OF PROPERTY	CASH CONTRIB.	NONCASH CONTRIB.	BOOK VALUE	BV EXPL.	FMV EXPL.
COMMUNITY FOUNDATION OF SCC								
516 MCMORRAN BLVD								
PORT HURON, MI 48060								
				\$	5,150	\$		0
				\$	0			
BLUE WATER LAND FUND								
516 MCMORRAN BLVD								
PORT HURON, MI 48060								
				\$	32,059	\$		0
				\$	0			
BLUE WATER AREA CHAMBER OF COMMERCE								
512 MCMORRAN BLVD								
PORT HURON, MI 48060								
			LEASEHOLD IMP	\$	0	\$		69,771
				\$	0			
CITY OF PORT HURON								
100 MCMORRAN BLVD								
PORT HURON, MI 48060								
			VEHICLE	\$	0	\$		6,838
				\$	0			

FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES

DESCRIPTION	AMOUNT
COMMUNITY FIREWORK FESTIVAL	

Name of the organization

THE COMMUNITY RENAISSANCE FUND

Employer identification number

20-1649237

FIREWORK EVENT COSTS	\$	13,500
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	\$	0
--	----	---

RIVER WALK

RIVER WALK	\$	8,598
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EXPENSES

AWARENESS EXPENSE	\$	100
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TELEPHONE	\$	973
-----------	----	-----

SUPPLIES	\$	600
----------	----	-----

INSURANCE	\$	3,922
-----------	----	-------

OTHER	\$	2,726
-------	----	-------

DOWNTOWN INITIATIVE	\$	3,313
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NON-INVESTMENT DEPRECIATION	\$	29,343
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TOTAL	\$	63,075
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FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES RECEIVABLE	\$ 128	\$ 0
ACCOUNTS RECEIVABLE	\$ 141,115	\$ 89,222
OFFICE EQUIPMENT	\$ 45,214	\$ 24,128
LESS ACCUMULATED DEPRECIATION	\$ 31,424	\$ 23,153
TOTAL	\$ 155,033	\$ 90,197

FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 10,050	\$ 2,191
LOAN PAYABLE	\$ 68,585	\$ 68,585

Name of the organization

THE COMMUNITY RENAISSANCE FUND

Employer identification number

20-1649237

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE
 TO OPERATE EXCLUSIVELY FOR, CHARITABLE, OR OTHER EXEMPT
 PURPOSES BY ACTING FOR THE BENEFIT OF, PERFORMING FUNCTIONS
 OF, OR CARRYING OUT THE CHARITABLE OR OTHER EXEMPT PURPOSES
 OF THE COMMUNITY FOUNDATION OF ST. CLAIR COUNTY.

FORM 990-EZ, PART III, LINE 28 - FIRST ACCOMPLISHMENT
 TO SOLICIT, RECEIVE, EXPEND AND ADMINISTER FUNDS TO
 SUPPORT THE COMMUNITY FOUNDATION, EXPRESSLY INCLUDING,
 BUT NOT NECESSARILY LIMITED TO, THE COMMUNITY
 FOUNDATION'S INITIATIVES FOR COMMUNITY AND/OR ECONOMIC
 DEVELOPMENT IN ST. CLAIR COUNTY, MICHIGAN

Federal Statements

Form 990-EZ General Footnote

Description

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES:

THE COMMUNITY FOUNDATION OF ST. CLAIR COUNTY, TAX ID # 38-1872132, ACTS AS COMMON PAYMASTER FOR BOTH ITS ORGANIZATION AS WELL AS ITS SUPPORTING ORGANIZATION - THE COMMUNITY RENAISSANCE FUND, TAX ID # 20-1649237.

AS THE COMMON PAYMASTER, ALL FORM W-2S ARE REPORTED UNDER AND TAXES ARE PAID THROUGH THE COMMUNITY FOUNDATION'S TAX ID # 38-1872132. WAGES, BENEFITS AND RELATED TAXES ARE ALLOCATED AND RECORDED BETWEEN THE TWO ORGANIZATIONS BASED UPON THE ASSIGNED RESPONSIBILITIES, TIME SPENT AND SPECIFIC WORK PERFORMED. OF THE 9 FORM W-2S FILED IN 2011, ONLY ONE INVOLVED AN ALLOCATION OF WAGES AND BENEFITS BETWEEN THE COMMUNITY FOUNDATION AND THE COMMUNITY RENAISSANCE FUND. THE REMAINING RELATED SOLELY TO THE COMMUNITY FOUNDATION (TWO WERE EMPLOYEES WHO LEFT THE FOUNDATION IN 2011).

WHILE THE AUDITED FINANCIAL STATEMENTS REFLECT THE CONSOLIDATION OF THE COMMUNITY FOUNDATION AND ITS CONTROLLED SUPPORTING ORGANIZATIONS, SEPARATE FORM 990'S ARE FILED FOR EACH ORGANIZATION INDEPENDENTLY, AND CONSEQUENTLY, THIS COMMON PAYMASTER STATUS AND THE EXISTENCE OF SHARE EMPLOYEES SHOULD BE NOTED.

ALTHOUGH THE FOUNDATION'S PRESIDENT/CEO OVERSEES OPERATIONS AND INITIATIVES AND IS AN OFFICER OF COMMUNITY RENAISSANCE FUND (ITS SUPPORTING ORGANIZATION), 100% OF HIS TIME AND RELATED WAGES AND BENEFITS ARE ABSORBED UNDER THE COMMUNITY FOUNDATION'S OPERATIONS. HOWEVER, GIVEN THIS RELATED ORGANIZATION RELATIONSHIP, IRS FORM 990/990EZ REQUIREMENTS OUTLINE THAT THE COMMUNITY FOUNDATION'S PRESIDENT/CEO'S COMPENSATION PACKAGE MUST BE REPORTED ON THE COMMUNITY RENAISSANCE FUND'S FORM 990EZ, EVEN THOUGH IT IS PAID FOR BY THE COMMUNITY FOUNDATION AS THE SUPPORTED ORGANIZATION.

COMMUNITY RENAISSANCE FUND - 990 NARRATIVE ADDRESSING RELATIONSHIPS:

AS OUTLINED BY THE GOVERNING DOCUMENTS, THE COMMUNITY RENAISSANCE FUNDS' BOARD IS COMPRISED OF THE PRESIDENT OF THE COMMUNITY FOUNDATION AS WELL AS THE OTHER OFFICERS ON THE COMMUNITY FOUNDATION'S EXECUTIVE COMMITTEE, WITH AN ODD NUMBER NOT TO EXCEED FIVE INDIVIDUALS. FOR 2011, THOSE BOARD MEMBERS INCLUDE: RANDY MAIERS - PRESIDENT; DON C. FLETCHER - CHAIR; DOUGLAS S. TOUMA - VICE CHAIR; DONNA M. NEISTER - SECRETARY AND ROY W. KLECHA, JR. - TREASURER.

THERE ARE A FEW INSTANCES, AS EXPLAINED BELOW, IN WHICH A BOARD MEMBER HAS OR MAY HAVE A BUSINESS RELATIONSHIP WITH THE FOUNDATION OR ANOTHER OF THE FOUNDATION'S TRUSTEES. GIVEN THE NUMBER OF BOARD MEMBERS, NO TWO TRUSTEES TOGETHER COULD CONTROL NOR PLACE UNDUE INFLUENCE ON ANY BUSINESS OR ACTIVITIES CONDUCTED BY THE BOARD.

ONE OF THE STRENGTHS OF OUR ORGANIZATION IS THAT ITS GOVERNANCE IS STRUCTURED TO ENGAGE KEY COMMUNITY LEADERS FROM ALL BUSINESS ASPECTS AND GEOGRAPHIC AREAS OF THE COUNTY AND THIS PHILOSOPHY IS CARRIED OUT THROUGH ITS SUPPORTING ORGANIZATIONS. GIVEN THIS APPROACH, THERE INEVITABLY WILL BE SOME SITUATIONS WHERE A RELATIONSHIP MAY ARISE. IN EACH OF THESE

Federal Statements

Form 990-EZ General Footnote (continued)

Description

INSTANCES, HOWEVER, THE FOUNDATION HAS TAKEN MEASURES TO MAINTAIN TRANSPARENCY, KEEP ANY TRANSACTION AT ARM'S-LENGTH, AND ENFORCE ITS CONFLICT OF INTEREST POLICY.

ANNUALLY, ALL BOARD MEMBERS COMPLETE A DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST, INCLUDING SERVICE ON OTHER BOARDS, FAMILY, WHICH IS SUMMARIZED IN BOARD BOOKS AND ARE DISCLOSED VERBALLY AND IN MEETING MINUTES WHEN CONFLICTS OF INTEREST ARISE.

IN THEIR REPECTIVE BUSINESSES, BOARD MEMBERS MAY HAVE BUSINESS RELATIONSHIPS WITH OTHER BOARD MEMBERS WHETHER IT BE THROUGH A FINANCIAL INSTITUTION, LAW FIRM, ACCOUNTING FIRM ETC...; HOWEVER, THE COMMUNITY FOUNDATION AND ITS SUPPORTING ORGANIZATIONS HAVE HAD NO INVOLVEMENT OTHERWISE WITH THE RESPECTIVE POTENTIAL RELATIONSHIPS.

FOLLOWING IS A SUMMARY OF THE BUSINESS RELATIONSHIPS THAT EXISTED IN 2011:

- 1) ONE COMMUNITY RENAISSANCE FUND BOARD MEMBER IS THE PRESIDENT OF A LOCAL FINANCIAL INSTITUTION WHERE WE MAINTAIN DEMAND DEPOSIT ACCOUNTS---ROY KLECHA JR. OF SEAWAY COMMUNITY BANK; HOWEVER, SUCH ACCOUNTS ARE NOT MAINTAINED WITH THAT FINANCIAL INSTITUTION FOR COMMUNITY RENAISSANCE FUND. IT SHOULD BE NOTED THAT IN CARRYING OUT OUR MISSIONS WHICH INCLUDES THE ECONOMIC DEVELOPMENT OF OUR COUNTY, THE FOUNDATION AND ITS SUPPORTING ORGANIZATIONS SUPPORT LOCAL COMMUNITIES AND BUSINESSES WHENEVER POSSIBLE, AND THIS INCLUDES MANY LOCAL FINANCIAL INSTITUTIONS. IN THESE CASES, THE ACCOUNTS MEET THE SAME REQUIREMENTS / CRITERIA OF ACCOUNTS OFFERED TO NON-PROFIT ORGANIZATIONS IN THE GENERAL PUBLIC AND THE TRUSTEE IS NOT AN AUTHORIZED SIGNER OR COULD OTHERWISE CONDUCT ACTIVITY FOR THESE ACCOUNTS.

SIMILARLY, IN HIS ROLE AS BANK PRESIDENT, OTHER TRUSTEES MAY HAVE BANKING RELATIONSHIPS WITH THIS FINANCIAL INSTITUTION; HOWEVER, THE COMMUNITY FOUNDATION HAS HAD NO INVOLVEMENT OTHERWISE WITH THE RESPECTIVE POTENTIAL RELATIONSHIPS.

- 2) ANOTHER BOARD MEMBER IS A PARTNER AT A LOCAL LAW FIRM --- DOUGLAS S. TOUMA OF TOUMA, WATSON, WHALING, COURY, CASTELLO & STREMER, P.C. ALTHOUGH THE FOUNDATION WOULD TYPICALLY ENGAGE THE SERVICES OF INDEPENDENT ATTORNEYS WHEN NECESSARY, IN THE CAPACITY OF TRUSTEE, THIS BOARD MEMBER DOES SERVE ON THE FOUNDATION'S TECHNICAL ADVISOR COMMITTEE GIVEN THEIR EXPERTISE AND KNOWLEDGE, AND FROM TIME TO TIME MAY PROVIDE LEGAL COUNSEL ON GENERAL MATTERS SHOULD SUCH MATTER ARISE.
- 3) DONNA NIESTER IS A MEMBER OF THE COMMUNITY FOUNDATION'S EXECUTIVE COMMITTEE AND THUS A BOARD MEMBER OF THE COMMUNITY RENAISSANCE FUND ORGANIZATION. MS. NIESTER WORKS FOR JIM ACHESON AND IS A VICE PRESIDENT OF THE ACHESON FOUNDATION, AND IS A DONOR-ADVISOR FOR THE JAMES C. ACHESON II (DONOR-ADVISED) FUND. BOTH THE ACHESON FOUNDATION AND THE JAMES C. ACHESON FUND II HAVE MADE GRANTS TO SUPPORT THE PROGRAMS, PROJECTS AND INITIATIVES OF THE COMMUNITY RENAISSANCE FUND, WHICH WOULD BE EXPECTED GIVEN WE ARE THE LARGEST COMMUNITY-BASED CHARITABLE ORGANIZATION IN THE COUNTY. EACH GIFT IS IRREVOCABLE AND IS HANDLED IN THE SAME MANNER AS EVERY OTHER CHARITABLE GIFT RECEIVED.

Federal Statements

Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Other

Description		How Received	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
LEASEHOLD IMPROVEMENTS				10/01/08	8/06/11	\$ 69,771	\$ 132,198	\$ 62,427	\$
PURCHASE									
VEHICLE				7/18/08	5/24/11	6,838	15,780	8,942	
PURCHASE									
TOTAL						\$ 76,609	\$ 147,978	\$ 71,369	\$ 0

Federal Statements

Form 990-EZ, Part II, Line 23 - Land and Buildings

Description	Beginning of Year	Accumulated Depreciation	End of Year	Accumulated Depreciation
1114 COURT STREET	\$ 170,210	\$ 24,645	\$ 170,210	\$ 28,900
LEASEHOLD IMPROVEMENTS	205,326	79,430	78,433	41,420
TOTAL	\$ 375,536	\$ 104,075	\$ 248,643	\$ 70,320