

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning , and ending

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

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

C Name of organization
Saginaw Community Foundation

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
100 S. Jefferson Ave Suite 201

City or town, state or country, and ZIP + 4
Saginaw MI 48607

D Employer identification number
38-2474297

E Telephone number
989-755-0545

G Gross receipts \$ 22,939,115

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

H(b) Are all affiliates included? Yes No

If "No," attach a list. (See instructions)

I Tax-exempt status: 501(c) (3) t (insert no.) 4947(a)(1) or 527

J Website: www.saginawfoundation.org

H(c) Group exemption number u

K Type of organization: Corporation Trust Association Other u

L Year of formation: 1984 **M State of legal domicile:** MI

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: The Saginaw Community Foundation is a collection of local funds given by individuals, corporations and foundations to enhance and support the quality of life for all the people in Saginaw County.		
	2 Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	35
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	35
	5 Total number of employees (Part V, line 2a)	5	7
	6 Total number of volunteers (estimate if necessary)	6	550
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,425,371	2,587,276
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,752,504	-834,378
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,326	13,544
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,197,201	1,766,442
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,242,577	1,461,436
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	297,934	350,289
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) <u>u</u> 35,456		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	682,727	1,989,752
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,223,238	3,801,477	
19 Revenue less expenses. Subtract line 18 from line 12	2,973,963	-2,035,035	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	42,076,379	29,962,122
	22 Net assets or fund balances. Subtract line 21 from line 20	3,122,135	2,400,462
		38,954,244	27,561,660

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is 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: Renee Johnston Date: _____
President

Type or print name and title

Paid Preparer's Use Only

Preparer's signature: _____ Date: 4/21/09

Check if self-employed: u

Preparer's identifying number (see instructions): P00366938

Firm's name (or yours if self-employed), address, and ZIP + 4: Yeo & Yeo, P.C.
P.O. Box 3275
Saginaw, MI 48605

EIN: u 38-2706146

Phone no.: u 989-793-9830

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

The Saginaw Community Foundation is a collection of local funds given by individuals, corporations and foundations to enhance and support the quality of life for all the people in Saginaw County.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,225,517 including grants of \$ 1,461,436) (Revenue \$)

The Foundation is a grantmaker, philanthropic vehicle, community leader, and volunteer organization.

As a grantmaking organization, SCF is able to assist charitable agencies and activities that provide specific and necessary services in our community.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

As a philanthropic vehicle, the Foundation works with any and all individuals who want a means of giving back to the community in a broad or specific way.

As a leader in the community, the Foundation works with organizations, such as the United Way of Saginaw County, to conduct community surveys.

As a volunteer organization, SCF gathers diverse groups of people to assist with various Foundation efforts.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses u \$ 3,225,517 (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25.		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 18		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 7		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: u See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		X
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	1a	35
b	Enter the number of voting members that are independent	1b	35
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a	The organization's CEO, Executive Director, or top management official?	X	
b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed u MI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: u RENEE JOHNSTON 100 S. Jefferson SAGINAW MI 48607 989-755-0545

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

I List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

I List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

I List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

I List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Timothy Mackay Asst Treasurer	1	X					0	0	0	
Andrea Buckley Trustee	1	X					0	0	0	
Richard Watson Past Chair	1	X					0	0	0	
Joseph Madison Chair	1	X					0	0	0	
David Abbs Secretary	1	X					0	0	0	
Heidi Bolger Treasurer	1	X					0	0	0	
Hurley Coleman, Jr. Comm Liaison	1	X					0	0	0	
Mark Flegenheimer Vice-Chair	1	X					0	0	0	
Barb Russell Liaison	1	X					0	0	0	
Raana Akbar Trustee	1	X					0	0	0	
Morrall Claramunt Trustee	1	X					0	0	0	
Ellen Crane Trustee	1	X					0	0	0	
JoAnn Crary Trustee	1	X					0	0	0	
Craig Douglas Trustee	1	X					0	0	0	
Andrea Fisher Trustee	1	X					0	0	0	
Frederick Gardner Trustee	1	X					0	0	0	
Smallwood Holoman Liaison	1	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Greg C. Cochran Trustee	1	X					0	0	0	
Todd Hall Trustee	1	X					0	0	0	
Kala Ramasamy Trustee	1	X					0	0	0	
Jerry Seese Trustee	1	X					0	0	0	
Keri Shaheen Trustee	1	X					0	0	0	
James Shinnars Trustee	1	X					0	0	0	
Martin Stark Trustee	1	X					0	0	0	
Julie Case Swieczkowski Trustee	1	X					0	0	0	
Jerry Ulrey Trustee	1	X					0	0	0	
Sean Wolohan Trustee	1	X					0	0	0	
Bridget Smith Trustee	1	X					0	0	0	
James Fabiano Trustee	1	X					0	0	0	
Hannah Watson Trustee	1	X					0	0	0	
1b Total							143,000			

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **u 0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **u 0**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,587,276			
	g Noncash contributions included in lines 1a-1f: \$		19,425			
	h Total. Add lines 1a-1f	u	2,587,276			
Program Service Revenue	2a	Busn. Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	u				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	1,269,750			1,269,750
	4 Income from investment of tax-exempt bond proceeds	u				
	5 Royalties	u				
	6a Gross Rents	(i) Real (ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)	u				
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss)	u	-2,104,128	-2,104,128		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events	u				
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	u				
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue		Busn. Code				
11a Miscellaneous			13,544			13,544
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	u		13,544			
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	u		1,766,442	-2,104,128	0	1,283,294

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,041,990	1,041,990		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	419,446	419,446		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	143,000	60,904	69,198	12,898
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	156,098	148,579	6,338	1,181
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	20,461	8,714	9,901	1,846
9 Other employee benefits	10,209	4,348	4,940	921
10 Payroll taxes	20,521	8,740	9,930	1,851
11 Fees for services (non-employees):				
a Management				
b Legal	7,125	3,034	3,448	643
c Accounting	11,557	4,923	5,592	1,042
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	350,279		350,279	
g Other				
12 Advertising and promotion				
13 Office expenses	46,106	27,552	15,639	2,915
14 Information technology				
15 Royalties				
16 Occupancy	323,360	309,044	12,067	2,249
17 Travel	3,765	2,945	691	129
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	26,972	16,035	9,218	1,719
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,381	3,995	4,540	846
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a Garber Foundation	572,033	572,033		
b Consulting services	216,306	199,864	13,859	2,583
c Special projects	209,106	208,521	493	92
d Site preparation	65,917	65,917		
e Gift annuity distribution	42,450	42,450		
f All other expenses	105,395	76,483	24,371	4,541
25 Total functional expenses. Add lines 1 through 24f	3,801,477	3,225,517	540,504	35,456
26 Joint Costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing		1
	2	Savings and temporary cash investments	3,671,293	2 3,572,697
	3	Pledges and grants receivable, net	533,634	3 367,909
	4	Accounts receivable, net		4
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6
	7	Notes and loans receivable, net		7
	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges		9
	10a	Land, buildings, and equipment: cost basis	10a 106,798	
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	10b 87,687	10c 19,111
	11	Investments—publicly traded securities	37,693,158	11 25,923,340
	12	Investments—other securities. See Part IV, line 11	94,757	12 50,261
	13	Investments—program-related. See Part IV, line 11		13
	14	Intangible assets		14
	15	Other assets. See Part IV, line 11	55,046	15 28,804
16	Total assets. Add lines 1 through 15 (must equal line 34)	42,076,379	16 29,962,122	
Liabilities	17	Accounts payable and accrued expenses	15,752	17 14,699
	18	Grants payable	615,351	18 458,510
	19	Deferred revenue		19
	20	Tax-exempt bond liabilities		20
	21	Escrow account liability. Complete Part IV of Schedule D		21
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22
	23	Secured mortgages and notes payable to unrelated third parties		23
	24	Unsecured notes and loans payable		24
	25	Other liabilities. Complete Part X of Schedule D	2,491,032	25 1,927,253
	26	Total liabilities. Add lines 17 through 25	3,122,135	26 2,400,462
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	5,460,571	27 3,717,204
	28	Temporarily restricted net assets	33,493,673	28 23,844,456
	29	Permanently restricted net assets		29
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30
	31	Paid-in or capital surplus, or land, building, or equipment fund		31
	32	Retained earnings, endowment, accumulated income, or other funds		32
33	Total net assets or fund balances	38,954,244	33 27,561,660	
34	Total liabilities and net assets/fund balances	42,076,379	34 29,962,122	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits?		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,482,559	2,060,195	3,035,417	3,425,371	2,587,276	14,590,818
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 1-3	3,482,559	2,060,195	3,035,417	3,425,371	2,587,276	14,590,818
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)						3,473,025
6 Public support. Subtract line 5 from line 4						11,117,793

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	3,482,559	2,060,195	3,035,417	3,425,371	2,587,276	14,590,818
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	499,472	561,033	775,017	883,053	919,471	3,638,046
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.)	84,462	30,221	15,325	19,326	13,544	162,878
11 Total support. Add lines 7 through 10						18,391,742
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 2008 (line 6, column (f) divided by line 11, column (f))	14	60.4499 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	80.2121 %
16a 33 1/3 % support test—2008. 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 checked="" type="checkbox"/>
b 33 1/3 % support test—2007. 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—2008. 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—2007. 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
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) u	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3 % support tests—2008. 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—2007. 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Part II, Line 10 - Other Income Detail

Other revenue \$ 162,878

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

Saginaw Community Foundation

Employer identification number

38-2474297

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two yes/no questions regarding donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II with multiple-choice questions about conservation easements, including a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, and 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III with questions 1a and 1b regarding art collections, and question 2 regarding financial gain, including dollar amount fields.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	39,433,238				
b Contributions	1,722,251				
c Investment earnings or losses	-10,646,349				
d Grants or scholarships	1,634,440				
e Other expenditures for facilities and programs	562,882				
f Administrative expenses					
g End of year balance	28,311,818				

2 Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment **u** 100.00 %
- b** Permanent endowment **u** %
- c** Term endowment **u** %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	10,400			10,400
b Buildings				
c Leasehold improvements				
d Equipment		96,398	87,687	8,711
e Other				

Total. Add lines 1a–1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) **u** 19,111

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,766,442
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,801,477
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-2,035,035
4	Net unrealized gains (losses) on investments	4	-9,357,549
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	-9,357,549
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-11,392,584

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	-7,802,743
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-9,357,549
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	138,643
e	Add lines 2a through 2d	2e	-9,218,906
3	Subtract line 2e from line 1	3	1,416,163
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	350,279
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	350,279
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12.)	5	1,766,442

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	3,589,841
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	138,643
e	Add lines 2a through 2d	2e	138,643
3	Subtract line 2e from line 1	3	3,451,198
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	350,279
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	350,279
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	3,801,477

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

Part V, Line 4 - Intended Uses for Endowment Funds

Endowment funds are established to provide grants from individual funds.

The funds are categorized as follows:

Discretionary - funds over which the Board has discretionary control and are available for grant making and other purposes.

Agency Endowments - funds restricted by donors to support specific charitable organizations.

Part XIV Supplemental Information (continued)

Field-of-Interest - funds established to benefit specific but broadly defined, charitable purpose.

Donor Advised - funds established whereby the donor suggests specific organizations to benefit from the fund. Such donor recommendations are not binding and the Foundation reserves the right to make the final decisions on distributions from such a fund.

Designated - funds established to support a specific community project.

Scholarship - funds established to provide scholarships to individuals.

Part XI, Line 8 - Reconciliation of Changes - Other

INTERAGENCY ACTIVITY \$ 138,643

INTERAGENCY ACTIVITY \$ -138,643

Part XII, Line 2d - Revenue Amounts Included in Financials - Other

INTERAGENCY ACTIVITY \$ 138,643

Part XIII, Line 2d - Expense Amounts Included in Financials - Other

INTERAGENCY ACTIVITY \$ 138,643

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

u Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

u Attach to Form 990.

Name of the organization

Saginaw Community Foundation

Employer identification number

38-2474297

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed **u**

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	American Chemical Society, Midland PO Box 2695 Midland MI 48640	53-0196572	3	12,500				Science Literacy
	Boys & Girls Club of Saginaw County 907 E. Remington Saginaw MI 48601	38-2935883	3	10,000				Merrill Park Expansi
	Child Abuse & Neglect Council of Sa 1311 N. Michigan Saginaw MI 48602	38-2480726	3	14,128				2008 Agency Distribu
	Children's Zoo at Celebration Squar 1730 S. Washington Saginaw MI 48601	38-2801805	3	6,454				2008 Distribution
	Children's Zoo at Celebration Squar 1730 S. Washington Saginaw MI 48601	38-2801805	3	13,953				2008 Distribution
	Children's Zoo at Celebration Squar 1730 S. Washington Saginaw MI 48601	38-2801805	3	18,441				2008 Agency Distribu
	City of Saginaw 1315 S. Washington Ave. Saginaw MI 48601	38-6004647	3	20,000				Andersen Water Park
	City Rescue Mission of Saginaw, Inc P.O. Box 548 Saginaw MI 48606	38-1368362	3	10,000				Comunity Village Kit
	City Rescue Mission of Saginaw, Inc P.O. Box 548 Saginaw MI 48606	38-1368362	3	22,124				2008 Agency Distribu

- 2** Enter total number of section 501(c)(3) and government organizations **u** 75
- 3** Enter total number of other organizations **u** _____

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

**u Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

Name of the organization **Saginaw Community Foundation** Employer identification number **38-2474297**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cops 'N Kids Saginaw, Inc. P.O. Box 325 Saginaw MI 48606	38-2866904	3	6,325				Arson Watch 2008
Council of Michigan Foundations Suite 3 Grand Haven MI 49417	38-6263347	3	6,300				2008 Dues
Covenant HealthCare Foundation 1447 N. Harrison Saginaw MI 48602	38-2572154	3	5,026				2008 Distribution
Covenant HealthCare Foundation 1447 N. Harrison Saginaw MI 48602	38-2572154	3	11,000				The McNally House
Covenant HealthCare Foundation Plaza North - 5th Floor, 4800 Fashi Saginaw MI 48604	38-2572154	3	15,000				Diabetes Camp/Educat
Delta Broadcasting WUCM-TV 19/WUCX- Delta College A-91 University Center MI 48710	38-6034011	3	7,852				2008 Distribution
Duke University 2400 Pratt St., Suite 1400 Durham NC 27705	56-0532129	3	16,000				Dr. Kurtzberg's rese
Emmaus House 733 South 14th St. Saginaw MI 48601	32-0025418	3	25,000				Emmaus House Communi
Field Neurosciences Institute 4677 Towne Centre Saginaw MI 48604	38-2790703	3	7,657				2008 Agency Distribu
First Ward Community Service 1410 N. 12th St. Saginaw MI 48601	38-1367311	3	5,051				Fearfully & Wonderfu
First Ward Community Service 1410 N. 12th St. Saginaw MI 48601	38-1367311	3	10,000				Summer Day Camp

2 Enter total number of Section 501(c)(3) and government organizations **u** _____
3 Enter total number of other organizations **u** _____

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

**u Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

Name of the organization **Saginaw Community Foundation** Employer identification number **38-2474297**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Frankenmuth Historical Association 613 S. Main Frankenmuth MI 48734	38-6078011	3	23,603				2008 Agency Distribu
Frankenmuth United Methodist Church 346 E. Vates Frankenmuth MI 48734	38-2084418	3	5,251				2008 Schwartz MI Fun
Grants for Excellence Program 100 S. Jefferson Ave Saginaw MI 48607	38-2474297	3	7,700				Grants for Excellenc
Greater Frankenmuth Area Comm. Fdn. P.O. Box 386 Frankenmuth MI 48734	38-2474297	3	7,877				2008 Agency Distribu
Hartley Outdoor Education Ctr. 12633 Beaver Rd. St. Charles MI 48655	38-2513294	3	15,116				2008 Agency Distribu
Hartley Outdoor Education Ctr. 12633 Beaver Rd. St. Charles MI 48655	38-2513294	3	26,483				2008 Agency Distribu
Hidden Harvest 940 E. Genesee Ave. Saginaw MI 48607	38-3350163	3	34,928				2008 Agency Distribu
Holy Cross Lutheran Church and Scho 600 Court St. Saginaw MI 48602	38-1434085	3	8,176				2008 Distribution
Junior Achievement of Northeast Mic 1781 Fordney Saginaw MI 48601	38-1746900	3	9,034				2008 Agency Distribu
Junior Achievement of Northeast Mic 1781 Fordney Saginaw MI 48601	38-1746900	3	9,700				Business Transformat
Living Waters Church of God in Chri 100 S. Jefferson Ave Saginaw MI 48607	38-2600804	3	10,000				New Roof, New Hope

2 Enter total number of Section 501(c)(3) and government organizations **u**
3 Enter total number of other organizations **u**

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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Part II and Part III, Schedule I (Form 990).**

Name of the organization Saginaw Community Foundation Employer identification number 38-2474297

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

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Mid-Michigan Children's Museum 315 W. Genesee Saginaw MI 48605	38-3484109	3	10,000				Program Support
Mid-Michigan Children's Museum 315 W. Genesee Saginaw MI 48605	38-3484109	3	45,029				2008 Distribution
MSU - College of Veterinary Medicine F130 Vet Med Center East Lansing MI 48824-1314	38-6005984	3	7,000				Small Animal Clinica
Public Libraries of Saginaw 505 Janes Saginaw MI 48607	38-3187900	3	11,150				2008 Agency Distribu
READ Association 100 South Jefferson, Suite 401 Saginaw MI 48607	38-1987542	3	8,691				2008 Agency Distribu
Saginaw Art Museum 1126 N. Michigan Saginaw MI 48602-4795	38-1280546	3	5,434				Agency Distribution
Saginaw Art Museum 1126 N. Michigan Saginaw MI 48602-4795	38-1280546	3	7,092				2008 Agency Distribu
Saginaw Arts & Enrichment Commissio 120 Ezra Rust Drive Saginaw MI 48601	38-6004647	3	11,251				2008 Agency Distribu
Saginaw Arts & Enrichment Commissio 120 Ezra Rust Drive Saginaw MI 48601	38-6004647	3	22,031				2008 Agency Distribu
Saginaw Bay Symphony Orchestra 201 N. Washington Saginaw MI 48607-1409	38-6082223	3	8,500				SBSO Performs! Tchai
Saginaw Bay Symphony Orchestra 201 N. Washington Saginaw MI 48607-1409	38-6082223	3	31,911				2008 Agency Distribu

2 Enter total number of Section 501(c)(3) and government organizations **u** _____
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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Saginaw Choral Society 326 S. Jefferson Saginaw MI 48607	38-2098259	3	5,217				2008 Agency Distribu
Saginaw Choral Society 326 S. Jefferson Saginaw MI 48607	38-2098259	3	6,600				Singing for Seniors
Saginaw Cooperative Hospitals, Inc. 1000 Houghton Ave. Saginaw MI 48602	38-1870664	3	5,756				2008 Agency Distribu
Saginaw County Convention & Visitor 515 N. Washington Ave., 3rd Fl Saginaw MI 48607	38-2702288	3	8,007				2008 Agency Distribu
Saginaw County Department of Public 1600 N. Michigan Saginaw MI 48602	38-6004887	3	10,000				St. Charles Health C
Saginaw County Parks & Recreation C 111 S. Michigan Saginaw MI 48602	38-6004887	3	16,500				Vaul Toilet Purchase
Saginaw Habitat for Humanity 315 W. Holland Ave. Saginaw MI 48602	38-2739180	3	10,000				Home Repair Program
Saginaw Intermediate School Distric 6235 Gratiot Rd. Saginaw MI 48603	38-1708761	3	25,000				The Tri-County Cultu
Saginaw Township Community Schools 3465 N. Center Rd. Saginaw MI 48608	38-6032446	3	11,945				2008 Distribution
Saginaw Township South Little Leagu 1183 Kentford Drive East Saginaw MI 48638	23-7236167	3	6,500				STSLL Upgrade
Saginaw Valley State University 7400 Bay Rd. University Center MI 48710	38-1798800	3	7,000				Hydroponics Project

2 Enter total number of Section 501(c)(3) and government organizations **u**
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Continuation Sheet for Schedule I (Form 990)

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Name of the organization **Saginaw Community Foundation** Employer identification number **38-2474297**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Saginaw Valley State University Fou 7400 Bay Rd. University Center MI 48710	38-6085447	3	10,000				Program Support
Saginaw Valley State University Fou 7400 Bay Rd. University Center MI 48710	38-6085447	3	16,262				2008 Distribution
Saginaw Valley State University Fou 7400 Bay Rd. University Center MI 48710	38-6085447	3	50,000				Ruth and Ted Braun F
Saginaw Valley State University Fou 7400 Bay Rd. University Center MI 48710	38-6085447	3	58,804				2008 Distribution
Saginaw YMCA 1915 Fordney Saginaw MI 48601	38-1360594	3	5,880				Amigo Scooter Purcha
Saginaw YMCA 1915 Fordney Saginaw MI 48601	38-1360594	3	9,760				Arthur Hill Pool
Saginaw Youth Recreation Fund 100 S. Jefferson Ave Saginaw MI 48607	38-2474297	3	10,000				Youth First
School District of the City of Sagi 550 Millard Saginaw MI 48607	38-6003462	3	5,541				2008 Distribution
Schwartz Scholarship Fund 100 S. Jefferson Saginaw MI 48607	38-2474297	3	5,251				2008 Schwartz MI Fun
St. John's Episcopal Church 123 N. Michigan Ave. Saginaw MI 48602	38-1452696	3	8,176				2008 Distribution
St. Mary's of Michigan 800 S. Washington Avenue Saginaw MI 48601-2524	38-0997730	3	25,000				GreenHouse Gathering

2 Enter total number of Section 501(c)(3) and government organizations **u**
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**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

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2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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Name of the organization **Saginaw Community Foundation** Employer identification number **38-2474297**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St. Stephen's Church 2711 Mackinaw Saginaw MI 48602	38-1599840	3	5,200				Program Support
The Salvation Army 2030 N. Carolina Saginaw MI 48605-3204	38-1370971	3	5,112				Summer Day Camp
The Salvation Army 2030 N. Carolina Saginaw MI 48605-3204	38-1370971	3	14,100				Senior Rural Outreac
Thomas Township 249 N. Miller Saginaw MI 48609	38-1848500	3	5,026				2008 Distribution
Thomas Township 249 N. Miller Saginaw MI 48609	38-1848500	3	8,659				2008 Distribution
Thomas Township Library 8207 Shields Dr. Saginaw MI 48609	38-1848500	3	6,544				2008 Distribution
Underground Railroad P.O. Box 2451 Saginaw MI 48605-2451	38-2241312	3	20,811				2008 Agency Distribu
Underground Railroad P.O. Box 2451 Saginaw MI 48605-2451	38-2241312	3	25,000				Under the Rainbow Re
United Way of Saginaw County 100 S. Jefferson, Suite 300 Saginaw MI 48607	38-1358215	3	10,989				2007 Agency Distribu
United Way of Saginaw County 100 S. Jefferson, Suite 300 Saginaw MI 48607	38-1358215	3	48,764				2007 Agency Distribu
Wesley United Methodist Church 202 N 4th St Marshall MN 56258	41-0742483	3	5,818				2007 Schwartz US Fun

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SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

u Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Department of the Treasury
Internal Revenue Service

Name of the organization

Saginaw Community Foundation

Employer identification number

38-2474297

Form 990, Part VI, Line 10 - Organization's Process Used to Review Form 990
Form 990 provided to the board for review during regular monthly board meeting.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
Board members sign a conflict of interest disclosure statement annually. Monitoring is done at committee levels and members are asked to abstain from any activity where a known conflict of interest exists. Staff members sign a conflict of interest acknowledgment when hired. The policy is enforced by going to the President then Board Chair

Form 990, Part VI, Line 15a - Compensation Process for Top Official
The compensation for the President is determined by the Executive Committee based on an evaluation conducted annually. They propose and approve any increases. Council of Michigan Foundations Salary Survey is used as a guide.

Form 990, Part VI, Line 15b - Compensation Process for Officers
The President proposes employee salaries and hourly rates based on roles and responsibilities using the Council of Michigan Foundations Salary Survey as a guide. The President then makes a proposal to the Executive Committee for approval of any increases.

Schedule O - Additional Information

SCF provides governing documents, conflict of interest policy and

Name of the organization

Saginaw Community Foundation

Employer identification number

38-2474297

audited financial statements upon request at the business office.