

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2015**  
Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2015 calendar year, or tax year beginning , and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> 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 1 Tuscola St. RM/STE 100 City or town, state or province, country, and ZIP or foreign postal code Saginaw MI 48607	<b>D</b> Employer identification number 38-2474297 <b>E</b> Telephone number 989-755-0545 <b>G</b> Gross receipts\$ 16,860,646
<b>F</b> Name and address of principal officer: Renee Johnston 1 Tuscola Saginaw MI 48607		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ <a href="http://www.saginawfoundation.org">www.saginawfoundation.org</a>		<b>L</b> Year of formation: 1984 <b>M</b> State of legal domicile: MI
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: To fulfill donor wishes and enable community initiatives to come to life, now and forever		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	21
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	20
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	8
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	446
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	10,955,736	5,752,458
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-423,522	-2,238,981
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	75,509	42,989
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,607,723	3,556,466
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,763,799	1,788,862
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	612,598	478,958
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 11,044	1,872,678	1,759,476
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,249,075	4,027,296
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	6,358,648	-470,830	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	56,865,264	57,266,717
	<b>21</b> Total liabilities (Part X, line 26)	271,894	187,597
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	56,593,370	57,079,120

**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.

<b>Sign Here</b>	Signature of officer Renee Johnston Type or print name and title	Date President & CEO
	Print/Type preparer's name Jamie Rivette	Preparer's signature Date 05/17/16
<b>Paid Preparer Use Only</b>	Firm's name ▶ Yeo & Yeo, P.C. P.O. Box 3275 Firm's address ▶ Saginaw, MI 48605	Firm's EIN ▶ 38-2706146 Phone no. 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

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

1 Briefly describe the organization's mission: To fulfill donor wishes and enable community initiatives to come to life, now and forever

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 3,227,716 including grants of \$ 1,788,862 ) (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. 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.

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

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 3,227,716

**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 (see instructions)?	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	<b>Section 501(c)(3) organizations.</b> 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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	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, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	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 United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>20a</b>	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>20b</b>			
<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24b</b>			
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24c</b>			
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>24d</b>			
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
<b>25b</b>			
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
<b>26</b>			
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
<b>27</b>			
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b>	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
<b>28a</b>			
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
<b>28b</b>			
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
<b>28c</b>			
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
<b>29</b>			
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
<b>30</b>			
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>31</b>			
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
<b>32</b>			
<b>33</b>	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
<b>33</b>			
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1	X	
<b>34</b>			
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	X	
<b>35b</b>			
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
<b>36</b>			
<b>37</b>	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
<b>37</b>			
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	
<b>38</b>			

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1a</b>	29		
<b>1b</b>	0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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		
<b>2a</b>	8		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</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)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	X	
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		X
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	



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

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) Renee Johnston ..... President & CEO	40.00 ..... 1.50	X		X				105,341	0	4,191
(2) Andre Buckley ..... Director	1.00 ..... 0.00	X						0	0	0
(3) David J. Abbs ..... Immediate Past Chair	1.00 ..... 0.00	X						0	0	0
(4) Heidi A. Bolger ..... Chair	1.00 ..... 0.00	X		X				0	0	0
(5) Victor Gomez ..... Director	1.00 ..... 0.00	X						0	0	0
(6) Todd Gregory ..... Director	1.00 ..... 0.00	X						0	0	0
(7) Smallwood Holoman, Jr. ..... Vice-Chair	1.00 ..... 0.00	X		X				0	0	0
(8) Francine Rifkin ..... Director	1.00 ..... 0.00	X						0	0	0
(9) Luis Canales ..... Treasurer	1.00 ..... 0.00	X		X				0	0	0
(10) Trish Luplow ..... SCF Liason	1.00 ..... 0.00	X						0	0	0
(11) Keith Wenzel ..... United Way Liaison	1.00 ..... 0.00	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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(12) Shari Kennett Asst. Treasurer	1.00 0.00	X		X				0	0	0
(13) Dr. John Kosanovich Director	1.00 0.00	X						0	0	0
(14) John Shelton Community Liason	1.00 0.00	X						0	0	0
(15) Laura B. Yockey Director	1.00 0.00	X						0	0	0
(16) Dr. Marnie Thorns Secretary	1.00 0.00	X		X				0	0	0
(17) Rev. Daniel Cannon Director	1.00 0.00	X						0	0	0
(18) Elian Fichtner Director	1.00 0.00	X						0	0	0
(19) Jodi McFarland Director	1.00 0.00	X						0	0	0
<b>1b Sub-total</b>								105,341		4,191
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								105,341		4,191

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> 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
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Wright-K Technology Saginaw MI 48601	2025 East Genesee Avenue Contract house	120,263

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(20) Felicia Rose Director	1.00 0.00	X						0	0	0
(21) Kathy Stewart Director	1.00 0.00	X						0	0	0
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
<b>4</b> 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		
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		

**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. Report compensation for the calendar year ending with or within the organization's tax year.

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

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 5,752,458				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	23,537				
	<b>h Total. Add lines 1a-1f</b>		5,752,458			
Program Service Revenue	<b>2a</b> .....	<b>Busn. Code</b>				
	<b>b</b> .....					
	<b>c</b> .....					
	<b>d</b> .....					
	<b>e</b> .....					
	<b>f</b> All other program service revenue					
	<b>g Total. Add lines 2a-2f</b>					
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		1,430,390	1,430,390		
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
	<b>b</b> Less: rental exps.					
	<b>c</b> Rental inc. or (loss)					
	<b>d</b> Net rental income or (loss)					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities		9,634,809		
		(ii) Other				
		<b>b</b> Less: cost or other basis & sales exps.		13,304,180		
		<b>c</b> Gain or (loss)		-3,669,371		
	<b>d</b> Net gain or (loss)		-3,669,371	-3,669,371		
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>				
		<b>b</b> Less: direct expenses	<b>b</b>			
<b>c</b> Net income or (loss) from fundraising events						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
	<b>b</b> Less: direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
	<b>b</b> Less: cost of goods sold	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory					
Miscellaneous Revenue		<b>Busn. Code</b>				
<b>11a</b> Miscellaneous	900099	42,989		42,989		
<b>b</b> .....						
<b>c</b> .....						
<b>d</b> All other revenue						
<b>e Total. Add lines 11a-11d</b>		42,989				
<b>12 Total revenue. See instructions.</b>		3,556,466	-2,238,981	0	42,989	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,403,789	1,403,789		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	385,073	385,073		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	109,533	39,826	68,140	1,567
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	313,950	114,153	195,308	4,489
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,609	3,494	5,977	138
<b>9</b> Other employee benefits	12,304	4,473	7,655	176
<b>10</b> Payroll taxes	33,562	12,203	20,879	480
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	1,733	1,098	621	14
<b>c</b> Accounting	17,100	7,873	9,020	207
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 7				
<b>f</b> Investment management fees	308,073		308,073	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	817,440	776,354	40,163	923
<b>12</b> Advertising and promotion	1,016	755	255	6
<b>13</b> Office expenses	36,721	15,816	20,435	470
<b>14</b> Information technology	42,782	22,506	19,821	455
<b>15</b> Royalties				
<b>16</b> Occupancy	36,544	13,287	22,734	523
<b>17</b> Travel	51,558	50,350	1,181	27
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	22,048	10,137	11,644	267
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	24,332	8,849	15,135	348
<b>23</b> Insurance	7,296	3,211	3,993	92
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> Miscellaneous expense	121,232	117,199	3,943	90
<b>b</b> Events	107,237	107,237		
<b>c</b> Supplies	101,481	96,190	5,172	119
<b>d</b> Professional development	16,191	7,789	8,213	189
<b>e</b> All other expenses	46,692	26,054	20,174	464
<b>25</b> Total functional expenses. Add lines 1 through 24e	4,027,296	3,227,716	788,536	11,044
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X 

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest bearing	16,428	<b>1</b>	20,651
	<b>2</b> Savings and temporary cash investments	8,965,854	<b>2</b>	3,575,205
	<b>3</b> Pledges and grants receivable, net	84,662	<b>3</b>	6,400
	<b>4</b> Accounts receivable, net	7,426	<b>4</b>	23,436
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net	686,647	<b>7</b>	725,150
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	702	<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 226,483		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 141,747	103,521	<b>10c</b> 84,736
	<b>11</b> Investments—publicly traded securities	46,889,839	<b>11</b>	52,701,676
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	110,185	<b>15</b>	129,463
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	56,865,264	<b>16</b>	57,266,717	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	72,752	<b>17</b>	75,165
	<b>18</b> Grants payable	152,242	<b>18</b>	103,838
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	46,900	<b>25</b>	8,594
	<b>26 Total liabilities.</b> Add lines 17 through 25	271,894	<b>26</b>	187,597
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	56,420,916	<b>27</b>	56,983,097
	<b>28</b> Temporarily restricted net assets	172,454	<b>28</b>	96,023
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances	56,593,370	<b>33</b>	57,079,120	
<b>34</b> Total liabilities and net assets/fund balances	56,865,264	<b>34</b>	57,266,717	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	3,556,466
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	4,027,296
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-470,830
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	56,593,370
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,071,079
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-114,499
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	57,079,120

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> If "Yes" to line 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b> 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>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

Saginaw Community Foundation

Employer identification number

38-2474297

**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 (Form 990 or 990-EZ).)
- 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g 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 (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,495,820	1,947,649	3,152,323	4,626,353	5,752,458	17,974,603
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	2,495,820	1,947,649	3,152,323	4,626,353	5,752,458	17,974,603
<b>5</b> 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)						4,609,930
<b>6 Public support.</b> Subtract line 5 from line 4.						13,364,673

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4	2,495,820	1,947,649	3,152,323	4,626,353	5,752,458	17,974,603
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	902,626	1,048,831	851,176	1,108,772	1,430,390	5,341,795
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						23,316,398

**12** Gross receipts from related activities, etc. (see instructions) **12** 1,430,390

**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**

**Section C. Computation of Public Support Percentage**

**14** Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) **14** 57.32%

**15** Public support percentage from 2014 Schedule A, Part II, line 14 **15** 66.67%

**16a 33 1/3% support test—2015.** 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

**b 33 1/3% support test—2014.** 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

**17a 10%-facts-and-circumstances test—2015.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2014.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**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

**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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2015.** 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—2014.** 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 Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations (continued)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):
- a**  The organization satisfied the Activities Test. Complete **line 2** below.
- b**  The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c**  The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

**2** Activities Test. **Answer (a) and (b) below.**

	Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2015</b>	<b>(iii) Distributable Amount for 2015</b>
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013 .....			
<b>e</b> From 2014 .....			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2015 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013 .....			
<b>d</b> Excess from 2014 .....			
<b>e</b> Excess from 2015 .....			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part II, Line 10 - Other Income Detail

\$ 0

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public Inspection

Name of the organization  <b>Saginaw Community Foundation</b>	Employer identification number  <b>38-2474297</b>
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**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	46	431
2 Aggregate value of contributions to (during year)	3,753,746	2,443,386
3 Aggregate value of grants from (during year)	635,482	1,591,177
4 Aggregate value at end of year	14,129,643	40,581,912
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	<b>2a</b>
b Total acreage restricted by conservation easements	<b>2b</b>
c Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	<b>2d</b>

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

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

- 3** Using the organization's acquisition, 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 XIII.
- 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 Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on 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 XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....	55,952,376	47,535,557	40,871,351	36,851,571	38,682,799
<b>b</b> Contributions .....	4,639,347	9,498,526	1,494,571	1,103,920	1,475,328
<b>c</b> Net investment earnings, gains, and losses .....	-1,599,352	1,356,476	7,317,102	4,570,076	-1,050,624
<b>d</b> Grants or scholarships .....	-2,104,073	-1,664,768	-1,455,029	-1,030,931	-1,662,617
<b>e</b> Other expenditures for facilities and programs .....	-53,795	-188,437	-167,798	-139,998	-593,315
<b>f</b> Administrative expenses .....	-557,688	-584,978	-524,640	-462,870	
<b>g</b> End of year balance .....	56,276,815	55,952,376	47,535,557	40,891,768	36,851,571

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **▶ 100.00 %**
  - b** Permanent endowment **▶** %
  - c** Temporarily restricted endowment **▶** %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| <b>(i)</b> unrelated organizations ..... | X   |    |
| <b>(ii)</b> related organizations .....  |     | X  |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		10,400		10,400
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		216,083	141,747	74,336
<b>e</b> Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				84,736

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) Annuity payment liability	8,594	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	8,594	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	

**Part XIII Supplemental Information.**

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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**Part V, Line 4 - Intended Uses for Endowment Funds**

The endowment fund consists of funds that have been established by a gift instrument describing either the general or specific purpose for which grants from the individual funds are to be made. The individual funds have been classified and reported as follows:

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

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

**Part XIII Supplemental Information** (continued)

Field-of-Interest - resources used to support specific areas such as community development, the performing arts, health care, ecology education, services for the elderly, or programs for youth.

Donor Advised - resources for which the donors are active participants in the giving process, sharing their insights and preferences with the Foundation's trustees as fund distributions are made.

Designated - resources for which the donors specify certain charities as recipients of their gifts. Agency endowments held in the designated funds are shown as a liability.

Scholarship - resources used to help area students complete their education.

Gift Annuities and Life Insurance - Gift annuities are funds established to recognize gifts to the Foundation in exchange for the Foundation's promise to pay a fixed amount for life to the donor or to payees designated by the donor. Life insurance funds established to recognize the cash surrender value of life insurance policies owned by the Foundation. The Foundation is the named beneficiary and donors provide premiums.

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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
(1)	Alma College 614 W. Superior St. Alma MI 48801	38-1359083	3	7,009				General support
(2)	Alma College 614 W. Superior St. Alma MI 48801	38-1359083	3	23,527				General support
(3)	Buena Vista Charter Township 1160 S. Outer Dr. Saginaw MI 48601	38-6029179	GOV	13,955				Equipment
(4)	Carrollton Public Schools 3211 Carla Dr. Saginaw MI 48604	38-6003427	GOV	10,000				Teen Center
(5)	Center of Attraction Outreach 4375 S Washington Rd Saginaw MI 48601	38-2514835	3	7,000				Summer day camp
(6)	Child Abuse & Neglect Council 1311 N. Michigan Saginaw MI 48602	38-2480726	3	8,000				Safe baby program
(7)	Children's Zoo at Celebration Squar 1730 S. Washington Saginaw MI 48601	38-2801805	3	14,625				2015 distribution
(8)	Children's Zoo at Celebration Squar 1730 S. Washington Saginaw MI 48601	38-2801805	3	22,956				2015 agency distrib
(9)	Children's Zoo at Celebration Squar 1730 S. Washington Saginaw MI 48601	38-2801805	3	8,236				2015 distribution

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 81
- 3** Enter total number of other organizations listed in the line 1 table ▶ 2

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
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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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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
(1)	City Rescue Mission of Saginaw, Inc 1021 Burt Saginaw MI 48607	38-1368362	3	10,000				Video surveillance
(2)	City Rescue Mission of Saginaw, Inc 1021 Burt Saginaw MI 48607	38-1368362	3	22,118				2015 agency distrib
(3)	Council of Michigan Foundations 1 South Harbor Dr. Suite 3 Grand Haven MI 49417	38-6263347	3	7,200				2015 dues
(4)	Covenant HealthCare Foundation 4800 Fashion Square Saginaw MI 48604	38-2572154	3	13,769				2015 distribution
(5)	Delta Broadcasting WUCM-TV 19/WUCX- 1961 Delta Road University Center MI 48710	38-6034011	3	8,181				2015 distribution
(6)	Emmaus House 733 South 14th Saginaw MI 48601	32-0025418	3	6,000				Repair roof
(7)	Field Neurosciences Institute 4677 Towne Centre Saginaw MI 48604	38-2790703	3	9,905				2015 agency distrib
(8)	Frankenmuth Farmer's Market PO Box 63 Frankenmuth MI 48734	42-1672596	3	20,000				Ready set grow
(9)	Frankenmuth Historical Association 613 S. Main Frankenmuth MI 48734	38-6078011	3	24,998				2015 agency distrib

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
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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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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
(1)	Frankenmuth United Methodist Church 346 E. Vates Frankenmuth MI 48734	38-2084418	3	14,018				General support
(2)	Frankenmuth United Methodist Church 346 E. Vates Frankenmuth MI 48734	38-2084418	3	5,079				Benevolence
(3)	Frankenmuth United Methodist Church 346 E. Vates Frankenmuth MI 48734	38-2084418	3	47,054				General support
(4)	Gideons International PO Box 140800 Nashville TN 37214	36-2270051	3	7,009				General support
(5)	Gideons International PO Box 140800 Nashville TN 37214	36-2270051	3	23,527				General support
(6)	Grants (less than \$5,000) 1 Tuscola Saginaw MI 48607	38-2474297	3	292,657				
(7)	Greater Frankenmuth Area Comm. Fdn. P.O. Box 386 Frankenmuth MI 48734	38-2474297	3	8,170				2015 agency distrib
(8)	Hearts for the Community 2915 S Washington Ave Saginaw MI 48601	47-1103332	3	15,000				Support
(9)	Hemlock Public Schools 200 Wilson St. Hemlock MI 48626	38-6003460	GOV	7,000				Anytime, anywhere

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3** Enter total number of other organizations listed in the line 1 table ▶

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**Schedule I (Form 990) (2015)**

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2015**

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Department of the Treasury  
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Name of the organization

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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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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
(1)	Hemlock Public Schools 200 Wilson St. Hemlock MI 48626	38-6003460	GOV	10,000				Pavilion
(2)	Hidden Harvest 940 E. Genesee Ave. Saginaw MI 48607	38-3350163	3	40,282				2015 agency distrib
(3)	Holy Cross Lutheran Church and Scho 600 Court St. Saginaw MI 48602	38-1434085	3	7,641				2015 distribution
(4)	Junior Achievement of Northeast Mic 1781 Fordney Saginaw MI 48601	38-1746900	3	9,164				2015 agency distrib
(5)	Legacy Center for Student Success 3200 James Savage Rd. Midland MI 48642	80-0109585	3	8,000				Tote program
(6)	Major Chords for Minors 103 S. Mason St. Saginaw MI 48602	90-0624610	3	10,000				Music instruction
(7)	Merrill Child Development Center 555 W Alice Merrill MI 48637	38-6003444	3	8,000				Child development
(8)	Mid-Michigan Children's Museum 315 W. Genesee Saginaw MI 48602	38-3484109	GOV	8,000				Class initiative
(9)	New Beginnings Enrichment Center 4299 Jo Dr. Saginaw MI 48601	20-0027895	3	20,000				One week, one street

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3** Enter total number of other organizations listed in the line 1 table ▶

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Schedule I (Form 990) (2015)

**SCHEDULE I  
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**Grants and Other Assistance to Organizations,  
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▶ **Attach to Form 990.**

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Department of the Treasury  
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Name of the organization

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**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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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
(1)	Norman Westlund 3253 Congress Saginaw MI 48602	38-1515426	3	8,300				Support
(2)	Pit & Balcony 805 N Hamilton St. Saginaw MI 48602	38-6006243	3	9,136				2015-2016 season
(3)	Public Libraries of Saginaw 505 Janes Saginaw MI 48607	38-3187900	3	24,750				2015 agency distrib
(4)	READ Association 100 South Jefferson, Suite 401 Saginaw MI 48607	38-1987542	3	14,794				2015 agency distrib
(5)	READ Association 100 South Jefferson, Suite 401 Saginaw MI 48607	38-1987542	3	6,572				2015 agency distrib
(6)	Saginaw Arts & Enrichment Commissio 120 Ezra Rust Saginaw MI 48601	38-6004647	3	10,303				2015 distribution
(7)	Saginaw Arts & Enrichment Commissio 120 Ezra Rust Saginaw MI 48601	38-6004647	3	20,946				2015 distribution
(8)	Saginaw Bay Symphony Orchestra 201 N. Washington Saginaw MI 48607	38-6082223	3	6,000				Auditioning
(9)	Saginaw Bay Symphony Orchestra 201 N. Washington Saginaw MI 48607	38-6082223	3	42,500				2015 agency distrib

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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**Schedule I (Form 990) (2015)**

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

**2015**

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

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Name of the organization

Saginaw Community Foundation

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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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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
(1)	Saginaw Catholic Mustard Seed 1325 Cherry Str. Saginaw MI 48601	11-3661899	3	10,000				Transitional
(2)	Saginaw Choral Society 326 S. Jefferson Saginaw MI 48607	38-2098259	3	5,005				2015 distribution
(3)	Saginaw County Animal Care Center 1312 Gratiot Ave. Saginaw MI 48602	38-6004887	GOV	8,415				2015 distribution
(4)	Saginaw County Chamber Foundation 515 N. Washington Saginaw MI 48607	38-3079709	3	14,509				Agency distribution
(5)	Saginaw-Schiawassee Habitat for 315 W. Holland Ave. Saginaw MI 48602	38-2739180	3	11,416				Neighborhood revival
(6)	Saginaw-Schiawassee Habitat for 315 W. Holland Ave. Saginaw MI 48602	38-2739180	3	8,000				Neighborhood revival
(7)	Saginaw Intermediate School District 6235 Gratiot Rd. Saginaw MI 48638	38-1708761	GOV	30,325				Outdoor ed center
(8)	Saginaw Intermediate School District 6235 Gratiot Rd. Saginaw MI 48638	38-1708761	GOV	10,000				Support
(9)	Saginaw Public Schools 550 Millard St Saginaw MI 48607	38-6003462	GOV	7,784				Technology lab

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3** Enter total number of other organizations listed in the line 1 table ▶

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Schedule I (Form 990) (2015)



**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

**2015**

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- 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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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
(1)	Saginaw Public Schools 550 Millard St Saginaw MI 48607	38-6003462	GOV	6,216				Technology lab
(2)	Saginaw Public Schools 550 Millard St Saginaw MI 48607	38-6003462	GOV	6,000				Technology lab
(3)	Saginaw Township Community Schools 3465 North Center Rd. Saginaw MI 48603	38-6032446	GOV	21,813				Foundation grants
(4)	Saginaw Valley Agricultural Associa PO Box 449 Chesaning MI 48616	38-1360783	5	10,000				Horse arena
(5)	Saginaw Valley Agricultural Associa PO Box 449 Chesaning MI 48616	38-1360783	5	8,000				Horse arena
(6)	Saginaw Valley State University 7400 Bay Rd. University Center MI 48710	38-1798800	GOV	6,434				Writing center
(7)	Saginaw Valley State University 7400 Bay Rd. University Center MI 48710	38-1798800	GOV	8,000				Support
(8)	Saginaw Valley State University 7400 Bay Rd. University Center MI 48710	38-1798800	GOV	6,000				GLBR youth leader
(9)	Saginaw Valley State University 7400 Bay Rd. University Center MI 48710	38-1798800	GOV	75,000				2015 distribution

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3** Enter total number of other organizations listed in the line 1 table ▶

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Schedule I (Form 990) (2015)

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Saginaw Community Foundation

Employer identification number

38-2474297

Part I General Information on Grants and Assistance

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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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Contains 9 rows of data for various recipients like Saginaw Valley State University and School District of the City of Saginaw.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
3 Enter total number of other organizations listed in the line 1 table

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Schedule I (Form 990) (2015)

**SCHEDULE I  
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**Grants and Other Assistance to Organizations,  
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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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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
(1)	The ROCK Center for Youth P.O. Box 2143 Saginaw MI 48641	38-3541096	3	8,000				Regional support
(2)	Thomas Township 249 N. Miller Saginaw MI 48609	38-1848500	GOV	10,607				2015 agency distrib
(3)	Thomas Township 249 N. Miller Saginaw MI 48609	38-1848500	GOV	13,829				2015 distribution
(4)	Thomas Township Library 8207 Shields Dr. Saginaw MI 48609	38-1848500	3	8,305				2015 distribution
(5)	Tittabawassee Township 145 S Second St Freeland MI 48623	38-1846814	GOV	10,000				Trailhead facility
(6)	Tittabawassee Township 145 S Second St Freeland MI 48623	38-1846814	GOV	7,000				Fire awareness
(7)	Underground Railroad P.O. Box 2451 Saginaw MI 48605	38-2241312	3	8,000				Security equipment
(8)	Underground Railroad P.O. Box 2451 Saginaw MI 48605	38-2241312	3	10,000				Security upgrades
(9)	United Way of Saginaw County 100 S. Jefferson, Suite 300 Saginaw MI 48607	38-1358215	3	8,000				Healthy kids

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3** Enter total number of other organizations listed in the line 1 table ▶

**For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

**Schedule I (Form 990) (2015)**

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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
(1)	Water & Woods Field Service Council 5001 S Eleven Mile Rd Auburn MI 48611	45-4003240	3	7,222				Agency distribution
(2)	Wesley United Methodist Church 202 N 4th St Marshall MN 56258	41-0742483	3	5,624				Benevolence
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

**For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

**Schedule I (Form 990) (2015)**



**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**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

**2015****Open to Public  
Inspection**

Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Employer identification number

Saginaw Community Foundation

38-2474297

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

This IRS Form 990 is reviewed with the finance committee before filed.

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 compensation for Officer and Key Employees is determined by the

Executive Committee and President based on an evaluation conducted

annually. They propose and approve any increases.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Governing documents, financial statements, and conflict of interest policy

are made available to the public upon request.

Name of the organization

Employer identification number

Saginaw Community Foundation

38-2474297

## Form 990, Part IX, Line 11g - Other Fees for Services

## Description

Program Service

Mgt &amp; General

Fundraising

## Consulting services

\$ 273,003

\$ 40,163

\$ 923

## Outside services

\$ 503,351

\$ 0

\$ 0

## Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Donor designations administrative fees \$ 22,224

Amounts received under agency endowments \$ -40,599

Donor designations interest and dividends \$ -46,288

Donor designations grants \$ 4,488

Change in assets held for others \$ -54,324

Total \$ -114,499

**SCHEDULE R  
(Form 990)**Department of the Treasury  
Internal Revenue Service

Name of the organization

**Related Organizations and Unrelated Partnerships**

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
 ▶ **Attach to Form 990.**  
 ▶ **Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2015****Open to Public  
Inspection**

Saginaw Community Foundation

Employer identification number  
38-2474297**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) .....					
(2) .....					
(3) .....					
(4) .....					
(5) .....					

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) .....							
(2) .....							
(3) .....							
(4) .....							
(5) .....							



**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) .....												
(2) .....												
(3) .....												
(4) .....												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) SCF-Morley Building LLC 1 Tuscola Saginaw MI 48607 27-4094712	Blg Rental	MI	SCF	C	198,684	752,895	100.000000	X	
(2) .....									
(3) .....									
(4) .....									

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X
<b>c</b> Gift, grant, or capital contribution from related organization(s)		X
<b>d</b> Loans or loan guarantees to or for related organization(s)	X	
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		X
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
<b>o</b> Sharing of paid employees with related organization(s)		X
<b>p</b> Reimbursement paid to related organization(s) for expenses		X
<b>q</b> Reimbursement paid by related organization(s) for expenses		X
<b>r</b> Other transfer of cash or property to related organization(s)		X
<b>s</b> Other transfer of cash or property from related organization(s)	X	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SCF-Morley Building LLC	d	676,352	Balance of loan
(2) SCF-Morley Building LLC	d	48,798	Line of credit
(3)			
(4)			
(5)			
(6)			

**Part VI Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													



38-2474297

**Federal Asset Report**

FYE: 12/31/2015

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Prior MACRS:</b>									
21	Furniture	9/21/11	36,462		X	0	7 HY 200DB	36,462	0
			<u>36,462</u>			<u>0</u>		<u>36,462</u>	<u>0</u>
<b>Other Depreciation:</b>									
1	IBM Typewriter	3/01/89	0			0	0 HY	0	0
3	Software	4/01/96	0			0	0 HY	0	0
6	Software	8/15/01	0			0	0 HY	0	0
8	Scholarship software modification	8/01/02	0			0	0 HY	0	0
9	LCD Projector	5/30/03	0			0	0 HY	0	0
12	Sharp Color Copier	1/19/06	0			0	0 HY	0	0
13	FIMS Licenses (2)	2/23/06	0			0	0 HY	0	0
14	New phones	4/14/06	0			0	0 HY	0	0
16	Lenovo Laptop	6/15/06	0			0	0 HY	0	0
17	External Tape Driver	4/20/10	0			0	0 HY	0	0
18	Morley Building	1/03/11	573,087			573,087	39 MO S/L	58,778	14,695
19	Morley Building-pf	1/03/11	19,386			19,386	39 MO S/L	1,988	497
20	Morley Building-Improvements	9/21/11	130,709			130,709	39 MO S/L	10,892	3,352
22	Conference Room Furniture - Chairs	10/04/01	5,406			5,406	5 MO S/L	5,406	0
23	Yeo&Yeo Server	7/01/11	3,915			3,915	5 MO S/L	2,741	783
24	Soundstation Conf Unit	8/02/11	1,461			1,461	5 MO S/L	999	292
25	6 computers and monitors	9/15/11	10,633			10,633	5 MO S/L	7,089	2,126
26	Consumers Office Furniture - 6 Tables	10/03/11	4,375			4,375	5 MO S/L	2,844	875
27	Space File Cabinets	10/03/11	1,524			1,524	5 MO S/L	991	305
28	11 Monitors	11/15/11	1,739			1,739	5 MO S/L	1,101	348
29	Blackbaud NetCommunity Software	6/30/12	84,800			84,800	7 MO S/L	30,286	12,114
30	Fusion Labs Software	4/30/12	49,500			49,500	7 MO S/L	18,857	7,072
31	Asphalt	9/19/12	38,445			38,445	39 MO S/L	2,218	986
32	Morley Building - Improvements	11/07/14	6,126			6,126	25 MO S/L	41	245
33	Correction to building cost	1/03/11	5,623			5,623	39 MO S/L	0	721
34	Building signs	4/13/15	45,816			45,816	39 MO S/L	0	881
35	Fencing for storage lockers in basement	4/13/15	3,397			3,397	15 MO S/L	0	170
36	Electrical work for outdoor building	8/24/15	3,100			3,100	39 MO S/L	0	27
37	Office suite & bathroom painting	12/31/15	4,100			4,100	40 MO S/L	0	0
38	Office cabinets (Sag. Promise Office)	9/23/15	1,580			1,580	10 MO S/L	0	40
39	Credenza/Desk Extension	7/01/15	2,186			2,186	5 MO S/L	0	219
40	Computer (Kendra)	8/03/15	1,144			1,144	5 MO S/L	0	95
41	Apple Computer (Bryan)	11/23/15	1,195			1,195	5 MO S/L	0	20
42	Uninterruptible Power Supply/UPS network	12/30/15	1,019			1,019	5 MO S/L	0	0
	<b>Total Other Depreciation</b>		<u>1,000,266</u>			<u>1,000,266</u>		<u>144,231</u>	<u>45,863</u>
	<b>Total ACRS and Other Depreciation</b>		<u>1,000,266</u>			<u>1,000,266</u>		<u>144,231</u>	<u>45,863</u>
	<b>Grand Totals</b>		1,036,728			1,000,266		180,693	45,863
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>1,036,728</u>			<u>1,000,266</u>		<u>180,693</u>	<u>45,863</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<b><u>Prior MACRS:</u></b>					
21	Furniture	9/21/11	36,462	0	0
			<u>36,462</u>	<u>0</u>	<u>0</u>
<b><u>Other Depreciation:</u></b>					
1	IBM Typewriter	3/01/89	0	0	0
3	Software	4/01/96	0	0	0
6	Software	8/15/01	0	0	0
8	Scholarship software modification	8/01/02	0	0	0
9	LCD Projector	5/30/03	0	0	0
12	Sharp Color Copier	1/19/06	0	0	0
13	FIMS Licenses (2)	2/23/06	0	0	0
14	New phones	4/14/06	0	0	0
16	Lenovo Laptop	6/15/06	0	0	0
17	External Tape Driver	4/20/10	0	0	0
18	Morley Building	1/03/11	573,087	14,694	0
19	Morley Building-pf	1/03/11	19,386	497	0
20	Morley Building-Improvements	9/21/11	130,709	3,351	0
22	Conference Room Furniture - Chairs	10/04/01	5,406	0	0
23	Yeo&Yeo Server	7/01/11	3,915	391	0
24	Soundstation Conf Unit	8/02/11	1,461	170	0
25	6 computers and monitors	9/15/11	10,633	1,418	0
26	Consumers Office Furniture - 6 Tables	10/03/11	4,375	656	0
27	Space File Cabinets	10/03/11	1,524	228	0
28	11 Monitors	11/15/11	1,739	290	0
29	Blackbaud NetCommunity Software	6/30/12	84,800	12,114	0
30	Fusion Labs Software	4/30/12	49,500	7,071	0
31	Asphalt	9/19/12	38,445	986	0
32	Morley Building - Improvements	11/07/14	6,126	245	0
33	Correction to building cost	1/03/11	5,623	144	0
34	Building signs	4/13/15	45,816	1,175	0
35	Fencing for storage lockers in basement	4/13/15	3,397	226	0
36	Electrical work for outdoor building	8/24/15	3,100	79	0
37	Office suite & bathroom painting	12/31/15	4,100	103	0
38	Office cabinets (Sag. Promise Office)	9/23/15	1,580	158	0
39	Credenza/Desk Extension	7/01/15	2,186	437	0
40	Computer (Kendra)	8/03/15	1,144	229	0
41	Apple Computer (Bryan)	11/23/15	1,195	239	0
42	Uninterruptible Power Supply/UPS network card	12/30/15	1,019	204	0
	<b>Total Other Depreciation</b>		<u>1,000,266</u>	<u>45,105</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>1,000,266</u>	<u>45,105</u>	<u>0</u>
	<b>Grand Totals</b>		<u>1,036,728</u>	<u>45,105</u>	<u>0</u>

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2014 &amp; 2015</b>
For calendar year 2015, or tax year beginning _____, ending _____		

Name

Taxpayer Identification Number

Saginaw Community Foundation

38-2474297

		2014	2015	Differences
<b>R</b> <b>e</b> <b>v</b> <b>e</b> <b>n</b> <b>u</b> <b>e</b>	1. Contributions, gifts, grants	10,955,736	5,752,458	-5,203,278
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue			
	5. Investment income	1,108,772	1,430,390	321,618
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	-1,532,294	-3,669,371	-2,137,077
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	75,509	42,989	-32,520
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>10,607,723</b>	<b>3,556,466</b>	<b>-7,051,257</b>
<b>E</b> <b>x</b> <b>p</b> <b>e</b> <b>n</b> <b>s</b> <b>e</b> <b>s</b>	13. Grants and similar amounts paid	1,763,799	1,788,862	25,063
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	107,155	109,533	2,378
	16. Salaries, other compensation, and employee benefits	505,443	369,425	-136,018
	17. Professional fundraising fees			
	18. Other professional fees	764,975	1,144,346	379,371
	19. Occupancy, rent, utilities, and maintenance	28,879	36,544	7,665
	20. Depreciation and Depletion	24,154	24,332	178
	21. Other expenses	1,054,670	554,254	-500,416
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>4,249,075</b>	<b>4,027,296</b>	<b>-221,779</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>6,358,648</b>	<b>-470,830</b>	<b>-6,829,478</b>
<b>O</b> <b>t</b> <b>h</b> <b>e</b> <b>r</b> <b>I</b> <b>n</b> <b>f</b> <b>o</b> <b>r</b> <b>m</b> <b>a</b> <b>t</b> <b>i</b> <b>o</b> <b>n</b>	24. Total exempt revenue	10,607,723	3,556,466	-7,051,257
	25. Total unrelated revenue			
	26. Total excludable revenue	-348,013	-2,195,992	-1,847,979
	27. Total assets	56,865,264	57,266,717	401,453
	28. Total liabilities	271,894	187,597	-84,297
	29. Retained earnings	56,593,370	57,079,120	485,750
	30. Number of voting members of governing body	21	21	
	31. Number of independent voting members of governing body	20	20	
32. Number of employees	71	8		
33. Number of volunteers	420	446		

Form **990****Tax Return History****2015**

Name

Saginaw Community Foundation

Employer Identification Number

38-2474297

	2011	2012	2013	2014	2015	2016
Contributions, gifts, grants		1,947,649	3,152,323	10,955,736	5,752,458	
Membership dues						
Program service revenue						
Capital gain or loss		1,249,344	5,189,752	-1,532,294	-3,669,371	
Investment income		1,048,831	851,176	1,108,772	1,430,390	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue		102,958	109,632	75,509	42,989	
<b>Total revenue</b>		<b>4,348,782</b>	<b>9,302,883</b>	<b>10,607,723</b>	<b>3,556,466</b>	
Grants and similar amounts paid		1,208,239	1,706,247	1,763,799	1,788,862	
Benefits paid to or for members						
Compensation of officers, etc.		95,947	99,895	107,155	109,533	
Other compensation		317,741	365,984	505,443	369,425	
Professional fees			909,304	764,975	1,144,346	
Occupancy costs		368,324	47,022	28,879	36,544	
Depreciation and depletion		15,741	24,154	24,154	24,332	
Other expenses		1,544,096	1,071,609	1,054,670	554,254	
<b>Total expenses</b>		<b>3,550,088</b>	<b>4,224,215</b>	<b>4,249,075</b>	<b>4,027,296</b>	
<b>Excess or (Deficit)</b>		<b>798,694</b>	<b>5,078,668</b>	<b>6,358,648</b>	<b>-470,830</b>	
Total exempt revenue		4,348,782	9,302,883	10,607,723	3,556,466	
Total unrelated revenue						
Total excludable revenue		4,348,782	6,150,560	-348,013	-2,195,992	
Total Assets		41,787,699	48,410,402	56,865,264	57,266,717	
Total Liabilities		353,726	223,356	271,894	187,597	
Net Fund Balances		41,433,973	48,187,046	56,593,370	57,079,120	



Form **990T****Tax Return History****2015**

Name

Saginaw Community Foundation

Employer Identification Number

38-2474297

	2011	2012	2013	2014	2015	2016
Business activity profit/loss .....						
Capital gains/losses .....						
Partner and S Corp gain/loss .....						
Rental income* .....						
Debt-financed income* .....						
Controlled organizations income/interest* .....						
Investment income, specific organizations* .....						
Exploited exempt activity income* .....						
Other income .....						
<b>Total trade or business income.</b> .....						
Compensation of officers, ect. ....						
Other salaries and wages .....						
Repairs and maintenance .....						
Bad debts .....						
Interest .....						
Taxes and licenses .....						
Charitable contributions .....						
Depreciation and Depletion .....						
Deferred compensation plans .....						
Employee benefit programs .....						

Form **990T****Tax Return History****2015**

Name

Saginaw Community Foundation

Employer Identification Number

38-2474297

	2011	2012	2013	2014	2015	2016
Other deductions .....						
Net operating loss deduction .....						
Specific deduction .....		1,000	1,000			
Income after expense and deductions .....		-1,000	-1,000			
Income tax (corporate or trust) .....						
Other taxes .....						
<b>Total taxes</b> .....						
General business credit .....						
Other credits .....						
<b>Net tax after credits</b> .....						
Estimated tax payments .....						
Other payments .....						
<b>Balance due/Overpayment</b> .....						

\* Income shown net of expenses

**Federal Statements****Taxable Dividends from Securities**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Interest and dividends	\$ 1,384,102					
Donor designations int & div	46,288					
Total	<u>\$ 1,430,390</u>					

## Federal Statements

### Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
Consulting services	\$ 314,089	\$ 273,003	\$ 40,163	\$ 923
Outside services	503,351	503,351		
Total	\$ 817,440	\$ 776,354	\$ 40,163	\$ 923

### Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
Excellence in education	\$ 10,270	\$ 3,734	\$ 6,389	\$ 147
Cornerstone Club	7,103	2,582	4,419	102
Dues	6,312	2,835	3,399	78
Gift annuity distribution	5,899	5,899		
Licenses and fees	4,505	2,403	2,055	47
Site preparation	4,451	4,451		
Volunteer recognition	3,684	1,339	2,292	53
Donor insurance premium	1,864	1,864		
Community initiatives	1,000	364	622	14
Board initiatives/activiti	966	351	601	14
Property tax	638	232	397	9
Total	\$ 46,692	\$ 26,054	\$ 20,174	\$ 464

## Federal Statements

### Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
Donor advised contributions/grants	\$ 221,074
Cash contributions	1,917,625
Gifts of stock	23,537
In-kind contribution	
Nexteer Automotive	
Cash Contribution	257,550
Carl H Werth Jr & Sandra Werth Trust	
Cash Contribution	1,242,672
Martin H. Stark Inter-Vivos Trust	
Cash Contribution	2,090,000
Total	<u>\$ 5,752,458</u>

### Schedule A, Part II, Line 12

<u>Description</u>	<u>Amount</u>
Interest and dividends	\$ 1,384,102
Donor designations int & div	46,288
Total	<u>\$ 1,430,390</u>

## Forms 990 / 990-EZ Return Summary

For calendar year 2015, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

38-2474297

Saginaw Community Foundation

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u>56,593,370</u>
<b>Revenue</b>		
Contributions	<u>5,752,458</u>	
Program service revenue		
Investment income	<u>1,430,390</u>	
Capital gain / loss	<u>-3,669,371</u>	
Fundraising / Gaming:		
Gross revenue	_____	
Direct expenses	_____	
Net income	_____	
Other income	<u>42,989</u>	
<b>Total revenue</b>		<u>3,556,466</u>
<b>Expenses</b>		
Program services	<u>3,227,716</u>	
Management and general	<u>788,536</u>	
Fundraising	<u>11,044</u>	
<b>Total expenses</b>		<u>4,027,296</u>
<b>Excess / (deficit)</b>		<u>-470,830</u>
Changes		<u>956,580</u>
<b>Net Asset / Fund Balance at End of Year</b>		<u>57,079,120</u>

Reconciliation of Revenue	
Total revenue per financial statements	_____
Less:	
Unrealized gains	<u>1,071,079</u>
Donated services	_____
Recoveries	_____
Other	<u>22,224</u>
Plus:	
Investment expenses	<u>308,073</u>
Other	<u>86,887</u>
<b>Total revenue per return</b>	<u>3,556,466</u>

Reconciliation of Expenses	
Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	<u>308,073</u>
Other	<u>4,488</u>
<b>Total expenses per return</b>	<u>4,027,296</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>56,865,264</u>	<u>57,266,717</u>	
Liabilities	<u>271,894</u>	<u>187,597</u>	
Net assets	<u>56,593,370</u>	<u>57,079,120</u>	<u>485,750</u>

### Miscellaneous Information

Amended return \_\_\_\_\_  
Return / extended due date 08/15/16  
Failure to file penalty \_\_\_\_\_