

Filing Instructions

FLINT RIVER WATERSHED COALITION

Short Form Exempt Organization Tax Return

Taxable Year Ended December 31, 2009

Date Due: August 15, 2010

Remittance: None is required. Your Form 990-EZ for the tax year ended 12/31/09 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

TAYLOR & MORGAN, CPA, PC
2302 STONEBRIDGE DRIVE, BUILDING D
FLINT, MI 48532-5491

Other: Initial and date the copies of the IRS e-file Signature Authorization and the Form 990-EZ. Retain them for your records.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Form **8879-EO**

For calendar year 2009, or fiscal year beginning _____, 2009, and ending _____, 20_____

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

▶ See instructions on back.

2009

Department of the Treasury
Internal Revenue Service

Name of exempt organization

FLINT RIVER WATERSHED COALITION

Employer identification number

38-3546239

Name and title of officer

**JACK MINORE
CHAIRMAN**

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

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

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	259,652
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **TAYLOR & MORGAN, CPA, PC** to enter my PIN **46239** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date } **07/21/10**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

38018980268

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature }

Date }

**ERO Must Retain This Form—See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2009)

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

u Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
u The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable:	Please use IRS label or print or type. See Specific Instructions.	C Name of organization FLINT RIVER WATERSHED COALITION	D Employer identification number 38-3546239
<input checked="" type="checkbox"/> Address change		Number and street (or P.O. box, if mail is not delivered to street address)	E Telephone number 810-767-6490
<input type="checkbox"/> Name change		Room/suite	F Group Exemption Number u
<input type="checkbox"/> Initial return		432 N. SAGINAW ST	
<input type="checkbox"/> Termination		City or town, state or country, and ZIP + 4	
<input type="checkbox"/> Amended return		FLINT MI 48502	
<input type="checkbox"/> Application pending			

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

G Accounting method: Cash Accrual
Other (specify) **u**

I Website: **u WWW.FLINTRIVER.ORG**

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

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

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ **u \$ 259,652**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	203,787
	2	Program service revenue including government fees and contracts	2	41,197
	3	Membership dues and assessments See Statement 1	3	14,029
	4	Investment income	4	639
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
Expenses	6b	Less: direct expenses other than fundraising expenses	6b	
	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe _____)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	259,652
	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
Net Assets	12	Salaries, other compensation, and employee benefits	12	110,293
	13	Professional fees and other payments to independent contractors	13	1,025
	14	Occupancy, rent, utilities, and maintenance	14	2,019
	15	Printing, publications, postage, and shipping	15	8,815
	16	Other expenses (describe See Statement 2)	16	57,021
	17	Total expenses. Add lines 10 through 16	17	179,173
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	80,479
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	99,688	
20	Other changes in net assets or fund balances (attach explanation)	20		
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	180,167	

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	99,688	22	195,530
23 Land and buildings		23	
24 Other assets (describe See Statement 3)		24	1,812
25 Total assets	99,688	25	197,342
26 Total liabilities (describe See Statement 4)	0	26	17,175
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	99,688	27	180,167

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)	
What is the organization's primary exempt purpose? See Statement 5			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	See Statement 6 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	40,614
29	See Statement 7 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	49,653
30	See Statement 8 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	13,005
31	Other program services (attach schedule) See Statement 9 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	30,513
32	Total program service expenses (add lines 28a through 31a) <input checked="" type="checkbox"/>	32	133,785

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JAMES ANANICH 932 MAXINE STREET FLINT MI 48503	BOARD MEMBER	0	0	0
DARREN BAGLEY 3322 W. STANLEY RD. MT. MORRIS MI 48458	SECRETARY	0	0	0
IRENE BASHORE 14598 HARDTKE DRIVE LANSING MI 48906	BOARD MEMBER	0	0	0
LINDA BERKER 5736 OREGON ROAD LAPEER MI 48446	BOARD MEMBER	0	0	0
BOB CAROLYN 12418 W. CARPENTER RD FLUSHING MI 48433	BOARD MEMBER	0	0	0
DUANE ELLING 2498 GROVE PARK FENTON MI 48430	BOARD MEMBER	0	0	0
BRAD HILL 5500 CHAMBERLAIN STREET #901 FLUSHING MI 48433	BOARD MEMBER	0	0	0
S. OLOF KARLSTROM 9425 HORTON RD GOODRICH MI 48438	BOARD MEMBER	0	0	0
BOB MCALLISTER 13240 HARBOR VIEW LINDEN MI 48451	TREASURER	0	0	0
SARA MCDONNELL 4217 KEENE DRIVE GRAND BLANC MI 48439	BOARD MEMBER	0	0	0
AMY MCMILLAN 1025 BEARD STREET FLINT MI 48503	BOARD MEMBER	0	0	0
JACK MINORE 610 COMMONWEALTH AVENUE FLINT MI 48503	BOARD CHAIR	0	0	0
BRENT NICKOLA 2614 PIERCE STREET FLINT MI 48503	BOARD MEMBER	0	0	0
CAROL VANBUREN 3313 BUICK STREET #13 FLINT MI 48505	BOARD MEMBER	0	0	0
DIANE PEPLINSKI 4664 BARNES ROAD CLIFFORD MI 48727	BOARD VICE CHAIR	0	0	0
BILL WELCH 9379 ENGLISHMAN RD FENTON MI 48430	BOARD MEMBER	0	0	0
REBECCA FEDEWA 411 W. 1ST AVENUE FLINT MI 48503	EXECUTIVE DIRECTOR	43,400	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr. u <u>37a</u>		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b _____		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a _____		
b	Gross receipts, included on line 9, for public use of club facilities 39b _____		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 u _____ ; section 4912 u _____ ; section 4955 u _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 u _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization u _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. u <u>MI</u>		
42a	The organization's books are in care of u <u>EDYTHE WESTHOFF</u> Telephone no. u <u>810-767-6490</u> 432 N. SAGINAW ST, SUITE 233 Located at u <u>FLINT, MI</u> ZIP + 4 u <u>48502</u>		
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
	If "Yes," enter the name of the foreign country: u _____		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	If "Yes," enter the name of the foreign country: u _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here u <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year u <u>43</u>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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		<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<input checked="" type="checkbox"/>
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?		<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?		

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

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

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

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

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

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: **JACK MINORE** Date: **CHAIRMAN**
 Type or print name and title.

Paid Preparer's Use Only

Preparer's signature: **RENEE GUCKIAN** Date: **08/09/10** Check if self-employed: Preparer's Identifying Number (See instr.): **P00180268**

Firm's name (or yours if self-employed), address, and ZIP + 4: **TAYLOR & MORGAN, CPA, PC**
2302 STONEBRIDGE DRIVE, BUILDING D
FLINT, MI 48532-5491

EIN: **u 38-2401965**
 Phone no.: **u 810-230-8200**

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	107,418	102,674	132,715	117,429	203,787	664,023
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	107,418	102,674	132,715	117,429	203,787	664,023
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						664,023

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	107,418	102,674	132,715	117,429	203,787	664,023
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	267	1,509	2,505	3,497	639	8,417
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						672,440

12 Gross receipts from related activities, etc. (see instructions) **12** 55,865

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 2009 (line 6, column (f) divided by line 11, column (f))	14	98.75%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	98.61%

16a 33 1/3 % support test—2009. 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—2008. 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—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3 % support tests—2009. 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—2008. 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

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

Schedule of Contributors
 Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization	Employer identification number
FLINT RIVER WATERSHED COALITION	38-3546239

Organization type (check one):

- | | |
|--------------------|---|
| Filers of: | Section: |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | <input type="checkbox"/> 527 political organization |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | <input type="checkbox"/> 501(c)(3) taxable private foundation |

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ► \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box in the heading of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization FLINT RIVER WATERSHED COALITION	Employer identification number 38-3546239
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	GENESEE COUNTY DRAIN COMMISSION 4608 BEECHER RD. FLINT MI 48532	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	RUTH MOTT FOUNDATION 111 E. COURT ST. FLINT MI 48502	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	CHARLES STEWART MOTT FOUNDATION 503 S. SAGINAW ST, SUITE 1200 FLINT MI 48502	\$ 43,715	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	ROYAL BANK OF CANADA RBC FOUNDATION 200 BAY ST, SUITE 950 SOUTH TOWER TORONTO ON M5J2J5	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	CRIM FITNESS FOUNDATION 452 S. SAGINAW ST., SUITE 1 FLINT MI 48502	\$ 73,661	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	FIFTH THIRD BANK HIGHFIELD FOUNDATION, FOUNDATION OFC 38 FOUNTAIN SQUARE PLAZA CINCINNATI OH 45263	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization FLINT RIVER WATERSHED COALITION	Employer identification number 38-3546239
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	GENESEE INTERMEDIATE SCHOOL DISTRICT 2413 W. MAPLE AVENUE FLINT MI 48507	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	RAYMOND C AND ANNA T JOHNSON FNDTION P.O. BOX 182362 SHELBY TOWNSHIP MI 48318	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Federal Statements**Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments**

Description	Amount
	\$ 14,029
Total	\$ 14,029

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	\$
Advertising and Promotion	1,798
Office	2,942
Travel	1,687
Conferences/Meetings	7,628
Insurance	1,339
EDUCATION AND OUTREACH	2,573
LICENSES AND FEES	234
LOCAL CHAPTERS	10,958
MISCELLANEOUS	928
PROFESSIONAL DEVELOPMENT	2,100
PROJECT EXPENSES	24,834
Total	\$ 57,021

Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
Prepaid Expenses and Deferred Charges	\$	\$ 1,812
		1,812

Statement 4 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
Accounts Payable and Accrued Expenses	\$	\$ 17,175
		17,175

Federal Statements**Statement 5 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose**Description

IMPROVE AND MAINTAIN ENVIRONMENTAL QUALITY OF THE WATERSHED THROUGH ENVIRONMENTAL EDUCATION, COLLABORATIVE PROBLEM SOLVING AND FOSTERING COOPERATIVE INTERRELATIONS BETWEEN PARTICIPANTS IN PROGRAMS AND ACTIVITIES.

Statement 6 - Form 990-EZ, Part III, Line 28 - Statement of Program Service AccomplishmentsDescription

GENESEE GREEN - GENESEE GREEN IS A PARTNERSHIP BETWEEN THE FRW, EARTHFORCE, THE GENESEE INTERMEDIATE SCHOOL DISTRICT, AND GENESEE COUNTY DRAIN COMMISSIONER. IT IS AN APPLIED CURRICULUM FOR MIDDLE AND HIGH SCHOOL STUDENTS, FOCUSING ON DEVELOPING ENVIRONMENTAL AWARENESS AND STEWARDSHIP THROUGH A COMBINATION OF FIELD AND CLASSROOM SESSIONS. PROTECTING OUR WATER RESOURCES IS A VALUABLE LEARNIGN EXPERIENCE FOR STUDENTS, AND GENESEE GREEN IS AN EFFECTIVE MEANS OR TURNING TODAY'S STUDENTS INTO TOMORROW'S ENVIRONMENTAL STEWARDS.

Statement 7 - Form 990-EZ, Part III, Line 29 - Statement of Program Service AccomplishmentsDescription

RIVER CLEANUP - THE RIVER CLEANUP IS AN ANNUAL EVENT THAT IS IN ITS ELEVENTH YAR. THE PURPOSE OF THE CLEANUP IS TO ORGANIZE VOLUNTEERS IN GENESEE AND LAPEER COUNTIES TO CLEAN SELCTED SITES ON THE FLINT RIVER IN ORDER TO IMPROVE THE APPEARANCE AND THE ECOLOGY OF THE WATERSHED. THERE ARE TYPICALLY 200 TO 300 VOLUNTEERS IN THIS ONE DAY ANNUAL EFFORT IN GENESEE AND LAPEER COUNTIES.

Statement 8 - Form 990-EZ, Part III, Line 30 - Statement of Program Service AccomplishmentsDescription

RIVER MONITROING AND IMPROVEMENT PROJECTS - ACTING IN A SUPPORT ROLE, THE FLINT RIVER WATERSHED COALITION PROVIDES STAFF ASSISTANCE, PROMOTIONAL MATERIALS AND EDUCATIONAL INFORMATION. PROJECTS ARE DESIGNED TO IDENTIFY THREATS TO WATER QUALITY IN A SPECIFIC SECTION OF HTE WATERSHED AND TO CREATE A REGIONAL VISION FOR THE WATERSHED AS A WHOLE. THE FLINT RIVER WATERSHED COALITION ALSO PROVIDES GENERAL GUIDANCE RELATED TO RIVER CLEANUP, BENTHIC MONITORING, AND RECREATIONAL ACTIVITIES ON THE FLINT RIVER.

Statement 9 - Form 990-EZ, Part III, Line 31 - Statement of Program Service AccomplishmentsDescription

OTHER PROGRAM SERVICE EXPENSES INCLUDING LOCAL CHAPTERS

TAYLOR & MORGAN, CPA, PC
2302 STONEBRIDGE DRIVE, BUILDING D
FLINT, MI 48532-5491

FLINT RIVER WATERSHED COALITION
432 N. SAGINAW ST 233
FLINT, MI 48502

