

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

**A** For the **2021** calendar year, or tax year beginning and ending

**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization

**ANN ARBOR AREA COMMUNITY FOUNDATION**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**301 N MAIN ST 300**

City or town, state or province, country, and ZIP or foreign postal code  
**ANN ARBOR, MI 48104**

**F** Name and address of principal officer: **SHANNON E. POLK  
SAME AS C ABOVE**

**D** Employer identification number

**38-6087967**

**E** Telephone number  
**734-663-0401**

**G** Gross receipts \$ **60,084,281.**

**H(a)** Is this a group return for subordinates? ..... ☐ Yes ☒ No

**H(b)** Are all subordinates included? ☐ Yes ☐ No  
If "No," attach a list. See instructions

**H(c)** Group exemption number ▶

**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

**J** Website: ▶ **WWW.AAACF.ORG**

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation: **1963** **M** State of legal domicile: **MI**

**Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>AAACF DISTRIBUTES PROCEEDS FROM ITS PERMANENT ENDOWED FUNDS TO WASHTENAW COUNTY CHARITABLE ORGS.</b>	
	<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>16</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>16</b>
	<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>16</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>343</b>
		<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12
<b>7b</b>		Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>0.</b>
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>20,366,283.</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>0.</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>2,079,413.</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>0.</b>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>22,445,696.</b>
	Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>1,319,809.</b>
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>660,483.</b>	
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,511,107.</b>
<b>18</b>		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>10,573,509.</b>
<b>19</b>		Revenue less expenses. Subtract line 18 from line 12	<b>11,872,187.</b>
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	<b>177,501,252.</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>965,662.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>176,535,590.</b>

**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		Date		
	<b>JAMES HUNTER, CFO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>MICHAEL LUMSDEN</b>	<b>MICHAEL LUMSDEN</b>	<b>11/03/22</b>	<input type="checkbox"/>	<b>P01262236</b>
<b>Firm's name</b>	Firm's name ▶ <b>MOSS ADAMS LLP</b>			Firm's EIN ▶ <b>91-0189318</b>	
	Firm's address ▶ <b>101 SECOND STREET SUITE 900 SAN FRANCISCO, CA 94105</b>			Phone no. <b>415-956-1500</b>	

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

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

THE ANN ARBOR AREA COMMUNITY FOUNDATION ENRICHES THE QUALITY OF LIFE  
IN OUR REGION THROUGH ITS KNOWLEDGEABLE LEADERSHIP, ENGAGED  
GRANTMAKING, AND CREATIVE PARTNERSHIPS WITH DONORS TO MAKE  
PHILANTHROPIC INVESTMENTS AND BUILD ENDOWMENT.

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

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

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

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

**4** Describe the 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 \$ 12,173,414. including grants of \$ 9,211,795. ) (Revenue \$ 6,775. )

AAACF FULFILLS ITS EXEMPT PURPOSE BY GRANTING FUNDS TO A VARIETY OF  
TAX-EXEMPT ORGANIZATIONS, PRIMARILY IN THE WASHTENAW COUNTY AREA,  
THROUGH A COMPETITIVE PROCESS DETERMINED BY STAFF AND COMMUNITY  
LEADERS. SINCE ITS FOUNDING MORE THAN A HALF CENTURY AGO, OVER \$78  
MILLION HAS BEEN DISTRIBUTED THROUGH 15,500+ GRANTS AND SCHOLARSHIPS.  
SIGNATURE PROGRAMS INCLUDE A COMMUNITY SCHOLARSHIP PROGRAM TO  
INCENTIVIZE COLLEGE DEGREE ATTAINMENT BY LOCAL STUDENTS; THE  
EMPOWERMENT FUND, WHICH SUPPORTS YOUNG BLACK MEN IN ATTAINING  
EDUCATIONAL SUCCESS; ADVANCEMENT OF HEALTHY & FULFILLING AGING FOR ALL;  
A DEEP COMMITMENT TO HEALTH AND HUMAN SERVICES, FUNDING BOTH PROGRAMS  
AND SYSTEMS CHANGE; AND AN ALLOCATION OF 5% OF OUR ENDOWMENT TO LOCAL  
IMPACT INVESTMENTS.

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services (Describe on Schedule O.)

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

**4e** Total program service expenses **12,173,414.**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	X
<b>4</b> <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? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b>	X
<b>5</b> 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b> X	
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b> X	
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>11a</b> X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i>	<b>11b</b> X	
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11c</b>	X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b> X	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i>	<b>11f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b> X	
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b>	X
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>	X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b> X	

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

	Yes	No
<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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b> 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? <i>If "Yes," complete Schedule J</i> .....	<b>23</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b>	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? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	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? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	X
<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? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b> X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b> 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>	X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<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? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O .....	<b>38</b> X	

**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>1a</b> 17	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<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? .....	<b>1c</b> X	



**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
<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>	16
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	X
<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)?	<b>4a</b>	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?	<b>5a</b>	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<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?	<b>6a</b>	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?	<b>6b</b>	
<b>7 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?	<b>7a</b>	X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	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?	<b>7e</b>	X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<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>7h</b>	
<b>8 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?	<b>8</b>	X
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	X
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	X
<b>10 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 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 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 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>13a</b>	
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<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 on Schedule O	<b>14b</b>	
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<b>15</b>	X
If "Yes," see the instructions and file Form 4720, Schedule N.		
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	<b>16</b>	X
If "Yes," complete Form 4720, Schedule O.		
<b>17 Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	<b>17</b>	
If "Yes," complete Form 6069.		

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	16			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent .....		16		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....			2	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....			3	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....			4	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....			5	X
<b>6</b> Did the organization have members or stockholders? .....			6	X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....			7a	X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....			7b	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body? .....			8a	X
<b>b</b> Each committee with authority to act on behalf of the governing body? .....			8b	X
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .....			9	X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? .....	10a	X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....	10b	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	11a	X
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990. ....		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	12a	X
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	12b	X
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done .....	12c	X
<b>13</b> Did the organization have a written whistleblower policy? .....	13	X
<b>14</b> Did the organization have a written document retention and destruction policy? .....	14	X
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official .....	15a	X
<b>b</b> Other officers or key employees of the organization .....	15b	X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. ....		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....	16a	X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .....	16b	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► **MI**

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website    ☐ Another's website    ☒ Upon request    ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records ►  
**JAMES HUNTER - 734-663-0401**  
**301 N MAIN ST STE 300, ANN ARBOR, MI 48104**

**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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

☐ 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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) NEELAV HAJRA CEO (THRU 9/2021)	50.00			X				173,115.	0.	13,781.
(2) SHELLEY STRICKLAND VP PHILAN. / INT. CEO (START 9/2021)	50.00			X				156,473.	0.	18,175.
(3) JAMES HUNTER CFO	45.00			X				122,893.	0.	6,010.
(4) JILLIAN ROSEN VP COMMUNITY INVESTMENT	45.00				X			101,182.	0.	14,498.
(5) DOUG WEBER CHAIR (THRU 4/2021) / IMM PAST CHAIR	4.00	X		X				0.	0.	0.
(6) BETSY PETOSKEY VICE CHAIR (THROUGH 4/2021) / CHAIR	4.00	X		X				0.	0.	0.
(7) SEAN DUVAL VICE CHAIR (START 5/2021)	2.50	X		X				0.	0.	0.
(8) MICHAEL STAEBLER TREASURER	2.50	X		X				0.	0.	0.
(9) KAREN ANDREWS SECRETARY	2.50	X		X				0.	0.	0.
(10) KIANA BARFIELD BOARD MEMBER	1.50	X						0.	0.	0.
(11) COOKIE BAUGH BOARD MEMBER	1.50	X						0.	0.	0.
(12) TABITHA BENTLEY BOARD MEMBER	1.50	X						0.	0.	0.
(13) BILL BRINKERHOFF BOARD MEMBER	1.50	X						0.	0.	0.
(14) TIM DAMSCHRODER BOARD MEMBER	1.50	X						0.	0.	0.
(15) AUDREY PRICE DIMARZO BOARD MEMBER	1.50	X						0.	0.	0.
(16) AARON DWORKIN BOARD MEMBER	1.50	X						0.	0.	0.
(17) LAURA HAYDEN BOARD MEMBER	1.50	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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) CHRISTINA KIM BOARD MEMBER	1.50	X						0.	0.	0.
(19) SRI MADDIPATI BOARD MEMBER	1.50	X						0.	0.	0.
(20) FERNANDO ORTIZ BOARD MEMBER (THROUGH 4/2021)	1.50	X						0.	0.	0.
(21) ELIZA SHEARING BOARD MEMBER (THROUGH 4/2021)	1.50	X						0.	0.	0.
(22) TIM WADHAMS BOARD MEMBER (THROUGH 4/2021)	1.50	X						0.	0.	0.
(23) CHUCK WARPEHOSKI BOARD MEMBER	1.50	X						0.	0.	0.
<b>1b Subtotal</b>								553,663.	0.	52,464.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								553,663.	0.	52,464.

**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 **4**

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** 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

	Yes	No
3		X
4	X	
5		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
PRIME BUCHHOLZ LLC 273 CORPORATE DR #250, PORTSMOUTH, NH 03801	INVESTMENT MANAGEMENT FEES	141,811.
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>1</b>		



**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</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>	17,598,711.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 8,648,098.				
	<b>h Total.</b> Add lines 1a-1f .....			17,598,711.			
<b>Program Service Revenue</b>	<b>2 a</b> INTEREST INCOME - PRI		<b>Business Code</b>				
			522291	6,775.	6,775.		
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....			6,775.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			3,045,834.		-52,662.	3098496.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
			(i) Real	(ii) Personal			
	<b>6 a</b> Gross rents .....	<b>6a</b>					
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss) .....	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
			(i) Securities	(ii) Other			
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	39,432,961.				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	28,323,327.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	11,109,634.				
	<b>d</b> Net gain or (loss) .....			11,109,634.			11109634.
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....		<b>8a</b>				
	<b>b</b> Less: direct expenses .....		<b>8b</b>				
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....		<b>9a</b>					
<b>b</b> Less: direct expenses .....		<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....		<b>10a</b>					
<b>b</b> Less: cost of goods sold .....		<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> .....		<b>Business Code</b>				
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
	<b>12 Total revenue.</b> See instructions .....			31,760,954.	6,775.	-52,662.	14208130.

**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 ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	9,192,693.	9,192,693.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	19,102.	19,102.		
<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	490,448.	129,632.	224,590.	136,226.
<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	740,060.	195,608.	338,894.	205,558.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	48,185.	11,793.	23,413.	12,979.
<b>9</b> Other employee benefits	46,416.	11,407.	22,489.	12,520.
<b>10</b> Payroll taxes	88,583.	22,210.	42,289.	24,084.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	26,172.	765.	13,992.	11,415.
<b>c</b> Accounting	45,347.		45,347.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	2,425,248.	2,425,248.		
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	152,871.	56,938.	62,183.	33,750.
<b>12</b> Advertising and promotion	21,535.	195.	3,106.	18,234.
<b>13</b> Office expenses	29,465.	6,830.	13,340.	9,295.
<b>14</b> Information technology	174,258.	50,956.	78,053.	45,249.
<b>15</b> Royalties				
<b>16</b> Occupancy	34,954.	9,096.	17,230.	8,628.
<b>17</b> Travel	1,608.	406.	914.	288.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	145,673.	15,898.	13,116.	116,659.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	56,917.	14,812.	28,056.	14,049.
<b>23</b> Insurance	16,831.		16,831.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>IMPACT INVESTING</b>	9,825.	9,825.		
<b>b</b> <b>CREDIT CARD FEES</b>	8,439.			8,439.
<b>c</b> <b>DUES &amp; MEMBERSHIPS</b>	6,565.		3,455.	3,110.
<b>d</b>				
<b>e</b> All other expenses	2,538.		2,538.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	13,783,733.	12,173,414.	949,836.	660,483.
<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 ☐ 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) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	4,953,904.	<b>2</b>	3,483,390.
	<b>3</b> Pledges and grants receivable, net .....	252,445.	<b>3</b>	2,535,889.
	<b>4</b> Accounts receivable, net .....	15,359.	<b>4</b>	14,940.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,676,221.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 641,904.	<b>10c</b>	1,034,317.
	<b>11</b> Investments - publicly traded securities .....	114,337,791.	<b>11</b>	134,652,534.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	55,295,243.	<b>12</b>	75,219,662.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	320,000.	<b>13</b>	1,137,945.
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,250,548.	<b>15</b>	1,349,972.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	177,501,252.	<b>16</b>	219,428,649.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	78,167.	<b>17</b>	68,934.
	<b>18</b> Grants payable .....	179,900.	<b>18</b>	364,321.
	<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 .....	971.	<b>21</b>	4,877,747.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<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 .....	706,624.	<b>25</b>	724,748.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	965,662.	<b>26</b>	6,035,750.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	175,618,320.	<b>27</b>	210,114,793.
	<b>28</b> Net assets with donor restrictions .....	917,270.	<b>28</b>	3,278,106.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> .....	176,535,590.	<b>32</b>	213,392,899.
	<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	177,501,252.	<b>33</b>	219,428,649.

Form 990 (2021)

**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>	31,760,954.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	13,783,733.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	17,977,221.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	176,535,590.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	22,996,180.
<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 on Schedule O)	<b>9</b>	-4,116,092.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	213,392,899.

**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 on 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		<input checked="" type="checkbox"/>
<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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
<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 on Schedule O.	<input checked="" type="checkbox"/>	
<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? _____		<input checked="" type="checkbox"/>
<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 on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2021)

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2021

**Open to Public Inspection**

Name of the organization

ANN ARBOR AREA COMMUNITY FOUNDATION

Employer identification number

38-6087967

<b>Part I</b>	<b>Reason for Public Charity Status.</b> (All organizations must complete this part.) See instructions.
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The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention, congregation, 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).)
  - 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
  - 10 ☐ 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.)
  - 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
  - 12 ☐ 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
    - 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). \_\_\_\_\_

g Provide the following information about the supported organization(s).						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 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		
<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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	11142601.	7221951.	6156483.	20366283.	17598711.	62486029.
<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 .....	11142601.	7221951.	6156483.	20366283.	17598711.	62486029.
<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) .....						21617266.
<b>6 Public support.</b> Subtract line 5 from line 4.						40868763.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	11142601.	7221951.	6156483.	20366283.	17598711.	62486029.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1525284.	1912718.	2729577.	2142290.	3098496.	11408365.
<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						73894394.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	6,775.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	55.31	%
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	49.67	%
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

Schedule A (Form 990) 2021

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

(Complete only if you checked the box on line 10 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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 5 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 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** 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 - 2020.** 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 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> 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)? <i>If "Yes," explain in Part VI 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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, 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).</i>		
<b>b</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?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**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 on lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>1</b>		
<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.		
<b>2</b>		

**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).		
<b>1</b>		

**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>1</b>		
<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>2</b>		
<b>3</b> By reason of the relationship described on line 2, above, 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.		
<b>3</b>		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<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</b> identify those supported organizations and explain 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>2a</b>			
<b>b</b> Did the activities described on line 2a, above, 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>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<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? If "Yes" or "No" provide details in <b>Part VI</b> .			
<b>3a</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.			
<b>3b</b>			

**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 ( *explain in Part VI*). **See instructions.**  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(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	

Section B - Minimum Asset Amount		(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 ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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).		

Schedule A (Form 990) 2021



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

Section D - Distributions		Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>	
<b>7</b> <b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>	
<b>9</b> Distributable amount for 2021 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

Schedule A (Form 990) 2021

**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.)

**SCHEDULE A, LIST OF UNUSUAL GRANTS RECEIVED:**

DESCRIPTION: UNUSUAL GRANT RECEIVED IN 2017

DATE: 12/31/17                      AMOUNT: 14185002.

DESCRIPTION: UNUSUAL GRANT RECEIVED IN 2017

DATE: 12/31/17                      AMOUNT: 18275722.

**Schedule B**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

ANN ARBOR AREA COMMUNITY FOUNDATION

Employer identification number

38-6087967

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

☒ For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization	Employer identification number
<b>ANN ARBOR AREA COMMUNITY FOUNDATION</b>	<b>38-6087967</b>

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>998,193.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>6,667,297.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>3,067,867.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

ANN ARBOR AREA COMMUNITY FOUNDATION

38-6087967

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	PUBLICLY TRADED SECURITIES	\$ 998,193.	02/17/21
2	PUBLICLY TRADED SECURITIES	\$ 6,667,297.	04/07/21
		\$	
		\$	
		\$	
		\$	
		\$	



Name of organization	Employer identification number
<b>ANN ARBOR AREA COMMUNITY FOUNDATION</b>	<b>38-6087967</b>

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ► \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**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.**▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021****Open to Public  
Inspection****Name of the organization**

ANN ARBOR AREA COMMUNITY FOUNDATION

**Employer identification number**

38-6087967

**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 .....	133	157
2 Aggregate value of contributions to (during year) .....	7,180,301.	254,806.
3 Aggregate value of grants from (during year) .....	4,038,725.	1,426,598.
4 Aggregate value at end of year .....	36,148,296.	48,080,707.
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).  
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ 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 .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register ..... | 2d                              |
- 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? .....
- 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)? .....
- 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 FASB 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 FASB 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 FASB ASC 958 relating to these items:
- a Revenue included on Form 990, Part VIII, line 1 ▶ \$ .....
- b Assets included in Form 990, Part X ▶ \$ .....

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

Schedule D (Form 990) 2021

**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 make significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

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

2a Did the organization include an amount on Form 990, Part X, line 21, 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
1a Beginning of year balance	141,082,338.	144,829,521.	121,702,588.	129,445,892.	80,347,418.
b Contributions	15,269,480.	20,366,283.	5,703,635.	7,050,569.	40,899,123.
c Net investment earnings, gains, and losses	35,585,126.	20,346,091.	25,092,023.	-5,462,055.	14,474,642.
d Grants or scholarships	9,280,089.	7,742,593.	5,937,020.	7,410,437.	4,276,714.
e Other expenditures for facilities and programs	536,371.	704,392.	501,581.	753,827.	596,071.
f Administrative expenses	5,715,030.	36,012,572.	1,230,124.	1,167,554.	1,402,506.
g End of year balance	176,405,454.	141,082,338.	144,829,521.	121,702,588.	129,445,892.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☒ 100 %

b Permanent endowment ☒ .0000 %

c Term endowment ☒ .0000 %

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:

(i) Unrelated organizations

(ii) Related organizations

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

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
1a Land				
b Buildings		1,401,778.	428,219.	973,559.
c Leasehold improvements				
d Equipment		126,475.	112,708.	13,767.
e Other		147,968.	100,977.	46,991.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,034,317.

Schedule D (Form 990) 2021

**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>ALTERNATIVE INVESTMENTS</b>	<b>75,219,662.</b>	<b>END-OF-YEAR MARKET VALUE</b>
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<b>75,219,662.</b>	

**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> (Col. (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) <b>LIABILITY OF LIFE BENEFICIARIES OF</b>	
(3) <b>PLANNED GIFTS</b>	<b>607,754.</b>
(4) <b>ANNUITY PAYABLE</b>	<b>116,994.</b>
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>724,748.</b>

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☐

Schedule D (Form 990) 2021

**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>	52,345,623.
<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>	22,996,180.
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	54,226.
<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>	23,050,406.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	29,295,217.
<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>	2,425,248.
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	40,489.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	2,465,737.
<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>	31,760,954.

**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>	11,413,215.
<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>	54,226.
<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>	504.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	54,730.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	11,358,485.
<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>	2,425,248.
<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>	2,425,248.
<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>	13,783,733.

**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 IV, LINE 2B:**

THE COMMUNITY FOUNDATION HAS ADOPTED ESTABLISHED STANDARDS FOR TRANSACTIONS IN WHICH THE COMMUNITY FOUNDATION ACCEPTS A CONTRIBUTION FROM A DONOR AND AGREES TO TRANSFER THOSE ASSETS, THE RETURN ON THE INVESTMENT OF THOSE ASSETS, OR BOTH TO ANOTHER ENTITY THAT IS SPECIFIED BY THE DONOR. THE AGENCY FUND AGREEMENTS BETWEEN THE COMMUNITY FOUNDATION AND THE ORGANIZATIONS ALLOW FOR DISTRIBUTIONS PER THE SPENDING POLICY OF THE COMMUNITY FOUNDATION. THE SPECIAL FUND AGREEMENTS BETWEEN THE COMMUNITY FOUNDATION AND THE ORGANIZATIONS OR INDIVIDUALS ALLOW FOR DISTRIBUTION OF BOTH INCOME AND PRINCIPAL. THE RESOURCES RECEIVED UNDER THESE AGREEMENTS ARE NOT CONSIDERED CONTRIBUTIONS TO THE COMMUNITY FOUNDATION AND, THEREFORE, HAVE BEEN CLASSIFIED AS A LIABILITY.



**Part XIII** Supplemental Information (continued)

## PART V, LINE 4:

BEGINNING WITH THE 2009 REPORTING YEAR, THE COMMUNITY FOUNDATION'S BOARD OF TRUSTEES DETERMINED THAT ASSETS THAT WOULD QUALIFY AS DONOR-RESTRICTED ENDOWMENTS, BUT FOR THE FOUNDATION'S VARIANCE POWER, SHOULD BE CLASSIFIED AS BOARD-DESIGNATED ASSETS. THESE ARE INCLUDED IN THE PERCENT REPORTED ON SCHEDULE D, PART V, LINE 2A. THE INTENDED USE OF THE FUNDS IS DETERMINED BY THE DONORS, AND THE INVESTMENT AND SPENDING POLICIES ARE DETERMINED BY THE BOARD, FOLLOWING THE UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT (UPMIFA).

## PART XI, LINE 4B - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF CRUT	93,151.
UNRELATED BUSINESS INCOME FROM PARTNERSHIPS	-52,662.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	40,489.

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

WRITE-OFF OF PRIOR YEAR PLEDGE	504.
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## SCHEDULE D, PART V, LINE 1F

THE BALANCE OF THE 2020 ADMINISTRATIVE EXPENSES HAS BEEN RESTATED ON THE CURRENT YEAR FILING IN ORDER TO ALIGN THE ENDING BALANCE OF THE BOARD-DESIGNATED ENDOWMENT NET ASSETS TO THE AUDITED FINANCIAL STATEMENTS.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

Employer identification number

ANN ARBOR AREA COMMUNITY FOUNDATION

38-6087967

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... ☐ Yes ☐ No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		10,093,978.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		2,427,891.
<b>3 a Subtotal</b> .....	0	0			12,521,869.
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			12,521,869.

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

Schedule F (Form 990) 2021

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶▶

**3** Enter total number of other organizations or entities ▶▶



**Part IV Foreign Forms**

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ..... ☒ Yes ☐ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ..... ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ..... ☒ Yes ☐ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ..... ☒ Yes ☐ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ..... ☒ Yes ☐ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* ..... ☐ Yes ☒ No

Schedule F (Form 990) 2021

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.



**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

**ANN ARBOR AREA COMMUNITY FOUNDATION**

Employer identification number  
**38-6087967**

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
PACKARD HEALTH 5200 VENTURE DRIVE ANN ARBOR, MI 48108	38-2269817	501(C)(3)	480,065.	0.			HEALTH, GENERAL AND REHABILITATIVE
JEWISH FAMILY SERVICES OF WASHTENAW COUNTY - 2245 S. STATE STREET - ANN ARBOR, MI 48104	41-2147486	501(C)(3)	298,310.	0.			HUMAN SERVICE - MULTIPURPOSE/OTHER
BALTIMORE HOMECOMING, INC. 1427 CLARKVIEW RD. BALTIMORE, MD 21209	82-2350770	501(C)(3)	290,000.	0.			HUMAN SERVICE - MULTIPURPOSE/OTHER
CENTER FOR HEALTHCARE RESEARCH & TRANSFORMATION - 4251 PLYMOUTH ROAD - ANN ARBOR, MI 48105-3640	27-1017827	501(C)(3)	272,024.	0.			SENIOR SERVICES
HUMANE SOCIETY OF HURON VALLEY 3100 CHERRY HILL ROAD ANN ARBOR, MI 48105	38-1474931	501(C)(3)	227,393.	0.			ANIMAL RELATED ACTIVITIES
YPSILANTI MEALS ON WHEELS 1110 W. CROSS YPSILANTI, MI 48197	38-2038528	501(C)(3)	215,338.	0.			FOOD NUTRITION, AGRICULTURE

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 208.
- 3** Enter total number of other organizations listed in the line 1 table 1.

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

Schedule I (Form 990) 2021

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHTENAW INTERMEDIATE SCHOOL DISTRICT - 1819 S. WAGNER RD. - ANN ARBOR, MI 48106	38-1717462	501(C)(3)	192,759.	0.			EDUCATION/INSTRUCTION
UNITED WAY OF WASHTENAW COUNTY 2305 PLATT ROAD ANN ARBOR, MI 48104	38-1951024	501(C)(3)	177,494.	0.			HUMAN SERVICE - MULTIPURPOSE/OTHER
CATHOLIC SOCIAL SERVICES OF WASHTENAW COUNTY - 4925 PACKARD ROAD - ANN ARBOR, MI 48108-1521	38-1654500	501(C)(3)	176,781.	0.			HUMAN SERVICE - MULTIPURPOSE/OTHER
CHELSEA SENIOR CENTER 512 WASHINGTON STREET CHELSEA, MI 48118	91-2187162	501(C)(3)	163,191.	0.			SENIOR SERVICES
AREA AGENCY ON AGING 1-B 29100 NORTHWESTERN HIGHWAY SOUTHFIELD, MI 48034	38-2729505	501(C)(3)	157,231.	0.			SENIOR SERVICES
WASHTENAW COMMUNITY COLLEGE FOUNDATION - 4800 E. HURON RIVER DRIVE - ANN ARBOR, MI 48105	38-2575395	501(C)(3)	155,527.	0.			EDUCATION/INSTRUCTION
PEACE NEIGHBORHOOD CENTER 1111 N. MAPLE ROAD ANN ARBOR, MI 48103	23-7437867	501(C)(3)	149,924.	0.			YOUTH DEVELOPMENT
MICHIGAN THEATER FOUNDATION, INC. 603 E. LIBERTY ST. ANN ARBOR, MI 48104	38-2269013	501(C)(3)	138,584.	0.			ARTS AND CULTURE
BERKSHIRE HUMANE SOCIETY 214 BARKER ROAD PITTSFIELD, MA 01201	04-3148018	501(C)(3)	132,169.	0.			ANIMAL RELATED ACTIVITIES

Schedule I (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHTENAW HOUSING ALLIANCE PO BOX 7993 ANN ARBOR, MI 48107	38-3551639	501(C)(3)	120,354.	0.			HOUSING, SHELTER
ANN ARBOR ART ASSOCIATION DBA ANN ARBOR ART CENTER - 117 W. LIBERTY STREET - ANN ARBOR, MI 48104	23-7205537	501(C)(3)	102,465.	0.			ARTS AND CULTURE
ANN ARBOR CENTER FOR INDEPENDENT LIVING - 3941 RESEARCH PARK DRIVE - ANN ARBOR, MI 48108	38-2133063	501(C)(3)	99,593.	0.			HUMAN SERVICE - MULTIPURPOSE/OTHER
COMMUNITY ACTION NETWORK PO BOX 130076 ANN ARBOR, MI 48113-0076	38-2792610	501(C)(3)	97,016.	0.			YOUTH DEVELOPMENT
MICHIGAN ABILITY PARTNERS 3810 PACKARD RD., SUITE 260 ANN ARBOR, MI 48108	38-2595768	501(C)(3)	93,930.	0.			HUMAN SERVICE - MULTIPURPOSE/OTHER
ANN ARBOR YMCA 400 W. WASHINGTON STREET ANN ARBOR, MI 48103	38-1525162	501(C)(3)	92,655.	0.			HUMAN SERVICE - MULTIPURPOSE/OTHER
EASTERN MICHIGAN UNIVERSITY FOUNDATION - 112 WELCH HALL - YPSILANTI, MI 48197	38-2953297	501(C)(3)	90,409.	0.			EDUCATION/INSTRUCTION
UNIVERSITY OF MICHIGAN - OFFICE OF FINANCIAL AID - 2500 STUDENT ACTIVITIES BLDG. - ANN ARBOR, MI 48109-1316	38-6006309	501(C)(3)	90,296.	0.			EDUCATION/INSTRUCTION
CATCHAFIRE FOUNDATION 1885 MISSION STREET SAN FRANCISCO, CA 94103-3501	27-0649371	501(C)(3)	90,000.	0.			PHILANTHROPY, VOLUNTEERISM & GRANTMAKING FOUNDATIONS

Schedule I (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHELTER ASSOCIATION OF WASHTENAW COUNTY - PO BOX 7370 - ANN ARBOR, MI 48107-7370	38-2533030	501(C)(3)	87,612.	0.			HOUSING, SHELTER
UNIVERSITY MUSICAL SOCIETY 881 NORTH UNIVERSITY AVE. ANN ARBOR, MI 48109-1011	38-1545881	501(C)(3)	85,729.	0.			ARTS AND CULTURE
AVALON HOUSING, INC. 1327 JONES DRIVE ANN ARBOR, MI 48105	38-3086920	501(C)(3)	81,043.	0.			HOUSING, SHELTER
SOS COMMUNITY SERVICES 101 SOUTH HURON STREET YPSILANTI, MI 48197-5421	38-2037588	501(C)(3)	77,250.	0.			HOUSING, SHELTER
FOOD GATHERERS P.O. BOX 131037 ANN ARBOR, MI 48113	38-2853858	501(C)(3)	76,000.	0.			FOOD NUTRITION, AGRICULTURE
YPSILANTI COMMUNITY SCHOOLS 1885 PACKARD ROAD YPSILANTI, MI 48197	38-1805562	STATE OF MI	75,000.	0.			EDUCATION/INSTRUCTION
CORNER HEALTH CENTER 47 N. HURON ST. YPSILANTI, MI 48197	38-2329742	501(C)(3)	68,948.	0.			HEALTH, GENERAL AND REHABILITATIVE
NEUTRAL ZONE 310 E. WASHINGTON STREET ANN ARBOR, MI 48104	38-3407568	501(C)(3)	66,036.	0.			YOUTH DEVELOPMENT
UM REGENTS - TURNER SENIOR WELLNESS PROGRAM - 2401 PLYMOUTH ROAD - ANN ARBOR, MI 48105	38-6006309	501(C)(3)	63,760.	0.			HEALTH, GENERAL AND REHABILITATIVE

Schedule I (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRLS GROUP 2531 JACKSON AVE., #188 ANN ARBOR, MI 48103	20-4814985	501(C)(3)	63,050.	0.			YOUTH DEVELOPMENT
NONPROFIT ENTERPRISE AT WORK 1100 N. MAIN, SUITE 102 ANN ARBOR, MI 48104	38-2825019	501(C)(3)	60,320.	0.			COMMUNITY IMPROVEMENT/CAPACITY BUILDING
CENTER FOR BIOLOGICAL DIVERSITY PO BOX 710 TUCSON, AZ 85702	27-3943866	501(C)(3)	60,000.	0.			ENVIRONMENTAL QUALITY, PROTECTION AND BEAUTIFICATION
SHELDRIK WILDLIFE TRUST USA 25283 CABOT RD LAGUNA HILLS, CA 92653	30-0224549	501(C)(3)	60,000.	0.			ANIMAL RELATED ACTIVITIES
THE ANIMAL LEGAL DEFENSE FUND 525 EAST COTATI AVENUE COTATI, CA 94931	94-2681680	501(C)(3)	60,000.	0.			ANIMAL RELATED ACTIVITIES
ANN ARBOR HANDS-ON MUSEUM 220 EAST ANN STREET ANN ARBOR, MI 48104	38-2236345	501(C)(3)	59,777.	0.			EDUCATION/INSTRUCTION
OZONE HOUSE, INC. 1600 N. HURON RIVER DRIVE YPSILANTI, MI 48197	38-1916505	501(C)(3)	59,179.	0.			YOUTH DEVELOPMENT
THE ENCORE MUSICAL THEATRE COMPANY 7714 ANN ARBOR STREET DEXTER, MI 48130	26-1663425	501(C)(3)	59,000.	0.			ARTS AND CULTURE
THE SALVATION ARMY EASTERN MICHIGAN DIVISION - 16130 NORTHLAND DRIVE - SOUTHFIELD, MI 48075	38-1370971	501(C)(3)	57,560.	0.			HUMAN SERVICE - MULTIPURPOSE/OTHER

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GROWING HOPE 922 W. MICHIGAN AVE. YPSILANTI, MI 48197	74-3091845	501(C)(3)	57,500.	0.			FOOD NUTRITION, AGRICULTURE
WEST SIDE UNITED METHODIST CHURCH 900 SOUTH SEVENTH ST. ANN ARBOR, MI 48103-4799	38-6031975	501(C)(3)	53,383.	0.			RELIGIOUS RELATED/SPIRITUAL DEVELOPMENT
ANIMAL PROTECTION OF NEW MEXICO FOUNDATION - P.O. BOX 11395 - ALBUQUERQUE, NM 87192	85-0283292	501(C)(3)	50,000.	0.			ANIMAL RELATED ACTIVITIES
RAPTOR EDUCATION GROUP, INC. PO BOX 481 ANTIGO, WI 54409	39-1772318	501(C)(3)	50,000.	0.			ANIMAL RELATED ACTIVITIES
ANN ARBOR PUBLIC SCHOOLS 2555 S. STATE ST. ANN ARBOR, MI 48104	38-6004028	501(C)(3)	49,939.	0.			EDUCATION/INSTRUCTION
MICHIGAN SAVES 230 N. WASHINGTON SQUARE, SUITE 300 LANSING, MI 48933	27-1388004	501(C)(3)	49,631.	0.			ENVIRONMENTAL QUALITY, PROTECTION AND BEAUTIFICATION
EASTERN MICHIGAN UNIVERSITY - FINANCIAL AID OFFICE - 403 PIERCE HALL - YPSILANTI, MI 48197	38-6005986	501(C)(3)	49,470.	0.			EDUCATION/INSTRUCTION
MARSHFIELD CLINIC MCHS FOUNDATION 1R1 MARSHFIELD, WI 54449-5777	81-2822823	501(C)(3)	48,680.	0.			HEALTH, GENERAL AND REHABILITATIVE
YPSILANTI DISTRICT LIBRARY 5577 WHITTAKER ROAD YPSILANTI, MI 48197	38-2462745	501(C)(3)	47,718.	0.			ARTS AND CULTURE

Schedule I (Form 990)



<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREENHILLS SCHOOL 850 GREENHILLS DRIVE ANN ARBOR, MI 48105	38-6143974	501(C)(3)	46,509.	0.			EDUCATION/INSTRUCTION
UNIVERSITY OF MICHIGAN REGENTS - SILVER CLUB - 2401 PLYMOUTH ROAD SUITE C - ANN ARBOR, MI 48105	38-6006309	501(C)(3)	45,510.	0.			SENIOR SERVICES
PLANNED PARENTHOOD OF MICHIGAN 950 VICTORS WAY, SUITE 100 ANN ARBOR, MI 48108	38-1707521	501(C)(3)	44,800.	0.			HEALTH, GENERAL AND REHABILITATIVE
MICHIGAN WOMEN'S FOUNDATION 1155 BREWERY PARK BLVD DETROIT, MI 48207	38-2689979	501(C)(3)	44,000.	0.			EMPLOYMENT, JOBS
AMERICAN HEART ASSOCIATION 2777 FRANKLIN RD., SUITE 1150 SOUTHFIELD, MI 48034	13-5613797	501(C)(3)	43,565.	0.			HEALTH, GENERAL AND REHABILITATIVE
NATIONAL MULTIPLE SCLEROSIS SOCIETY, MICHIGAN - 29777 TELEGRAPH, SUITE 1651 - SOUTHFIELD, MI 48034	13-5661935	501(C)(3)	43,565.	0.			DISEASE/DISORDER/MEDICAL DISCIPLINES
DEXTER SENIOR CENTER 7720 ANN ARBOR ST. DEXTER, MI 48130	23-7144195	501(C)(3)	42,628.	0.			SENIOR SERVICES
UNIVERSITY OF MICHIGAN OFFICE OF DEVELOPMENT - 3003 SOUTH STATE STREET, SUITE 9000 - ANN ARBOR, MI 48109-1288	38-6006309	501(C)(3)	42,000.	0.			EDUCATION/INSTRUCTION
SOUTHERN SHORES FIELD SERVICE COUNCIL - BOY SCOUTS OF AMERICA - 3914 BESTECH RD. - YPSILANTI, MI 48197	45-4003240	501(C)(3)	41,919.	0.			YOUTH DEVELOPMENT

Schedule I (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BROTHERS/BIG SISTERS OF WASHTENAW COUNTY - 11 W. MICHIGAN AVE. - YPSILANTI, MI 48197	26-0344984	501(C)(3)	41,788.	0.			YOUTH DEVELOPMENT
ANIMAL WELLNESS FOUNDATION PO BOX 9686 MARINA DEL REY, CA 90295	45-4361755	501(C)(3)	40,000.	0.			ANIMAL RELATED ACTIVITIES
ANN ARBOR HOUSING COMMISSION 727 MILLER AVE. ANN ARBOR, MI 48103	38-3202520	501(C)(3)	40,000.	0.			HOUSING, SHELTER
DEFENDERS OF WILDLIFE 1130 17TH ST NW WASHINGTON, DC 20036	53-0183181	501(C)(3)	40,000.	0.			ANIMAL RELATED ACTIVITIES
DHARMAHORSE EQUINE SANCTUARY 6874 COYOTE ROAD LAS CRUCES, NM 88012	47-3920035	501(C)(3)	40,000.	0.			ANIMAL RELATED ACTIVITIES
PETS FOR PATRIOTS 218 E. PARK AVE., SUITE 543 LONG BEACH, NY 11561	27-1082210	501(C)(3)	40,000.	0.			ANIMAL RELATED ACTIVITIES
FOUNDATIONS PRESCHOOL OF WASHTENAW COUNTY - 3770 PACKARD ROAD - ANN ARBOR, MI 48108	38-1256680	501(C)(3)	39,462.	0.			EDUCATION/INSTRUCTION
RENAISSANCE CHARITABLE FOUNDATION INC. - 8910 PURDUE RD. - INDIANAPOLIS, IN 46268	35-2129262	501(C)(3)	39,320.	0.			PHILANTHROPY, VOLUNTEERISM & GRANTMAKING FOUNDATIONS
ST. JOSEPH MERCY HEALTH SYSTEM - OFFICE OF DEVELOPMENT - 5301 MCAULEY DR - YPSILANTI, MI 48197	38-2113393	501(C)(3)	38,462.	0.			HEALTH, GENERAL AND REHABILITATIVE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE WOMEN'S CENTER OF SOUTHEASTERN MICHIGAN - 1100 VICTORS WAY - ANN ARBOR, MI 48108	36-4338567	501(C)(3)	37,985.	0.			HUMAN SERVICE - MULTIPURPOSE/OTHER
DEMENTIA FRIENDLY SALINE 525 E. MICHIGAN AVE SALINE, MI 48176	85-4234669	501(C)(3)	31,271.	0.			SENIOR SERVICES
FIRST PRESBYTERIAN CHURCH 1432 WASHTENAW AVENUE ANN ARBOR, MI 48104	38-1360543	501(C)(3)	30,700.	0.			RELIGIOUS RELATED/SPIRITUAL DEVELOPMENT
FRANKIE'S FRIENDS 12651 N DALE MABRY HWY #272028 TAMPA, FL 33618	59-3581823	501(C)(3)	30,000.	0.			ANIMAL RELATED ACTIVITIES
HURON RIVER WATERSHED COUNCIL 1100 N. MAIN ST., #210 ANN ARBOR, MI 48104	38-1806452	501(C)(3)	29,573.	0.			ENVIRONMENTAL QUALITY, PROTECTION AND BEAUTIFICATION
ST. LOUIS CENTER FOR EXCEPTIONAL CHILDREN AND ADULTS - 16195 OLD U.S. 12 - CHELSEA, MI 48118	38-6038121	501(C)(3)	29,195.	0.			HUMAN SERVICE - MULTIPURPOSE/OTHER
ST. FRANCIS OF ASSISI PARISH ANN ARBOR - 2150 FRIEZE AVE. - ANN ARBOR, MI 48104	38-1404594	501(C)(3)	28,000.	0.			EDUCATION/INSTRUCTION
ARBOR HOSPICE INC. 2366 OAK VALLEY DRIVE ANN ARBOR, MI 48103	38-2532215	501(C)(3)	26,668.	0.			HEALTH, GENERAL AND REHABILITATIVE
ELE'S PLACE 1145 W. OAKLAND AVE. LANSING, MI 48915	38-2976751	501(C)(3)	25,850.	0.			MENTAL HEALTH/CRISIS INTERVENTION

Schedule I (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHTEENAW COMMUNITY COLLEGE FAO 4800 E. HURON RIVER DR. ANN ARBOR, MI 48105	38-1784300	501(C)(3)	25,222.	0.			EDUCATION/INSTRUCTION
UNIVERSITY OF MICHIGAN CENTER FOR THE EDUCATION OF WOMEN - 330 E. LIBERTY - ANN ARBOR, MI 48104	38-6006309	501(C)(3)	25,039.	0.			EDUCATION/INSTRUCTION
ACTION PROGRAM FOR ANIMALS PO BOX 125 LAS CRUCES, NM 88004	27-0234541	501(C)(3)	25,000.	0.			ANIMAL RELATED ACTIVITIES
CORNELL LABORATORY OF ORNITHOLOGY 159 SAPSUCKER WOODS RD. ITHACA, NY 14850	46-1979945	501(C)(3)	25,000.	0.			ANIMAL RELATED ACTIVITIES
FRIENDSHIP CIRCLE 6892 WEST MAPLE ROAD WEST BLOOMFIELD, MI 48322	38-3613944	501(C)(3)	25,000.	0.			YOUTH DEVELOPMENT
HUMANE SOCIETY OF THE UNITED STATES - 1255 23RD STREET, NW, SUITE 450 - WASHINGTON, DC 20037	53-0225390	501(C)(3)	25,000.	0.			ANIMAL RELATED ACTIVITIES
HURON WATERLOO PATHWAYS INITIATIVE 14800 E. OLD US HWY 12 CHELSEA, MI 48118	82-1605735	501(C)(3)	25,000.	0.			RECREATION, LEISURE & SPORTS
OSCODA CITIZENS FOR CLEAN WATER PO BOX 429 OSCODA, MI 48750	84-4488700	501(C)(3)	25,000.	0.			ENVIRONMENTAL QUALITY, PROTECTION AND BEAUTIFICATION
THE ARTS ALLIANCE, INC. 1100 NORTH MAIN ANN ARBOR, MI 48104	26-0638491	501(C)(3)	25,000.	0.			ARTS AND CULTURE

Schedule I (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UM SCHOOL OF SOCIAL WORK 1080 S. UNIVERSITY ANN ARBOR, MI 48109-1106	38-6006309	501(C)(3)	25,000.	0.			EDUCATION/INSTRUCTION
MILAN SENIORS FOR HEALTHY LIVING 45 NECKEL COURT MILAN, MI 48160	27-1109225	501(C)(3)	24,000.	0.			HUMAN SERVICE - MULTIPURPOSE/OTHER
ALZHEIMER'S ASSOCIATION - GREATER MICHIGAN CHAPTER - 25200 TELEGRAPH RD. - SOUTHFIELD, MI 48033	13-3039601	501(C)(3)	23,067.	0.			SENIOR SERVICES
MICHIGAN STATE UNIVERSITY - OFFICE OF FINANCIAL AID - 556 E CIRCLE DR #252 - EAST LANSING, MI 48824	38-6005984	501(C)(3)	22,553.	0.			EDUCATION/INSTRUCTION
FEONIX - MOBILITY RISING 3941 RESEARCH PARK DRIVE ANN ARBOR, MI 48108	82-4842980	501(C)(3)	22,000.	0.			SENIOR SERVICES
MICHIGAN FOUNDERS FUND 3775 VARSITY DRIVE ANN ARBOR, MI 48108	86-3992946	501(C)(3)	21,575.	0.			COMMUNITY IMPROVEMENT/CAPACITY BUILDING
INLAND SEAS EDUCATION ASSOCIATION 100 DAME ST SUTTONS BAY, MI 49682	38-2866234	501(C)(3)	21,567.	0.			ENVIRONMENTAL QUALITY, PROTECTION AND BEAUTIFICATION
UM SCHOOL OF KINESIOLOGY 1402 WASHINGTON HEIGHTS ANN ARBOR, MI 48109-2013	38-6006309	501(C)(3)	21,567.	0.			EDUCATION/INSTRUCTION
COMMUNITY DAY CARE & PRESCHOOL 1611 WESTMINSTER ANN ARBOR, MI 48104	38-1982635	501(C)(3)	21,500.	0.			EDUCATION/INSTRUCTION

Schedule I (Form 990)

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THE RAGDALE FOUNDATION 1260 NORTH GREEN BAY ROAD LAKE FOREST, IL 60045	36-2937927	501(C)(3)	21,500.	0.			ARTS AND CULTURE
AMERICAN SOCIETY OF HEMATOLOGY FOUNDATION - 2021 L STREET NW - WASHINGTON, DC 20036	23-7080568	501(C)(3)	21,000.	0.			DISEASE/DISORDER/MEDICAL DISCIPLINES
INTERFAITH HOSPITALITY NETWORK OF WASHTENAW COUNTY - 4290 JACKSON ROAD - ANN ARBOR, MI 48103	38-3052598	501(C)(3)	21,000.	0.			HOUSING, SHELTER
THE UNITED METHODIST RETIREMENT COMMUNITIES FOUNDATION - 805 W. MIDDLE STREET - CHELSEA, MI 48118	38-3443089	501(C)(3)	21,000.	0.			HUMAN SERVICE - MULTIPURPOSE/OTHER
WEBSTER TOWNSHIP HISTORICAL SOCIETY - P.O. BOX 253 - DEXTER, MI 48130	38-2398665	501(C)(3)	20,750.	0.			PHILANTHROPY, VOLUNTEERISM & GRANTMAKING FOUNDATIONS
CLEARY UNIVERSITY 3750 CLEARY DR HOWELL, MI 48843	38-1393841	501(C)(3)	20,055.	0.			EDUCATION/INSTRUCTION
UMHS DEPARTMENT OF PEDIATRICS AND COMMUNICABLE DISEASES - 1522 SIMPSON ROAD EAST - ANN ARBOR, MI 48109-5718	38-6006309	501(C)(3)	20,055.	0.			HEALTH, GENERAL AND REHABILITATIVE
PIONEER HIGH SCHOOL - ANN ARBOR PUBLIC SCHOOLS (AAPS) - 601 W STADIUM BLVD - ANN ARBOR, MI 48103	38-6004028	501(C)(3)	20,009.	0.			EDUCATION/INSTRUCTION
CHILD CARE NETWORK 3941 RESEARCH PARK DR., SUITE C ANN ARBOR, MI 48108	38-2160250	501(C)(3)	20,000.	0.			YOUTH DEVELOPMENT

Schedule I (Form 990)



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JOURNEY OF FAITH CHRISTIAN CHURCH 1900 MANCHESTER ROAD ANN ARBOR, MI 48104	38-1797501	501(C)(3)	20,000.	0.			RELIGIOUS RELATED/SPIRITUAL DEVELOPMENT
MENTOR2YOUTH INC 111 S. WALLACE BLVD. YPSILANTI, MI 48197	38-3855138	501(C)(3)	20,000.	0.			YOUTH DEVELOPMENT
PLANNED PARENTHOOD GREAT PLAINS 4401 WEST 109TH STREET #200 OVERLAND PARK, KS 66211	44-0565390	501(C)(3)	20,000.	0.			HUMAN SERVICE - MULTIPURPOSE/OTHER
YPSILANTI SENIOR CENTER 1015 N. CONGRESS ST. YPSILANTI, MI 48197	38-6004750	501(C)(3)	20,000.	0.			HEALTH, GENERAL AND REHABILITATIVE
EDUCATE YOUTH 104 SOUTH HURON ST. YPSILANTI, MI 48197	81-5402852	501(C)(3)	19,050.	0.			ARTS AND CULTURE
FRIENDS IN DEED 1196 ECORSE ROAD YPSILANTI, MI 48198	38-2443974	501(C)(3)	18,819.	0.			HUMAN SERVICE - MULTIPURPOSE/OTHER
A BRIGHTER WAY 124 PEARL ST. YPSILANTI, MI 48197	81-1186430	501(C)(3)	18,000.	0.			COMMUNITY IMPROVEMENT/CAPACITY BUILDING
DAYCROFT MONTESSORI SCHOOL 1095 N. ZEEB ROAD ANN ARBOR, MI 48103	38-2430758	501(C)(3)	17,936.	0.			EDUCATION/INSTRUCTION
ANGLERS OF THE AU SABLE P.O. BOX 200 GRAYLING, MI 49738	38-2720596	501(C)(3)	17,500.	0.			ANIMAL RELATED ACTIVITIES

Schedule I (Form 990)

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FAMILY LEARNING INSTITUTE 1954 S. INDUSTRIAL HWY, SUITE D. ANN ARBOR, MI 48104	38-3514675	501(C)(3)	17,250.	0.			EDUCATION/INSTRUCTION
THE TREELINE CONSERVANCY 535 W. WILLIAM STREET ANN ARBOR, MI 48103	43-2091401	501(C)(3)	16,000.	0.			ENVIRONMENTAL QUALITY, PROTECTION AND BEAUTIFICATION
WESTERN MICHIGAN UNIVERSITY 1903 W MICHIGAN AVE KALAMAZOO, MI 49008-5210	38-6007327	501(C)(3)	15,941.	0.			EDUCATION/INSTRUCTION
GRAND VALLEY STATE UNIVERSITY 1 NORTH CAMPUS DRIVE ALLENDALE, MI 49401	38-1684280	501(C)(3)	15,495.	0.			EDUCATION/INSTRUCTION
BLACK AND BROWN THEATRE P.O. BOX 12031 HAMTRAMCK, MI 48212	81-4521583	501(C)(3)	15,000.	0.			ARTS AND CULTURE
COMMUNITY FAMILY LIFE CENTERS 1375 S. HARRIS ROAD YPSILANTI, MI 48198	32-0115383	501(C)(3)	15,000.	0.			HEALTH, GENERAL AND REHABILITATIVE
EVERSIGHT MICHIGAN 3985 RESEARCH PARK DR. ANN ARBOR, MI 48108	38-2117115	501(C)(3)	15,000.	0.			DISEASE/DISORDER/MEDICAL DISCIPLINES
GAY ELDERS OF METRO DETROIT DBA SAGE - 290 W. NINE MILE RD. - FERNDALE, MI 48220	47-3464425	501(C)(3)	15,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
HOME OF NEW VISION 3115 PROFESSIONAL DR. ANN ARBOR, MI 48104	38-3325410	501(C)(3)	15,000.	0.			HUMAN SERVICE - MULTIPURPOSE/OTHER

Schedule I (Form 990)

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WASHTENAW COUNTY - OFFICE OF COMMUNITY & ECONOMIC DEVELOPMENT - 415 WEST MICHIGAN AVE. - YPSILANTI, MI 48197	38-6004894	501(C)(3)	15,000.	0.			HUMAN SERVICE - MULTIPURPOSE/OTHER
YOUTH JUSTICE FUND 124 PEARL STREET YPSILANTI, MI 48197	82-2094621	501(C)(3)	15,000.	0.			YOUTH DEVELOPMENT
REGENTS OF THE UNIVERSITY OF MICHIGAN - HOUSING BUREAU FOR SENIORS - 3621 S STATE ST - ANN ARBOR, MI 48108	38-6006309	501(C)(3)	14,569.	0.			HUMAN SERVICE - MULTIPURPOSE/OTHER
VETTER FAMILY ORGANIZATION INC 9002 TREVI LN HOLLY, MI 48442	84-2527485	501(C)(3)	14,552.	0.			PUBLIC SAFETY, DISASTER PREPAREDNESS AND RELIEF
DETROIT INSTITUTE OF ARTS 5200 WOODWARD AVENUE DETROIT, MI 48202	38-1359510	501(C)(3)	14,545.	0.			ARTS AND CULTURE
THE ARK 117 N. FIRST STREET, SUITE 40 ANN ARBOR, MI 48104	38-1802396	501(C)(3)	14,450.	0.			ARTS AND CULTURE
KERRYTOWN CONCERT HOUSE 415 NORTH 4TH AVE. ANN ARBOR, MI 48104	38-2542823	501(C)(3)	14,000.	0.			ARTS AND CULTURE
SAFEHOUSE CENTER DBA DOMESTIC VIOLENCE PROJECT - 4100 CLARK ROAD - ANN ARBOR, MI 48105	38-2121751	501(C)(3)	14,000.	0.			HUMAN SERVICE - MULTIPURPOSE/OTHER
DEXTER COMMUNITY SCHOOL DISTRICT 2704 BAKER RD DEXTER, MI 48130	38-6007821	501(C)(3)	13,743.	0.			EDUCATION/ INSTRUCTION

Schedule I (Form 990)

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THE POTTERS GUILD 201 HILL STREET ANN ARBOR, MI 48104	38-6075181	501(C)(3)	13,546.	0.			ARTS AND CULTURE
ELLA SHARP MUSEUM 3225 FOURTH STREET JACKSON, MI 49203	38-1785309	501(C)(3)	13,544.	0.			ARTS AND CULTURE
ACLU FUND OF MICHIGAN 2966 WOODWARD AVE. DETROIT, MI 48201	13-6213516	501(C)(3)	13,500.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MICHIGAN MEDICINE DEVELOPMENT 1000 OAKBROOK DR., SUITE 100 ANN ARBOR, MI 48109	38-6006309	501(C)(3)	13,500.	0.			HEALTH, GENERAL AND REHABILITATIVE
ANN ARBOR HURON HIGH SCHOOL ATHLETIC BOOSTER CLUB - 2727 FULLER RD. - ANN ARBOR, MI 48105	38-2970818	501(C)(3)	13,490.	0.			EDUCATION/INSTRUCTION
JOYFUL TREATS COMMUNITY DEVELOPMENT CORPORATION - 103 ECORSE RD. - YPSILANTI, MI 48198	46-0628538	501(C)(3)	13,275.	0.			FOOD NUTRITION, AGRICULTURE
RONALD McDONALD HOUSE CHARITIES OF ANN ARBOR - 1600 WASHINGTON HEIGHTS - ANN ARBOR, MI 48118	38-2473817	501(C)(3)	13,250.	0.			HEALTH, GENERAL AND REHABILITATIVE
HOPE MEDICAL CLINIC, INC. PO BOX 980311 YPSILANTI, MI 48198	38-2469007	501(C)(3)	13,139.	0.			HEALTH, GENERAL AND REHABILITATIVE
FIRST UNITARIAN UNIVERSALIST CHURCH OF ANN ARBOR - 4001 ANN ARBOR-SALINE RD. - ANN ARBOR, MI 48103-8739	38-1684000	501(C)(3)	13,000.	0.			RELIGIOUS RELATED/SPIRITUAL DEVELOPMENT

Schedule I (Form 990)

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OUR HOUSE 111 S WALLACE STREET YPSILANTI, MI 48197	80-0847767	501(C)(3)	13,000.	0.			YOUTH DEVELOPMENT
THE NEW WEST WILLOW NEIGHBORHOOD ASSOCIATION - 2057 TYLER ROAD - YPSILANTI, MI 48198	20-5859888	501(C)(3)	13,000.	0.			HUMAN SERVICE - MULTIPURPOSE/OTHER
WASHTENAW CAMP PLACEMENT ASSOCIATION - 3135 S. STATE ST., STE. 350D - ANN ARBOR, MI 48108-1699	38-2071695	501(C)(3)	12,750.	0.			YOUTH DEVELOPMENT
BIRD CENTER OF WASHTENAW COUNTY, INC. - P.O. BOX 3718 - ANN ARBOR, MI 48106	83-0406863	501(C)(3)	12,500.	0.			ANIMAL RELATED ACTIVITIES
LEGACY LAND CONSERVANCY 6276 JACKSON RD., SUITE G ANN ARBOR, MI 48103	38-2899980	501(C)(3)	12,351.	0.			ENVIRONMENTAL QUALITY, PROTECTION AND BEAUTIFICATION
RIVERSIDE ARTS CENTER FOUNDATION 76 NORTH HURON STREET YPSILANTI, MI 48197	38-3228817	501(C)(3)	12,245.	0.			ARTS AND CULTURE
UNIVERSITY OF MICHIGAN DEARBORN OFFICE OF FINANCIAL AID - 4901 EVERGREEN ROAD - DEARBORN, MI 48128-1491	38-6006309	501(C)(3)	12,236.	0.			EDUCATION/INSTRUCTION
THE FAMILY AND YOUTH INSTITUTE 42807 FORD ROAD CANTON, MI 48187	20-4097808	501(C)(3)	12,195.	0.			MENTAL HEALTH/CRISIS INTERVENTION
THE CHADTOUGH FOUNDATION P.O. BOX 907 SALINE, MI 48176	47-4041494	501(C)(3)	12,000.	0.			MEDICAL RESEARCH

Schedule I (Form 990)

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COUNCIL OF MICHIGAN FOUNDATIONS 1 S. HARBOR AVENUE, SUITE 8 GRAND HAVEN, MI 49417	38-6263347	501(C)(3)	11,800.	0.			PHILANTHROPY, VOLUNTEERISM & GRANTMAKING FOUNDATIONS
ANN ARBOR SUMMER FESTIVAL 210 HURONVIEW BLVD., SUITE 1 ANN ARBOR, MI 48103	38-2307397	501(C)(3)	11,767.	0.			ARTS AND CULTURE
HAITI NURSING FOUNDATION 1100 N. MAIN ST., SUITE 209 ANN ARBOR, MI 48104	26-0107365	501(C)(3)	11,750.	0.			HUMAN SERVICE - MULTIPURPOSE/OTHER
HABITAT FOR HUMANITY OF HURON VALLEY - 950 VICTORS WAY - ANN ARBOR, MI 48108	91-1914868	501(C)(3)	11,000.	0.			HOUSING, SHELTER
NATIONAL WILDLIFE FEDERATION - GREAT LAKES REGIONAL CHAPTER - 213 WEST LIBERTY, STE. 200 - ANN ARBOR, MI 48104	53-0204616	501(C)(3)	11,000.	0.			ENVIRONMENTAL QUALITY, PROTECTION AND BEAUTIFICATION
NORTHERN LIGHTS YMCA 2001 NORTH LINCOLN ROAD ESCANABA, MI 49829	38-2615035	501(C)(3)	11,000.	0.			HEALTH, GENERAL AND REHABILITATIVE
DISPUTE RESOLUTION CENTER OF MICHIGAN, INC. - P.O. BOX 8645 - ANN ARBOR, MI 48107-8645	38-2489201	501(C)(3)	10,898.	0.			YOUTH DEVELOPMENT
DAWN INCORPORATED (DAWN FARM) 502 W. HURON STREET ANN ARBOR, MI 48103	23-7318277	501(C)(3)	10,591.	0.			MENTAL HEALTH/CRISIS INTERVENTION
APPLE PLAYSCHOOLS 2664 MILLER ROAD ANN ARBOR, MI 48103	46-5404037	501(C)(3)	10,500.	0.			EDUCATION/ INSTRUCTION

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FOR LOVE OF WATER 153 1/2 E. FRONT STREET TRAVERSE CITY, MI 49684	45-4370935	501(C)(3)	10,500.	0.			ENVIRONMENTAL QUALITY, PROTECTION AND BEAUTIFICATION
INTENTIONAL COMMUNITIES OF WASHTENAW COUNTY - PO BOX 1525 - ANN ARBOR, MI 48106	83-0980334	501(C)(3)	10,500.	0.			HUMAN SERVICE - MULTIPURPOSE/OTHER
AMOS HOUSE 460 PINE STREET PROVIDENCE, RI 02907	05-0387218	501(C)(3)	10,000.	0.			HUMAN SERVICE - MULTIPURPOSE/OTHER
ASIAN PACIFIC FUND 465 CALIFORNIA STREET, SUITE 809 SAN FRANCISCO,, CA 94104	94-3201522	501(C)(3)	10,000.	0.			HUMAN SERVICE - MULTIPURPOSE/OTHER
CANTON COMMUNITY FOUNDATION 50430 SCHOOL HOUSE ROAD CANTON, MI 48187	38-2898615	501(C)(3)	10,000.	0.			PUBLIC AFFAIRS/SOCIETY BENEFIT
EMERGENT HEALTH PARTNERS 1200 STATE CIRCLE ANN ARBOR, MI 48108-1691	45-2579119	501(C)(3)	10,000.	0.			MEDICAL RESEARCH
GLACIER HILLS FOUNDATION 1200 EARHART ROAD ANN ARBOR, MI 48105	20-8072723	501(C)(3)	10,000.	0.			HUMAN SERVICE - MULTIPURPOSE/OTHER
ISLAMIC ASSOCIATION OF YPSILANTI 315 S. FORD BLVD YPSILANTI, MI 48198	38-3461485	501(C)(3)	10,000.	0.			RELIGIOUS RELATED/SPIRITUAL DEVELOPMENT
JEWISH WOMEN'S ARCHIVE ONE HARVARD STREET BROOKLINE, MA 02445	04-3293188	501(C)(3)	10,000.	0.			HUMAN SERVICE - MULTIPURPOSE/OTHER

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MICHIGAN CIVIC EDUCATION FUND 28342 DARTMOUTH STREET MADISON HEIGHTS, MI 48071	82-4762045	501(C)(3)	10,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PERFECT PAIR 29556 MULLANE DRIVE FARMINGTON HILLS, MI 48334	85-3712412	501(C)(3)	10,000.	0.			SENIOR SERVICES
SAN LUIS OBISPO HILLEL 1 GRAND AVE. SAN LUIS OBISPO, CA 93407-0675	20-1744245	501(C)(3)	10,000.	0.			EDUCATION/INSTRUCTION
SUPREME FELONS INC. 2080 WHITTAKER RD. YPSILANTI, MI 48198	85-0897589	501(C)(3)	10,000.	0.			COMMUNITY IMPROVEMENT/CAPACITY BUILDING
THE MATH CORPS AT THE UNIVERSITY OF MICHIGAN - 3003 SOUTH STATE STREET - ANN ARBOR, MI 48109	38-6006309	501(C)(3)	10,000.	0.			EDUCATION/INSTRUCTION
UNIVERSITY OF MICHIGAN HILLEL 1429 HILL STREET ANN ARBOR, MI 48104	38-6119964	501(C)(3)	10,000.	0.			EDUCATION/INSTRUCTION
WE THE PEOPLE OPPORTUNITY CENTER INC. - 3000 GREEN RD. - ANN ARBOR, MI 48113	83-1966370	501(C)(3)	10,000.	0.			FOOD NUTRITION, AGRICULTURE
YOUTH ARTS ALLIANCE 812 STANLEY ST. YPSILANTI, MI 48198	82-4115115	501(C)(3)	10,000.	0.			ARTS AND CULTURE
OAKLAND UNIVERSITY NORTH FOUNDATION HALL ROCHESTER HILLS, MI 48309	38-6078765	501(C)(3)	9,934.	0.			EDUCATION/INSTRUCTION

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BOTSFORD CEMETERY COMPANY OF ANN ARBOR - 7020 PLYMOUTH RD. - ANN ARBOR, MI 48105	38-2256365	501(C)(13)	9,000.	0.			ENVIRONMENTAL QUALITY, PROTECTION AND BEAUTIFICATION
UNIVERSITY OF MICHIGAN MUSEUM OF ART - 525 S. STATE STREET - ANN ARBOR, MI 48109	38-6006309	501(C)(3)	8,878.	0.			ARTS AND CULTURE
ST. ANDREW'S EPISCOPAL CHURCH 306 N. DIVISION STREET ANN ARBOR, MI 48104	38-1360566	501(C)(3)	8,806.	0.			RELIGIOUS RELATED/SPIRITUAL DEVELOPMENT
MOREHOUSE COLLEGE 106 GLOSTER HALL ATLANTA, GA 30314	58-0566205	501(C)(3)	8,500.	0.			EDUCATION/INSTRUCTION
WAYNE STATE UNIVERSITY-WELCOME CENTER - 42 W WARREN AVE - DETROIT, MI 48202	38-3555142	501(C)(3)	8,054.	0.			EDUCATION/INSTRUCTION
ECOLOGY CENTER 339 E. LIBERTY, SUITE 300 ANN ARBOR, MI 48104	38-1912803	501(C)(3)	8,000.	0.			ENVIRONMENTAL QUALITY, PROTECTION AND BEAUTIFICATION
MASON-GRIFFITH FOUNDERS CHAPTER OF TROUT UNLIMITED - PO BOX 502 - GRAYLING, MI 49738	23-7184531	501(C)(3)	8,000.	0.			ENVIRONMENTAL QUALITY, PROTECTION AND BEAUTIFICATION
CHILDREN'S LITERACY NETWORK 1100 NORTH MAIN ST., SUITE 207 ANN ARBOR, MI 48104	38-3002473	501(C)(3)	7,750.	0.			EDUCATION/INSTRUCTION
KALAMAZOO COLLEGE 1200 ACADEMY ST KALAMAZOO, MI 49006	38-1358014	501(C)(3)	7,693.	0.			EDUCATION/INSTRUCTION

Schedule I (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JOHN THE EVANGELIST PARISH 711 N. MARTIN LUTHER KING JR. DR. JACKSON, MI 49201	38-1358032	501(C)(3)	7,600.	0.			RELIGIOUS RELATED/SPIRITUAL DEVELOPMENT
TRINITY LUTHERAN CHURCH 122 W. WESLEY JACKSON, MI 49201	38-1501124	501(C)(3)	7,600.	0.			RELIGIOUS RELATED/SPIRITUAL DEVELOPMENT
AKSHARA 3610 FOX HUNT DRIVE ANN ARBOR, MI 48105	81-2478449	501(C)(3)	7,500.	0.			ARTS AND CULTURE
GLOBAL CITIZEN YEAR 1625 CLAY STREET, SUITE 400 OAKLAND, CA 94612	26-3161342	501(C)(3)	7,500.	0.			EDUCATION/INSTRUCTION
WONDERFOOL PRODUCTIONS 2136 COLLEGEWOOD STREET YPSILANTI, MI 48197	46-1155091	501(C)(3)	7,500.	0.			ARTS AND CULTURE
WASHTEENAW ASSOCIATION FOR COMMUNITY ADVOCACY - 1100 N MAIN ST - ANN ARBOR, MI 48104	38-6029205	501(C)(3)	7,170.	0.			COMMUNITY IMPROVEMENT/CAPACITY BUILDING
ELY'S HISTORIC STATE THEATER PO BOX 34 ELY, MN 55731	81-1555494	501(C)(3)	7,000.	0.			ARTS AND CULTURE
RIVERFOLK MUSIC AND ARTS FESTIVAL PO BOX 146 MANCHESTER, MI 48158	20-1545218	501(C)(3)	7,000.	0.			ARTS AND CULTURE
UNIVERSITY AT BUFFALO FOUNDATION, INC. - PO BOX 730 - BUFFALO, NY 14226-0730	16-0865182	501(C)(3)	7,000.	0.			EDUCATION/INSTRUCTION

Schedule I (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MICHIGAN HEALTH SYSTEM OFFICE OF DEVELOPMENT - 1000 OAKBROOK DR., SUITE 100 - ANN ARBOR, MI 48104	38-6006309	501(C)(3)	7,000.	0.			MEDICAL RESEARCH
UM SCHOOL OF MUSIC, THEATRE & DANCE - 1100 BAITS DR - ANN ARBOR, MI 48109	38-6006309	501(C)(3)	6,633.	0.			EDUCATION/INSTRUCTION
CALVIN COLLEGE 3201 BURTON ST SE GRAND RAPIDS, MI 49546	38-3071514	501(C)(3)	6,000.	0.			EDUCATION/INSTRUCTION
EMORY UNIVERSITY 200 DOWMAN DRIVE ATLANTA, GA 30322-1960	58-0566256	501(C)(3)	6,000.	0.			EDUCATION/INSTRUCTION
FLINT INSTITUTE OF MUSIC 1025 EAST KEARSLEY STREET FLINT, MI 48503	38-6159482	501(C)(3)	6,000.	0.			ARTS AND CULTURE
HOUSE BY THE SIDE OF THE ROAD 2051 S. STATE ST. ANN ARBOR, MI 48104	80-0634576	501(C)(3)	6,000.	0.			HUMAN SERVICE - MULTIPURPOSE/OTHER
SALINE AREA SOCIAL SERVICES 224 W. MICHIGAN AVE. SALINE, MI 48176	23-7134646	501(C)(3)	6,000.	0.			HUMAN SERVICE - MULTIPURPOSE/OTHER
STUDENT DEVELOPMENT PROGRAM C/O TOM BIGGS YPSILANTI, MI 48197	82-2513301	501(C)(3)	6,000.	0.			EDUCATION/INSTRUCTION
UNIVERSITY OF ARIZONA ADMINISTRATION BUILDING, ROOM 208 TUCSON, AZ 85721-0066	74-2652689	501(C)(3)	6,000.	0.			EDUCATION/INSTRUCTION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MICHIGAN HEALTH SYSTEMS CS MOTT CHILDREN'S HOSPITAL - 1505 SIMPSON - ANN ARBOR, MI 48109-0200	38-6006309	501(C)(3)	6,000.	0.			HEALTH, GENERAL AND REHABILITATIVE
PIONEER FIELD HOCKEY BOOSTER CLUB 4210 W. ELLSWORTH ROAD ANN ARBOR, MI 48103	38-3433553	501(C)(3)	5,922.	0.			RECREATION, LEISURE & SPORTS
MICHIGAN ADVOCACY PROGRAM 15 S WASHINGTON STREET YPSILANTI, MI 48198	38-1845444	501(C)(3)	5,816.	0.			SENIOR SERVICES
INTERFAITH COUNCIL FOR PEACE AND JUSTICE - 1414 HILL STREET - ANN ARBOR, MI 48104	38-2528035	501(C)(3)	5,500.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
COMMUNITY EDUCATION & RECREATION DEPARTMENT - ANN ARBOR PUBLIC SCHOOLS (AAPS) - 1515 S. SEVENTH ST. - ANN ARBOR, MI 48103	38-6004028	501(C)(3)	5,494.	0.			EDUCATION/INSTRUCTION

Schedule I (Form 990)

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS & OTHER ASSISTANCE	8	8,318.	10,784. FMV		SCHOLARSHIPS AND OTHER ASSISTANCE

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

FINAL REPORTS ARE REQUIRED FROM ALL COMPETITIVE GRANT RECIPIENTS AND REVIEWED BY THE PROGRAM OFFICERS. ON A CASE-BY-CASE BASIS, INTERIM REPORTS ARE REQUIRED FROM RECIPIENTS OF MULTI-PAYMENT COMPETITIVE GRANTS BEFORE PROGRESS PAYMENTS ARE ISSUED. THESE REPORTS ARE ALSO REVIEWED BY THE PROGRAM OFFICERS.



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

**ANN ARBOR AREA COMMUNITY FOUNDATION**

Employer identification number

**38-6087967**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment? .....

**b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....

**c** Participate in or receive payment from an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

Yes No

<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2021



<b>Part III</b>	<b>Supplemental Information</b>
-----------------	---------------------------------

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

[illegible]

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

**ANN ARBOR AREA COMMUNITY FOUNDATION**

Employer identification number

**38-6087967**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	<b>X</b>	<b>68</b>	<b>8,648,098.</b>	<b>FAIR MARKET VALUE</b>
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( .....				
26 Other ▶ ( .....				
27 Other ▶ ( .....				
28 Other ▶ ( .....				

29 Number of Forms 8283 received by the organization during the tax year for contributions  
for which the organization completed Form 8283, Part V, Donee Acknowledgement .....

**29**

**0**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it  
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for  
exempt purposes for the entire holding period? .....

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions? .....

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,  
describe in Part II.

	Yes	No
30a		<b>X</b>
31	<b>X</b>	
32a		<b>X</b>
33		

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

Schedule M (Form 990) 2021

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED

(DEFINED AS EACH SEPARATE GIFT) IN SCHEDULE M, PART I, COLUMN (B).

**SCHEDULE O**  
**(Form 990)**

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 Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

ANN ARBOR AREA COMMUNITY FOUNDATION

Employer identification number

38-6087967

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT FORM 990 IS PREPARED BY AN INDEPENDENT TAX PREPARER, IN CONJUNCTION WITH THE ORGANIZATION'S ACCOUNTING AND FINANCE DEPARTMENT; ADJUSTMENTS ARE MADE, AS NECESSARY. PRIOR TO FILING, A COMPLETE COPY OF FORM 990 (INCLUDING SCHEDULE B) IS PROVIDED TO ALL MEMBERS OF THE BOARD OF TRUSTEES. ADDITIONALLY, THE FORM 990 IS ALSO DISTRIBUTED TO THE INVESTMENT AND FINANCE COMMITTEE AND THE AUDIT COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 12C:

BEFORE A STAFF, BOARD OR VOLUNTEER COMMITTEE MEMBER BEGINS HIS OR HER SERVICE WITH THE FOUNDATION, HE OR SHE SHALL FILE WITH THE CEO OF THE FOUNDATION A LIST OF HIS OR HER PRINCIPAL BUSINESS ACTIVITIES, AS WELL AS INVOLVEMENT WITH OTHER CHARITABLE AND BUSINESS ORGANIZATIONS, VENDORS OR BUSINESS INTERESTS, OR WITH ANY OTHER ASSOCIATIONS THAT MIGHT PRODUCE A CONFLICT OF INTEREST. ANY POSSIBLE CONFLICT OF INTEREST ON THE PART OF ANY MEMBER SHALL BE DISCLOSED TO THE CHAIR OF THE BOARD (IN THE CASE OF TRUSTEES) OR THE CHAIR OF A COMMITTEE AND THAT COMMITTEE'S STAFF LIAISON (IN THE CASE OF VOLUNTEERS ON A COMMITTEE) OR THE CEO (IN THE CASE OF STAFF MEMBERS AND OTHER VOLUNTEERS) AND MADE A MATTER OF RECORD AS SOON AS THE ISSUE IN QUESTION IS RAISED AND A POSSIBLE CONFLICT IS KNOWN.

WHEN THE BOARD, COMMITTEE, OR STAFF IS TO DECIDE UPON AN ISSUE ABOUT WHICH A MEMBER HAS AN UNAVOIDABLE CONFLICT OF INTEREST, THAT MEMBER SHALL PHYSICALLY ABSENT HERSELF OR HIMSELF WITHOUT COMMENT FROM NOT ONLY THE VOTE, BUT ALSO FROM THE DELIBERATION, UNLESS DIRECTLY REQUESTED BY THE CHAIR OF THE BOARD OR RELEVANT COMMITTEE TO PROVIDE FACTUAL INFORMATION OR

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

Schedule O (Form 990) 2021

Name of the organization

ANN ARBOR AREA COMMUNITY FOUNDATION

Employer identification number

38-6087967

ANSWER FACTUAL QUESTIONS THAT MAY ASSIST THE BOARD OR COMMITTEE IN MAKING A WISE DECISION. IN NO CASE SHALL THAT MEMBER VOTE ON SUCH MATTER OR ATTEMPT TO EXERT PERSONAL INFLUENCE IN CONNECTION THEREWITH.

FORM 990, PART VI, SECTION B, LINE 15:

THE TRUSTEE COMMITTEE ANNUALLY REVIEWS THE COMPENSATION OF THE CEO USING COMPARABILITY DATA, AND CONTEMPORANEOUSLY SUBSTANTIATES ITS DELIBERATIONS AND DECISION. IN ADDITION, THE TRUSTEE COMMITTEE ALSO ANNUALLY REVIEWS ALL OTHER STAFF COMPENSATION. THE TRUSTEE COMMITTEE THEN PRESENTS ITS CEO COMPENSATION FINDINGS AND RECOMMENDATIONS TO THE BOARD FOR APPROVAL.

THE CEO REVIEWS THE COMPENSATION OF ALL OTHER STAFF USING COMPARABILITY DATA. THE GENERAL COMPENSATION POOL AVAILABLE TO THE CEO FOR ALLOCATION TO STAFF IS REVIEWED AND APPROVED BY THE INVESTMENT & FINANCE COMMITTEE AND THEN THE BOARD AS PART OF THE ANNUAL BUDGETING PROCESS.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE, WWW.AAACF.ORG.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF CRUT	-93,151.
UNRELATED BUSINESS INCOME FROM PARTNERSHIPS	52,662.
ASSETS HELD FOR OTHERS - ADJUSTMENT FOR PRIOR PERIOD	-4,075,099.
WRITE-OFF OF PRIOR YEAR PLEDGE	-504.
TOTAL TO FORM 990, PART XI, LINE 9	-4,116,092.



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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

2021

Open to Public  
Inspection

Name of the organization

ANN ARBOR AREA COMMUNITY FOUNDATION

Employer identification number  
38-6087967

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

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

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

Schedule R (Form 990) 2021



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

1 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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s 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)				
(2)				
(3)				
(4)				
(5)				
(6)				



**Application for Automatic Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-0047

► **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>ANN ARBOR AREA COMMUNITY FOUNDATION</b>	Taxpayer identification number (TIN) <b>38-6087967</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>301 N MAIN ST, 300</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ANN ARBOR, MI 48104</b>	

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

0	7
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Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

**JAMES HUNTER**

- The books are in the care of ► **301 N MAIN ST STE 300 - ANN ARBOR, MI 48104**

Telephone No. ► **734-663-0401**

Fax No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐ ► ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
► ☒ calendar year **2021** or  
► ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0047

**2021**Department of the Treasury  
Internal Revenue Service

For calendar year 2021 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only**A** ☐ Check box if  
address changed.**B** Exempt under section☒ 501(c)(3)☐ 408(e) ☐ 220(e)☐ 408A ☐ 530(a)☐ 529(a) ☐ 529APrint  
or  
TypeName of organization ( ☐ Check box if name changed and see instructions.)

ANN ARBOR AREA COMMUNITY FOUNDATION

Number, street, and room or suite no. If a P.O. box, see instructions.

301 N MAIN ST, 300

City or town, state or province, country, and ZIP or foreign postal code

ANN ARBOR, MI 48104

**D** Employer identification number

38-6087967

**E** Group exemption number  
(see instructions)**F** ☐ Check box if  
an amended return.**C** Book value of all assets at end of year ..... 219,428,649.**G** Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust**H** Check if filing only to ☐ Claim credit from Form 8941 ☐ Claim a refund shown on Form 2439**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... ☐**J** Enter the number of attached Schedules A (Form 990-T) ..... 1**K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No  
If "Yes," enter the name and identifying number of the parent corporation. ▶**L** The books are in care of ▶ JAMES HUNTER Telephone number ▶ 734-663-0401**Part I Total Unrelated Business Taxable Income**

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	1	0.
2	Reserved .....	2	
3	Add lines 1 and 2 .....	3	
4	Charitable contributions (see instructions for limitation rules) .....	4	0.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	5	
6	Deduction for net operating loss. See instructions .....	6	0.
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	7	
8	Specific deduction (generally \$1,000, but see instructions for exceptions) .....	8	1,000.
9	Trusts. Section 199A deduction. See instructions .....	9	
10	Total deductions. Add lines 8 and 9 .....	10	1,000.
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	11	0.

**Part II Tax Computation**

1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) .....	1	0.
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	2	
3	Proxy tax. See instructions .....	3	
4	Other tax amounts. See instructions .....	4	
5	Alternative minimum tax (trusts only) .....	5	
6	Tax on noncompliant facility income. See instructions .....	6	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies .....	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2021)

**Part III Tax and Payments**

<b>1a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>1a</b>		
<b>b</b>	Other credits (see instructions)	<b>1b</b>		
<b>c</b>	General business credit. Attach Form 3800 (see instructions)	<b>1c</b>		
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>1d</b>		
<b>e</b>	<b>Total credits.</b> Add lines 1a through 1d	<b>1e</b>		
<b>2</b>	Subtract line 1e from Part II, line 7	<b>2</b>		0.
<b>3</b>	Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	<b>3</b>		
<b>4</b>	<b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	<b>4</b>		0.
<b>5</b>	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	<b>5</b>		0.
<b>6a</b>	Payments: A 2020 overpayment credited to 2021	<b>6a</b>		
<b>b</b>	2021 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>		
<b>c</b>	Tax deposited with Form 8868	<b>6c</b>		
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>6d</b>		
<b>e</b>	Backup withholding (see instructions)	<b>6e</b>		
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941)	<b>6f</b>		
<b>g</b>	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	<b>6g</b>		
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6g	<b>7</b>		
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>8</b>		
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	<b>9</b>		
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	<b>10</b>		
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2022 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>11</b>		

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

<b>1</b>	At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
<b>2</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year		
<b>4</b>	Enter available pre-2018 NOL carryovers here \$ <u>260,561.</u> Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4.		
<b>5</b>	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code		
	901101	Available post-2017 NOL carryover	
		\$ 379,839.	
<b>6a</b>	Did the organization change its method of accounting? (see instructions)		X
<b>b</b>	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	CFO Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	MICHAEL LUMSDEN	MICHAEL LUMSDEN	11/03/22	PTIN P01262236
	Firm's name <b>MOSS ADAMS LLP</b>	Firm's EIN <b>91-0189318</b>		
	Firm's address <b>101 SECOND STREET SUITE 900 SAN FRANCISCO, CA 94105</b>		Phone no. <b>415-956-1500</b>	



FORM 990-T

PRE-2018 NET OPERATING LOSS DEDUCTION

STATEMENT 1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/09	45,059.	10,823.	34,236.	34,236.
12/31/10	7,669.	0.	7,669.	7,669.
12/31/11	15,990.	0.	15,990.	15,990.
12/31/12	34,438.	0.	34,438.	34,438.
12/31/13	27,420.	0.	27,420.	27,420.
12/31/15	39,984.	0.	39,984.	39,984.
12/31/16	10,369.	0.	10,369.	10,369.
12/31/17	90,455.	0.	90,455.	90,455.
NOL CARRYOVER AVAILABLE THIS YEAR			260,561.	260,561.

**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1  
OMB No. 1545-0047

**2021**

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization <b>ANN ARBOR AREA COMMUNITY FOUNDATION</b>	<b>B</b> Employer identification number <b>38-6087967</b>
<b>C</b> Unrelated business activity code (see instructions) ▶ <b>901101</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E** Describe the unrelated trade or business ▶ **UBI FROM QUALIFYING PARTNERSHIP INTERESTS**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances <b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	<b>4a</b> 164,851.		164,851.
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) <b>STATEMENT 2</b>	<b>5</b> -215,995.		-215,995.
<b>6</b> Rent income (Part IV)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>		
<b>11</b> Advertising income (Part IX)	<b>11</b>		
<b>12</b> Other income (see instructions; attach statement)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> -51,144.		-51,144.

**Part II Deductions Not Taken Elsewhere** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X)	<b>1</b>	
<b>2</b> Salaries and wages	<b>2</b>	
<b>3</b> Repairs and maintenance	<b>3</b>	
<b>4</b> Bad debts	<b>4</b>	
<b>5</b> Interest (attach statement). See instructions	<b>5</b>	
<b>6</b> Taxes and licenses	<b>6</b>	1,518.
<b>7</b> Depreciation (attach Form 4562). See instructions	<b>7</b>	
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>	<b>8b</b>
<b>9</b> Depletion	<b>9</b>	
<b>10</b> Contributions to deferred compensation plans	<b>10</b>	
<b>11</b> Employee benefit programs	<b>11</b>	
<b>12</b> Excess exempt expenses (Part VIII)	<b>12</b>	
<b>13</b> Excess readership costs (Part IX)	<b>13</b>	
<b>14</b> Other deductions (attach statement) <b>SEE STATEMENT 3</b>	<b>14</b>	8,000.
<b>15 Total deductions.</b> Add lines 1 through 14	<b>15</b>	9,518.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>	-60,662.
<b>17</b> Deduction for net operating loss. See instructions	<b>17</b>	0.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>	-60,662.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

**Part III Cost of Goods Sold**Enter method of inventory valuation 

1	Inventory at beginning of year .....	1	
2	Purchases .....	2	
3	Cost of labor .....	3	
4	Additional section 263A costs (attach statement) .....	4	
5	Other costs (attach statement) .....	5	
6	<b>Total.</b> Add lines 1 through 5 .....	6	
7	Inventory at end of year .....	7	
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**



1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ \_\_\_\_\_

B ☐ \_\_\_\_\_

C ☐ \_\_\_\_\_

D ☐ \_\_\_\_\_

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .....				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)  0.				
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .....				
5 <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)  0.				

**Part V Unrelated Debt-Financed Income** (see instructions)




1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ \_\_\_\_\_

B ☐ \_\_\_\_\_

C ☐ \_\_\_\_\_

D ☐ \_\_\_\_\_

	A	B	C	D
2 Gross income from or allocable to debt-financed property .....				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement) .....				
b Other deductions (attach statement) .....				
c Total deductions (add lines 3a and 3b, columns A through D) .....				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....				
5 Average adjusted basis of or allocable to debt-financed property (attach statement) .....				
6 Divide line 4 by line 5 .....	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6 ...				
8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)  0.				
9 Allocable deductions. Multiply line 3c by line 6				
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)  0.				
11 <b>Total dividends-received deductions</b> included in line 10  0.				

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						

Nonexempt Controlled Organizations				
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
<b>Totals</b>			0.	0.

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b>	0.			0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Schedule A (Form 990-T) 2021



## FORM 990-T (A)

## INCOME (LOSS) FROM PARTNERSHIPS

## STATEMENT 2

DESCRIPTION	NET INCOME OR (LOSS)
AG REALTY VALUE FUND X LP - ORDINARY BUSINESS INCOME (LOSS)	-20,372.
APAX X USD, L.P. - ORDINARY BUSINESS INCOME (LOSS)	-58,516.
ARCLIGHT ENERGY PARTNERS FUND VII, LP - ORDINARY BUSINESS INCOME (LOSS)	-17,095.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VI, LP - ORDINARY BUSINESS INCOME	-996.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - ORDINARY BUSINESS INCOM	290.
DENHAM COMMODITY PARTNERS FUND VI LP - ORDINARY BUSINESS INCOME (LOSS)	-1,819.
ENCAP ENERGY CAPITAL FUND XI, LP - ORDINARY BUSINESS INCOME (LOSS)	-115,496.
LANDMARK EQUITY PARTNERS XV, LP - ORDINARY BUSINESS INCOME (LOSS)	5,933.
LEGACY VENTURE VI (QP), LLC - ORDINARY BUSINESS INCOME (LOSS)	-33.
LANDMARK EQUITY PARTNERS XIV, LP - ORDINARY BUSINESS INCOME (LOSS)	10,229.
NEWBURY EQUITY PARTNERS V L.P. - ORDINARY BUSINESS INCOME (LOSS)	-14,884.
NEWLIN ENERGY PARTNERS, LP - ORDINARY BUSINESS INCOME (LOSS)	77.
NGP NATURAL RESOURCES XI, LP - ORDINARY BUSINESS INCOME (LOSS)	10,267.
RESOLUTE FUND IV LP - ORDINARY BUSINESS INCOME (LOSS)	-57.
RESOLUTE FUND IV SIE LP - ORDINARY BUSINESS INCOME (LOSS)	-14.
RESOLUTE FUND V SIE LP - ORDINARY BUSINESS INCOME (LOSS)	-361.
SIGULER GUFF DISTRESSED OPPORTUNITIES FUND IV LP - ORDINARY BUSINESS INCOME	-42.
STEPSTONE VC GLOBAL PARTNERS IX-B, LP - ORDINARY BUSINESS INCOME (LOSS)	-28.
STEPSTONE VC OPPORTUNITIES V, LP - ORDINARY BUSINESS INCOME (LOSS)	-48,182.
THE RESOLUTE FUND V, L.P - ORDINARY BUSINESS INCOME (LOSS)	-3,955.
TRF IV (UNBLOCKED), L.P. - ORDINARY BUSINESS INCOME (LOSS)	-8,942.
TRF IV 2020 (UNBLOCKED), LP - ORDINARY BUSINESS INCOME (LOSS)	1,821.
TRF V (BLOCKED), L.P. - ORDINARY BUSINESS INCOME (LOSS)	-1,403.
THE VARDE FUND XIII (B) (FEEDER), L.P. C/O WALKERS CORPORATE LIM - ORDINARY	17,954.
WESTBROOK REAL ESTATE FUND XI, LP - ORDINARY BUSINESS INCOME (LOSS)	36,509.
COMMONFUND CAPITAL VENTURE PARTNERS VIII, L.P. - ORDINARY BUSINESS INCOME (L	-6.
TIGER GLOBAL PRIVATE INVESTMENT PARTNERS XV, L.P. - ORDINARY BUSINESS INCOME	-6,874.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-215,995.

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 3

DESCRIPTION

AMOUNT

TAX PREPARATION FEES

8,000.

TOTAL TO SCHEDULE A, PART II, LINE 14

8,000.

990-T SCH A

POST-2017 NET OPERATING LOSS DEDUCTION

STATEMENT 4

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/20	136,874.	0.	136,874.	136,874.
12/31/19	63,841.	0.	63,841.	63,841.
12/31/18	179,124.	0.	179,124.	179,124.
NOL CARRYOVER AVAILABLE THIS YEAR			379,839.	379,839.

**SCHEDULE D  
(Form 1120)**Department of the Treasury  
Internal Revenue Service**Capital Gains and Losses**

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L,  
1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.  
▶ Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2021**

Name

**ANN ARBOR AREA COMMUNITY FOUNDATION**

Employer identification number

**38-6087967**

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less****See instructions for how to figure the amounts to enter on the lines below.**

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				<b>36,233.</b>
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) .....			<b>6</b>	( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....			<b>7</b>	<b>36,233.</b>

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year****See instructions for how to figure the amounts to enter on the lines below.**

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				<b>47,468.</b>
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....			<b>11</b>	<b>81,150.</b>
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>13</b>	
<b>14</b> Capital gain distributions .....			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....			<b>15</b>	<b>128,618.</b>

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b>	<b>36,233.</b>
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b>	<b>128,618.</b>
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....	<b>18</b>	<b>164,851.</b>

**Note:** If losses exceed gains, see *Capital Losses* in the instructions.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2021



## Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

2021

Attachment Sequence No. **12A**

► Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.

► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Social security number or taxpayer identification no.

38-6087967

ANN ARBOR AREA COMMUNITY FOUNDATION

*Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.*

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☒ (C) Short-term transactions not reported to you on Form 1099-B

[illegible]

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

38-6087967

*Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.*

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

☒ (F) Long-term transactions not reported to you on Form 1099-B

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Form **4797**Department of the Treasury  
Internal Revenue Service**Sales of Business Property**  
(Also Involuntary Conversions and Recapture Amounts  
Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

OMB No. 1545-0184

**2021**Attachment  
Sequence No. **27**

Name(s) shown on return

Identifying number

**ANN ARBOR AREA COMMUNITY FOUNDATION****38-6087967**

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 .....
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets .....
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets .....

**1a****1b****1c****Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year** (see instructions)

<b>2</b>	<b>(a)</b> Description of property	<b>(b)</b> Date acquired (mo., day, yr.)	<b>(c)</b> Date sold (mo., day, yr.)	<b>(d)</b> Gross sales price	<b>(e)</b> Depreciation allowed or allowable since acquisition	<b>(f)</b> Cost or other basis, plus improvements and expense of sale	<b>(g)</b> Gain or (loss) Subtract (f) from the sum of (d) and (e)
<b>SEE STATEMENT 5</b>							
<b>3</b>	Gain, if any, from Form 4684, line 39 .....						<b>3</b>
<b>4</b>	Section 1231 gain from installment sales from Form 6252, line 26 or 37 .....						<b>4</b>
<b>5</b>	Section 1231 gain or (loss) from like-kind exchanges from Form 8824 .....						<b>5</b>
<b>6</b>	Gain, if any, from line 32, from other than casualty or theft .....						<b>6</b>
<b>7</b>	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows .....						<b>7</b> <b>81,150.</b>
	<b>Partnerships and S corporations.</b> Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.						
	<b>Individuals, partners, S corporation shareholders, and all others.</b> If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.						
<b>8</b>	Nonrecaptured net section 1231 losses from prior years. See instructions .....						<b>8</b>
<b>9</b>	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions .....						<b>9</b> <b>81,150.</b>

**Part II Ordinary Gains and Losses** (see instructions)**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

<b>11</b>	Loss, if any, from line 7 .....						<b>11</b> ( )
<b>12</b>	Gain, if any, from line 7 or amount from line 8, if applicable .....						<b>12</b>
<b>13</b>	Gain, if any, from line 31 .....						<b>13</b>
<b>14</b>	Net gain or (loss) from Form 4684, lines 31 and 38a .....						<b>14</b>
<b>15</b>	Ordinary gain from installment sales from Form 6252, line 25 or 36 .....						<b>15</b>
<b>16</b>	Ordinary gain or (loss) from like-kind exchanges from Form 8824 .....						<b>16</b>
<b>17</b>	Combine lines 10 through 16 .....						<b>17</b>
<b>18</b>	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.						
	<b>a</b> If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions .....						<b>18a</b>
	<b>b</b> Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 .....						<b>18b</b>

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2021)

**Part III** Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
<b>These columns relate to the properties on lines 19A through 19D.</b>		<b>Property A</b>	<b>Property B</b>
		<b>Property C</b>	<b>Property D</b>
20 Gross sales price ( <b>Note:</b> See line 1a before completing.)	20		
21 Cost or other basis plus expense of sale	21		
22 Depreciation (or depletion) allowed or allowable	22		
23 Adjusted basis. Subtract line 22 from line 21	23		
24 Total gain. Subtract line 23 from line 20	24		
<b>25 If section 1245 property:</b>			
a Depreciation allowed or allowable from line 22	25a		
b Enter the <b>smaller</b> of line 24 or 25a	25b		
<b>26 If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.			
a Additional depreciation after 1975. See instructions	26a		
b Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	26b		
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c		
d Additional depreciation after 1969 and before 1976	26d		
e Enter the <b>smaller</b> of line 26c or 26d	26e		
f Section 291 amount (corporations only)	26f		
g Add lines 26b, 26e, and 26f	26g		
<b>27 If section 1252 property:</b> Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.			
a Soil, water, and land clearing expenses	27a		
b Line 27a multiplied by applicable percentage	27b		
c Enter the <b>smaller</b> of line 24 or 27b	27c		
<b>28 If section 1254 property:</b>			
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a		
b Enter the <b>smaller</b> of line 24 or 28a	28b		
<b>29 If section 1255 property:</b>			
a Applicable percentage of payments excluded from income under section 126. See instructions	29a		
b Enter the <b>smaller</b> of line 24 or 29a. See instructions	29b		

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	30	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

**Part IV** Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33	
34 Recomputed depreciation. See instructions	34	
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 5

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
AG REALTY VALUE FUND X LP						83,838.
ARCLIGHT ENERGY PARTNERS FUND VII, LP						303.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNE COMMONFUND						-109.
CAPITAL PRIVATE EQUITY PARTNE LANDMARK EQUITY PARTNERS XV, LP						48.
LANDMARK EQUITY PARTNERS XIV, LP						-59.
NGP NATURAL RESOURCES XI, LP						43.
SIGULER GUFF DISTRESSED OPPORTUNITIES FU						-2,913.
						-1.
TOTAL TO 4797, PART I, LINE 2						81,150.

**SCHEDULE D  
(Form 1120)**Department of the Treasury  
Internal Revenue Service**Capital Gains and Losses**

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L,  
1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.  
▶ Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2021**

Name

**ANN ARBOR AREA COMMUNITY FOUNDATION**

Employer identification number

**38-6087967**

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less****See instructions for how to figure the amounts to enter on the lines below.**

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				<b>36,233.</b>
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) .....			<b>6</b>	( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....			<b>7</b>	<b>36,233.</b>

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year****See instructions for how to figure the amounts to enter on the lines below.**

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				<b>47,468.</b>
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....			<b>11</b>	<b>81,150.</b>
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>13</b>	
<b>14</b> Capital gain distributions .....			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....			<b>15</b>	<b>128,618.</b>

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b>	<b>36,233.</b>
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b>	<b>128,618.</b>
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....	<b>18</b>	<b>164,851.</b>

**Note:** If losses exceed gains, see *Capital Losses* in the instructions.



## Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

2021

Attachment Sequence No. **12A**

► Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.

► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Social security number or taxpayer identification no.

38-6087967

## ANN ARBOR AREA COMMUNITY FOUNDATION

*Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.*

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☒ (C) Short-term transactions not reported to you on Form 1099-B

[illegible]

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

38-6087967

*Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.*

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

☒ (F) Long-term transactions not reported to you on Form 1099-B

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.



Form **4797**Department of the Treasury  
Internal Revenue Service**Sales of Business Property**  
(Also Involuntary Conversions and Recapture Amounts  
Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

OMB No. 1545-0184

**2021**Attachment  
Sequence No. **27**

Name(s) shown on return

Identifying number

**ANN ARBOR AREA COMMUNITY FOUNDATION****38-6087967****1a** Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S  
(or substitute statement) that you are including on line 2, 10, or 20 .....**1a****b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of  
MACRS assets .....**1b****c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS  
assets .....**1c****Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other  
Than Casualty or Theft-Most Property Held More Than 1 Year** (see instructions)

<b>2</b>	<b>(a)</b> Description of property	<b>(b)</b> Date acquired (mo., day, yr.)	<b>(c)</b> Date sold (mo., day, yr.)	<b>(d)</b> Gross sales price	<b>(e)</b> Depreciation allowed or allowable since acquisition	<b>(f)</b> Cost or other basis, plus improvements and expense of sale	<b>(g)</b> Gain or (loss) Subtract (f) from the sum of (d) and (e)
<b>SEE STATEMENT 6</b>							

**3** Gain, if any, from Form 4684, line 39 .....**3****4** Section 1231 gain from installment sales from Form 6252, line 26 or 37 .....**4****5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824 .....**5****6** Gain, if any, from line 32, from other than casualty or theft .....**6****7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows .....**7****81,150.****Partnerships and S corporations.** Report the gain or (loss) following the instructions for Form 1065, Schedule K,  
line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.**Individuals, partners, S corporation shareholders, and all others.** If line 7 is zero or a loss, enter the amount  
from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section  
1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on  
the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.**8** Nonrecaptured net section 1231 losses from prior years. See instructions .....**8****9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If  
line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term  
capital gain on the Schedule D filed with your return. See instructions .....**9****81,150.****Part II Ordinary Gains and Losses** (see instructions)**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):


**11** Loss, if any, from line 7 .....**11**

( )

**12** Gain, if any, from line 7 or amount from line 8, if applicable .....**12****13** Gain, if any, from line 31 .....**13****14** Net gain or (loss) from Form 4684, lines 31 and 38a .....**14****15** Ordinary gain from installment sales from Form 6252, line 25 or 36 .....**15****16** Ordinary gain or (loss) from like-kind exchanges from Form 8824 .....**16****17** Combine lines 10 through 16 .....**17****18** For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines  
a and b below. For individual returns, complete lines a and b below.**a** If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the  
loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used  
as an employee.) Identify as from "Form 4797, line 18a." See instructions .....**18a****b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1  
(Form 1040), Part I, line 4 .....**18b**

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2021)

**Part III** Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
<b>These columns relate to the properties on lines 19A through 19D.</b>		<b>Property A</b>	<b>Property B</b>
		<b>Property C</b>	<b>Property D</b>
20 Gross sales price ( <b>Note:</b> See line 1a before completing.)	20		
21 Cost or other basis plus expense of sale	21		
22 Depreciation (or depletion) allowed or allowable	22		
23 Adjusted basis. Subtract line 22 from line 21	23		
24 Total gain. Subtract line 23 from line 20	24		
<b>25 If section 1245 property:</b>			
a Depreciation allowed or allowable from line 22	25a		
b Enter the <b>smaller</b> of line 24 or 25a	25b		
<b>26 If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.			
a Additional depreciation after 1975. See instructions	26a		
b Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	26b		
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c		
d Additional depreciation after 1969 and before 1976	26d		
e Enter the <b>smaller</b> of line 26c or 26d	26e		
f Section 291 amount (corporations only)	26f		
g Add lines 26b, 26e, and 26f	26g		
<b>27 If section 1252 property:</b> Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.			
a Soil, water, and land clearing expenses	27a		
b Line 27a multiplied by applicable percentage	27b		
c Enter the <b>smaller</b> of line 24 or 27b	27c		
<b>28 If section 1254 property:</b>			
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a		
b Enter the <b>smaller</b> of line 24 or 28a	28b		
<b>29 If section 1255 property:</b>			
a Applicable percentage of payments excluded from income under section 126. See instructions	29a		
b Enter the <b>smaller</b> of line 24 or 29a. See instructions	29b		

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	30	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

**Part IV** Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33	
34 Recomputed depreciation. See instructions	34	
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 6

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
AG REALTY VALUE FUND X LP						83,838.
ARCLIGHT ENERGY PARTNERS FUND VII, LP						303.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNE COMMONFUND						-109.
CAPITAL PRIVATE EQUITY PARTNE LANDMARK EQUITY PARTNERS XV, LP						48.
LANDMARK EQUITY PARTNERS XIV, LP						-59.
NGP NATURAL RESOURCES XI, LP						43.
SIGULER GUFF DISTRESSED OPPORTUNITIES FU						-2,913.
						-1.
TOTAL TO 4797, PART I, LINE 2						81,150.