

PUBLIC DISCLOSURE COPY

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

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.

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.

Part I - Identification

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

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|------------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 4720 (other than individual) | 09 |
| Form 4720 (individual) | 03 | Form 5227 | 10 |
| Form 990-PF | 04 | Form 6069 | 11 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 8870 | 12 |
| Form 990-T (trust other than above) | 06 | Form 5330 (individual) | 13 |
| Form 990-T (corporation) | 07 | Form 5330 (other than individual) | 14 |
| Form 1041-A | 08 | Form 990-T (governmental entities) | 15 |

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **JAMES HUNTER**

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**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☒ calendar year 20 **24** or
☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

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

| | | | |
|---|-----------|----|-----------|
| 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| 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. | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

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

Form **8868** (Rev. 1-2025)

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury
Internal Revenue Service

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 for instructions and the latest information.

2024

Open to Public
Inspection

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|-------------------|--|--|------------|----------------------|------------|--|--|--|--|--|---|--|--|--|---------------------------------------|--|---|---|--|------------------------------------|---|--|---|
| A For the 2024 calendar year, or tax year beginning and ending | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization ANN ARBOR AREA COMMUNITY FOUNDATION</td> <td rowspan="4">D Employer identification number 38-6087967</td> </tr> <tr> <td colspan="2">Doing business as</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td>301 N MAIN ST</td> <td>300</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code ANN ARBOR, MI 48104</td> <td>E Telephone number 734-663-0401</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: SHANNON E. POLK SAME AS C ABOVE</td> <td>G Gross receipts \$ 66,058,459.</td> </tr> <tr> <td colspan="2">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2">J Website: WWW.AACF.ORG</td> <td>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</td> <td>H(c) Group exemption number</td> </tr> <tr> <td colspan="2">L Year of formation: 1963</td> <td>M State of legal domicile: MI</td> </tr> </table> | C Name of organization ANN ARBOR AREA COMMUNITY FOUNDATION | | D Employer identification number 38-6087967 | 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 | | E Telephone number 734-663-0401 | F Name and address of principal officer: SHANNON E. POLK SAME AS C ABOVE | | G Gross receipts \$ 66,058,459. | I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | J Website: WWW.AACF.ORG | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No | K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | H(c) Group exemption number | L Year of formation: 1963 | | M State of legal domicile: MI |
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Part I Summary

| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: AACF DISTRIBUTES PROCEEDS FROM ITS PERMANENT ENDOWED FUNDS TO WASHTENAW COUNTY CHARITABLE ORGS. | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|---------------------------|-------------------|---|---------------------|---------------------|---|-------------------|-------------------|--|---------------------|---------------------|--|-----------|-----------------|--|--------------------|--------------------|---|--------------------|--------------------|--|--------------------|-------------------|
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) 3 20 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 19 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 5 20 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6 Total number of volunteers (estimate if necessary) 6 274 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a -68,891. | | | | | | | | | | | | | | | | | | | | | | | | |
| b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Revenue | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td>5,345,431.</td> <td>6,439,473.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td>71,845.</td> <td>70,765.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td>4,829,264.</td> <td>16,030,309.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td>0.</td> <td>114,277.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td>10,246,540.</td> <td>22,654,824.</td> </tr> </tbody> </table> | | Prior Year | Current Year | 8 Contributions and grants (Part VIII, line 1h) | 5,345,431. | 6,439,473. | 9 Program service revenue (Part VIII, line 2g) | 71,845. | 70,765. | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 4,829,264. | 16,030,309. | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0. | 114,277. | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 10,246,540. | 22,654,824. | | | | | | |
| | | Prior Year | Current Year | | | | | | | | | | | | | | | | | | | | | | |
| | 8 Contributions and grants (Part VIII, line 1h) | 5,345,431. | 6,439,473. | | | | | | | | | | | | | | | | | | | | | | |
| | 9 Program service revenue (Part VIII, line 2g) | 71,845. | 70,765. | | | | | | | | | | | | | | | | | | | | | | |
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| Expenses | <table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td> <td>8,521,643.</td> <td>8,940,782.</td> </tr> <tr> <td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td> <td>0.</td> <td>0.</td> </tr> <tr> <td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td> <td>1,701,384.</td> <td>2,008,219.</td> </tr> <tr> <td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td> <td>0.</td> <td>0.</td> </tr> <tr> <td>b Total fundraising expenses (Part IX, column (D), line 25) 968,556.</td> <td></td> <td></td> </tr> <tr> <td>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)</td> <td>3,095,618.</td> <td>3,791,953.</td> </tr> <tr> <td>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</td> <td>13,318,645.</td> <td>14,740,954.</td> </tr> <tr> <td>19 Revenue less expenses. Subtract line 18 from line 12</td> <td>-3,072,105.</td> <td>7,913,870.</td> </tr> </tbody> </table> | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 8,521,643. | 8,940,782. | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 1,701,384. | 2,008,219. | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. | b Total fundraising expenses (Part IX, column (D), line 25) 968,556. | | | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 3,095,618. | 3,791,953. | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 13,318,645. | 14,740,954. | 19 Revenue less expenses. Subtract line 18 from line 12 | -3,072,105. | 7,913,870. |
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| Net Assets or Fund Balances | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Beginning of Current Year</th> <th>End of Year</th> </tr> </thead> <tbody> <tr> <td>20 Total assets (Part X, line 16)</td> <td>208,073,440.</td> <td>227,205,548.</td> </tr> <tr> <td>21 Total liabilities (Part X, line 26)</td> <td>6,295,845.</td> <td>6,751,825.</td> </tr> <tr> <td>22 Net assets or fund balances. Subtract line 21 from line 20</td> <td>201,777,595.</td> <td>220,453,723.</td> </tr> </tbody> </table> | | Beginning of Current Year | End of Year | 20 Total assets (Part X, line 16) | 208,073,440. | 227,205,548. | 21 Total liabilities (Part X, line 26) | 6,295,845. | 6,751,825. | 22 Net assets or fund balances. Subtract line 21 from line 20 | 201,777,595. | 220,453,723. | | | | | | | | | | | | |
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Part II Signature Block

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

| | | | | | |
|-------------------------------|--|------------------------|---------------------|---|------------------|
| Sign Here | Signature of officer | | Date | | |
| | JAMES HUNTER, CFO & VP FOR OPERATIONS | | | | |
| Paid Preparer Use Only | Preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | MICHAEL LUMSDEN | MICHAEL LUMSDEN | 11/05/25 | | P01262236 |
| Preparer Use Only | Firm's name | Firm's EIN | Phone no. | | |
| | BAKER TILLY ADVISORY GROUP, LP | 39-0859910 | 415-956-1500 | | |
| | Firm's address | | | | |
| | 101 SECOND STREET SUITE 900 | | | | |
| | SAN FRANCISCO, CA 94105 | | | | |

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 \$ 12,140,716. including grants of \$ 8,940,782.) (Revenue \$ 70,765.)

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 60 YEARS AGO, OVER \$108 MILLION
HAS BEEN DISTRIBUTED THROUGH 19,000+ 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 12,140,716.

Part IV Checklist of Required Schedules

| | Yes | No |
|---|--------------|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | 1 X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions | 2 X | |
| 3 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> | 3 | X |
| 4 Section 501(c)(3) organizations. 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> | 4 | X |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> | 5 | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | 6 X | |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | 7 | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | 8 | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | 9 X | |
| 10 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> | 10 X | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | 11a X | |
| b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | 11b X | |
| c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | 11c | X |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | 11d | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | 11e X | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | 11f | X |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | 12a X | |
| 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> | 12b | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | 13 | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | 14b X | |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | 15 | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | 16 | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i> | 17 | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | 18 | X |
| 19 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> | 19 | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | 20a | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | |
| 21 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> | 21 X | |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|--------------|----|
| 22 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> | 22 X | |
| 23 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> | 23 X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | 24a | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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> | 25a | X |
| 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> | 25b | X |
| 26 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> | 26 | X |
| 27 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> | 27 | X |
| 28 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): | | |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | X |
| b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | X |
| c 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> | 28c | X |
| 29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> | 29 X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | X |
| 32 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> | 32 | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | X |
| 34 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> | 34 X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a X | |
| 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> | 35b | X |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | X |
| 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | 38 X | |

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

| | Yes | No |
|---|--------------|----|
| 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 1a 28 | |
| b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 1b 0 | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c X | |

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

| | Yes | No |
|--|-----|----|
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 20 |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | X |
| b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | X |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | X |
| 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). | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | X |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | X |
| c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | |
| 6a 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? | 6a | X |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | |
| a 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? | 7a | X |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | X |
| d If "Yes," indicate the number of Forms 8282 filed during the year | 7d | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | X |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | X |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | X |
| 9 Sponsoring organizations maintaining donor advised funds. | | |
| a Did the sponsoring organization make any taxable distributions under section 4966? | 9a | X |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | X |
| 10 Section 501(c)(7) organizations. Enter: | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 Section 501(c)(12) organizations. Enter: | | |
| a Gross income from members or shareholders | 11a | |
| b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. | 13a | |
| 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 | 13b | |
| c Enter the amount of reserves on hand | 13c | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | 14a | X |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | |
| 15 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? If "Yes," see the instructions and file Form 4720, Schedule N. | 15 | X |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | X |
| 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069. | 17 | |

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 |
|--|----|----|-----|----|
| 1a 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. | 20 | | | |
| b Enter the number of voting members included on line 1a, above, who are independent | | 19 | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | | 2 | X |
| 3 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 |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | | 4 | X |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | | | 5 | X |
| 6 Did the organization have members or stockholders? | | | 6 | X |
| 7a 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 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 |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| a The governing body? | | | 8a | X |
| b Each committee with authority to act on behalf of the governing body? | | | 8b | X |
| 9 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 |
|---|-----|----|
| 10a Did the organization have local chapters, branches, or affiliates? | 10a | X |
| 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 | |
| 11a 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 Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X |
| c 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 |
| 13 Did the organization have a written whistleblower policy? | 13 | X |
| 14 Did the organization have a written document retention and destruction policy? | 14 | X |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a The organization's CEO, Executive Director, or top management official | 15a | X |
| 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. | | |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | X |
| 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 ContractorsCheck 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, box 6 of 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) SHANNON POLK PRESIDENT & CEO | 50.00 | | | X | | | | 223,487. | 0. | 32,286. |
| (2) JAMES HUNTER CFO & VP FOR OPERATIONS | 50.00 | | | X | | | | 143,599. | 0. | 8,178. |
| (3) DORCAS PATTERSON DIRECTOR FOR OPERATIONS | 40.00 | | | | | X | | 127,575. | 0. | 16,788. |
| (4) CHRISTOPHER LEMON VP FOR COMMUNITY INVESTMENTS | 50.00 | | | | | X | | 121,367. | 0. | 15,895. |
| (5) KAREN ANDREWS VICE CHAIR | 4.00 | X | | X | | | | 18,143. | 0. | 0. |
| (6) SEAN DUVAL CHAIR | 4.00 | X | | X | | | | 0. | 0. | 0. |
| (7) LAURA HAYDEN TREASURER | 4.00 | X | | X | | | | 0. | 0. | 0. |
| (8) KARLA OLSON-BELLFI SECRETARY | 4.00 | X | | X | | | | 0. | 0. | 0. |
| (9) ARSALAN ALAVI BOARD MEMBER (AS OF 05/24) | 1.50 | X | | | | | | 0. | 0. | 0. |
| (10) TABITHA FERRER BENTLEY BOARD MEMBER | 1.50 | X | | | | | | 0. | 0. | 0. |
| (11) CHRIS BERGEN BOARD MEMBER | 1.50 | X | | | | | | 0. | 0. | 0. |
| (12) BILL BRINKERHOFF BOARD MEMBER | 1.50 | X | | | | | | 0. | 0. | 0. |
| (13) MICHAEL CROWLEY BOARD MEMBER (AS OF 05/24) | 1.50 | X | | | | | | 0. | 0. | 0. |
| (14) TIM DAMSCHRODER BOARD MEMBER | 1.50 | X | | | | | | 0. | 0. | 0. |
| (15) DILIP DAS BOARD MEMBER | 1.50 | X | | | | | | 0. | 0. | 0. |
| (16) CATHI DUCHON BOARD MEMBER | 1.50 | X | | | | | | 0. | 0. | 0. |
| (17) AARON DWORKIN 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) KEN FISCHER BOARD MEMBER | 1.50 | X | | | | | | 0. | 0. | 0. |
| (19) SONYA JACOBS BOARD MEMBER | 1.50 | X | | | | | | 0. | 0. | 0. |
| (20) CHRISTINA KIM BOARD MEMBER | 1.50 | X | | | | | | 0. | 0. | 0. |
| (21) SRI MADDIPATI BOARD MEMBER | 1.50 | X | | | | | | 0. | 0. | 0. |
| (22) JEFFREY PATTON BOARD MEMBER (AS OF 05/24) | 1.50 | X | | | | | | 0. | 0. | 0. |
| (23) AUDREY PRICE DIMARZO BOARD MEMBER | 1.50 | X | | | | | | 0. | 0. | 0. |
| (24) CHUCK WARPEHOSKI BOARD MEMBER | 1.50 | X | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 634,171. | 0. | 73,147. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 634,171. | 0. | 73,147. |

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 BUCHHOLTZ & ASSOCIATES PO BOX 16011, LEWISTON, ME 04243-9588 | INVESTMENT CONSULTING | 172,934. |
| | | |
| | | |
| | | |
| | | |

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

1

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|---|--|-----------|----------------------|----------------------|--|--------------------------------------|---|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above ... | 1f | 6,439,473. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ 562,500. | | | | |
| | h Total. Add lines 1a-1f | | | | 6,439,473. | | |
| Program Service Revenue | 2 a INTEREST INCOME - PRI | | Business Code | | | | |
| | | | 522291 | 70,765. | 70,765. | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | | | 70,765. | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 3,717,927. | | -68,891. | 3786818. |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | 6a | (i) Real | | | | |
| | | | 114,277. | | | | |
| | | | (ii) Personal | | | | |
| | b Less: rental expenses ... | 6b | 0. | | | | |
| | c Rental income or (loss) | 6c | 114,277. | | | | |
| | d Net rental income or (loss) | | | 114,277. | | | 114,277. |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | | | | |
| | | | 55,716,017. | | | | |
| | | | (ii) Other | | | | |
| | b Less: cost or other basis and sales expenses | 7b | 43,403,635. | | | | |
| | c Gain or (loss) | 7c | 12,312,382. | | | | |
| | d Net gain or (loss) | | | 12,312,382. | | | 12312382. |
| | 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | |
| | | | | | | | |
| b Less: direct expenses | 8b | | | | | | |
| c Net income or (loss) from fundraising events | | | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| | | | | | | | |
| b Less: direct expenses | 9b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| | | | | | | | |
| b Less: cost of goods sold | 10b | | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | 11 a | | Business Code | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | | | | | |
| | | | | | | | |
| 12 Total revenue. See instructions | | | | 22,654,824. | 70,765. | -68,891. | 16213477. |

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 |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 8,397,192. | 8,397,192. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 543,590. | 543,590. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 425,693. | 98,341. | 211,976. | 115,376. |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 1,302,140. | 270,057. | 698,148. | 333,935. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 51,886. | 9,787. | 29,460. | 12,639. |
| 9 Other employee benefits | 107,986. | 23,093. | 56,917. | 27,976. |
| 10 Payroll taxes | 120,514. | 25,618. | 63,618. | 31,278. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 45,006. | 30,321. | 9,090. | 5,595. |
| c Accounting | 96,023. | | 96,023. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 2,431,322. | 2,431,322. | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 304,877. | 167,767. | 62,989. | 74,121. |
| 12 Advertising and promotion | 73,175. | | 513. | 72,662. |
| 13 Office expenses | 44,925. | 10,093. | 23,009. | 11,823. |
| 14 Information technology | 121,964. | 25,251. | 65,809. | 30,904. |
| 15 Royalties | | | | |
| 16 Occupancy | 160,888. | 35,076. | 86,150. | 39,662. |
| 17 Travel | 4,055. | 1,774. | 1,827. | 454. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 238,733. | 30,504. | 56,297. | 151,932. |
| 20 Interest | 98,576. | 21,491. | 52,784. | 24,301. |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 88,383. | 19,269. | 47,326. | 21,788. |
| 23 Insurance | 21,865. | | 21,865. | |
| 24 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.) | | | | |
| a LICENSE & REGULATORY | 32,957. | | 32,957. | |
| b DUES & MEMBERSHIPS | 11,490. | | 8,710. | 2,780. |
| c CREDIT CARD FEES | 11,351. | | 21. | 11,330. |
| d | | | | |
| e All other expenses | 6,363. | 170. | 6,193. | |
| 25 Total functional expenses. Add lines 1 through 24e | 14,740,954. | 12,140,716. | 1,631,682. | 968,556. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|--------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | | 1 | |
| | 2 Savings and temporary cash investments | 1,789,458. | 2 | 1,536,922. |
| | 3 Pledges and grants receivable, net | 481,152. | 3 | 582,200. |
| | 4 Accounts receivable, net | | 4 | |
| | 5 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 | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | | 9 | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 4,372,818. | | |
| | b Less: accumulated depreciation | 10b 754,605. | | |
| | | 965,717. | 10c | 3,618,213. |
| | 11 Investments - publicly traded securities | 113,153,776. | 11 | 112,164,727. |
| | 12 Investments - other securities. See Part IV, line 11 | 86,471,836. | 12 | 101,569,192. |
| | 13 Investments - program-related. See Part IV, line 11 | 3,691,000. | 13 | 6,089,178. |
| | 14 Intangible assets | | 14 | |
| 15 Other assets. See Part IV, line 11 | 1,520,501. | 15 | 1,645,116. | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 208,073,440. | 16 | 227,205,548. | |
| Liabilities | 17 Accounts payable and accrued expenses | 102,418. | 17 | 162,920. |
| | 18 Grants payable | 403,109. | 18 | 177,810. |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 5,180,702. | 21 | 5,795,323. |
| | 22 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 | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 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 | 609,616. | 25 | 615,772. |
| | 26 Total liabilities. Add lines 17 through 25 | 6,295,845. | 26 | 6,751,825. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 200,276,737. | 27 | 218,737,630. |
| | 28 Net assets with donor restrictions | 1,500,858. | 28 | 1,716,093. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 201,777,595. | 32 | 220,453,723. |
| | 33 Total liabilities and net assets/fund balances | 208,073,440. | 33 | 227,205,548. |

Form 990 (2024)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

| | | | |
|-----------|--|-----------|--------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 22,654,824. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 14,740,954. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 7,913,870. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 201,777,595. |
| 5 | Net unrealized gains (losses) on investments | 5 | 10,773,483. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | -11,225. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 220,453,723. |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

| | Yes | No |
|---|----------|----------|
| 1 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. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| b 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 | X | |
| c 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. | X | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____ | | X |
| 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 (2024)

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

38-6087967

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432021 01-14-25 Schedule A (Form 990) 2024

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) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--|-----------|-----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 20366283. | 17597211. | 4260327. | 5345431. | 6439473. | 54008725. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 20366283. | 17597211. | 4260327. | 5345431. | 6439473. | 54008725. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 18994119. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 35014606. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|---|-----------|-----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 | 20366283. | 17597211. | 4260327. | 5345431. | 6439473. | 54008725. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 2142290. | 3098496. | 3312234. | 3139984. | 3901095. | 15594099. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | 81,257. | | 81,257. |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 69684081. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 159,235. |
| 13 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

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) | 14 | 50.25 % |
| 15 Public support percentage from 2023 Schedule A, Part II, line 14 | 15 | 50.97 % |
| 16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | |
| | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | |
| | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | |
| | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | |
| | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | |
| | | <input type="checkbox"/> |

Schedule A (Form 990) 2024

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) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (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

| | | |
|---|-----------|---|
| 15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2023 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2023 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2024. 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 - 2023. 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 on line 12 of 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 |
|--|-----|----|
| 1 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> | | |
| 2 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> | | |
| 3a 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 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> | | |
| c 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> | | |
| 4a 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 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> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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> | | |
| 5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 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> | | |
| 8 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> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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> | | |
| c 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> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i> | | |
| 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 |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a 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? | | |
| 11a | | |
| b A family member of a person described on line 11a above? | | |
| 11b | | |
| c 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 Part VI . | | |
| 11c | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 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 Part VI 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. | | |
| 1 | | |
| 2 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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | | |
| 2 | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | | |
| 1 | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 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? | | |
| 1 | | |
| 2 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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | |
| 2 | | |
| 3 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 Part VI the role the organization's supported organizations played in this regard. | | |
| 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | | |
|---|--|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | | |
| 2 Activities Test. Answer lines 2a and 2b below. | | | |
| a 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 Part VI 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. | | | |
| 2a | | | |
| 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | | | |
| 2b | | | |
| 3 Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| a 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 Part VI . | | | |
| 3a | | | |
| 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 Part VI the role played by the organization in this regard. | | | |
| 3b | | | |

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 | Adjusted Net Income (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 | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount 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 | Minimum Asset Amount (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 | Distributable Amount. 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) 2024

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

| | | Current Year |
|-----------|---|--------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>) | 5 |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions. | 8 |
| 9 | Distributable amount for 2024 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | | (i) Excess Distributions | (ii) Underdistributions Pre-2024 | (iii) Distributable Amount for 2024 |
|--|---|-----------------------------|--|---|
| 1 | Distributable amount for 2024 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2024 | | | |
| a | From 2019 | | | |
| b | From 2020 | | | |
| c | From 2021 | | | |
| d | From 2022 | | | |
| e | From 2023 | | | |
| f | Total of lines 3a through 3e | | | |
| g | Applied to under distributions of prior years | | | |
| h | Applied to 2024 distributable amount | | | |
| i | Carryover from 2019 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 | Distributions for 2024 from Section D, line 7: \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2024 distributable amount | | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 | Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 6 | Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 | Excess distributions carryover to 2025. Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | Excess from 2020 | | | |
| b | Excess from 2021 | | | |
| c | Excess from 2022 | | | |
| d | Excess from 2023 | | | |
| e | Excess from 2024 | | | |

Schedule A (Form 990) 2024

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 B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

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).

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

Schedule B (Form 990) (Rev. 12-2024)

Name of organization

Employer identification number

ANN ARBOR AREA COMMUNITY FOUNDATION

38-6087967

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>1,000,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>2</u> | | \$ <u>562,500.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>3</u> | | \$ <u>505,043.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>4</u> | | \$ <u>393,472.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>5</u> | | \$ <u>295,938.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>6</u> | | \$ <u>220,000.</u> | Person <input checked="" 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 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>7</u> | | \$ <u>200,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>8</u> | | \$ <u>197,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>9</u> | | \$ <u>183,399.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>10</u> | | \$ <u>150,631.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>11</u> | | \$ <u>150,000.</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.) |

Employer identification number

38-6087967

Part II

[illegible]

| | |
|-------------------------------------|--------------------------------|
| Name of organization | Employer identification number |
| ANN ARBOR AREA COMMUNITY FOUNDATION | 38-6087967 |

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 |
| | | | |
| | | | |
| | | | |
| (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 |
| | | | |
| | | | |
| | | | |
| (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 |
| | | | |
| | | | |
| | | | |
| (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 |
| | | | |
| | | | |
| | | | |

SCHEDULE D
(Form 990)

(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

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 | 124 | 164 |
| 2 Aggregate value of contributions to (during year) | 3,396,658. | 245,810. |
| 3 Aggregate value of grants from (during year) | 3,503,964. | 1,732,701. |
| 4 Aggregate value at end of year | 35,408,570. | 49,520,648. |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Part II

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

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

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

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

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included on line 2a | 2c |
| d Number of conservation easements included on line 2c acquired after July 25, 2006, 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? ☐ Yes ☐ No

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

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

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

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

Part III

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

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

1a If the organization elected, as permitted under 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 \$

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

Schedule D (Form 990) (Rev. 12-2024)

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 in 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 | 170,338,199. | 152,155,617. | 176,405,454. | 141,082,338. | 144,829,521. |
| b Contributions | 3,593,066. | 2,715,890. | 2,201,882. | 15,269,480. | 20,366,283. |
| c Net investment earnings, gains, and losses | 21,291,540. | 23,261,669. | -19,928,142. | 35,585,126. | 20,346,091. |
| d Grants or scholarships | 6,429,792. | 5,371,107. | 4,529,124. | 9,280,089. | 7,742,593. |
| e Other expenditures for facilities and programs | 98,621. | 567,232. | 262,447. | 536,371. | 704,392. |
| f Administrative expenses | 1,414,555. | 1,856,638. | 1,732,006. | 5,715,030. | 36,012,572. |
| g End of year balance | 187,279,837. | 170,338,199. | 152,155,617. | 176,405,454. | 141,082,338. |

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? ☐ Yes ☒ No

(ii) Related organizations? ☐ Yes ☒ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☒ No

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 | | 941,160. | | 941,160. |
| b Buildings | | 3,214,881. | 573,644. | 2,641,237. |
| c Leasehold improvements | | | | |
| d Equipment | | 57,939. | 48,437. | 9,502. |
| e Other | | 158,838. | 132,524. | 26,314. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) | | | | 3,618,213. |

Schedule D (Form 990) (Rev. 12-2024)

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 | 562,500. | COST |
| (3) Other | | |
| (A) ALTERNATIVE INVESTMENTS | 101,006,692. | END-OF-YEAR MARKET VALUE |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) | 101,569,192. | |

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) | | |
| Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) | | |

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) | |
| Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) | |

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) LIABILITY TO LIFE BENEFICIARIES OF PLANNED GIFTS | 511,223. |
| (3) ANNUITY PAYABLE | 104,549. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 615,772. |

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) (Rev. 12-2024)

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.

| | | | |
|----------|--|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 30,987,860. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | 10,773,483. |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | -78,016. |
| e | Add lines 2a through 2d | 2e | 10,695,467. |
| 3 | Subtract line 2e from line 1 | 3 | 20,292,393. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 2,431,322. |
| b | Other (Describe in Part XIII.) | 4b | -68,891. |
| c | Add lines 4a and 4b | 4c | 2,362,431. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 22,654,824. |

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.

| | | | |
|----------|---|-----------|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 12,311,732. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 2,100. |
| e | Add lines 2a through 2d | 2e | 2,100. |
| 3 | Subtract line 2e from line 1 | 3 | 12,309,632. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 2,431,322. |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 2,431,322. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 14,740,954. |

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 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 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF CHARITABLE REMAINDER TRUST AND DEFERRED

SCHEDULE F
(Form 990)

(Rev. December 2024)
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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization: ANN ARBOR AREA COMMUNITY FOUNDATION
Employer identification number: 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.)

Table with 6 columns: (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), (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. Rows include CENTRAL AMERICA AND THE CARIBBEAN, EUROPE (INCLUDING ICELAND & GREENLAND), and Subtotal/Totals.

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.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|---|-------------------|-----------------------------|---------------------------------|--|---|--|--|
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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 III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
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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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)* ☐ Yes ☒ No

Schedule F (Form 990) (Rev. 12-2024)

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)**

(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

**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 |
|--|----------------|--|---------------------------------|---|--|--|---|
| REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 S STATE ST 5082 WOLVERINE TWR - ANN ARBOR, MI 48109-1287 | 38-6006309 | 501(C)(3) | 295,026. | 0. | | | EDUCATION |
| HUMANE SOCIETY OF HURON VALLEY 3100 CHERRY HILL RD. ANN ARBOR, MI 48105 | 38-1474931 | 501(C)(3) | 258,126. | 0. | | | ANIMALS |
| WASHTENAW HOUSING ALLIANCE PO BOX 7993 ANN ARBOR, MI 48107 | 38-3551639 | 501(C)(3) | 243,760. | 0. | | | HOUSING / SHELTER |
| PEACE NEIGHBORHOOD CENTER 1111 N. MAPLE RD. ANN ARBOR, MI 48103 | 23-7437867 | 501(C)(3) | 226,819. | 0. | | | HUMAN SERVICES - OTHER |
| UNITED WAY FOR SOUTHEASTERN MICHIGAN - 3011 W. GRAND BLVD - DETROIT, MI 48202 | 20-3099071 | 501(C)(3) | 198,759. | 0. | | | COMMUNITY DEVELOPMENT |
| FEONIX - MOBILITY RISING 3941 RESEARCH PARK DR. ANN ARBOR, MI 48108 | 82-4842980 | 501(C)(3) | 180,000. | 0. | | | HUMAN SERVICES - OTHER |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **199.**

3 Enter total number of other organizations listed in the line 1 table **5.**

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

Schedule I (Form 990) (Rev. 12-2024)

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 |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| COMMUNITY ACTION NETWORK PO BOX 130076 ANN ARBOR, MI 48113-0076 | 38-2792610 | 501(C)(3) | 155,013. | 0. | | | YOUTH DEVELOPMENT |
| SHELTER ASSOCIATION OF WASHTENAW COUNTY - PO BOX 7370 - ANN ARBOR, MI 48107-7370 | 38-2533030 | 501(C)(3) | 154,391. | 0. | | | HOUSING / SHELTER |
| BERKSHIRE HUMANE SOCIETY 214 BARKER RD. PITTSFIELD, MA 01201 | 04-3148018 | 501(C)(3) | 151,564. | 0. | | | ANIMALS |
| AMERICAN HEART ASSOCIATION 27777 FRANKLIN RD., SUITE 1150 SOUTHFIELD, MI 48034 | 13-5613797 | 501(C)(3) | 150,353. | 0. | | | PHYSICAL HEALTH CARE |
| THE BOSTON FOUNDATION 75 ARLINGTON ST. BOSTON, MA 02116 | 04-2104021 | 501(C)(3) | 150,000. | 0. | | | PHILANTHROPIC / GRANTMAKING ORGS |
| ANN ARBOR ART ASSOCIATION DBA ANN ARBOR ART CENTER - 117 W. LIBERTY ST. - ANN ARBOR, MI 48104 | 23-7205537 | 501(C)(3) | 137,554. | 0. | | | ARTS / CULTURE |
| THE TREELINE CONSERVANCY 535 W. WILLIAM ST. ANN ARBOR, MI 48103 | 43-2091401 | 501(C)(3) | 137,066. | 0. | | | ENVIRONMENT |
| FRIENDS IN DEED 1196 ECORSE RD. YPSILANTI, MI 48198 | 38-2443974 | 501(C)(3) | 122,448. | 0. | | | HUMAN SERVICES - OTHER |
| JEWISH FEDERATION OF METROPOLITAN DETROIT - 6735 TELEGRAPH RD - BLOOMFIELD HILLS, MI 48301 | 38-1359214 | 501(C)(3) | 118,000. | 0. | | | RELIGIOUS / SPIRITUAL RELATED |

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 |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| CHILDREN'S HEALING CENTER 1580 BELTLINE AVE SE GRAND RAPIDS, MI 49456 | 45-1955614 | 501(C)(3) | 116,667. | 0. | | | HUMAN SERVICES - OTHER |
| NONPROFIT ENTERPRISE AT WORK 1100 N. MAIN, SUITE 102 ANN ARBOR, MI 48104 | 38-2825019 | 501(C)(3) | 114,500. | 0. | | | COMMUNITY DEVELOPMENT |
| GARRETT'S SPACE 1400 GRANGER AVE. ANN ARBOR, MI 48104 | 83-2751753 | 501(C)(3) | 108,000. | 0. | | | MENTAL HEALTH |
| DEXTER SENIOR CENTER 7720 ANN ARBOR ST. DEXTER, MI 48130 | 23-7144195 | 501(C)(3) | 107,558. | 0. | | | HUMAN SERVICES - OTHER |
| GIRLS GROUP 2531 JACKSON AVE., #188 ANN ARBOR, MI 48103 | 20-4814985 | 501(C)(3) | 101,185. | 0. | | | YOUTH DEVELOPMENT |
| HABITAT FOR HUMANITY OF HURON VALLEY - 950 VICTORS WAY - ANN ARBOR, MI 48108 | 38-2874694 | 501(C)(3) | 98,500. | 0. | | | HOUSING / SHELTER |
| ANN ARBOR HANDS-ON MUSEUM 220 EAST ANN ST. ANN ARBOR, MI 48104 | 38-2236345 | 501(C)(3) | 94,614. | 0. | | | ARTS / CULTURE |
| ANN ARBOR PUBLIC SCHOOLS 2555 S. STATE ST. ANN ARBOR, MI 48104 | 38-6004028 | GOVERNMENT | 89,522. | 0. | | | EDUCATION |
| MILAN SENIORS FOR HEALTHY LIVING 45 NECKEL COURT MILAN, MI 48160 | 27-1109225 | 501(C)(3) | 85,100. | 0. | | | HUMAN SERVICES - 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 |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| WEST SIDE UNITED METHODIST CHURCH 900 SOUTH SEVENTH ST. ANN ARBOR, MI 48103-4799 | 38-6031975 | 501(C)(3) | 84,944. | 0. | | | RELIGIOUS / SPIRITUAL RELATED |
| JEWISH FAMILY SERVICES OF WASHTENAW COUNTY - 2245 S. STATE ST. - ANN ARBOR, MI 48104 | 41-2147486 | 501(C)(3) | 81,500. | 0. | | | HUMAN SERVICES - OTHER |
| CULTURESOURCE 2937 E GRAND BLVD DETROIT, MI 48202 | 26-1476029 | 501(C)(3) | 76,911. | 0. | | | ARTS / CULTURE |
| EASTERN MICHIGAN UNIVERSITY FOUNDATION - 112 WELCH HALL - YPSILANTI, MI 48197 | 38-2953297 | 501(C)(3) | 76,340. | 0. | | | EDUCATION |
| ANN ARBOR SYMPHONY ORCHESTRA 35 RESEARCH DR., SUITE 100 ANN ARBOR, MI 48103 | 38-6069701 | 501(C)(3) | 74,683. | 0. | | | ARTS / CULTURE |
| THE SALVATION ARMY EASTERN MICHIGAN DIVISION - 16130 NORTHLAND DR. - SOUTHFIELD, MI 48075 | 38-1370971 | 501(C)(3) | 70,550. | 0. | | | HUMAN SERVICES - OTHER |
| A BRIGHTER WAY 124 PEARL ST. YPSILANTI, MI 48197 | 81-1186430 | 501(C)(3) | 69,200. | 0. | | | EDUCATION |
| THE WOMEN'S CENTER OF SOUTHEASTERN MICHIGAN - 1100 VICTORS WAY - ANN ARBOR, MI 48108 | 36-4338567 | 501(C)(3) | 69,125. | 0. | | | MENTAL HEALTH |
| SOS COMMUNITY SERVICES 101 SOUTH HURON ST. YPSILANTI, MI 48197-5421 | 38-2037588 | 501(C)(3) | 67,980. | 0. | | | HUMAN SERVICES - 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 |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| PACKARD HEALTH 5200 VENTURE DR. ANN ARBOR, MI 48108 | 38-2269817 | 501(C)(3) | 62,522. | 0. | | | PHYSICAL HEALTH CARE |
| OZONE HOUSE 1600 N. HURON RIVER DR. YPSILANTI, MI 48197 | 38-1916505 | 501(C)(3) | 61,765. | 0. | | | HOUSING / SHELTER |
| MICHIGAN THEATER FOUNDATION, INC. DBA MARQUEE ARTS - 603 E. LIBERTY ST. - ANN ARBOR, MI 48104 | 38-2269013 | 501(C)(3) | 61,321. | 0. | | | ARTS / CULTURE |
| DISABILITY NETWORK WASHTENAW MONROE LIVINGSTON - 3941 RESEARCH PARK DR. - ANN ARBOR, MI 48108 | 38-2133063 | 501(C)(3) | 60,661. | 0. | | | HUMAN SERVICES - OTHER |
| APPLE PLAYSCHOOLS 2664 MILLER RD. ANN ARBOR, MI 48103 | 46-5404037 | 501(C)(3) | 60,500. | 0. | | | YOUTH DEVELOPMENT |
| 826 MICHIGAN 115 E. LIBERTY ST. ANN ARBOR, MI 48104 | 20-1963960 | 501(C)(3) | 60,500. | 0. | | | EDUCATION |
| WASHTENAW HEALTH PROJECT 555 TOWNER YPSILANTI, MI 48198 | 02-0585175 | 501(C)(3) | 60,000. | 0. | | | PHYSICAL HEALTH CARE |
| WEBSTER TOWNSHIP HISTORICAL SOCIETY - P.O. BOX 253 - DEXTER, MI 48130 | 38-2398665 | 501(C)(3) | 60,000. | 0. | | | ARTS / CULTURE |
| YPSILANTI SENIOR CENTER 1015 N. CONGRESS ST. YPSILANTI, MI 48197 | 83-4620448 | 501(C)(3) | 60,000. | 0. | | | HUMAN SERVICES - 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 |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| LEGACY LAND CONSERVANCY 6276 JACKSON RD., SUITE G ANN ARBOR, MI 48103 | 38-2899980 | 501(C)(3) | 59,363. | 0. | | | ENVIRONMENT |
| GROWING HOPE 922 W. MICHIGAN AVE. YPSILANTI, MI 48197 | 74-3091845 | 501(C)(3) | 57,500. | 0. | | | AGRICULTURE / NUTRITION |
| TRINITY HEALTH - MICHIGAN 20555 VICTOR PARKWAY LIVONIA, MI 48152 | 38-2113393 | 501(C)(3) | 57,230. | 0. | | | PHYSICAL HEALTH CARE AND HUMAN SERVICES |
| MARSHFIELD CLINIC MCHS FOUNDATION 1R1 MARSHFIELD, WI 54449-5777 | 81-2822823 | 501(C)(3) | 56,435. | 0. | | | PHYSICAL HEALTH CARE |
| NATIONAL MULTIPLE SCLEROSIS SOCIETY, MICHIGAN - 29777 TELEGRAPH, SUITE 1651 - SOUTHFIELD, MI 48034 | 13-5661935 | 501(C)(3) | 50,353. | 0. | | | DISEASE / DISORDERS |
| DAMIAN'S CRAFT MEATS, LLC. 424 LITTLE LAKE DR #18 ANN ARBOR, MI 48103 | 47-4701049 | | 50,000. | 0. | | | COMMUNITY DEVELOPMENT |
| ANN ARBOR ELKS I.P.B.O.E. OF W. JAMES L. CRAWFORD (PRATT) LODGE #322 - 220 SUNSET RD - ANN ARBOR, MI 48103 | 38-1785667 | 501(C)(8) | 50,000. | 0. | | | COMMUNITY DEVELOPMENT |
| JOURNEY OF FAITH CHRISTIAN CHURCH 1900 MANCHESTER RD. ANN ARBOR, MI 48104 | 38-1797501 | 501(C)(3) | 49,750. | 0. | | | RELIGIOUS / SPIRITUAL RELATED |
| SOUTHERN SHORES FIELD SERVICE COUNCIL - BOY SCOUTS OF AMERICA - 3914 BESTECH RD. - YPSILANTI, MI 48197 | 45-4003240 | 501(C)(3) | 49,077. | 0. | | | YOUTH DEVELOPMENT |

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 |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| DEMENTIA FRIENDLY SALINE 525 E. MICHIGAN AVE SALINE, MI 48176 | 85-4234669 | 501(C)(3) | 48,486. | 0. | | | MENTAL HEALTH |
| ANN ARBOR YMCA 400 W. WASHINGTON ST. ANN ARBOR, MI 48103 | 38-1525162 | 501(C)(3) | 48,276. | 0. | | | HUMAN SERVICES - OTHER |
| FOOD GATHERERS P.O. BOX 131037 ANN ARBOR, MI 48113 | 38-2853858 | 501(C)(3) | 47,300. | 0. | | | FOOD DISTRIBUTION PROGRAMS |
| HURON WATERLOO PATHWAYS INITIATIVE 339 E. LIBERTY ST. ANN ARBOR, MI 48104 | 82-1605735 | 501(C)(3) | 47,000. | 0. | | | RECREATION / SPORTS |
| NEUTRAL ZONE 310 E. WASHINGTON ST. ANN ARBOR, MI 48104 | 38-3407568 | 501(C)(3) | 45,589. | 0. | | | YOUTH DEVELOPMENT |
| LORI'S HANDS, INC. PO BOX 980266 YPSILANTI, MI 48198 | 45-3984559 | 501(C)(3) | 45,123. | 0. | | | HUMAN SERVICES - OTHER |
| WASHTENAW CAMP PLACEMENT ASSOCIATION - 3135 S. STATE ST., STE. 350D - ANN ARBOR, MI 48108-1699 | 38-2071695 | 501(C)(3) | 44,776. | 0. | | | YOUTH DEVELOPMENT |
| WE THE PEOPLE OPPORTUNITY CENTER INC. - 3000 GREEN RD. - ANN ARBOR, MI 48113 | 83-1966370 | 501(C)(3) | 44,675. | 0. | | | AGRICULTURE / NUTRITION |
| AVALON HOUSING, INC. 1327 JONES DR. ANN ARBOR, MI 48105 | 38-3086920 | 501(C)(3) | 43,500. | 0. | | | HOUSING / SHELTER |

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 |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| MICHIGAN WOMEN'S FOUNDATION 1155 BREWERY PARK BLVD DETROIT, MI 48207 | 38-2689979 | 501(C)(3) | 43,000. | 0. | | | EMPLOYMENT |
| CATHOLIC SOCIAL SERVICES OF WASHTENAW COUNTY - 4925 PACKARD RD. - ANN ARBOR, MI 48108-1521 | 38-1654500 | 501(C)(3) | 42,998. | 0. | | | HUMAN SERVICES - OTHER |
| ELE'S PLACE 1145 W. OAKLAND AVE. LANSING, MI 48915 | 38-2976751 | 501(C)(3) | 41,500. | 0. | | | YOUTH DEVELOPMENT |
| WASHTENAW AREA MUTUAL AID ASSOCIATION - 6227 WEST MICHIGAN AVE. - ANN ARBOR, MI 48108 | 46-1456488 | 501(C)(3) | 40,494. | 0. | | | HUMAN SERVICES - OTHER |
| HURON RIVER WATERSHED COUNCIL 117 N. FIRST ST., SUITE 100 ANN ARBOR, MI 48104 | 38-1806452 | 501(C)(3) | 40,448. | 0. | | | ENVIRONMENT |
| CORNER HEALTH CENTER 47 N. HURON ST. YPSILANTI, MI 48197 | 38-2329742 | 501(C)(3) | 40,090. | 0. | | | PHYSICAL HEALTH CARE |
| FOUNDATIONS PRESCHOOL OF WASHTENAW COUNTY - 3770 PACKARD RD. - ANN ARBOR, MI 48108 | 38-1256680 | 501(C)(3) | 39,960. | 0. | | | EDUCATION |
| HEALTH EMERGENCY MEDICAL SERVICES DBA REGION 2 NORTH HEALTHCARE COALITION - 19176 HALL RD., SUITE 120 - CLINTON TOWNSHIP, MI 48038 | 81-1307754 | 501(C)(3) | 39,956. | 0. | | | COMMUNITY DEVELOPMENT |
| GREENHILLS SCHOOL 850 GREENHILLS DR. ANN ARBOR, MI 48105 | 38-6143974 | 501(C)(3) | 39,165. | 0. | | | EDUCATION |

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 |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| RIVERSIDE ARTS CENTER FOUNDATION 76 NORTH HURON ST. YPSILANTI, MI 48197 | 38-3228817 | 501(C)(3) | 37,447. | 0. | | | ARTS / CULTURE |
| UNIVERSITY MUSICAL SOCIETY 881 NORTH UNIVERSITY AVE. ANN ARBOR, MI 48109-1011 | 38-1545881 | 501(C)(3) | 36,656. | 0. | | | ARTS / CULTURE |
| COMMUNITY FAMILY LIFE CENTERS 1375 S. HARRIS RD. YPSILANTI, MI 48198 | 32-0115383 | 501(C)(3) | 36,485. | 0. | | | PHYSICAL HEALTH CARE |
| YPSILANTI MEALS ON WHEELS 1110 W. CROSS ST. YPSILANTI, MI 48197 | 38-2038528 | 501(C)(3) | 33,665. | 0. | | | FOOD DISTRIBUTION PROGRAMS |
| MICHIGAN LEAGUE OF CONSERVATION VOTERS EDUCATION FUND - 340 BEAKES - ANN ARBOR, MI 48104 | 37-1430158 | 501(C)(3) | 33,500. | 0. | | | ENVIRONMENT |
| ARBOR HOSPICE 2366 OAK VALLEY DR. ANN ARBOR, MI 48103 | 38-2532215 | 501(C)(3) | 32,115. | 0. | | | PHYSICAL HEALTH CARE |
| BIG BROTHERS/BIG SISTERS OF SOUTHEAST MICHIGAN - 11 WEST MICHIGAN AVE. - YPSILANTI, MI 48197 | 26-0344984 | 501(C)(3) | 30,691. | 0. | | | YOUTH DEVELOPMENT |
| REFUGEE GARDEN INITIATIVES 245 LAKE VILLAGE DR #208 ANN ARBOR, MI 48103 | 92-3679711 | 501(C)(3) | 30,130. | 0. | | | FOOD DISTRIBUTION PROGRAMS |
| PLANNED PARENTHOOD OF MICHIGAN 950 VICTORS WAY, SUITE 100 ANN ARBOR, MI 48108 | 38-1707521 | 501(C)(3) | 29,000. | 0. | | | PHYSICAL HEALTH CARE |

Schedule I (Form 990)

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| YOUTH ART GALLERY 1500 PAULINE BLVD. #24 ANN ARBOR, MI 48103 | 93-3833316 | 501(C)(3) | 28,770. | 0. | | | ARTS / CULTURE |
| EMBRACING OUR DIFFERENCES S.E.MICHIGAN, INC - 228 RIVERVIEW DR. - ANN ARBOR, MI 48104 | 87-3289021 | 501(C)(3) | 28,000. | 0. | | | ARTS / CULTURE |
| DZANC HOUSE, DZANC BOOKS 5220 DEXTER ANN ARBOR RD ANN ARBOR, MI 48103 | 20-5405226 | 501(C)(3) | 27,500. | 0. | | | ARTS / CULTURE |
| GIRLS ON THE RUN OF SOUTHEASTERN MICHIGAN - 3075 CLARK RD. - YPSILANTI, MI 48197 | 38-3635841 | 501(C)(3) | 27,000. | 0. | | | YOUTH DEVELOPMENT |
| YPSILANTI YOUTH ORCHESTRA 13 N. WASHINGTON ST. YPSILANTI, MI 48197 | 38-3496940 | 501(C)(3) | 26,000. | 0. | | | ARTS / CULTURE |
| THE SIERRA CLUB FOUNDATION 2101 WEBSTER ST., SUITE 1250 OAKLAND, CA 94612 | 94-6069890 | 501(C)(3) | 25,500. | 0. | | | ENVIRONMENT |
| BHIC INC 479 BOSTON AVE YPSILANTI, MI 48197 | 92-0737294 | 501(C)(3) | 25,284. | 0. | | | ADVOCACY / CIVIL RIGHTS |
| FRIENDSHIP CIRCLE 6892 WEST MAPLE RD. WEST BLOOMFIELD, MI 48322 | 38-3613944 | 501(C)(3) | 25,000. | 0. | | | HUMAN SERVICES - OTHER |
| MICHIGAN ADVOCACY PROGRAM 15 S WASHINGTON ST. YPSILANTI, MI 48198 | 38-1845444 | 501(C)(3) | 25,000. | 0. | | | ADVOCACY / CIVIL RIGHTS |

Schedule I (Form 990)

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

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| MILES JEFFREY ROBERTS FOUNDATION 2632 WAYSIDE DR. ANN ARBOR, MI 48103 | 84-2912363 | 501(C)(3) | 25,000. | 0. | | | YOUTH DEVELOPMENT |
| COLUMBIABARNARD HILLEL INC 606 WEST 115TH ST. NEW YORK, NY 10025 | 23-7077182 | 501(C)(3) | 25,000. | 0. | | | EDUCATION |
| OUR COMMUNITY READS 1239 HULL AVE YPSILANTI, MI 48198 | 85-4301328 | 501(C)(3) | 25,000. | 0. | | | EDUCATION |
| THE MIGHTY OAK PROJECT 3676 S STATE ST ANN ARBOR, MI 48105 | 81-5293606 | 501(C)(3) | 25,000. | 0. | | | RECREATION / SPORTS |
| WASHTENAW COMMUNITY COLLEGE FOUNDATION - 4800 E. HURON RIVER DR. - ANN ARBOR, MI 48105 | 38-2575395 | 501(C)(3) | 25,000. | 0. | | | EDUCATION |
| NEW COMMUNITY VISION 11527 N SEVEN PINES RD NORTHPORT, MI 49670 | 88-3911974 | 501(C)(3) | 25,000. | 0. | | | ENVIRONMENT |
| ALZHEIMER'S ASSOCIATION - GREATER MICHIGAN CHAPTER - 25200 TELEGRAPH RD. - SOUTHFIELD, MI 48033 | 13-3039601 | 501(C)(3) | 24,503. | 0. | | | DISEASE / DISORDERS |
| INLAND SEAS EDUCATION ASSOCIATION 100 DAME ST SUTTONS BAY, MI 49682 | 38-2866234 | 501(C)(3) | 24,503. | 0. | | | ENVIRONMENT |
| CLEARY UNIVERSITY CLEARY UNIVERSITY HOWELL, MI 48843 | 38-1393841 | 501(C)(3) | 24,212. | 0. | | | EDUCATION |

Schedule I (Form 990)

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

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|-------------------------------------|
| UNITED WAY OF WASHTENAW COUNTY 2305 PLATT RD. ANN ARBOR, MI 48104 | 38-1951024 | 501(C)(3) | 23,528. | 0. | | | HUMAN SERVICES - OTHER |
| EDUCATE YOUTH 104 SOUTH HURON ST. YPSILANTI, MI 48197 | 81-5402852 | 501(C)(3) | 22,582. | 0. | | | EDUCATION |
| GRANTMAKERS IN AGING 901 N GLEBE RD ARLINGTON, VA 22203 | 13-4014982 | 501(C)(3) | 22,400. | 0. | | | PHILANTHROPIC / GRANTMAKING ORGS |
| FAMILY LEARNING INSTITUTE 1954 S. INDUSTRIAL HWY, SUITE D. ANN ARBOR, MI 48104 | 38-3514675 | 501(C)(3) | 21,000. | 0. | | | EDUCATION |
| ANN ARBOR SUMMER FESTIVAL 210 HURONVIEW BLVD., SUITE 1 ANN ARBOR, MI 48103 | 38-2307397 | 501(C)(3) | 20,855. | 0. | | | ARTS / CULTURE |
| CITY OF ANN ARBOR P.O. BOX 8647 ANN ARBOR, MI 48107 | 38-6004534 | GOVERNMENT | 20,350. | 0. | | | ARTS / CULTURE |
| DOMESTIC VIOLENCE PROJECT DBA SAFEHOUSE CENTER - 4100 CLARK RD. - ANN ARBOR, MI 48105 | 38-2121751 | 501(C)(3) | 20,148. | 0. | | | HUMAN SERVICES - OTHER |
| DASHBOARD CO-OP INC 245 NORTH HIGHLAND AVE. NORTHEAST ATLANTA, GA 30307 | 27-2174099 | 501(C)(3) | 20,000. | 0. | | | ARTS / CULTURE |
| HAVERFORD COLLEGE 370 LANCASTER AVE. HAVERFORD, PA 19041 | 23-6002304 | 501(C)(3) | 20,000. | 0. | | | EDUCATION |

Schedule I (Form 990)

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

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| MENTOR2YOUTH INC 111 S. WALLACE BLVD. YPSILANTI, MI 48197 | 38-3855138 | 501(C)(3) | 20,000. | 0. | | | YOUTH DEVELOPMENT |
| SANCTUARY CARES 2770 ARAPAHOE RD LAFAYETTE, CO 80026 | 99-0976379 | 501(C)(3) | 20,000. | 0. | | | MENTAL HEALTH |
| TRUSTEES OF DARTMOUTH COLLEGE C/O GIFT RECORDING OFFICE, A19WF HANOVER, NH 03755 | 02-0222111 | 501(C)(3) | 20,000. | 0. | | | EDUCATION |
| YPSILANTI DISTRICT LIBRARY 5577 WHITTAKER RD. YPSILANTI, MI 48197 | 38-2462745 | 501(C)(3) | 19,090. | 0. | | | ARTS / CULTURE |
| CHILDREN'S LITERACY NETWORK 1100 NORTH MAIN ST., SUITE 207 ANN ARBOR, MI 48104 | 38-3002473 | 501(C)(3) | 17,500. | 0. | | | EDUCATION |
| DAYCROFT MONTESSORI SCHOOL 1095 N. ZEEB RD. ANN ARBOR, MI 48103 | 38-2430758 | 501(C)(3) | 16,705. | 0. | | | EDUCATION |
| RONALD MCDONALD HOUSE CHARITIES OF ANN ARBOR - 1600 WASHINGTON HEIGHTS - ANN ARBOR, MI 48104 | 38-2473817 | 501(C)(3) | 16,500. | 0. | | | HOUSING / SHELTER |
| FIRST PRESBYTERIAN CHURCH 1432 WASHTENAW AVE. ANN ARBOR, MI 48104 | 38-1360543 | 501(C)(3) | 16,000. | 0. | | | RELIGIOUS / SPIRITUAL RELATED |
| CREATIVE WASHTENAW (FORMERLY THE ARTS ALLIANCE, INC.) - 1100 NORTH MAIN ST. #A - ANN ARBOR, MI 48103 | 26-0638491 | 501(C)(3) | 15,950. | 0. | | | ARTS / CULTURE |

Schedule I (Form 990)

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

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| ANN ARBOR HURON HIGH SCHOOL ATHLETIC BOOSTER CLUB - 2727 FULLER RD. - ANN ARBOR, MI 48105 | 38-2970818 | 501(C)(3) | 15,745. | 0. | | | EDUCATION |
| THE POTTERS GUILD 201 HILL ST. ANN ARBOR, MI 48104 | 38-6075181 | 501(C)(3) | 15,496. | 0. | | | ARTS / CULTURE |
| ELLA SHARP MUSEUM 3225 FOURTH ST. JACKSON, MI 49203 | 38-1785309 | 501(C)(3) | 15,493. | 0. | | | ARTS / CULTURE |
| DETROIT INSTITUTE OF ARTS 5200 WOODWARD AVE. DETROIT, MI 48202 | 38-1359510 | 501(C)(3) | 15,473. | 0. | | | ARTS / CULTURE |
| FATHER GABRIEL RICHARD HIGH SCHOOL - ANN ARBOR - 4333 WHITEHALL DR - ANN ARBOR, MI 48105-9395 | 38-2169071 | 501(C)(3) | 15,460. | 0. | | | EDUCATION |
| WHITMORE LAKE PUBLIC SCHOOL DISTRICT - 8845 MAIN ST. - WHITMORE LAKE, MI 48189 | 38-6004080 | GOVERNMENT | 15,000. | 0. | | | EDUCATION |
| WASHTENAW RAINBOW ACTION PROJECT D/B/A JIM TOY COMMUNITY CENTER - PO BOX 1152 - ANN ARBOR, MI 48106 | 38-3236294 | 501(C)(3) | 15,000. | 0. | | | ADVOCACY / CIVIL RIGHTS |
| YPSILANTI-WASHTENAW HOUSING CORPORATION - 601 ARMSTRONG DR. - YPSILANTI, MI 48197 | 90-0501573 | 501(C)(3) | 15,000. | 0. | | | ADVOCACY / CIVIL RIGHTS |
| SUPREME FELONS, INC. 2080 WHITTAKER RD. YPSILANTI, MI 48198 | 85-0897589 | 501(C)(3) | 15,000. | 0. | | | CRIME PREVENTION / JUSTICE |

Schedule I (Form 990)

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

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| THE ARK 117 N. FIRST ST., SUITE 40 ANN ARBOR, MI 48104 | 38-1802396 | 501(C)(3) | 15,000. | 0. | | | ARTS / CULTURE |
| THE RAGDALE FOUNDATION 1260 NORTH GREEN BAY RD. LAKE FOREST, IL 60045 | 36-2937927 | 501(C)(3) | 15,000. | 0. | | | ARTS / CULTURE |
| OSCODA CITIZENS FOR CLEAN WATER PO BOX 429 OSCODA, MI 48750 | 84-4488700 | 501(C)(3) | 15,000. | 0. | | | ENVIRONMENT |
| NATIONAL NETWORK OF ABORTION FUNDS 9450 SW GEMINI DR. BEAVERTON, OR 97008 | 04-3236982 | 501(C)(3) | 15,000. | 0. | | | ADVOCACY / CIVIL RIGHTS |
| MANY HANDS LIFESHARING COMMUNITY 1032 LOUISE ST YPSILANTI, MI 48197 | 87-3063962 | 501(C)(3) | 15,000. | 0. | | | COMMUNITY DEVELOPMENT |
| FAMILY ASSESSMENT CLINIC 2245 S. STATE ST. ANN ARBOR, MI 48104 | 38-4117841 | 501(C)(3) | 15,000. | 0. | | | YOUTH DEVELOPMENT |
| ACLU FUND OF MICHIGAN 2966 WOODWARD AVE. DETROIT, MI 48201 | 23-7243421 | 501(C)(3) | 13,500. | 0. | | | ADVOCACY / CIVIL RIGHTS |
| PURPLE ROSE THEATRE 137 PARK ST. CHELSEA, MI 48118 | 38-2946466 | 501(C)(3) | 13,500. | 0. | | | ARTS / CULTURE |
| ARTRAIN, INC. 1100 N MAIN ST STE 101A ANN ARBOR, MI 48104 | 23-7099789 | 501(C)(3) | 13,000. | 0. | | | TO SUPPORT THE AMPLIFICATION OF BIPOC AND WOMEN COMPOSERS AND PERFORMERS |

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

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|--------------------------------------|
| GREAT LAKES PERFORMING ARTIST ASSOC. - PO BOX 2721 - ANN ARBOR, MI 48106-2721 | 38-2215599 | 501(C)(3) | 12,750. | 0. | | | ARTS / CULTURE |
| DAWN INCORPORATED (DAWN FARM) 6633 STONEY CREEK RD. YPSILANTI, MI 48197 | 23-7318277 | 501(C)(3) | 12,673. | 0. | | | MENTAL HEALTH |
| FIRST UNITED METHODIST CHURCH - ANN ARBOR - 120 S. STATE ST. - ANN ARBOR, MI 48104-1686 | 38-1381150 | 501(C)(3) | 12,500. | 0. | | | RELIGIOUS / SPIRITUAL RELATED |
| HILLSDALE COLLEGE 33 E COLLEGE STREET HILLSDALE, MI 49242 | 38-1374230 | 501(C)(3) | 12,500. | 0. | | | EDUCATION |
| COUNCIL OF MICHIGAN FOUNDATIONS 1 S. HARBOR AVE., SUITE 8 GRAND HAVEN, MI 49417 | 38-6263347 | 501(C)(3) | 12,450. | 0. | | | INTERNAL - DUES / EXTERNAL TRANSFERS |
| WASHTENAW COUNTY/EASTERN MICHIGAN UNIVERSITY - LEGAL RESOURCE C - 110 NORTH FOURTH AVE. - ANN ARBOR, MI 48104 | 38-3705470 | 501(C)(3) | 12,246. | 0. | | | EDUCATION |
| INTENTIONAL COMMUNITIES OF WASHTENAW COUNTY - PO BOX 1525 - ANN ARBOR, MI 48106 | 83-0980334 | 501(C)(3) | 12,200. | 0. | | | HUMAN SERVICES - OTHER |
| ST. FRANCIS OF ASSISI PARISH ANN ARBOR - 2150 FRIEZE AVE. - ANN ARBOR, MI 48104 | 38-1404594 | 501(C)(3) | 12,200. | 0. | | | RELIGIOUS / SPIRITUAL RELATED |
| GUADALUPANOS EN MICHIGAN 1791 MANCHESTER DR. YPSILANTI, MI 48198 | 92-2866996 | 501(C)(3) | 12,000. | 0. | | | YOUTH DEVELOPMENT |

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| MEXIQUEENSES UNIDOS DE MICHIGAN P.O. BOX 3099 ANN ARBOR, MI 48106 | 88-3981359 | 501(C)(3) | 12,000. | 0. | | | COMMUNITY DEVELOPMENT |
| SALINE AREA SOCIAL SERVICES 1259 INDUSTRIAL DR SALINE, MI 48176 | 23-7134646 | 501(C)(3) | 12,000. | 0. | | | PUBLIC BENEFIT - OTHER |
| TRINITY LUTHERAN CHURCH 122 W. WESLEY JACKSON, MI 49201 | 38-1501124 | 501(C)(3) | 11,675. | 0. | | | RELIGIOUS / SPIRITUAL RELATED |
| HOPE MEDICAL CLINIC, INC. PO BOX 980311 YPSILANTI, MI 48198 | 38-2469007 | 501(C)(3) | 11,382. | 0. | | | HUMAN SERVICES - OTHER |
| PIONEER ORCHESTRA PARENTS' SOCIETY 601 W. STADIUM BLVD. ANN ARBOR, MI 48103 | 38-2907178 | 501(C)(3) | 11,299. | 0. | | | ARTS / CULTURE |
| DEXTER COMMUNITY SCHOOL DISTRICT 2704 BAKER RD DEXTER, MI 48130 | 38-6007821 | GOVERNMENT | 11,227. | 0. | | | EDUCATION |
| KERRYTOWN CONCERT HOUSE 415 NORTH 4TH AVE. ANN ARBOR, MI 48104 | 38-2542823 | 501(C)(3) | 11,191. | 0. | | | ARTS / CULTURE |
| THEATRE NOVA 410 W. HURON ST. ANN ARBOR, MI 48103 | 47-1762735 | 501(C)(3) | 11,000. | 0. | | | ARTS / CULTURE |
| GAMERS OUTREACH FOUNDATION INC. 4860 WASHTENAW AVE I 435 ANN ARBOR, MI 48108 | 26-0321174 | 501(C)(3) | 11,000. | 0. | | | YOUTH DEVELOPMENT |

Schedule I (Form 990)

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| WRCJ, DETROIT EDUCATIONAL TELEVISION FOUNDATION - 48325 ALPHA DR. SUITE 150 - WIXOM, MI 48393 | 38-1440200 | 501(C)(3) | 10,500. | 0. | | | COMMUNITY DEVELOPMENT |
| ST. ANDREW'S EPISCOPAL CHURCH 306 N. DIVISION ST. ANN ARBOR, MI 48104 | 38-1360566 | 501(C)(3) | 10,347. | 0. | | | RELIGIOUS / SPIRITUAL RELATED |
| MUSLIM STUDENTS' ASSOCIATION OF THE UNIVERSITY OF MICHIGAN - 530 S STATE ST. - ANN ARBOR, MI 48109 | 93-3212271 | 501(C)(3) | 10,284. | 0. | | | RELIGIOUS / SPIRITUAL RELATED |
| BIRD CENTER OF WASHTENAW COUNTY, INC. - P.O. BOX 3718 - ANN ARBOR, MI 48106 | 83-0406863 | 501(C)(3) | 10,130. | 0. | | | ANIMALS |
| LOS ANGELES COUNTY MUSEUM OF ART DBA LACMA - 5905 WILSHIRE BLVD - LOS ANGELES, CA 90036 | 95-2264067 | 501(C)(3) | 10,000. | 0. | | | ARTS / CULTURE |
| AMERICAN SUPPORT FOR ISRAEL DBA AMERICA GIVES - 228 PARK AVE S #71410 - NEW YORK, NY 10003 | 26-3383926 | 501(C)(3) | 10,000. | 0. | | | PHILANTHROPIC / GRANTMAKING ORGS |
| AMOS HOUSE 460 PINE ST. PROVIDENCE, RI 02907 | 05-0387218 | 501(C)(3) | 10,000. | 0. | | | HUMAN SERVICES - OTHER |
| ANN ARBOR AFFORDABLE HOUSING CORPORATION - 2000 S. INDUSTRIAL HWY - ANN ARBOR, MI 48104 | 85-0626336 | 501(C)(3) | 10,000. | 0. | | | HOUSING / SHELTER |
| BOTSFORD CEMETERY COMPANY OF ANN ARBOR - 7020 PLYMOUTH RD. - ANN ARBOR, MI 48105 | 38-2256365 | 501(C)(13) | 10,000. | 0. | | | ENVIRONMENT |

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| CHILD CARE NETWORK 3941 RESEARCH PARK DR., SUITE C ANN ARBOR, MI 48108 | 38-2160250 | 501(C)(3) | 10,000. | 0. | | | YOUTH DEVELOPMENT |
| EVANGELICAL HOMES OF MICHIGAN FOUNDATION - 400 W RUSSELL ST - SALINE, MI 48176 | 81-4001272 | 501(C)(3) | 10,000. | 0. | | | PHILANTHROPIC / GRANTMAKING ORGS |
| FRACTURED ATLAS DBA CHORAL SINGING IN AMERICA - 228 PARK AVE. SOUTH #56651 - NEW YORK, NY 10003 | 11-3451703 | 501(C)(3) | 10,000. | 0. | | | ARTS / CULTURE |
| MAIN ST. PARK ALLIANCE P.O. BOX 222 CHELSEA, MI 48118 | 87-4649088 | 501(C)(3) | 10,000. | 0. | | | ENVIRONMENT |
| AMERICAN NEAR EAST REFUGEE AID (ANERA) - 1111 14TH ST NW SUITE 400 - WASHINGTON, DC 20005 | 52-0882226 | 501(C)(3) | 10,000. | 0. | | | HUMAN SERVICES - OTHER |
| THE GORDON SCHOOL 45 MAXFIELD AVE. EAST PROVIDENCE, RI 02914 | 05-0258876 | 501(C)(3) | 10,000. | 0. | | | EDUCATION |
| FREEDOM RIVER INC 6716 WINANS LAKE RD BRIGHTON, MI 48116 | 88-3542920 | 501(C)(3) | 10,000. | 0. | | | RECREATION / SPORTS |
| MICHIGAN YOUTH SPORTS INITIATIVE 111 NORTH MAPLE RD ANN ARBOR, MI 48103 | 88-3317712 | 501(C)(3) | 10,000. | 0. | | | YOUTH DEVELOPMENT |
| MICHIGAN MUNICIPAL LEAGUE FOUNDATION - 1675 GREEN RD. - ANN ARBOR, MI 48105 | 38-3019434 | 501(C)(3) | 10,000. | 0. | | | PUBLIC BENEFIT - 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 |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|-------------------------------------|
| SECRET SANTA SOCIETY OF YPSILANTI 1301 W. CROSS ST. YPSILANTI, MI 48197-2108 | 88-3135976 | 501(C)(3) | 10,000. | 0. | | | PHILANTHROPIC / GRANTMAKING ORGS |
| PERFECT PAIR 29556 MULLANE DR. FARMINGTON HILLS, MI 48334 | 85-3712412 | 501(C)(3) | 10,000. | 0. | | | COMMUNITY DEVELOPMENT |
| HANDS ACROSS THE WATER 781 AVIS DR. ANN ARBOR, MI 48108 | 38-3167509 | 501(C)(3) | 9,500. | 0. | | | HUMAN SERVICES - OTHER |
| INTERFAITH HOSPITALITY NETWORK OF WASHTENAW COUNTY - 4290 JACKSON RD. - ANN ARBOR, MI 48103 | 38-3052598 | 501(C)(3) | 9,500. | 0. | | | HUMAN SERVICES - OTHER |
| THERAPEUTIC RIDING, INC. 3425 E. MORGAN RD. ANN ARBOR, MI 48108 | 38-2487220 | 501(C)(3) | 9,000. | 0. | | | RECREATION / SPORTS |
| ELY'S HISTORIC STATE THEATER PO BOX 34 ELY, MN 55731 | 81-1555494 | 501(C)(3) | 8,700. | 0. | | | ARTS / CULTURE |
| MICHIGAN ABILITY PARTNERS 3810 PACKARD RD., SUITE 260 ANN ARBOR, MI 48108 | 38-2595768 | 501(C)(3) | 8,500. | 0. | | | HUMAN SERVICES - OTHER |
| WASHTENAW ASSOCIATION FOR COMMUNITY ADVOCACY - NEW CENTER - ANN ARBOR, MI 48104 | 38-6029205 | 501(C)(3) | 8,462. | 0. | | | COMMUNITY DEVELOPMENT |
| HURON ALUMNI HOCKEY ASSOCIATION PO BOX 7326 ANN ARBOR, MI 48107 | 38-3365726 | 501(C)(3) | 8,011. | 0. | | | EDUCATION |

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 |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| PERRY EARLY LEARNING CENTER, YPSILANTI COMMUNITY SCHOOLS - 550 PERRY AVE - YPSILANTI, MI 48197 | 38-1805562 | GOVERNMENT | 8,000. | 0. | | | EDUCATION |
| ST. JOHN THE EVANGELIST PARISH 711 N. MARTIN LUTHER KING JR. DR. JACKSON, MI 49201 | 38-1358032 | 501(C)(3) | 8,000. | 0. | | | RELIGIOUS / SPIRITUAL RELATED |
| THE CHADTOUGH FOUNDATION P.O. BOX 907 SALINE, MI 48176 | 47-4041494 | 501(C)(3) | 8,000. | 0. | | | MEDICAL RESEARCH |
| WILLIS C. PATTERSON OUR OWN THING CHORALE - 1410 S ZEEB RD. - ANN ARBOR, MI 48103 | 38-3080501 | 501(C)(3) | 8,000. | 0. | | | ARTS / CULTURE |
| AID IN MILAN, INC. 89 W. MAIN ST. MILAN, MI 48160 | 38-2108453 | 501(C)(3) | 8,000. | 0. | | | FOOD DISTRIBUTION PROGRAMS |
| ANN ARBOR FILM FESTIVAL P.O. BOX 8232 ANN ARBOR, MI 48107 | 38-2379836 | 501(C)(3) | 7,933. | 0. | | | ARTS / CULTURE |
| LEO FILMS LLC. 1655 HILL ST. SANTA MONICA, CA 90405 | 88-2279345 | | 7,500. | 0. | | | ARTS / CULTURE |
| COUNCIL ON FOUNDATIONS 1255 23RD ST NW WASHINGTON, DC 20037 | 13-6068327 | 501(C)(3) | 7,500. | 0. | | | INTERNAL - DUES / EXTERNAL TRANSFERS |
| THE THETA ZETA LAMBDA SCHOLARSHIP FUND - PO BOX 1785 - ANN ARBOR, MI 48106 | 38-2671230 | 501(C)(3) | 6,701. | 0. | | | EDUCATION - SCHOLARSHIPS / AID |

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 |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| FLINT INSTITUTE OF MUSIC 1025 EAST KEARSLEY ST. FLINT, MI 48503 | 38-6159482 | 501(C)(3) | 6,599. | 0. | | | ARTS / CULTURE |
| ST. LOUIS CENTER FOR EXCEPTIONAL CHILDREN AND ADULTS - 16195 OLD U.S. 12 - CHELSEA, MI 48118 | 38-6038121 | 501(C)(3) | 6,500. | 0. | | | HUMAN SERVICES - OTHER |
| THE ENCORE MUSICAL THEATRE COMPANY 7714 ANN ARBOR ST. DEXTER, MI 48130 | 26-1663425 | 501(C)(3) | 6,500. | 0. | | | ARTS / CULTURE |
| HOUSE BY THE SIDE OF THE RD. 2051 S. STATE ST. ANN ARBOR, MI 48104 | 80-0634576 | 501(C)(3) | 6,500. | 0. | | | HUMAN SERVICES - OTHER |
| NAACP - ANN ARBOR BRANCH P.O. BOX 3399 ANN ARBOR, MI 48106 | 38-6143234 | 501(C)(4) | 6,260. | 0. | | | ADVOCACY / CIVIL RIGHTS |
| DISPUTE RESOLUTION CENTER OF MICHIGAN, INC. - P.O. BOX 8645 - ANN ARBOR, MI 48107-8645 | 38-2489201 | 501(C)(3) | 6,217. | 0. | | | CRIME PREVENTION / JUSTICE |
| NATIONAL WILDLIFE FEDERATION - GREAT LAKES REGIONAL CHAPTER - 213 WEST LIBERTY, STE. 200 - ANN ARBOR, MI 48104 | 53-0204616 | 501(C)(3) | 6,200. | 0. | | | ANIMALS |
| ALLEN CREEK PRESCHOOL 2350 MILLER AVE. ANN ARBOR, MI 48103 | 38-3225724 | 501(C)(3) | 6,120. | 0. | | | EDUCATION |
| NORTHFIELD TOWNSHIP AREA LIBRARY 125 BARKER RD WHITMORE LAKE, MI 48189 | 27-1325230 | 501(C)(3) | 6,070. | 0. | | | HUMAN SERVICES - 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 |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| TEMPLE BETH EMETH 2309 PACKARD ST. ANN ARBOR, MI 48104 | 38-1846364 | 501(C)(3) | 6,000. | 0. | | | RELIGIOUS / SPIRITUAL RELATED |
| AMERICAN UNIVERSITY OF PARIS FOUNDATION, INC - P.O. BOX 25306 - NEW YORK, NY 10087-5306 | 13-3276905 | 501(C)(3) | 6,000. | 0. | | | EDUCATION |
| ANN ARBOR BIG BOOSTER CLUB - PIONEER ATHLETICS - 601 W. STADIUM - ANN ARBOR, MI 48103 | 38-3433553 | 501(C)(3) | 6,000. | 0. | | | COMMUNITY DEVELOPMENT |
| FAITH IN ACTION 603 S. MAIN CHELSEA, MI 48118 | 38-2463646 | 501(C)(3) | 5,900. | 0. | | | HUMAN SERVICES - OTHER |
| FRIENDS OF THE ANN ARBOR DISTRICT LIBRARY - 343 SOUTH FIFTH AVE. - ANN ARBOR, MI 48104 | 38-6084161 | 501(C)(3) | 5,768. | 0. | | | EDUCATION |
| WASHTENAW ALANO CLUB 995 NORTH MAPLE RD. ANN ARBOR, MI 48103 | 23-7069580 | 501(C)(3) | 5,266. | 0. | | | MENTAL HEALTH |
| WASHTENAW LITERACY 5577 WHITTAKER RD. YPSILANTI, MI 48197-9752 | 38-2914277 | 501(C)(3) | 5,240. | 0. | | | EDUCATION |
| WHITMORE LAKE 4TH OF JULY COMMITTEE - P.O. BOX 424 - WHITMORE LAKE, MI 48189 | 16-1718564 | 501(C)(3) | 5,228. | 0. | | | COMMUNITY DEVELOPMENT |
| UMRC PORTER HILLS FOUNDATION 805 WEST MIDDLE ST. CHELSEA, MI 48118 | 38-3443089 | 501(C)(3) | 5,175. | 0. | | | HUMAN SERVICES - OTHER |

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 | 157 | 543,590. | 0. | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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)

(Rev. December 2024)
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 for instructions and the latest information.

OMB No. 1545-0047

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 |
|----|-----|----|
| | | |
| 1b | | |
| 2 | | |
| | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| | | |
| 5a | | X |
| 5b | | X |
| | | |
| 6a | | X |
| 6b | | X |
| | | |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) (Rev. 12-2024)

| | |
|----------------|---|
| Part II | Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. |
|----------------|---|

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]

Part III Supplemental Information

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

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public
Inspection

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 | | | | |
| 10 Securities - Closely held stock | X | 1 | 562,500. | FAIR MARKET VALUE |
| 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

1

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it
must hold for at least 3 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 | | X |
| 31 | X | |
| 32a | | X |
| | | |

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

Schedule M (Form 990) 2024

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.

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)

(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

**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 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 LAST PROCESS WAS COMPLETED ON APRIL 25, 2024.

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 CHARITABLE REMAINDER TRUST AND DEFERRED
GIFTS RECEIVABLE

-78,016.

UNRELATED BUSINESS INCOME FROM PARTNERSHIPS

68,891.

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

Schedule O (Form 990) (Rev. 12-2024)

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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 for instructions and the latest information.

OMB No. 1545-0047

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

Schedule R (Form 990) (Rev. 1-2025)

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

| | Yes | No |
|---|-----------|----|
| 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? | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | X |
| b Gift, grant, or capital contribution to related organization(s) | 1b | X |
| c Gift, grant, or capital contribution from related organization(s) | 1c | X |
| d Loans or loan guarantees to or for related organization(s) | 1d | X |
| e Loans or loan guarantees by related organization(s) | 1e | X |
| f Dividends from related organization(s) | 1f | X |
| g Sale of assets to related organization(s) | 1g | X |
| h Purchase of assets from related organization(s) | 1h | X |
| i Exchange of assets with related organization(s) | 1i | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1l | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | X |
| o Sharing of paid employees with related organization(s) | 1o | X |
| p Reimbursement paid to related organization(s) for expenses | 1p | X |
| q Reimbursement paid by related organization(s) for expenses | 1q | X |
| r Other transfer of cash or property to related organization(s) | 1r | X |
| s Other transfer of cash or property from related organization(s) | 1s | 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) | | | |

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

[illegible]

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

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.

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.

Part I - Identification

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

Enter the Return Code for the return that this application is for (file a separate application for each return) **07**

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|------------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 4720 (other than individual) | 09 |
| Form 4720 (individual) | 03 | Form 5227 | 10 |
| Form 990-PF | 04 | Form 6069 | 11 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 8870 | 12 |
| Form 990-T (trust other than above) | 06 | Form 5330 (individual) | 13 |
| Form 990-T (corporation) | 07 | Form 5330 (other than individual) | 14 |
| Form 1041-A | 08 | Form 990-T (governmental entities) | 15 |

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **JAMES HUNTER**
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**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☒ calendar year 20 **24** or
☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

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

| | | | |
|---|-----------|----|-----------------|
| 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 108,820. |
| 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. | 3b | \$ | 3,820. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 105,000. |

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

Form **8868** (Rev. 1-2025)

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

OMB No. 1545-0047

2024Department of the Treasury
Internal Revenue Service

For calendar year 2024 or other tax year beginning _____, and ending _____

Go to 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 an 501(c)(3).

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

| | | | |
|--|----------------------|--|---|
| A <input type="checkbox"/> Check box if address changed. | Print or Type | Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) ANN ARBOR AREA COMMUNITY FOUNDATION | D Employer identification number 38-6087967 |
| B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A | | Number, street, and room or suite no. If a P.O. box, see instructions. 301 N MAIN ST, 300 | E Group exemption number (see instructions) |
| | | City or town, state or province, country, and ZIP or foreign postal code ANN ARBOR, MI 48104 | F <input type="checkbox"/> Check box if an amended return. |
| | | C Book value of all assets at end of year 227,205,548. | |
| G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university <input type="checkbox"/> 6417(d)(1)(A) Applicable entity | | | |
| H Check if filing only to claim <input type="checkbox"/> Credit from Form 8941 <input type="checkbox"/> Refund shown on Form 2439 <input type="checkbox"/> Elective payment amount from Form 3800 | | | |
| I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/> | | | |
| 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 | |
| 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 | |
| 4a Amount from Form 4255, Part I, line 3, column (q) | 4a | |
| b Other tax amounts. See instructions | 4b | |
| 5 Alternative minimum tax | 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. |

Part III Tax and Payments

| | | | |
|--|----|--|----|
| 1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 1a | | |
| b Other credits (see instructions) | 1b | | |
| c General business credit. Attach Form 3800 (see instructions) | 1c | | |
| d Credit for prior-year minimum tax (attach Form 8801 or 8827) | 1d | | |
| e Total credits. Add lines 1a through 1d | 1e | | |
| 2 Subtract line 1e from Part II, line 7 | 2 | | 0. |
| 3a Amount from Form 4255, Part I, line 3, column (r) (see instructions) | 3a | | |
| b Amount due from Form 8611 | 3b | | |
| c Amount due from Form 8697 | 3c | | |
| d Amount due from Form 8866 | 3d | | |
| e Other amounts due (see instructions) | 3e | | |
| f Total amounts due. Add lines 3a through 3e | 3f | | 0. |
| 4 Total tax. Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here | 4 | | 0. |

Part III Tax and Payments (continued)

| | | | |
|----|--|----|----------|
| 5 | Current net 965 tax liability paid from Form 965-A, Part II, column (k) | 5 | 0. |
| 6a | Payments: Preceding year's overpayment credited to the current year | 6a | 3,820. |
| b | Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> | 6b | |
| c | Tax deposited with Form 8868 | 6c | 105,000. |
| d | Foreign organizations: Tax paid or withheld at source (see instructions) | 6d | |
| e | Backup withholding (see instructions) | 6e | 0. |
| f | Credit for small employer health insurance premiums (attach Form 8941) | 6f | |
| g | Elective payment election amount from Form 3800 | 6g | |
| h | Payment from Form 2439 | 6h | |
| i | Credit from Form 4136 | 6i | |
| j | Other (see instructions) | 6j | |
| 7 | Total payments. Add lines 6a through 6j | 7 | 108,820. |
| 8 | Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> | 8 | |
| 9 | Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed | 9 | |
| 10 | Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid | 10 | 108,820. |
| 11 | Enter the amount of line 10 you want: Credited to 2025 estimated tax 108,820. Refunded | 11 | 0. |

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

| | | | |
|------------------------|--|-----------------------------------|----|
| 1 | At any time during the 2024 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 |
| 2 | 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 |
| 3 | Enter the amount of tax-exempt interest received or accrued during the tax year \$ | | |
| 4 | Enter available pre-2018 NOL carryovers here \$ 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 6. | | |
| 5 | Post-2017 NOL carryovers. Enter the Business Activity Code and available 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 | | Available post-2017 NOL carryover | |
| 901101 | | \$ 80,051. | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| 6a | Reserved for future use | | |
| b | Reserved for future use | | |

Part V Supplemental Information

Provide any additional information. See instructions.

| | | | | | |
|------------------------|--|--------------------------------|-----------|---|------------------------|
| Sign Here | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than 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 | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | MICHAEL LUMSDEN | MICHAEL LUMSDEN | 11/05/25 | | P01262236 |
| | Firm's name | BAKER TILLY ADVISORY GROUP, LP | | | Firm's EIN |
| | 101 SECOND STREET SUITE 900 | | | | 39-0859910 |
| | Firm's address | SAN FRANCISCO, CA 94105 | | | Phone no. 415-956-1500 |

Form 990-T (2024)

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 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).

OMB No. 1545-0047

2024

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

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

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 |
|---|------------------|--------------------|--------------|-----------|
| 1 a Gross receipts or sales | | | | |
| b Less returns and allowances | c Balance | 1c | | |
| 2 Cost of goods sold (Part III, line 8) | | 2 | | |
| 3 Gross profit. Subtract line 2 from line 1c | | 3 | | |
| 4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions | | 4a 159,195. | | 159,195. |
| b Net gain (loss) (Form 4797) (attach Form 4797). See instructions | | 4b | | |
| c Capital loss deduction for trusts | | 4c | | |
| 5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 1 | | 5 -228,086. | | -228,086. |
| 6 Rent income (Part IV) | | 6 | | |
| 7 Unrelated debt-financed income (Part V) | | 7 | | |
| 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) | | 8 | | |
| 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) | | 9 | | |
| 10 Exploited exempt activity income (Part VIII) | | 10 | | |
| 11 Advertising income (Part IX) | | 11 | | |
| 12 Other income (see instructions; attach statement) | | 12 | | |
| 13 Total. Combine lines 3 through 12 | | 13 -68,891. | | -68,891. |

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

| | | |
|--|-----------|-----------|
| 1 Compensation of officers, directors, and trustees (Part X) | 1 | |
| 2 Salaries and wages | 2 | |
| 3 Repairs and maintenance | 3 | |
| 4 Bad debts | 4 | |
| 5 Interest (attach statement). See instructions | 5 | |
| 6 Taxes and licenses | 6 | 8,354. |
| 7 Depreciation (attach Form 4562). See instructions | 7 | |
| 8 Less depreciation claimed in Part III and elsewhere on return | 8a | |
| 9 Depletion | 9 | 84,488. |
| 10 Contributions to deferred compensation plans | 10 | |
| 11 Employee benefit programs | 11 | |
| 12 Excess exempt expenses (Part VIII) | 12 | |
| 13 Excess readership costs (Part IX) | 13 | |
| 14 Other deductions (attach statement) SEE STATEMENT 2 | 14 | 8,000. |
| 15 Total deductions. Add lines 1 through 14 | 15 | 100,842. |
| 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) | 16 | -169,733. |
| 17 Deduction for net operating loss. See instructions | 17 | 0. |
| 18 Unrelated business taxable income. Subtract line 17 from line 16 | 18 | -169,733. |

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

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 | Total. Add lines 1 through 5 | 6 | |
| 7 | Inventory at end of year | 7 | |
| 8 | Cost of goods sold. 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 | <input type="checkbox"/> | | | | |
| B | <input type="checkbox"/> | | | | |
| C | <input type="checkbox"/> | | | | |
| D | <input type="checkbox"/> | | | | |
| 2 | Rent received or accrued | A | B | C | D |
| 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 2a and 2b (attach statement) | | | | |
| 5 | Total deductions. 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 | <input type="checkbox"/> | | | | |
| B | <input type="checkbox"/> | | | | |
| C | <input type="checkbox"/> | | | | |
| D | <input type="checkbox"/> | | | | |
| 2 | Gross income from or allocable to debt-financed property | A | B | C | D |
| 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 | Total gross income (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 | Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) | 0. | | | |
| 11 | Total dividends-received deductions 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 | | | |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
| | | 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 | 6. Deductions directly connected with income in column 5 |
| (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). |
| Totals | | | 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). |
| Totals | | 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) 2024

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

| | |
|---|--|
| A | |
| B | |
| C | |
| D | |

Enter amounts for each periodical listed above in the corresponding column.

| A | B | C | D |
|---|---|---|---|
| | | | |

| | | | | | |
|---|--|--|--|--|----|
| 2 | Gross advertising income | | | | |
| a | Add columns A through D. Enter here and on Part I, line 11, column (A) | | | | 0. |

| | | | | | |
|--|--|----|--|--|--|
| 3 Direct advertising costs by periodical | | | | | |
| a Add columns A through D. Enter here and on Part I, line 11, column (B) | | 0. | | | |

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8

[illegible]

5 Readership costs

6 Circulation income

7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13 0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name | 2. Title | 3. Percentage of time devoted to business | 4. Compensation attributable to unrelated business |
|---------|----------|---|--|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |

| | |
|---|----|
| Total. Enter here and on Part II, line 1 | 0. |
|---|----|

| | |
|----------------|--|
| Part XI | Supplemental Information (see instructions) |
|----------------|--|

| FORM 990-T (A) | INCOME (LOSS) FROM PARTNERSHIPS | STATEMENT 1 |
|--|---------------------------------|-------------------------|
| DESCRIPTION | | NET INCOME OR (LOSS) |
| ARCLIGHT ENERGY PARTNERS FUND VII, LP - ORDINARY BUSINESS INCOME (LOSS) | | -151,710. |
| ARCLIGHT ENERGY PARTNERS FUND VII, LP - INTEREST INCOME | | 24,024. |
| ARCLIGHT ENERGY PARTNERS FUND VII, LP - DIVIDEND INCOME | | 17,146. |
| ARCLIGHT ENERGY PARTNERS FUND VII, LP - OTHER INCOME (LOSS) | | -19,498. |
| MB SPECIAL OPPORTUNITIES FUND II, LP - ORDINARY BUSINESS INCOME (LOSS) | | 1,098. |
| NEWBURY EQUITY PARTNERS V L.P. - ORDINARY BUSINESS INCOME (LOSS) | | -4,344. |
| NEWBURY EQUITY PARTNERS V L.P. - INTEREST INCOME | | 5,097. |
| NEWBURY EQUITY PARTNERS V L.P. - DIVIDEND INCOME | | 3,488. |
| NEWBURY EQUITY PARTNERS V L.P. - OTHER INCOME (LOSS) | | -69,407. |
| NGP NATURAL RESOURCES XI, LP - ORDINARY BUSINESS INCOME (LOSS) | | 239,325. |
| NGP NATURAL RESOURCES XI, LP - INTEREST INCOME | | 687. |
| NGP NATURAL RESOURCES XI, LP - DIVIDEND INCOME | | 288. |
| NGP NATURAL RESOURCES XI, LP - OTHER INCOME (LOSS) | | -65,140. |
| TRF IV (UNBLOCKED), L.P. - ORDINARY BUSINESS INCOME (LOSS) | | -2,704. |
| TRF IV 2020 (UNBLOCKED), LP - ORDINARY BUSINESS INCOME (LOSS) | | 2,773. |
| LEGACY VENTURE XI LLC - OTHER INCOME (LOSS) | | 8. |
| LANDMARK EQUITY PARTNERS XIV, LP - ORDINARY BUSINESS INCOME (LOSS) | | 1,679. |
| LANDMARK EQUITY PARTNERS XIV, LP - INTEREST INCOME | | 1. |
| LANDMARK EQUITY PARTNERS XIV, LP - OTHER INCOME (LOSS) | | -3. |
| LANDMARK EQUITY PARTNERS XV, LP - ORDINARY BUSINESS INCOME (LOSS) | | -458. |
| LANDMARK EQUITY PARTNERS XV, LP - INTEREST INCOME | | 124. |
| LANDMARK EQUITY PARTNERS XV, LP - DIVIDEND INCOME | | 161. |
| LANDMARK EQUITY PARTNERS XV, LP - OTHER INCOME (LOSS) | | -2,062. |
| AG REALTY VALUE FUND X LP - ORDINARY BUSINESS INCOME (LOSS) | | -18,757. |
| AG REALTY VALUE FUND X LP - OTHER INCOME (LOSS) | | -126,994. |
| AG REALTY VALUE FUND XI LP - ORDINARY BUSINESS INCOME (LOSS) | | -2,251. |
| AG REALTY VALUE FUND XI LP - OTHER INCOME (LOSS) | | -70,080. |
| COMMONFUND CAPITAL PEP VI, LP - ORDINARY BUSINESS INCOME (LOSS) | | 2,266. |
| COMMONFUND CAPITAL PEP VI, LP - INTEREST INCOME | | 1. |
| COMMONFUND CAPITAL PEP VI, LP - OTHER INCOME (LOSS) | | -109. |
| COMMONFUND CAPITAL PEP VII, LP - ORDINARY BUSINESS INCOME (LOSS) | | 2,017. |
| COMMONFUND CAPITAL PEP VII, LP - INTEREST INCOME | | 67. |
| COMMONFUND CAPITAL PEP VII, LP - OTHER INCOME (LOSS) | | -252. |
| COMMONFUND CAPITAL VENTURE PARTNERS VIII, - OTHER INCOME (LOSS) | | -27. |
| DENHAM COMMODITY PARTNERS FUND VI LP - INTEREST INCOME | | 99. |
| DENHAM COMMODITY PARTNERS FUND VI LP - OTHER INCOME (LOSS) | | -7. |
| ENCAP ENERGY CAPITAL FUND XI, LP - ORDINARY BUSINESS INCOME (LOSS) | | 856,062. |
| ENCAP ENERGY CAPITAL FUND XI, LP - INTEREST INCOME | | 176. |

| | |
|---|------------|
| ANN ARBOR AREA COMMUNITY FOUNDATION | 38-6087967 |
| ENCAP ENERGY CAPITAL FUND XI, LP - DIVIDEND INCOME | 1. |
| ENCAP ENERGY CAPITAL FUND XI, LP - OTHER INCOME (LOSS) | -253,920. |
| HULL STREET ENERGY PARTNERS III, LP - ORDINARY BUSINESS INCOME (LOSS) | -81,890. |
| LEGACY VENTURE VI (QP), LLC - OTHER INCOME (LOSS) | -57. |
| STEPSTONE VC GLOBAL PARTNERS IX-B, LP - ORDINARY BUSINESS INCOME (LOSS) | -106. |
| STEPSTONE VC GLOBAL PARTNERS IX-B, LP - INTEREST INCOME | 1. |
| STEPSTONE VC GLOBAL PARTNERS IX-B, LP - OTHER INCOME (LOSS) | -12. |
| STEPSTONE VC GLOBAL PARTNERS X-B, LP - ORDINARY BUSINESS INCOME (LOSS) | -244. |
| STEPSTONE VC GLOBAL PARTNERS X-B, LP - OTHER INCOME (LOSS) | 255. |
| THE RESOLUTE FUND V, L.P - ORDINARY BUSINESS INCOME (LOSS) | 91. |
| THE RESOLUTE FUND V, L.P - DIVIDEND INCOME | 3. |
| THE RESOLUTE FUND V, L.P - OTHER INCOME (LOSS) | -57. |
| TRF V (BLOCKED), L.P. - INTEREST INCOME | 22. |
| TRF V (BLOCKED), L.P. - OTHER INCOME (LOSS) | -1. |
| WESTBROOK REAL ESTATE FUND XI, LP - ORDINARY BUSINESS INCOME (LOSS) | -10. |
| WESTBROOK REAL ESTATE FUND XI, LP - OTHER INCOME (LOSS) | -43,406. |
| ARCLIGHT FUND VII RENEWABLES AIV, LP - ORDINARY BUSINESS INCOME (LOSS) | 15,162. |
| FIVE POINT WATER MANAGEMENT AND SUSTAINABLE PARTNERS XV, LP - ORDINARY BUSI | -346,951. |
| FIVE POINT WATER MANAGEMENT AND SUSTAINABLE PARTNERS XV, LP - OTHER INCOME | -6,367. |
| TIGER GLOBAL PRIVATE INVESTMENT PARTNERS X - OTHER INCOME (LOSS) | -2,232. |
| APAX X USD, L.P. - DIVIDEND INCOME | 2,580. |
| APAX X USD, L.P. - OTHER INCOME (LOSS) | -2,862. |
| APAX XI USD, L.P. - INTEREST INCOME | 10,662. |
| APAX XI USD, L.P. - OTHER INCOME (LOSS) | -141,532. |
| TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5 | -228,086. |

| FORM 990-T (A) | OTHER DEDUCTIONS | STATEMENT 2 |
|---------------------------------------|------------------|-------------|
| 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 3 |
|-----------------------------------|----------------|--|----------------|---------------------|
| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
| 12/31/18 | 192,879. | 192,879. | 0. | 0. |
| 12/31/19 | 66,641. | 66,641. | 0. | 0. |
| 12/31/20 | 125,014. | 105,625. | 19,389. | 19,389. |
| 12/31/21 | 60,662. | 0. | 60,662. | 60,662. |
| NOL CARRYOVER AVAILABLE THIS YEAR | | | 80,051. | 80,051. |

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 for instructions and the latest information.

OMB No. 1545-0123

2024

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) |
|--|----------------------------------|---------------------------------|---|--|
| 1a 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 | | | | |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked | | | | |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | 3,329. |
| 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 | | | 4 | |
| 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 | | | 5 | |
| 6 Unused capital loss carryover (attach computation) | | | 6 | () |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h | | | 7 | 3,329. |

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) |
|---|----------------------------------|---------------------------------|--|--|
| 8a 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 | | | | |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked | | | | |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | 114,499. |
| 11 Enter gain from Form 4797, line 7 or 9 | | | 11 | 41,367. |
| 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 | | | 12 | |
| 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 | | | 13 | |
| 14 Capital gain distributions | | | 14 | |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h | | | 15 | 155,866. |

Part III Summary of Parts I and II

| | | |
|--|-----------|----------|
| 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) | 16 | 3,329. |
| 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) | 17 | 155,866. |
| 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns | 18 | 159,195. |

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) 2024

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

38-6087967

ANN ARBOR AREA COMMUNITY FOUNDATION

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.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

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).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

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

[illegible]

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

Name(s) shown on return

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 for instructions and the latest information.

OMB No. 1545-0184

2024

Attachment
Sequence No. **27**

Identifying number

ANN ARBOR AREA COMMUNITY FOUNDATION

38-6087967

1a Enter the gross proceeds from sales or exchanges reported to you for 2024 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)

| 2 | (a) Description of property | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) | (d) Gross sales price | (e) Depreciation allowed or allowable since acquisition | (f) Cost or other basis, plus improvements and expense of sale | (g) Gain or (loss) Subtract (f) from the sum of (d) and (e) |
|------------------------|---------------------------------------|---|---|---------------------------------|---|--|--|
| SEE STATEMENT 4 | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

41,367.

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

41,367.

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** (2024)

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 | | | |
| These columns relate to the properties on lines 19A through 19D. | | Property A | Property B |
| | | Property C | Property D |
| 20 Gross sales price (Note: 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 | | |
| 25 If section 1245 property: | | | |
| a Depreciation allowed or allowable from line 22 | 25a | | |
| b Enter the smaller of line 24 or 25a | 25b | | |
| 26 If section 1250 property: 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 smaller 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 smaller of line 26c or 26d | 26e | | |
| f Section 291 amount (corporations only) | 26f | | |
| g Add lines 26b, 26e, and 26f | 26g | | |
| 27 If section 1252 property: 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 smaller of line 24 or 27b | 27c | | |
| 28 If section 1254 property: | | | |
| 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 smaller of line 24 or 28a | 28b | | |
| 29 If section 1255 property: | | | |
| a Applicable percentage of payments excluded from income under section 126. See instructions | 29a | | |
| b Enter the smaller 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 4

| DESCRIPTION | DATE ACQUIRED | DATE SOLD | SALES PRICE | DEPR. | COST OR BASIS | GAIN OR LOSS |
|---|------------------|--------------|----------------|-------|------------------|-----------------|
| ARCLIGHT ENERGY PARTNERS FUND VII, LP | | | | | | -1,217. |
| NEWBURY EQUITY PARTNERS V L.P. | | | | | | 355. |
| NGP NATURAL RESOURCES XI, LP | | | | | | 506. |
| LANDMARK EQUITY PARTNERS XV, LP | | | | | | -434. |
| AG REALTY VALUE FUND X LP | | | | | | 39,843. |
| COMMONFUND CAPITAL PEP VI, LP | | | | | | -940. |
| COMMONFUND CAPITAL PEP VII, LP | | | | | | -521. |
| ENCAP ENERGY CAPITAL FUND XI, LP | | | | | | -988. |
| WESTBROOK REAL ESTATE FUND XI, LP | | | | | | 4,763. |
| TOTAL TO 4797, PART I, LINE 2 | | | | | | 41,367. |

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 for instructions and the latest information.

OMB No. 1545-0123

2024

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) |
|---|----------------------------------|---------------------------------|---|--|
| 1a 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 | | | | |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked | | | | |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | 3,329. |
| 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 | | | 4 | |
| 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 | | | 5 | |
| 6 Unused capital loss carryover (attach computation) | | | 6 | () |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h | | | 7 | 3,329. |

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) |
|--|----------------------------------|---------------------------------|--|--|
| 8a 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 | | | | |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked | | | | |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | 114,499. |
| 11 Enter gain from Form 4797, line 7 or 9 | | | 11 | 41,367. |
| 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 | | | 12 | |
| 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 | | | 13 | |
| 14 Capital gain distributions | | | 14 | |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h | | | 15 | 155,866. |

Part III Summary of Parts I and II

| | | |
|---|----|----------|
| 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) | 16 | 3,329. |
| 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) | 17 | 155,866. |
| 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns | 18 | 159,195. |

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

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

2024

Attachment Sequence No. **12A**

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

Go to www.irs.gov/Form8949 for instructions and the latest information.

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.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

38-6087967

ANN ARBOR AREA COMMUNITY FOUNDATION

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.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

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).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

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

[illegible]

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

Name(s) shown on return

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 for instructions and the latest information.

OMB No. 1545-0184

2024

Attachment
Sequence No. **27**

Identifying number

ANN ARBOR AREA COMMUNITY FOUNDATION

38-6087967

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2024 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)

| 2 | (a) Description of property | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) | (d) Gross sales price | (e) Depreciation allowed or allowable since acquisition | (f) Cost or other basis, plus improvements and expense of sale | (g) Gain or (loss) Subtract (f) from the sum of (d) and (e) |
|--|---|-----------------------------------|-------------------------------|-----------------------|---|--|---|
| | SEE STATEMENT 5 | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 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 41,367. |
| 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 41,367. |

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** (2024)

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 | | | |
| These columns relate to the properties on lines 19A through 19D. | | Property A | Property B |
| | | Property C | Property D |
| 20 Gross sales price (Note: 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 | | |
| 25 If section 1245 property: | | | |
| a Depreciation allowed or allowable from line 22 | 25a | | |
| b Enter the smaller of line 24 or 25a | 25b | | |
| 26 If section 1250 property: 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 smaller 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 smaller of line 26c or 26d | 26e | | |
| f Section 291 amount (corporations only) | 26f | | |
| g Add lines 26b, 26e, and 26f | 26g | | |
| 27 If section 1252 property: 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 smaller of line 24 or 27b | 27c | | |
| 28 If section 1254 property: | | | |
| 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 smaller of line 24 or 28a | 28b | | |
| 29 If section 1255 property: | | | |
| a Applicable percentage of payments excluded from income under section 126. See instructions | 29a | | |
| b Enter the smaller 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 |
|---|------------------|--------------|----------------|-------|------------------|-----------------|
| ARCLIGHT ENERGY PARTNERS FUND VII, LP | | | | | | -1,217. |
| NEWBURY EQUITY PARTNERS V L.P. | | | | | | 355. |
| NGP NATURAL RESOURCES XI, LP | | | | | | 506. |
| LANDMARK EQUITY PARTNERS XV, LP | | | | | | -434. |
| AG REALTY VALUE FUND X LP | | | | | | 39,843. |
| COMMONFUND CAPITAL PEP VI, LP | | | | | | -940. |
| COMMONFUND CAPITAL PEP VII, LP | | | | | | -521. |
| ENCAP ENERGY CAPITAL FUND XI, LP | | | | | | -988. |
| WESTBROOK REAL ESTATE FUND XI, LP | | | | | | 4,763. |
| TOTAL TO 4797, PART I, LINE 2 | | | | | | 41,367. |