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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

		applicable	C Name of organization CRANBROOK EDUCATIONAL COMMU	, 2013, and ending 06 NITY	-30-2014	D Emplo	yer ident	tification number	
	dress cl	_	Doing Business As			38-2	015048		
	me cha	_	Bolling Busiliess / B						
	ial retu		Number and street (or P O box if m PO BOX 801	ail is not delivered to street address) Room/:	suite	E Teleph	one numb	er	
	mınate			(248)	645-30	000			
		return	City or town, state or province, coun BLOOMFIELD HILLS, MI 483030801	ntry, and ZIP or foreign postal code					
App	olicatio	n pending				G Gross	receipts \$	114,349,530	
			F Name and address of prin	icipal officer		s this a group ubordinates?		or □ Yes 🔽 No	
			PO BOX 801	22020801		aboramates			
			BLOOMFIELD HILLS, MI 48	53030601		re all subord cluded?	ınates	Γ Y es Γ No	
I Ta	x-exen	npt status	▼ 501(c)(3)	nsert no) 4947(a)(1) or 527			nalist (see instructions)	
ı w	ebsite	e:► WV	VW CRANBROOK EDU		H(c) G	Group exemp	tion num	ber ►	
V Carr		raa nizatio n	Corporation Trust Association	n Cothor b .	1 (-)			State of legal domicile M	
	n or or rt I	_	imary	n Other -	L Year	of formation 19	9/3 M S	state of legal domicile. M	
			escribe the organization's missio	n or most significant activities					
Governance		CRANBI DESIGN	ROOK PROVIDES EXCELLENT E	EDUCATIONAL PROGRAMS SERVIN JAL GROWTH AND EXCELLENCE BY					
Ē								_	
<u>ş</u>	,	Chack t	his hov 🕶 if the organization dis	scontinued its operations or disposed	l of more tha	n 25% of its	net acc	atc .	
	-	CHECK	in box Figurization dis	scontinued its operations of disposee	i oi more ene	111 2 5 70 OT 1C.	, net 433	cts	
Activities &	3	Number	of voting members of the govern	ng body (Part VI, line 1a)			3	32	
È	I			of the governing body (Part VI, line 1	-		4	3:	
ទី				calendar year 2013 (Part V, line 2a)			5	1,210	
-			•	ecessary)			6 7a	1,16	
	1			art VIII, column (C), line 12			7a 7b	-81,27	
			The state of the s			rior Year	1 75 1	Current Year	
	8	Contr	ıbutıons and grants (Part VIII, lır	ne 1h)		12,309,	954	8,571,240	
E E	9	Progra	am service revenue (Part VIII, lii	ne 2g)		45,978		49,009,213	
Revenue	10	Inves	tment income (Part VIII, column	(A), lines 3, 4, and 7d)		8,485,767		9,633,742	
ш	11			lines 5, 6d, 8c, 9c, 10c, and 11e)		2,044,726		840,829	
	12			(must equal Part VIII, column (A), lı	ne	68,818,	520	68,055,024	
	13			IX, column (A), lines 1-3)		1,485,	173	1,491,703	
	14	Benef	its paid to or for members (Part I	X, column (A), line 4)			0	(
88	15	Saları 5–10		e benefits (Part IX, column (A), lines		40,642,	901	42,114,521	
Expenses	16a	Profes	<i>.</i> ssional fundraising fees (Part IX,			0	(
ੜੇ	ь	Total fu	undraising expenses (Part IX, column (D)						
	17	Other	expenses (Part IX, column (A), I	ınes 11a–11d, 11f–24e)		29,056,	116	30,391,963	
	18			st equal Part IX, column (A), line 25)		71,184,190		73,998,187	
00	19	Rever	ue less expenses Subtract line	18 from line 12	_	-2,365,		-5,943,163	
80€ 20€					Begin	ning of Curre Year	ent	End of Year	
SS et	20	Total	assets (Part X, line 16)			436,878,	147	452,458,550	
Not Assets or Fund Balances	21		liabilities (Part X, line 26)			118,659,	278	116,535,508	
	22	_	ssets or fund balances Subtract	line 21 from line 20		318,218,	869	335,923,042	
Jnde my ki prepa	nowle arer ha	alties of dge and as any k	belief, it is true, correct, and comnowledge *** ature of officer	amined this return, including accompa aplete Declaration of preparer (other					
Here	C		ERICK SPEARIN COO e or print name and title						
		11	Print/Type preparer's name	Preparer's signature	Date	Check I if	PTIN		
Paid	d	L!	LYNNE HUISMANN			self-employed	P000538		
	pare		Firm's name 🕨 PLANTE & MORAN PLLC			Firm's EIN 🟲 3	88-135795: 	1	
	On		Firm's address 🕨 2601 CAMBRIDGE CT S		Phone no (24	3) 375-710	00		

AUBURN HILLS, MI 48326
May the IRS discuss this return with the preparer shown above? (see instructions) .

✓ Yes No

orm	n 990 (2013)					Page 2
Par		t of Program Serv nedule O contains a resp			III	٦
1	Briefly describe th	e organızatıon's mıssıon				
NN	OVATION, AND VA	LUES LEARNERS OF A	L AGES AND	BACKGROUNDS CRA	DUCATION, ENCOURAGE ANBROOK DEVELOPS PE Y, AND STRIVE FOR EXC	OPLE WHO WILL LIVE WITH
2	Dıd the organizatio	n undertake any signific	ant program se	ervices during the year	which were not listed on	
	•	or 990-EZ?				
	If "Yes," describe t	hese new services on S	chedule O			
3	services?	n cease conducting, or r • • • • • •		nt changes in how it co	nducts, any program	
	If "Yes," describe t	hese changes on Sched	ule O			
4	expenses Section) organizations	s are required to repor	ree largest program servic t the amount of grants and	
4a	(Code) (Expenses \$	50,148,396	ıncludıng grants of \$	1,273,554) (Revenue \$	42,663,313)
	PREPARATORY EDUCA DEVELOP A DEEP APPE SEEK TO INSTILL IN S	ITION WE MOTIVATE STUDEN RECIATION FOR THE ARTS AN TUDENTS A STRONG SENSE O	ITS FROM DIVERS D DIFFERENT CU DF PERSONAL AND	E BACKGROUNDS TO STRIN LTURES, AND TO EMPLOY T SOCIAL RESPONSIBILITY, 1		, AND PHYSICAL EXCELLENCE, TO DUR MODERN AGE OUR SCHOOLS LY, AND THE COMPETENCE TO
4b	(Code		8,605,651	ıncludıng grants of \$		4,234,225)
	CRANBROOK ACADEM ARTISTS-IN-RESIDENG WAS 150 STUDENTS COMPONENT OF CRAN COLLECTIONS AND RE MUSEUM'S COLLECTIO	Y OF ART IS AN INDEPENDEN CE MENTOR STUDENTS IN AR CRANBROOK ART MUSEUM IS NBROOK ACADEMY OF ART T SEARCH, THE MUSEUM ENGA	T GRADUATE DEG T, ARCHITECTUR A DYNAMIC FOR HROUGH IT'S BRO AGES DIVERSE PUI G EXAMPLES OF A	REE-GRANTING INSTITUTION E AND DESIGN TO CREATIV UM FOR CONTEMPORARY A AD-BASED EDUCATIONAL P BLIC AUDIENCES IN EMERG RT, ARCHITECTURE AND D	ON OFFERING AN INTENSE STUD TELY INFLUENCE CONTEMPORARY IRT, CRAFT, ARCHITECTURE AND ROGRAMS, PERMANENT COLLECT ING ARTISTIC FORMS AND IDEAS DESIGN FROM THE 20TH AND 21S	IO-BASED EXPERIENCE WHERE 'CULTURE FALL 2013 ENROLLMENT D DESIGN, AND AN INTEGRAL TION AND CHANGING EXHIBITIONS, G OF VISUAL CULTURE THE
4c	(Code) (Expenses \$	4,427,050	ıncludıng grants of \$) (Revenue \$	1,225,526)
	CRANBROOK INSTITU	, , , ,	CIENTIFIC LITERA	CY, NURTURE CURIOSITY A	AND ENCOURAGES ADVOCACY FO	OR THE NATURAL AND CULTURAL
	(0-1-) (E h	F 462 F20) (D	006 140)
	HISTORIC LANDMARK	, AS WELL AS TOURS AND ED	UCATIONAL PROG	RAMS HOLDINGS IN THE C) (Revenue \$ PRESERVATION OF CRANBROOK RANBROOK ARCHIVES INCLUDE VANT TO ALL ASPECTS OF CRAN	
	0.11	/D C				
4d	Other program se (Expenses \$	rvices (Describe in Scho 5,463,539 inc	edule O) luding grants o	of\$) (Revenue \$	886,149)
4e	Total program ser	vice expenses 🕨	68,644,636			
_						

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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? If "Yes," complete Schedule C, Part II	4		Νo
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\square}	9		No
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
L1	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII"	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Νo
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
L2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🥵	13	Yes	
L4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
L5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
L6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
L 7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
L8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
L9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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

αI	Chack if School 10 Coopting a wagneness of note to any line in this Bort V			_
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. J No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 300		103	- 140
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
.3	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			
1	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
1	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
1	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		N
	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<u> </u>		
	,	5c		
	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		N
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	_		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
)	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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		
,	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

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

	Check if Schedule O contains a response or note to any line in this Part VI			
Se	ection A. Governing Body and Management			1
			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 in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
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	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
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	Yes	
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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 in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
	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?	10a 10b		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		Yes	No
b L1a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b	Yes	No
b L1a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	No
b 11a b 12a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		No
b L1a b L2a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a	Yes	No
b L1a b L2a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes	No
b L1a b L2a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes Yes	No
b 11a b 12a b c	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	Yes Yes Yes	No
b l1a b l2a c c l3 l4	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by	10b 11a 12a 12b 12c 13	Yes Yes Yes	No
b l1a b l2a b c l3 l4 l5	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No
b l1a b l2a b c l3 l4 l5	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a b c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
b l1a b l2a b c l3 l4 l5 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	
b l1a b l2a c l3 l4 l5 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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	10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes Yes	
b l1a b l2a c l3 l4 l5 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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?	10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes Yes	

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

►PAM RUTHVENCFO PO BOX 801

BLOOMFIELD HILLS, MI 483030801 (248) 645-3110

Form 990	(2013	
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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

◆ List all of the organization's current key employees, if any See instructions for definition of "key employee"

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more t	han o	one l both	box, an o	heck sofficer (stee) Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations

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

	(A) Name and Title	(B) A verage hours per week (list any hours	more t	han d n is	ne b both	ox, an c	heck unless officer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)		(E) Reportable compensation from related organizations (W	/-	(F) Estima amount of compens from t	ted fother ation he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MIS	C)	2/1099-MISC)		organizati relate organiza	ed l
												_		
												_		
										_		_		
												_		
41.	Col. Total							<u></u>						
1b c	Sub-Total	s to Part VII, S	ection A	٠.				•						
d	Total (add lines 1b and 1c) .							Þ	3,004	1,717		0		264,812
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	ho received moi	re tha	an			
													Yes	No
3	Did the organization list any fc on line 1a? <i>If "Yes," complete S</i>					key •	emplo	yee,	, or highest com	pens •	ated employee	3	Yes	
4	For any individual listed on line organization and related organ individual												Va-	
5	Did any person listed on line 1	a receive or acc	rue cor	npen	• satio	n fr	om anv	• unr	elated organiza	tion o	or individual for	4	Yes	
-	services rendered to the organ											5		No
	ection B. Independent Co													
1	Complete this table for your five compensation from the organization												tax year	
	-	(A)							-		(B)		(C	

(A)	(B)	(C)
Name and business address	Description of services	Compensation
CHARTWELLS PO BOX 91337 CHICAGO IL 60693	FOOD SERVICE	4,001,486
TEACHER'S INS AND ANNUITY PO BOX 8500 PHILADELPHIA PA 19178	PENSION	2,988,617
GOLDMAN SACHS & CO 85 BROAD STREET NEW YORK NY 10087	INVESTMENT SERVICES	2,843,974
GREAT-WEST TRUST DEPT 1148 DENVER CO 80256	PENSION SERVICES	1,115,039
CONSTELLATION NEWENERGY GAS DIVISION 2975 REGENT BLVD IRVING TX 75060	NATURAL GAS SERVICER	1,043,020
2. Total number of independent contractors (including but not limited to those listed above)	who received more than	

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 ►21

Contributions, Gifts, Grants and Other Similar Amounts	1a c d e f
Program Serwice Revenue	2& the control of the
evenue	3 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
Other R	10a
	11a
	d e

Form 99		<u> </u>	_					Page 9
Part V	441	Statement o	o f Revenue ule O contains a respons	se or note to any lir	ne 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
	1a	Federated cam	paigns 1a					
Grants mounts	ь	Membership du	es 1b					
ي ق	С	Fundraising eve	ents 1c	715,472				
Giffs, iilar A	d	Related organiz	zations 1d					
B. G	e	Government grants	s (contributions) 1e	506,829				
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contribution	ons, gifts, grants, and 1f ot included above	7,348,939				
ntrib d Oth	g	Noncash contribution 1a-1f \$	ons included in lines	959,705				İ
<u>က</u> မာ	h	Total. Add lines	s 1 a - 1 f	• • • • • • • • • • • • • • • • • • •	8,571,240			
9 =				Business Code				
Yen	2a	CRANBROOK SCHO		900099	41,203,428	41,203,428		
<u>æ</u>	b	ART ACADEMY TUI		900099	4,234,225	4,234,225		
ž,	c d	SUMMER PROGRAM INSTITUTE OF SCI		900099	1,459,885	1,459,885		
ð.	e e	INSTITUTE OF SCI	ENCE	611600	1,225,526	1,225,526		
Program Serwoe Revenue	f	All other progra	am service revenue		886,149	886,149		
<u>Ť</u>	g	Total. Add lines	s 2a – 2f	🕨	49,009,213			
	3		ome (including dividend ar amounts)		1,427,609		-81,271	1,508,880
	4		stment of tax-exempt bond p	F				
	5	Royalties	<u> </u>	🕨				
			(ı) Real	(II) Personal				
	6a	Gross rents Less rental	988,844 928,791					
	Ь	expenses						
	C	Rental income or (loss)	60,053		60.053			50.050
	d	Net rental inco	me or (loss) (i) Securities	► (II) O ther	60,053			60,053
	7a	Gross amount from sales of assets other	51,783,830	137,005				
	ь	than inventory Less cost or	42 502 747	120.055				
		other basis and sales expenses	43,583,747	130,955				
	c d	Gain or (loss)	8,200,083	6,050	8,206,133			8,206,133
	8a	Gross income f	_		0,200,133			0,200,133
Other Revenue		events (not inc \$	luding ,472 s reported on line 1c)					
Ā	 	1000 4	noncos h	1,454,618				
₹	b c		penses b (loss) from fundraising e	1,175,316 vents .	279,302			279,302
			rom gaming activities					
			a	40,550				
	Ь		penses b	5,791	34,759			34,759
	10a	Gross sales of	(loss) from gaming activ	ities	34,739			34,739
	-04	returns and allo						
	_		a	644,047				
	Ь	-	oods sold . . b _ (loss) from sales of invel	469,906	174,141			174,141
	_	Miscellaneous		Business Code				
	11a	AUXILIARY		900099	164,389			164,389
	ь							
	С							
	d		ue		128,185			128,185
	e	Total. Add lines	s 11a-11d	🕨	292,574			
	12	Total revenue.	See Instructions		68,055,024	49,009,213	-81,271	10,555,842

Form 990 (2013) Page **10** 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 (D) (B) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 1,491,703 1,491,703 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 2,997,010 1,374,543 1,415,695 206,772 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 29,062,399 21,506,285 6,259,800 1,296,314 Pension plan accruals and contributions (include section 401(k) 1,703,517 1,200,697 417,110 and 403(b) employer contributions) 85,710 6,081,884 4,528,761 1,391,295 Other employee benefits 161,828 10 2,269,711 1,656,365 510,517 102,829 11 Fees for services (non-employees) Management 6,101 76,965 Legal 83,066 Accounting 249,387 249,387 Lobbying Professional fundraising services See Part IV, line 17 Investment management fees 24,041 24,041 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 1,569,280 1,158,370 281,654 129,256 Schedule O) Advertising and promotion . . 12 4,099,550 13 Office expenses . . . 2,939,222 690,218 470,110 362,439 14 Information technology . . 442,256 75,865 3,952 15 Royalties . 10,642,903 8,730,820 1,911,483 600 16 Occupancy **17** 978,510 893,025 58,602 26,883 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 266,375 250,623 6,987 8,765 20 Interest 3,527,858 3,527,858 Payments to affiliates 21 22 Depreciation, depletion, and amortization . 8,364,932 8,333,909 31,023 23 838,356 831,646 6,710 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a FOOD SERVICE SCHOOLS 4,145,547 4,016,821 66,916 61,810 DONATIONS/AWARDS/MEMORI 245,923 226,771 8,217 10,935 MEMBERSHIP DUES 130,247 109,200 18,661 2,386 d ALLOCATION OF SERVICES -4,695,326 10,109,892 -14,633,818 -171,400 -520,942 28,953 -145,200 e All other expenses -404,695 Total functional expenses. Add lines 1 through 24e 25 73,998,187 68,644,636 3,361,496 1,992,055 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 ► [if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Par	T A	Check if Schedule O contains a response or note to any line in	n this Part	x			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			39,822	1	50,882
	2	Savings and temporary cash investments			5,631,232	2	7,050,279
	3	Pledges and grants receivable, net			9,081,529	3	8,242,031
	4	Accounts receivable, net			1,421,075	4	966,110
	5	Loans and other receivables from current and former officers, employees, and highest compensated employees Complete F Schedule L	Part II of			5	
Assets	6	Loans and other receivables from other disqualified persons (4958(f)(1)), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary organizations (see instructions) Complete Part II of Schedule	l contributi employees	ng employers		6	_
82	7	Notes and loans receivable, net				7	
₹	8	Inventories for sale or use			471,210		489,351
	9	Prepaid expenses and deferred charges			1,535,363	9	1,422,595
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	 	• 296,686,820	.,,,,,,,,,		.,,
	ь	Less accumulated depreciation	10b	113,297,104	185,053,460	10c	183,389,716
	11	Investments—publicly traded securities			117,541,563	11	131,724,377
	12	Investments—other securities See Part IV, line 11			114,907,893	12	117,807,209
	13	Investments—program-related See Part IV, line 11				13	<u> </u>
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11		_	1,195,000	15	1,316,000
	16	Total assets. Add lines 1 through 15 (must equal line 34).			436,878,147	16	452,458,550
	17	Accounts payable and accrued expenses			18,416,781	17	18,303,674
	18	Grants payable			,,.	18	,
	19	Deferred revenue			17,003,717	19	16,788,696
	20	Tax-exempt bond liabilities			83,080,000	20	81,330,000
	21	Escrow or custodial account liability Complete Part IV of Sch			33,033,033	21	
lities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqual	tors, trust			21	
Liabiliti		persons Complete Part II of Schedule L		_		22	
∺	23	Secured mortgages and notes payable to unrelated third parti				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete P	ated third	parties,			
		D			158,780	25	113,138
	26	Total liabilities. Add lines 17 through 25			118,659,278	26	116,535,508
seo		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	▽ and co	mplete			
ลา	27	Unrestricted net assets			224,540,764	27	236,008,070
න ක	28	Temporarily restricted net assets			37,810,072	28	43,495,271
덛	29	Permanently restricted net assets			55,868,033	29	56,419,701
r Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check complete lines 30 through 34.	here ► ┌	and			
s or	30	Capital stock or trust principal, or current funds				30	
Ř	31	Paid-in or capital surplus, or land, building or equipment fund				31	_
Assets	32	Retained earnings, endowment, accumulated income, or other				32	
Šet	33	Total net assets or fund balances			318,218,869	33	335,923,042
Z	34	Total liabilities and net assets/fund balances			436,878,147	34	452,458,550
				*	,5.5,.47		

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				৮
1	Total revenue (must equal Part VIII, column (A), line 12)				
		1		68,0	055,024
2	Total expenses (must equal Part IX, column (A), line 25)	2		73,9	998,187
3	Revenue less expenses Subtract line 2 from line 1	3		-5,9	943,163
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		318.2	218,869
5	Net unrealized gains (losses) on investments	5		-	741,518
6	Donated services and use of facilities	6			
7	Investment expenses	7		-6	581,051
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		- 4	413,131
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		335.9	923,042
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	<u> </u>
	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	arate			
	▼ Separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	n			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ne	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Yes	

Software ID: Software Version:

EIN: 38-2015048

Name: CRANBROOK EDUCATIONAL COMMUNITY

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Form 990, Part VII - Compensation Compensated Employees, and Inde	n of Officers, ependent Coi	Direct	ors, ers	Iru	ste	es, i	Сеу	Employees, High	nest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th perso and a	ion (nan o n is b	ne b oth ctor/	ox, ι an o	inless fficer tee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-M15C)	organization and related organizations
BRUCE D PETERSON	8 00	х		х				0	0	0
TRUSTEE-CHAIR JEFFREY A HARRIS	1 00	X		х				0	0	0
TRUSTEE - VICE CHAIR ARNOLD JACOB	1 00	<u> </u>						0	0	
TRUSTEE - VICE CHAIR		Х		Х				0	0	0
STEPHEN R POLK TRUSTEE - VICE CHAIR	1 00	×		х				0	0	0
WARREN ROSE	1 00	х		х				0	0	0
TRUSTEE - VICE CHAIR ADELE ACHESON	1 00							0	0	0
TRUSTEE MICHAEL H ACHESON	1 00	Х						0	0	0
TRUSTEE		Х						0	0	0
FREDERICK BLACKMON TRUSTEE	1 00	×						0	0	0
JONATHAN BORENSTEIN TRUSTEE	1 00	х						0	0	0
LYNDA CHARFOOS	1 00	x						0	0	0
TRUSTEE DENISE A DAVID	1 00	Х						0	0	0
TRUSTEE JOHN M ERB	1 00	Х						0	0	0
TRUSTEE JAMISON WILLIAMS FALISKI	1 00	Х						0	0	0
TRUSTEE SUSAN D FEITEN	1 00	х						0	0	0
TRUSTEE VIRGINIA B FOX	1 00	X						0	0	0
TRUSTEE MAXINE FRANKEL	1 00									
TRUSTEE ERICA WARD GERSON	1 00	×						0	0	0
TRUSTEE		х						0	0	0
LINDA H GILLUM TRUSTEE	1 00	×						0	0	0
WILLIAM KM GOLDSMITH	1 00	х						0	0	0
TRUSTEE EDWARD HAGENLOCKER	1 00	х						0	0	0
JAMES KELLY	1 00	×						0	0	0
TRUSTEE BROCK R LANDRY	1 00	х						0	0	0
TRUSTEE TREVOR F LAUER	1 00	X						0	0	0
TRUSTEE H ROGER MALI	1 00									
TRUSTEE	1.00	X						0	0	0
TRUSTEE	1 00	Х						0	0	0
		·	· <u>-</u>	· <u>-</u>	· <u>-</u>	_	_			

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Inde	ependent Cor	ntracto	rs						•	
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th perso and a	ion (nan o n is b	ne booth a	ox, u an of 'trus'	nless ficer tee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1033 (1130)	2,1033 11130)	related organizations
LLOYD E REUSS	1 00	x						0	0	0
TRUSTEE MARK L REUSS	1 00									
TRUSTEE		Х						0	0	0
ALLAN ROTHFEDER	1 00	x						0	0	0
TRUSTEE ROBERT S TAUBMAN	1.00									
	1 00	х						0	0	0
TRUSTEE JAMES J VLASIC	1 00									
TRUSTEE		X						0	0	0
RICHARD E WARREN	1 00	х						0	0	0
TRUSTEE								Ů		
TOD WILLIAMS	1 00	x						0	0	0
TRUSTEE DOMINIC DIMARCO	50 00									
PRESIDENT				х				461,508	0	27,731
RODERICK SPEARIN	50 00			.,				220 202		44.405
COO AND TREASURER				Х				228,303	0	11,435
PATRICIA CARI	50 00			x				109,713	0	14,804
SECRETARY ARLYCE SEIBERT	50 00							·		·
DIRECTOR OF SCHOOLS	30 00				х			360,248	0	36,380
MICHAEL STAFFORD	50 00									
DIRECTOR OF SCIENCE INSTITUTE					Х			210,193	0	28,269
REED KROLOFF	50 00				х			169,279	0	8,766
DIRECTOR OF ART ACADEMY PAMELA RUTHVEN	50.00							,		<u> </u>
	50 00					x		202,141	0	22,651
CHIEF FINANCIAL OFFICER MARSHA GILMAN	50 00									
CHIEF ADVANCEMENT OFFICER						X		152,341	0	18,936
ANDREW MILLER III	50 00					х		147,552	0	26,699
DIRECTOR OF SCHOOL ADMISSION								147,532		20,033
ELIZABETH BEADLE	50 00					x		136,871	0	16,757
CHARLES SHAW	50 00									
HEAD OF UPPER SCHOOLS						х		136,432	0	28,821
FREDERICK NAHM	40 00						l ,	600.406		22.562
ADVISOR TO PRESIDENT/FORMER PRESIDENT							Х	690,136	0	23,563

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DLN: 93493133036335

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

Open to Public Inspection

Name of the organization	Employer ident if i	cation number
CRANBROOK EDUCATIONAL COMMUNITY		
	20 2015040	

38-2015048 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 굣 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you the organi in col (i) o suppor	zation of your	(vi) Is to organizate col (i) organizate col (i) organizate	on in anized	(vii) A mount of monetary support
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

Provide the following information about the supported organization(s)

Sch	edule A (Form 990 or 990-EZ) 2013						Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
_	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	low, please con	iplete Part .	.111.)
	endar year (or fiscal year beginning	(-) 2000	(1-) 2010	(-) 2011	(4) 2012	(-) 201	(5) T. I.
	in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201:	3 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
3	behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5 from line 4						
S	ection B. Total Support	I	<u> </u>		I		I
	endar year (or fiscal year beginning	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	(6) 2010	(6) 2011	(u) 2012	(e) 2013	(I) I otal
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or not the business is regularly carried						
	on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activities	es, etc (see inst	ructions)	•		12	1
13	First five years. If the Form 990 is i	for the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	501(c)(3) o	rganızatıon, check
	this box and stop here				<u> </u>	<u> </u>	<u></u>
	ection C. Computation of Pub			4.4 1 (5)			
14	Public support percentage for 2013			11, column (f))		14	
15	Public support percentage for 2012	· ·	•			15	_
16a	33 1/3% support test—2013. If the condition have				line 14 is 33 1/3%	or more, che	ck this box
b	and stop here. The organization qua 33 1/3% support test—2012. If the				and line 15 is 33	8 1/3% or more	
	box and stop here. The organization				, 10 00	. 40.001111011	► F
17a	10%-facts-and-circumstances test-	-2013. If the org	anızatıon dıd not	check a box on lı			
	is 10% or more, and if the organizat						
	in Part IV how the organization mee	ts the "facts-and	d-circumstances'	test The organ	ızatıon qualıfıes a	s a publicly s	
Ь	organization 10%-facts-and-circumstances test-	-2012 . If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and L	▶ □
	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat						ublicly
	supported organization				4-71		▶ □
18	Private foundation. If the organizat instructions	ion aid not check	k a box on line 13	, 16a, 16b, 1/a,	or 1/p, check thi	s pox and se	e ▶□
							г,

Schedule A (Form 990 or 990-EZ) 2013 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support

Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") 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						
4	business under section 513 Tax revenues levied for the						
•	organization's benefit and either						
	paid to or expended on its						
_	behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	A mounts included on lines 1, 2,						
	and 3 received from disqualified persons						
ь	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) ction B. Total Support						
	ndar year (or fiscal year beginning	() 2000	(1) 2010	() 2011	(1) 2012	() 2012	(C) T
				(A) 2011 I	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	(b) 2010	(c) 2011	(4) 2012	(-,	(-,
9	in) ► A mounts from line 6	(a) 2009	(B) 2010	(6) 2011	(4) 2012	(5, 2222	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	in) ► A mounts from line 6 Gross income from interest,	(a) 2009	(B) 2010	(6) 2011	(4) 2012	(0, 2000	(7,7,5,5,1)
9	in) ► A mounts from line 6	(a) 2009	(b) 2010	(6) 2011	(4) 2012	(5,232	
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include	(a) 2009	(b) 2010	(6) 2011			
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of	(a) 2009	(b) 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	(a) 2009	(b) 2010	(6) 2011			
9 10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c,	(a) 2009	(b) 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
9 10a b c 11 12	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second				
9 10a b c 11 12 13 14	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage for 2013	or the organizati ic Support Pe (line 8, column (on's first, second ercentage f) divided by line	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201	or the organization of the	on's first, second ercentage f) divided by line art III, line 15	, third, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16 Se	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the	on's first, second ercentage f) divided by line art III, line 15 me Percenta	, third, fourth, or 13, column (f))	fifth tax year as a	a 501(c)(3) orga 15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization ic Support Performance (line 8, column (2 Schedule A, Paragraphic Performance) colors (line 10c, colors)	on's first, second ercentage f) divided by line art III, line 15 me Percentagolumn (f) divided	, third, fourth, or 13, column (f)) ge by line 13, colum	fifth tax year as a	15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17 18	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the organization of the organization of the second of the secon	on's first, second ercentage f) divided by line art III, line 15 me Percentago olumn (f) divided A, Part III, line 1	, third, fourth, or 13, column (f)) ge by line 13, column	fifth tax year as a	15 16	nization,

33 1/3% support tests—2012. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV		formation. Provide the explanations required by Part II, line 10; Part II, lin ne 12. Also complete this part for any additional information. (See instruction	
		Facts And Circumstances Test	
Retu	ırn Reference	Explanation	
		Schodulo A / Form 000 o	000 E7) 201

Schedule A (Form 990 or 990-EZ) 2013

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DLN: 93493133036335

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990)

Open to Public

nal Revenue Service	and its instruct	ions is at <u>www.irs.gov/roriii990</u> .			Inspect	ion
lame of the org	ganization ATIONAL COMMUNITY		Emp	loyer ident if ica	tion numbe	r
			38-2	2015048		
	anizations Maintaining Donor Adv		unds	or Accounts	 Complet 	e if th
orga	anization answered "Yes" to Form 990	`	1	(h) Funda and		
Takal mumaha	and aftern	(a) Donor advised funds		(b) Funds and	otner accou	ints
	er at end of year					
	contributions to (during year)					
55 5	grants from (during year)					
	value at end of year		<u> </u>			
funds are th	anization inform all donors and donor adviso ne organization's property, subject to the or	ganization's exclusive legal control?			┌ Yes	┌ No
used only fo	anization inform all grantees, donors, and d or charitable purposes and not for the benet mpermissible private benefit?				┌ Yes	┌ No
	servation Easements. Complete if	the organization answered "Yes" t	o Forn	n 990, Part IV	/, line 7.	
Purpose(s) Preserv Protecti Preserv	of conservation easements held by the org ation of land for public use (e g , recreation on of natural habitat ation of open space nes 2a through 2d if the organization held a	anization (check all that apply) or education) Preservation of ar Preservation of a	n histori certifie	ically important d historic struc	: land area ture	
•	n the last day of the tax year	qualified consolivation continuation in				
				Held at the	End of the	Year
Total numb	er of conservation easements		2a			
Total acrea	ge restricted by conservation easements		2b			
Number of o	conservation easements on a certified histo	oric structure included in (a)	2c			
	conservation easements included in (c) acc ucture listed in the National Register	uired after 8/17/06, and not on a	2d			
	conservation easements modified, transferi r ►	ed, released, extinguished, or terminate	ed by th	ne organization	during	
Number of	states where property subject to conservat	ion eacement is located by				
Does the or	ganization have a written policy regarding to the conservation easements it holds?			violations, and	┌ Yes	┌ No
Staff and vo	olunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easer	ments d	during the year		
A mount of €	expenses incurred in monitoring, inspecting	, and enforcing conservation easement	s durınç	g the year		
Does each	conservation easement reported on line 2(o 170(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	ction 17	70(h)(4)(B)(ı)	☐ Yes	┌ No
balance she	I, describe how the organization reports co eet, and include, if applicable, the text of th ation's accounting for conservation easeme	e footnote to the organization's financia				
t IIII Org	anizations Maintaining Collection plete if the organization answered "Y	s of Art, Historical Treasures,	or Otl	her Similar .	Assets.	
works of art	ization elected, as permitted under SFAS 1 s, historical treasures, or other similar asse ovide, in Part XIII, the text of the footnote t	ts held for public exhibition, education,	or rese	arch in furthera		
If the organ works of art	nization elected, as permitted under SFAS 1 ;, historical treasures, or other similar asse ovide the following amounts relating to thes	16 (ASC 958), to report in its revenue ts held for public exhibition, education,	statem	ent and balanc		ıc
(i) Revenue	es included in Form 990, Part VIII, line 1			► \$		
(ii) Assats	included in Form 990, Part X					
If the organ	nization received or held works of art, histor nounts required to be reported under SFAS					
Revenues II	ncluded in Form 990, Part VIII, line 1			F \$		
Assets Incl	uded in Form 990, Part X			► \$		

Par	Organizations Maintaining Co	llections of Art,	Histo	rical Trea	sures, or Otl	<u>ner Similar Ass</u>	sets (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	s, checl	k any of the	following that ar	e a significant use	of its
а	Public exhibition		d [Loan or	exchange progra	ms	
b	Scholarly research		е Г	Other			
c	Preservation for future generations						
4	Provide a description of the organization's c Part XIII	ollections and explair	n how th	ey further tl	ne organization's	exempt purpose ir	1
5	During the year, did the organization solicit						
Do.	assets to be sold to raise funds rather than	· ·					Yes No
Pal	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar					"Yes" to Form 9	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Part XI	II and complete the f	ollowing	j table			
						Am	ount
С	Beginning balance				1	с	
d	Additions during the year				1	d	
е	Distributions during the year				1	e	
f	Ending balance				1	f	
2a	Did the organization include an amount on F	orm 990, Part X, line	21?			Γ	Yes No
b	If "Yes," explain the arrangement in Part XI	I Check here if the e	explana	tion has bee	en provided in Pa	rt XIII	
Pa	rt V Endowment Funds. Complete			red "Yes"	to Form 990, F	Part IV, line 10.	
		(a)Current year	(b) Prior				(e)Four years back
1a	Beginning of year balance	220,823,020		7,909,222	215,775,390	181,178,000	168,388,552
b	Contributions	1,170,803		3,231,979	2,915,474	9,692,086	2,095,228
С	Net investment earnings, gains, and losses	32,489,749	20	0,974,221	62,672	32,183,200	20,073,157
d	Grants or scholarships						
е	Other expenditures for facilities and programs	20,511,934	1:	1,432,205	11,284,633	7,133,290	10,051,800
f	Administrative expenses	-18,384		-148,803	-440,319	144,606	-672,863
g	End of year balance	233,990,022	220	0,832,020	207,909,222	215,775,390	181,178,000
2	Provide the estimated percentage of the cur	rent year end balance	e (lıne 1	g, column (a	a)) held as		
а	Board designated or quasi-endowment ►	63 000 %					
b	Permanent endowment ► 23 000 %						
С	Temporarily restricted endowment • 14 The percentages in lines 2a, 2b, and 2c sho	000 % uld equal 100%					
3a	Are there endowment funds not in the posse	ssion of the organizat	tion tha	t are held ar	nd administered	for the	
	organization by						Yes No
	(i) unrelated organizations					3a(i	
b	(ii) related organizations		on Sch	edule R2			
4	Describe in Part XIII the intended uses of the	· ·				<u>55</u>	
Pai	t VI Land, Buildings, and Equipme				nswered 'Yes'	to Form 990, Pa	rt IV, line
	11a. See Form 990, Part X, line					<u> </u>	
	Description of property			a) Cost or othersiss (investmen		er (c) Accumulated depreciation	(d) Book value
1a	Land				7,869,9	42	7,869,942
					1	1	
	Buildings		.		80,073,8	00 36,153,874	43,919,926
b	Buildings		·		80,073,8 180,418,5		
b c		· · · · · · · · · · · · · · · · · · ·			<u> </u>	92 56,246,476	124,172,116
b c d	Leasehold improvements				180,418,5	92 56,246,476 55 17,372,105	124,172,116

See Form 990, Part X, line 12.	iplete if the organization a	answered Yes' to Form 990, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		,
(2)Closely-held equity interests (3)Other		
(A) NATURAL RESOURCES, ENERGY PROGRAMS	9,977,318	F
(B) LONG SHORT HEDGE FUND	22,208,682	F
(C) ABSOLUTE RETURN HEDGE FUND	29,083,266	F
(D) DOMESTIC PRIVATE EQUITY	25,743,284	F
(E) VENTURE CAPITAL	14,221,452	F
(F) INTERNATIONAL PRIVATE EQUITY	8,101,595	F
(G) REAL ESTATE	1,536,994	F
(H) REIT	6,934,618	F
(II) NEIT	0,934,010	'
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	117,807,209	
Part VIII Investments—Program Related. Co		
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
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. Complete if the organization (a) Descrip		, Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. Complete if the organ		
Form 990, Part X, line 25.	(b) Book value	
1 (a) Description of liability Federal income taxes	(B) Book value	
CAPITAL LEASES PAYABLE	113,138	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	113,138	

	ule D (Form 990) 2013					Page 4
Par		evenue per Audited Financial Sta wered 'Yes' to Form 990, Part IV, line		nts With Revenue լ	er R	eturn Complete if
1	Total revenue, gains, and othe	er support per audited financial statements			1	94,695,294
2	A mounts included on line 1 bu	it not on Form 990, Part VIII, line 12				
а	Net unrealized gains on invest	tments	2a	24,741,519		
b	Donated services and use of f	acılıtıes	2b			
c	Recoveries of prior year grant	s	2c			
d	Other (Describe in Part XIII)		2d	2,579,804		
e	Add lines 2a through 2d .				2e	27,321,323
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	67,373,971
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1				
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b .	4a	681,053		
b	Other (Describe in Part XIII)		4b			
c	Add lines 4a and 4b				4c	681,053
5	Total revenue Add lines 3 and	d 4c. (This must equal Form 990, Part I, lin	e 12)		5	68,055,024
Part		xpenses per Audited Financial Statement Statem			s per	Return. Complete
1	Total expenses and losses pe	r audited financial statements			1	76,991,122
2	A mounts included on line 1 bu	it not on Form 990, Part IX, line 25				
а	Donated services and use of f	acılıtıes	. 2a			
b	Prior year adjustments		2b		1	
c	Otherlosses		2c			
d	Other (Describe in Part XIII)		2d	2,992,935	1	
e	Add lines 2a through 2d				2e	2,992,935
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	73,998,187
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:				
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b .	. 4a			
b	Other (Describe in Part XIII)		4b		1	
c	Add lines 4a and 4b				4c	0
5	Total expenses Add lines 3 a	nd 4c. (This must equal Form 990, Part I, li	ine 18)		5	73,998,187
Part	XIII Supplemental In	formation				
Part		Part II, lines 3, 5, and 9, Part III, lines 1, lines 2d and 4b, and Part XII, lines 2d an				de any additional
	Return Reference	Explanation				
PART	III, LINE 1A	IN ACCORDANCE WITH GENERALLY A ARCHIVAL ITEMS AND COLLECTIONS THE STATEMENT OF FINANCIAL POSI	PURC			
PART	III, LINE 4	AS THE COMMUNITY'S OFFICIAL ARC COLLECTS, PRESERVES, AND MAKES AND PRESERVES, AND MAKES AND PRESERVES, THE PAPERS FAMILIES, THE RECORDS OF THE CHRORGANIZATIONS, AND THE PERSONAL INDIVIDUALS WHO HAVE BEEN ASSO	HIVAL AVAILA OF MEN RIST CH	ABLE COMMUNITY AND MBERS OF THE BOOTH HURCH CRANBROOK AI ERS OF FACULTY, STAF	DIVI , SCRI ND OT	ISIONAL RECORDS IPPS, AND SAARINEN THER ANCILLARY UMNI AND OTHER
PART	X, LINE 2	ACCOUNTING PRINCIPLES GENERALI				

	COLLECTS, PRESERVES, AND MAKES AVAILABLE COMMUNITY AND DIVISIONAL RECORDS
	OF PERMANENT VALUE, THE PAPERS OF MEMBERS OF THE BOOTH, SCRIPPS, AND SAARINEN
	FAMILIES, THE RECORDS OF THE CHRIST CHURCH CRANBROOK AND OTHER ANCILLARY
	ORGANIZATIONS, AND THE PERSONAL PAPERS OF FACULTY, STAFF, ALUMNI AND OTHER
	INDIVIDUALS WHO HAVE BEEN ASSOCIATED WITH THE COMMUNITY SINCE 1984
PART X, LINE 2	ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA
•	REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND
	RECOGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION
	THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS
	OR OTHER APPLICABLE TAXING AUTHORITIES MANAGEMENT HAS ANALYZED THE TAX
	POSITIONS TAKEN BY CEC AND HAS CONCLUDED THAT AS OF JUNE 30, 2014 AND 2013,
	THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD
	REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS
	CEC IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE
	CURRENTLY ARE NO AUDITS FOR ANY TAX PERIODS IN PROGRESS MANAGEMENT BELIEVES
	CEC IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2010
PART XI, LINE 2D - OTHER	RENTAL EXPENSES 928,791 DIRECT EXPENSES - FUNDRAISING 1,175,316 DIRECT
ADJUSTMENTS	EXPENSES - GAMING 5,791 COST OF SALES 469,906
PART XII, LINE 2D - OTHER	RENTAL EXPENSES 928,791 DIRECT EXPENSES - FUNDRAISING 1,175,316 DIRECT
ADJUSTMENTS	EXPENSES - GAMING 5,791 COST OF SALES 469,906 MARKET VALUATION ADJUSTMENT OF
	INTEREST RATE SWAP 413,131
	Schedule D (Form 990) 2013
	Schedule D (10111 350) 2015

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

Additional Data

Software ID: Software Version:

EIN: 38-2015048

Name: CRANBROOK EDUCATIONAL COMMUNITY

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(3)Other		
(A) NATURAL RESOURCES, ENERGY PROGRAMS	9,977,318	F
(B) LONG SHORT HEDGE FUND	22,208,682	F
(C) ABSOLUTE RETURN HEDGE FUND	29,083,266	F
(D) DOMESTIC PRIVATE EQUITY	25,743,284	F
(E) VENTURE CAPITAL	14,221,452	F
(F) INTERNATIONAL PRIVATE EQUITY	8,101,595	F
(G) REAL ESTATE	1,536,994	F
(H) REIT	6,934,618	F

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133036335

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury

▶Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Schools

► Attach to Form 990 or Form 990-EZ.

Internal Revenue Service

▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization **Employer identification number** CRANBROOK EDUCATIONAL COMMUNITY 38-2015048 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes 4a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d d Copies of all material used by the organization or on its behalf to solicit contributions? Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II Yes

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also complete this part to provide any other additional information (see instructions)

Return Reference	Explanation
SCHEDULE E, PART I, LINE 3	POLICY IS PRINTED ON ALL ADMISSION MATERIAL AND ALSO PRINTED ON ADVERTISEMENTS
SCHEDULE E, PART I, LINE 6	CRANBROOK RECEIVES GRANTS FROM FEDERAL AND STATE GOVERNMENTAL AGENCIES

Schedule E (Form 990 or 990-EZ) 2013

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133036335

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

	of the organization				Employer ident	ification number		
CRAI	NBROOK EDUCATIONAL COMM	UNITY			38-2015048			
Pa	rt I General Information "Yes" to Form 990, Par			ne United States. Co	omplete if the organiz	ation answered		
1	For grantmakers. Does the o other assistance, the grantee to award the grants or assista	es' eligibility fo	r the grants o	assistance, and the s	selection criteria used	nd 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	Activites per Region (The follow	ung Part I, line 3	table can be du	iplicated if additional spa	ice is needed)			
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region		
(1)	CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENT		54,610,971		
(2)								
(3)								
(4)								
(5)								
3a	Sub-total	0	0			54,610,971		
b	Total from continuation sheets to Part I	0	0			C		
_	Totals (add lines 3a and 3h)	l n	n			54 610 971		

			ived more than \$5,0					
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
			ted above that are re or counsel has pro					
3 Enter total nu	mber of other or	ganızatıons or en	tities					

Schedule F (Form 990) 2013

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be	duplicated if addit	ional space is ne	eeded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
	1			l .			

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	▽	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Yes	IZ.	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	F	Yes	Г	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	~	Yes	Г	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	F	Yes	Γ	Νo
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 file Form 5713, International Boycott Report (see Instructions for Form 5713).	Г	Yes	굣	Νo

Schedule F (Form 990) 2013

Additional Data

Software ID: Software Version:

EIN: 38-2015048

Name: CRANBROOK EDUCATIONAL COMMUNITY

Schedule F (Form 990) 2013

Page **5**

Part V Supplemental Information

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).

DLN: 93493133036335

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV. lines 17, 18, or 19, or if the

> organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number Name of the organization CRANBROOK EDUCATIONAL COMMUNITY 38-2015048 Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants f Solicitation of government grants Internet and email solicitations Phone solicitations g | Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Γ Yes Γ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) A mount paid to (vi) A mount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? Yes No

10 Total. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is evening from

J	registration or licensing

Sche	dule	e G (Form 990 or 990-EZ) 2013				Page 2
Pai	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts of	aising event contribut			
		<u> </u>	(a) Event #1 KALEIDOSCOPE	(b) Event #2 SCRIP	(c) Other events	(d) Total events (add col (a) through col (c))
			(event type)	(event type)	(total number)	
Ę.	1	Gross receipts	520,068	744,879	905,143	2,170,090
Revenue	2	Less Contributions	289,075	5	426,397	715,472
<u>~</u>	3	Gross income (line 1 minus line 2)	230,993	744,879	478,746	1,454,618
	4	Cash prizes				
မှာ	5	Noncash prizes	26,833	3	14,462	41,295
Expenses	6	Rent/facility costs	39,695	5	27,042	66,737
ă	7	Food and beverages .	49,898	3	61,161	111,059
Dreat-	8	Entertainment	483	L		481
Ē	9	Other direct expenses .	109,667	678,022	168,055	955,744
	10	Direct expense summary Add lir	nes 4 through 9 in column	. (d)	.	(1,175,316)
	11	Net income summary Subtract li				279,302
Par	t II	I Gaming. Complete if the o	rganization answered	"Yes" to Form 990, Pa	rt IV, line 19, or repo	
		\$15,000 on Form 990-EZ, li	ne 6a.			
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1	Gross revenue			40,550	40,550
Ses	2	Cash prizes			5,500	5,500
xpenses	3	Non-cash prizes				
Direct B	4	Rent/facility costs				
Ē	5	Other direct expenses			291	291
	6	Volunteerlabor		┌ Yes %		
	7	Direct expense summary Add line	es 2 through 5 in column ((d)		5,791
	8	Net gaming income summary Sub	tract line 7 from line 1, co	olumn (d)	🛌	34,759
9 a b	Is	ter the state(s) in which the organiz the organization licensed to operate 'No," explain	e gaming activities in eac	h of these states?		
10a b		re any of the organization's gaming	licenses revoked, suspe	nded or terminated during		

1	1	

Does	s the organization operate gaming activities with nonmembers?					
.2	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity					
	formed to administer charitable gaming?					
3	Indicate the percentage of gaming activity operated in					
а	The organization's facility					
b	An outside facility					
4	nter the name and address of the person who prepares the organization's gaming/special events books and records					
	Name ► RITA STEDMAN					
	Address PO BOX 801 BLOOMFIELD HILLS,MI 483030801					
5a	Does the organization have a contract with a third party from whom the organization receives gaming					
	revenue?					
b	If "Yes," enter the amount of gaming revenue received by the organization 🟲 \$ and the					
	amount of gaming revenue retained by the third party 🕨 \$					
C	If "Yes," enter name and address of the third party					
	Name 🟲					
	Address ▶					
5	Gaming manager information					
	Name RITA STEDMAN					
	Gaming manager compensation ► \$0					
	Description of services provided RECORDKEEPING					
	□ Director/officer □ Employee □ Independent contractor					
,	Mandatory distributions					
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to					
	retain the state gaming license?					
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent					
	ın the organization's own exempt activities during the tax year ► \$					
aı	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).					
	Return Reference Explanation					

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DLN: 93493133036335

Schedule I (Form 990)

CRANBROOK EDUCATIONAL COMMUNITY

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

OMB No 1545-0047

Department of the Treasury

(a) Name and address of

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

Open to Public

(h) Purpose of grant

Internal Revenue Service Name of the organization

(b) EIN

(c) IRC Code

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

(e) A mount of non-

(f) Method of

Inspection Employer identification number

38-2015048

(g) Description of

Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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. (d) A mount of cash

ed in the line 1 table .	ed in the line 1 table	ed in the line 1 table	ed in the line 1 table

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) FINANCIAL AID NEED BASED - SCHOOLS	525	1,273,554			
(2) MERIT BASED INSTITUTIONAL - CAA	53	192,998			
(3) FINANCIAL AID NEED BASED - CAA	41	25,151			

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

Return Reference	Explanation
PART I, LINE 2	TO RECEIVE GRANTS AND OTHER ASSISTANCE FROM CRANBROOK EDUCATIONAL COMMUNITY ALL CANDIDATES MUST DEMONSTRATE
	FINANCIAL NEED TO THE FINANCIAL AID COMMITTEE BASED ON AN ANALYSIS OF THE REQUIRED DOCUMENTATION THE REQUIRED
	DOCUMENTATION IS (1) PARENTS' FINANCIAL STATEMENT (PFS) COMPLETED THROUGH WWW NAIS ORG, (2) INCOME VERIFICATION BY
	CURRENT W-2'S, END OF YEAR PAY STUBS, EMPLOYER LETTER VERIFYING INCOME, (3) SIGNED COPY OF IRS FORM 4506, (4) SIGNED COPY
	OF CURRENT YEAR FEDERAL TAX RETURN INCLUDING ALL SCHEDULES, (5) FINANCIAL AID APPLICATION SUBMITTED TO THE SCHOOL
	AID PACKAGES ARE REVIEWED ANNUALLY ON THE BASIS OF THE FAMILY'S CURRENT FINANCIAL STATUS AID AT CRANBROOK SCHOOLS
	IS DISTRIBUTED WITHOUT REGARD TO RACE, RELIGION OR ETHNIC BACKGROUND ALL RECIPIENTS ARE EXPECTED TO DEMONSTRATE
	DILIGENCE IN THEIR ACADEMIC SUBJECTS, MAINTAIN ACCEPTABLE CITIZENSHIP STANDARDS, AND CONTRIBUTE POSITIVELY TO THE
	SCHOOL COMMUNITY REQUIRED DOCUMENTATION FOR CRANBROOK ART ACADEMY IS A TIMELY FILED FAFSA THROUGH THE
	GOVERNMENT, AFTER COMPLETION A SAR IS RECEIVED ELECTRONICALLY AT THE SCHOOL ALSO, A COPY OF A SIGNED FEDERAL TAX
	RETURN IS REQUIRED ASSISTANCE IS BASED UPON THE APPLICANT'S TIMELY APPLICATION AND DEMONSTRATED FINANCIAL NEED
	ALL ASSISTANCE IS DETERMINED THROUGH THE REGISTER'S OFFICE AT THE ART ACADEMY

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DLN: 93493133036335

OMB No 1545-0047

Inspection

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

Open to Public ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization CRANBROOK EDUCATIONAL COMMUNITY **Employer identification number**

38-2015048

Pai	t I Questions Regarding Compensation						
					Yes	No	
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III						
	First-class or charter travel	▽	Housing allowance or residence for personal use				
	Travel for companions	Γ	Payments for business use of personal residence				
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees				
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)				
b	If any of the boxes in line 1a are checked, did the org reimbursement or provision of all of the expenses des			1b	Yes		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?						
3	Indicate which, if any, of the following the filing organ organization's CEO/Executive Director Check all the used by a related organization to establish compensation	at appl	y Do not check any boxes for methods				
	✓ Compensation committee	Γ	Written employment contract				
	☐ Independent compensation consultant	Γ	Compensation survey or study				
	Form 990 of other organizations	굣	Approval by the board or compensation committee				
4	During the year, did any person listed in Form 990, P or a related organization	art VII	I, Section A, line 1a with respect to the filing organization				
а	Receive a severance payment or change-of-control p	aymen	nt?	4a		Νo	
b	Participate in, or receive payment from, a supplemen	tal non	qualified retirement plan?	4b		Νo	
c	Participate in, or receive payment from, an equity-ba	sed co	mpensation arrangement?	4c		Νo	
	If "Yes" to any of lines 4a-c, list the persons and pro	vide th	ne applicable amounts for each item in Part III				
	Only 501(c)(3) and 501(c)(4) organizations only mus	st com	plete lines 5-9.				
5	For persons listed in Form 990, Part VII, Section A, compensation contingent on the revenues of						
a	The organization?			5a		Νo	
b	Any related organization?			5b		Νo	
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in Form 990, Part VII, Section A, compensation contingent on the net earnings of	lıne 1a	, did the organization pay or accrue any				
а	The organization?			6a		Νo	
b	6b		Νo				
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," de			7		No	
8	Were any amounts reported in Form 990, Part VII, pa	aid or a	accured pursuant to a contract that was				
	subject to the initial contract exception described in	Regula	ations section 53 4958-4(a)(3)? If "Yes," describe				
	ın Part III			8		Νo	
9	If "Yes" to line 8, did the organization also follow the section 53 $4958\text{-}6(c)^{\gamma}$	rebutt	able presumption procedure described in Regulations	9			

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 in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) 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

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2013

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

Return Reference	Explanation
,	THE PRESIDENT RECEIVES A HOUSING ALLOWANCE AS HE IS REQUIRED TO LIVE IN CLOSE PROXIMITY TO CAMPUS THE DIRECTOR OF THE
	ART ACADEMY AND THE DIRECTOR OF SCHOOLS ARE PROVIDED A HOUSE ON CAMPUS AS RESIDENCY IS A REQUIREMENT OF THEIR POSITIONS THE PRESIDENT'S HOUSING ALLOWANCE IS APPROPRIATELY INCLUDED IN HIS FORM W-2

Schedule J (Form 990) 2013

Software ID: Software Version:

EIN: 38-2015048

Name: CRANBROOK EDUCATIONAL COMMUNITY

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Form 990, Schedule J, Pa	11 C 11	- Officers, Direct	ors, rrustees, key	/ Employees, and	nighest compens	ateu Employees		
(A) Name	1	(B) Breakdown o	of W-2 and/or 1099-MIS	SC compensation	(C) Deferred		(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
DOMINIC DIMARCO PRESIDENT	(I) (II)) 363,508) 0	50,000	48,000	19,654 0	8,077 0	7 489,239 0 0	0
RODERICK SPEARIN COO AND TREASURER	(1) (11)		0	0	3,453 0	7,982 0	2 239,738	0
ARLYCE SEIBERT DIRECTOR OF SCHOOLS	(I) (II)) 320,248) 0	40,000	0	25,668 0	10,712	396,628	0
MICHAEL STAFFORD DIRECTOR OF SCIENCE INSTITUTE	(I) (II)) 0	0	0	10,624 0	17,645 0	238,462	0 0
REED KROLOFF DIRECTOR OF ART ACADEMY	(I) (II)) 0	o o	´	8,766 0	0	178,045	0 0
PAMELA RUTHVEN CHIEF FINANCIAL OFFICER	(I) (II)		0 0		11,354 0	11,297 0	224,792	0 0
MARSHA GILMAN CHIEF ADVANCEMENT OFFICER	(I)) 152,341) 0	0 0		11,663 0	7,273 0	171,277 0 0	0
ANDREW MILLER III DIRECTOR OF SCHOOL ADMISSION	(1)		0 0		9,814	16,885 0	174,251 0 0	0
ELIZABETH BEADLE DIRECTOR OF HUMAN RESOURCES	(I) (II)		0 0		9,202	7,555 0	153,628	0 0
CHARLES SHAW HEAD OF UPPER SCHOOLS	(I) (II)) 0	o o	`	11,349 0	17,472 0	165,253 0 0	0
FREDERICK NAHM ADVISOR TO PRESIDENT/FORMER PRESIDEN	(1)		418,817	0 0	19,849	3,714 0	713,699	0 0

DLN: 93493133036335

OMB No 1545-0047

Schedule K

(Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990. ► See separate instructions.

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

Open to Public **Inspection Employer identification number**

Name of the organization

CRA	ANBROOK EDUCATIONAL COMM	1UNITY								38-	-20150	48			
P	art I Bond Issues														
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	e price	(f	(f) Descriptio	n of purpose	(g) De	feased	beha	On alf of suer		Pool ncing
										Yes	No	Yes	No	Yes	No
A	ECONOMIC DEVELOPMENT CORP OF OAKLAND COUNTY	38-3442443	672523GN1	10-05-2009	18,5	599,313	SEE	E PART VI			x		×		X
В	ECONOMIC DEVELOPMENT CORP OF OAKLAND COUNTY	38-3442443	672523GD3	11-01-2007	46,3	390,000	SEE	E PART VI			х		×		х
c	ECONOMIC DEVELOPMENT CORP OF OAKLAND COUNTY	38-3442443		10-01-2010	26,5	515,000	SEE	E PART VI			х		×		x
Pa	art II Proceeds						<u>'</u>								
	and of honder nature d					A	\dashv	В			С	\longrightarrow		D	
1_	A mount of bonds retired						\dashv	1	.0,000,000			\longrightarrow			
3						18,599,3	313	4	6,390,000		26,51	5,000			
4												\longrightarrow			
5	Capitalized interest from procee						\perp		970,649		10	1,443			
6	Proceeds in refunding escrows						\perp					\longrightarrow			
7	Issuance costs from proceeds					370,3	346 436,000				199	9,000			
8	Credit enhancement from proce														
9	Working capital expenditures fr														
10	Capital expenditures from proce	eeds						38,780,184			24,898,557				
11	O ther spent proceeds					18,228,9	967				1,31	6,000			
12	O ther unspent proceeds														
13	Year of substantial completion						_	200)9	2011					
					Yes	No		Yes	No	Yes	<u> </u>	lo	Yes	\perp	No
14	Were the bonds issued as part of	of a current refundir	ng issue?		Х			Х			<u> </u>	×		\bot	
15	Were the bonds issued as part of	of an advance refun	ıdıng ıssue?		X				Х		<u> </u>	×			
16	Has the final allocation of proce	eeds been made?			Х			Х		Х					
17	Does the organization maintain allocation of proceeds?	adequate books an	nd records to suppo	ort the final	Х			Х		Х					
Pa	rt IIII Private Business Us	se													
				!		A		В			<u>C</u>			D	
					Yes	No		Yes	No	Yes	N	lo	Yes		No

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

Χ

Χ

Χ

Χ

Χ

Part Private Business Use (Continued)

Part	Private Business Use (Continued)								
			4	I	3	(С	Γ)
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		×		×		×		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of bond-financed property?		Х		Х		Х		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %		0 %	0 %		/o	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %		0 %		0 %		
6	Total of lines 4 and 5		0 %		0 %	0 %			
7	Does the bond issue meet the private security or payment test?		Х		Х		Х		
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		Х		х		х		
ь	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		Х		X			

Part IV Arbitrage

		A		В		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		Х		Х		Х		
2	If "No" to line 1, did the following apply?								
а	Rebate not due yet?		Х		Х	Х			
ь	Exception to rebate?	×		Х			X		
С	No rebate due?		Х		Х		Х		
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		Х	Х		X			
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		×	Х		Х			
b	Name of provider			GOLDMANS	ACHS	GOLDMAN SACHS			
С	Term of hedge			30 00000	0000000	30 0000	30 000000000000		
d	Was the hedge superintegrated?				Х		Х		
е	Was the hedge terminated?				Х		Х		
							Sc	hedule K (Forn	1 990) 2013

		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		x	x			X		
b	Name of provider			ROYAL BANK	CANADA				
С	Term of GIC	1 0000000000		0000000					
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?			Х					
6	Were any gross proceeds invested beyond an available temporary period?		х		Х		x		
7	Has the organization established written procedures to monitor the requirements of section 148?		X		X		X		

Part V Procedures To Undertake Corrective Action

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?

	Α		В		С		D		
	Yes	No	Yes	No	Yes	No	Yes	No	
ĺ									
1	X		x		x				

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference

\$18,599,313 (\$18,425,000 PRINCIPAL) SERIES 2009 ADJUSTABLE RATE BONDS WERE ISSUED TO BENEFIT CRANBROOK EDUCATIONAL COMMUNITY TO REFUND THE SERIES 1997B BONDS (DATE OF ISSUE SEPTEMBER 4, 1997) AND SERIES 1998 BONDS (DATE OF ISSUE OCTOBER 1, 1998) AND TO PAY THE COSTS OF ISSUING THE BONDS

Return Reference	Explanation
PART 1, LINE B, COLUMN F	THE \$46,390,000 SERIES 2007 ADJUSTABLE RATE BONDS WERE ISSUED TO BENEFIT CRANBROOK EDUCATIONAL COMMUNITY TO REFUND THE SERIES 1997A BONDS (DATE OF ISSUE SEPTEMBER 4, 1997) AND THE SERIES 2001 BONDS (DATE OF ISSUE JUNE 27, 2001) TO FINANCE CAPITAL PROJECTS (INCLUDING THE BOYS MIDDLE SCHOOL CONSTRUCTION, KINGSWOOD ROOF AND IT INFRASTRUCTURE) AND TO PAY COSTS OF ISSUING THE BONDS SUBSEQUENT TO YEAR END ALL OUTSTANDING SERIES 2007 BONDS (DATE OF ISSUE NOVEMBER 1, 2007) WERE CURRENTLY REFUNDED IN FULL ON SEPTEMBER 25, 2014

Return Reference	Explanation
PART 1, LINE A, COLUMN F	THE \$26,515,000 SERIES 2010 ADJUSTABLE RATE BONDS WERE ISSUED TO BENEFIT CRANBROOCK EDUCATIONAL COMMUNITY TO FINANCE CAPITAL PROJECTS (INCLUDING CONSTRUCTING AND EQUIPPING A GIRLS MIDDLE SCHOOL BUILDING, AND CONSTRUCTING AND INSTALLING IMPROVEMENTS TO OTHER FACILITIES, INCLUDING THE ART MUSEUM, CRANBROOK QUAD, KEPPEL GYMNASIUM, MUSIC ROOM AND ICE ARENA), TO PAY A TERMINATION FEE RESULTING FROM A PARTIAL TERMINATION OF A QUALIFIED HEDGE EXECUTED IN 2007, AND TO PAY COSTS OF ISSUING THE BONDS THE BONDS WERE SOLD IN A PRIVATE PLACEMENT AS QUALIFIED TAX-EXEMPT OBLIGATIONS (AS DESCRIBED IN SECTION 265 (B) (3) (B) OF THE INTERNAL REVENUE CODE)

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DLN: 93493133036335

Employer identification number

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at

Transactions with Interested Persons

► Complete if the organization answered

www.irs.gov/form990.

CRANBROOK EDU	CATIONAL COMMUN	ΝΠΥ											
Doub T. Five	ess Benefit 1	Funnanatia	/ssst	FO1/a\/	2\ and so at a	- F01/a\/4\			15048	`			
	ess benefit i plete if the orgai										40b		
	e of disqualified				n disqualified		cription			-	(d) Corr	rected	
	·	· `		on and organ			•				Yes	No	
	amount of tax ın	curred by or	ganızatıon	managers or	dısqualıfıed pe	rsons during	the year	runde	rsectio	n			
4958 .									- \$				
3 Enter the a	amount of tax, If	any, on line	2, above,	reımbursed b	y the organizat	ion			F \$				
Part II Lo	ans to and/	or From T	ntereste	d Persons	<u> </u>								
	mplete if the org					/, line 38a, o	r Form 9	90, Pa	art IV, l	ine 26,	or if the		
org	anızatıon repor	ted an amou	nt on Form	990, Part X,	, line 5, 6, or 22		_						
(a) Name of	(b)	(c)	(d) Loan		(e)Original	(f)Balance	1		(h)		(i)Written		
ınterested person	Relationship with	Purpose of Ioan	or from t organizati		principal amount	due	defaul	t۶	A pprov	/ed	agreen	nent?	
person	organization	loun	organizaci	OII.	amount				board				
									or				
			T.	Te	_		Voc. No.		committee?			T NI-	
			То	From	-		Yes	No	Yes	No	Yes	No	
				-			+		 		_		
				1					 		_		
				1	+		+			+	_		
				1					1		_		
									1		_		
otal		<u></u> ► \$								1	7		
art IIII Gra	ants or Assis	stance Be	nefitting	Intereste	ed Persons.								
	mplete if the o					art IV, lıne	27.						
(a) Name of II	_) Relationsh			unt of assistanc	е (d) Тур	e of ass	ıstanc	e (e) Purpo	se of ass	istanc	
perso	n int	terested pers		2									
		organiza	ation										
						<u> </u>							
				+									

Part IV Business Transactions	Involving Interested	d Persons.			
Complete if the organizat	on answered "Yes" on	Form 990, Part IV, lın	e 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reven	t zation's
				Yes	No
(1) DTE ENERGY	BRUCE PETERSON, TRUSTEE-CHAIR, AND OFFICER OF DTE ENERGY	1,109,516	ELECTRIC SERVICE		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2013

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DLN: 93493133036335

OMB No 1545-0047

Department of the Treasury

SCHEDULE M

(Form 990)

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Open to Public Inspection

Internal Revenue Service ▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization CRANBROOK EDUCATIONAL COMMUNITY

Employer identification number

38-2015048

Pa	rt I Types of Property			150	2013040			
	<u> </u>	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of o noncash contri		_	nts
1	Art—Works of art			g				
2	Art—Historical treasures .	X	2	3,720	COST			
3	Art—Fractional interests		_					
4	Books and publications	X		10,660	COST			
5	Clothing and household	X		22,370				
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Χ	53	1,807,962	AVG MARKET VA	LUATI	O N	
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—O ther							
18	Collectibles	Х	1	7,575	COST			
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens	Х	1	1	MARKET VALUE			
24	Archeological artifacts							
<u>A U (</u>	Other►(CTION ITEMS)	_ X	551	191,402				
<u>FUN</u>	Other►(IDRAISING)	X	167	64,368				
MUS	Other►(SICAL INSTR)	X	17	11,300	COST			
	Other ► ()				<u> </u>			
29	Number of Forms 8283 received by the for which the organization completed is				9			
	for which the organization completed i	-01111 0203,	Part IV, Donee Acknowle	agement <u>-</u>	-	Ι,	Yes	No
30a	During the year, did the organization	receive hy	contribution any property i	renorted in Part I lines 1	through 28 that		165	
	it must hold for at least three years fi							
	for exempt purposes for the entire ho			, and which is not required		202		No
	If "Yes," describe the arrangement in					30a		No_
31	Does the organization have a gift acc		licy that requires the revie	w of any non-standard co	ntributions?	31 \	/es	
32 8	Does the organization hire or use thin contributions?		· · · · · · · · ·	• • • • • • • • • • • • • • • • • • •		32a		Νo
L	If "Yes," describe in Part II					524	$\overline{}$	110
33	If the organization did not report an a describe in Part II	mount in co	olumn (c) for a type of prop	erty for which column (a)	ıs checked,			

Part II

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.

Return Reference Explanation

Schedule M (Form 990) (2013)

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DLN: 93493133036335

OMB No 1545-0047

2013

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization CRANBROOK EDUCATIONAL COMMUNITY Employer identification number

38-2015048

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	
FORM 990, PART VI, SECTION A, LINE 6	CRANBROOK EDUCATIONAL COMMUNITY INCLUDES THREE DIVISIONS OF THE ORGANIZATION, CRANBROOK SC HOOLS, CRANBROOK ART ACADEMY AND CRANBROOK INSTITUTE OF SCIENCE, WHICH EACH HAVE A BOARD O F GOVERNORS THESE BOARD OF GOVERNORS ARE THE MEMBERS OF THE ORGANIZATION
FORM 990, PART VI, SECTION A, LINE 7A	UP TO SIX TRUSTEES OF CRANBROOK EDUCATIONAL COMMUNITY SHALL BE ELECTED BY THE CRANBROOK SC HOOLS MEMBERS, UP TO FOUR TRUSTEES SHALL BE ELECTED BY THE CRANBROOK ART MEMBERS AND UP TO FOUR TRUSTEES SHALL BE ELECTED BY THE CRANBROOK SCIENCE MEMBERS, NONE OF WHICH TRUSTEES N EED TO BE MEMBERS OF THE ORGANIZATION OR ITS THREE DIVISIONS THE CHAIRMAN OF THE BOARD OF GOVERNORS OF CRANBROOK SCHOOLS, THE CHAIRMAN OF THE BOARD OF GOVERNORS OF THE CRANBROOK A RT ACADEMY, AND THE CHAIRMAN OF THE BOARD OF GOVERNORS OF THE CRANBROOK INSTITUTE OF SCIEN CE, AS ELECTED BY THE RESPECTIVE BOARDS OF GOVERNORS FROM TIME TO TIME PURSUANT TO THE ORG ANIZATION'S BY LAWS, SHALL ALL BE EX OFFICIO MEMBERS OF THE BOARD OF TRUSTEES WITH FULL VOT ING AND OTHER RIGHTS, FOR SO LONG AS EACH OF THEM REMAINS CHAIRMAN, AND SHALL THEREAFTER B E REPLACED AS TRUSTEES BY THEIR SUCCESSORS IN SUCH CHAIRMANSHIP POSITIONS
FORM 990, PART VI, SECTION B, LINE 11	THE INITIAL REVIEW OF THE 990 IS DONE BY THE CHIEF FINANCIAL OFFICER, THE CHIEF OPERATIONS OFFICER AND THE PRESIDENT AND THE INDEPENDENT AUDITORS THE 990 IS REVIEWED BY THE CHAIR OF THE BOARD OF TRUSTEES AND A MEMBER OF THE AUDIT COMMITTEE PRIOR TO FILING, THE 990 IS MADE AVAILABLE TO ALL MEMBERS OF THE BOARD OF TRUSTEES FOR THEIR REVIEW
FORM 990, PART VI, SECTION B, LINE 12C	A FORMAL WRITTEN CONFLICT OF INTEREST POLICY IS SENT OUT ANNUALLY TO OFFICERS, DIRECTORS/T RUSTEES AND KEY EMPLOYEES FOR THEIR COMPLETION, AND MUST BE SIGNED AND RETURNED TO CRANBRO OK EDUCATIONAL COMMUNITY
FORM 990, PART VI, SECTION B, LINE 15	THE CHAIR OF THE BOARD OF TRUSTEES, IN CONJUNCTION WITH OTHER TRUSTEES, DETERMINES SALARIES USING INFORMATION PREPARED BY THE HUMAN RESOURCE DEPARTMENT FOR COMPARABLE SALARIES WITH PEER INSTITUTIONS
FORM 990, PART VI, SECTION C, LINE 19	THE FOLLOWING DOCUMENTS ARE AVAILABLE UPON REQUEST AUDITED CONSOLIDATED FINANCIAL STATEMENTS AND CRANBROOK LEADERSHIP HANDBOOK
FORM 990, PART XI, LINE 9	MARKET VALUATION ADJUSTMENT OF INTEREST RATE SWAP -413,131
FORM 990, PART XII, LINE 2C	THE ORGANIZATION'S AUDIT COMMITTEE OVERSEES THE AUDIT THIS PROCESS HAS NOT CHANGED FROM THE PREVIOUS YEAR

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SCHEDULE R | Related Ord

DLN: 93493133036335OMB No 1545-0047

2013

Open to Public Inspection

Employer identification number

38-2015048

Related Organizations and Unrelated Partnerships

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Department of the Treasury Internal Revenue Service

Name of the organization

CRANBROOK EDUCATIONAL COMMUNITY

(Form 990)

► Attach to Form 990.
 ► See separate instructions.
 ► Information about Schedule R (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

			•	•			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
						,	
Part II Identification of Related Tax-Exempt Organiza or more related tax-exempt organizations during the	tions Complete if t tax year.	he organization ar	nswered "Yes"	on Form 990, Pa	art IV, line 34 because i	t had or	ne
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sect	(e) Public charity: (if section 501)	status (c)(3)) (f) Direct controlling entity	Section (13) co ent	ontrolle tity?
						Yes	No
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 501	35Y	ı	Schedule R (For	m 990) 2	013

(a)			(c)	(d)	(e)		(f)	(g)	(h)	(i)		(j))	(k)
Name, address, and EIN o related organization	f	(b) Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predomii income(re unrelate excluded tax und sections	nant lated, ed, from der 512-	Share of	Share of end-of-year assets	Disprop	rtionate	Code V- amount II 20 of Schedule (Form 10	n box f : K-1	Gener mana partr	al or ging	Percentage ownership
					514)				Yes	No		-	Yes	No	
														1	
					<u> </u>										
Part IV Identification of Related Or line 34 because it had one or n	nore related organization	ns treated a	s a cor	or Trust	trust du	rıng t	he tax ye	ar.	wered		" on Fo		90, 1	Part :	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domici (state or fo country	l lle oreign		(d) : controlling entity	Type o	o, S corp,	(f) hare of total income		(g) of end- year assets		(h) ercenta wners			(i) ection 512 (b)(13) ontrolled entity?
			y <i>)</i>				liust)								
			y)				uust)								es No
CHARITABLE REMAINDER UNITRUST DTD 101207	CHARITABLE REMAINDER TRUST	MI	Y)	N/A		Т	itusty			407,9	95 5:	2 760	%	\	Yes No
CHARITABLE REMAINDER UNITRUST DTD 101207 (2) MADELINE M SLOAN CHARITABLE REMAINDER		MI	y)	N/A		T T	itust)			407,9 171,7		2 760 6 700		<u>\</u>	
UNITRUST DTD 101207 (2) MADELINE M SLOAN	TRUST CHARITABLE REMAINDER		y)			Т	itust)			·				<u> </u>	No
CHARITABLE REMAINDER UNITRUST DTD 101207 (2) MADELINE M SLOAN CHARITABLE REMAINDER UNITRUST UDA 091297 C/O NORTHERN TRUST 10 W LONG LAKE R BLOOMFIELD HILLS, MI 48304	TRUST CHARITABLE REMAINDER		y)			Т	itust)			·				<u> </u>	No
CHARITABLE REMAINDER UNITRUST DTD 101207 (2) MADELINE M SLOAN CHARITABLE REMAINDER UNITRUST UDA 091297 C/O NORTHERN TRUST 10 W LONG LAKE R BLOOMFIELD HILLS, MI 48304	TRUST CHARITABLE REMAINDER		y)			Т				·					No
CHARITABLE REMAINDER UNITRUST DTD 101207 (2) MADELINE M SLOAN CHARITABLE REMAINDER UNITRUST UDA 091297 C/O NORTHERN TRUST 10 W LONG LAKE R BLOOMFIELD HILLS, MI 48304	TRUST CHARITABLE REMAINDER		y)			T				·					No
CHARITABLE REMAINDER UNITRUST DTD 101207 (2) MADELINE M SLOAN CHARITABLE REMAINDER UNITRUST UDA 091297 C/O NORTHERN TRUST 10 W LONG LAKE R BLOOMFIELD HILLS, MI 48304	TRUST CHARITABLE REMAINDER		y)			T				·					No

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No				
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related o	organizations lis	ted in Parts II-IV?								
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No				
b	Gift, grant, or capital contribution to related organization(s)				1b		No				
C	Gift, grant, or capital contribution from related organization(s)				1c		No				
d	Loans or loan guarantees to or for related organization(s)				1d		No				
е	Loans or loan guarantees by related organization(s)				1e		No				
f	Dividends from related organization(s)				1f		No				
g	Sale of assets to related organization(s)				1 g		No				
h Purchase of assets from related organization(s)											
i Exchange of assets with related organization(s)											
j	j Lease of facilities, equipment, or other assets to related organization(s)										
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		No				
l Performance of services or membership or fundraising solicitations for related organization(s)											
m Performance of services or membership or fundraising solicitations by related organization(s)											
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No				
0	Sharing of paid employees with related organization(s)				10		No				
р	Reimbursement paid to related organization(s) for expenses				1 p		No				
q	Reimbursement paid by related organization(s) for expenses				1q		No				
r	O ther transfer of cash or property to related organization(s)				1r		No				
s	Other transfer of cash or property from related organization(s)				1s		No				
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this lin (a)		(c)	(d)							
	Name of related organization	(b) Transaction type (a-s)	Amount involved	Method of determining amo	unt in	volved					

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

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

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

revenue) that was not a related organization. See instructions i																			
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)							section 501(c)(3) organizations?		Share of total end income	(g) Share of end-of-year assets	(h) Disproprtiona allocations ⁷	_	(i) Code V ² UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No							
												1							
													_						
			<u> </u>				l					<u> </u>							

Schedule R (Form 990) 2013

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2013

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493133036335 OMB No 1545-0172 Depreciation and Amortization (Including Information on Listed Property) Department of the Treasury Internal Revenue Service (99) See separate instructions. ► Attach to your tax return. Sequence No 179 Business or activity to which this form relates **Identifying number** FORM 990-T PAGE 1 Name(s) shown on return CRANBROOK EDUCATIONAL COMMUNITY 38-2015048 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Total cost of section 179 property placed in service (see instructions) • • • • • 2 28 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 2.000.000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- · · · · · · 0 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married 5 500,000 (b) Cost (business use (a) Description of property (c) Elected cost only) SECTION 179 FROM PASS-THROUGH ENTITIES 28 28 7 Listed property Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 28 Tentative deduction Enter the smaller of line 5 or line 8 · · · · · · · · 9 28 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see 11 500.000 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 28 13 Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12 . • 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 MACRS Depreciation (Do not include listed property.) (See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2013 · · · · · · If you are electing to group any assets placed in service during the tax year into one or more general Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method period deduction property service use only—see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs 27 5 yrs MM S/L h Residential rental property 27 5 yrs ΜМ S/L ΜМ i Nonresidential real 39 yrs property ΜМ Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L **c** 40-year MMS/L 40 yrs Summary (see instructions.) Part IV 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter 22 here and on the appropriate lines of your return Partnerships and S corporations—see instructions • • 28 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre	ciation a	<u>nd Other I</u>	<u>nforma</u>	tion (C	aution	<u>: See</u>	the i	nstr	uctio	ns for	<u>limits</u>	for pa	asseng	jer au	itomol	oiles.)
24a Do you have evider	nce to support	the business/inv	estment ι	ise claime	d? ┌ Yes	Гио	1		24b	If "Yes,"	ıs the e	v idence	written	, Г _{уе}	s Γ_{N}	0
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(c Cost o ba		Basis for (busines us			(f) Recov perio	ery	(g) Method, Conventi		Depre	n) ciation/ iction		(i) Electe section cost	179
25Special depreciation allo	•		rty placed	in service (during the	tax yea	r and u	ised m	nore t	han 2!						
50% in a qualified busi	•		hueinaee	IICA						2:	<u>, </u>					
201 Toperty used more	1 1 1 1 1 1 1 1 1 1 1 1 1	%	Dusiness	usc					Т							
		%														
37 Dranarty used 500/		%														
27 Property used 50%	oriess in a	quanned bus	iness us	e	1				S	/L -	$\overline{}$					
		%							S,	/L -						
		%			<u> </u>					/L -						
28 Add amounts in co						ne 21,	page	1	2	8						
29 Add amounts in c	olumn (ı), lın						<u>· · ·</u>	•	<u> </u>		<u> </u>		29			
Complete this section	for vehicles		ction B								or relat	ed ne	con			
If you provided vehicles to														se vehi	cles	
30 Total business/in	vestment mi	les driven du	ring the		a) icle 1		b)		_	c)		d)	-	e)		(f)
year (do not ınclu	de commutir	ng miles) .	•	Veni	icie I	ven	icle 2		veni	icle 3	veni	cle 4	veni	cle 5	ven	ıcle 6
31 Total commuting	mıles drıven	during the ve	ar .								<u> </u>					
32 Total other person	nal(noncomn	nutina) miles	drıven					+					1			
33 Total miles driven through 32	•															
34 Was the vehicle a	vaılable for p	personal use		Yes	No	Yes	No	 	'es	No	Yes	No	Yes	No	Yes	No
during off-duty ho	urs? .															
35 Was the vehicle u owner or related p	•	y by a more tl	nan 5%													
36 Is another vehicle	available fo	or personal us	e? .													
Section Answer these question 5% owners or related	ns to determ	•	et an exc												not mo	re thar
37 Do you maintain a employees?	written poli	cy statement	that prof	nibits all	personal • •	use of	vehic	cles,	ınclı	uding co	mmutır • •	ng, by	your · · ·	<u> </u>	'es	No
38 Do you maintain a employees? See t																
39 Do you treat all us																
40 Do you provide movehicles, and reta	ore than five	vehicles to y	our empl			rmatic	n fror	n yol	urem	nployees	about	the u	se of			
41 Do you meet the r				automobi	le demor	nstratio	on use	 e?(S	ee ir	structio	ns)					
Note: If your answ	ver to 37,38	3, 39, 40, or 4	· ·1 ıs "Ye:	s." do no	t comple	te Sec	tion B	tor t	he c	overed v	, vehicle	S				
	rtization			<u>, </u>	•											
(a) Description of c		(b) Date amortizatio begins	Date A mortizable amount					(d) (e) Code section period or			ızatıon			(f) ortizati his ye		
42 A mortization of co	sts that her		ur 2013	tax vear	(see ins	tructio	ns \			Perce	ca gc	<u> </u>				
		,e aaiiiig yo	1		,555 1113	T	,			T						
										1						
43 A mortization of co	sts that beg	gan before you	ır 2013 t	ax year							43					
44 Total. Add amoun	ts ın column	(f) See the i	nstructio	ns for wh	ere to re	port					44					