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# EXTENDED TO NOVEMBER 16, 2015

Form **991** 

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990. Open to Public Inspection

	Α	For th	e 2014 calendar year, or tax year beginning and	ending		
	В	Check if applicab	C Name of organization		D Employer identifica	ation number
		Addre	e   ANN ARBOR AREA COMMUNITY FOUNDATION			
		Name	ge   Doing business as		38-60	87967
	Ļ	Instial	Number and street (or P.U. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	L	Final return termir		300	(734)	663-0401
	_	ated Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	43,449,667.
	늗	iretum ∏Apple	ANN ARBOR, MI 40104		H(a) Is this a group ret	
	<u> </u>	⊥ltion pendi	F Name and address of principal officer PATRICIA WALKER SAME AS C ABOVE		for subordinates?	
	_	Tay.ev	empt status	or 527	H(b) Are all subordinates incl	luded? Yes No st (see instructions)
			te: NWW.AAACF.ORG	01 021	H(c) Group exemption	
			forganization: X Corporation Trust Association Other	L Year	of formation: 1963 M	
		art I	Summary		_	
	9	1	Briefly describe the organization's mission or most significant activities: COMM	UNITY	FOUNDATION P	ROVIDES
	Governance		FINANCIAL ASSISTANCE TO OTHER CHARITABLE	ORGAÑ	IIZATIONS.	
	ē	2	Check this box  if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	
2015	30	1	Number of voting members of the governing body (Part VI, line 1a)		3	18
	ంర	1	Number of independent voting members of the governing body (Part VI, line 1b)		4	18
<b>83</b>	Activities	Í	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	15 281
	ž	1	Total number of volunteers (estimate if necessary)		6	10,823.
20N	Ă	1	Total unrelated business revenue from Part VIII, column (C), line 12  Net unrelated business taxable income from Form 990-T, line 34		7a 7b	0.
_		<u> </u>	Net unrelated business taxable income from 1 om 1990-1, line 04		Prior Year	Current Year
	Ф	8	Contributions and grants (Part VIII, line 1h)		5,871,974.	4,277,050.
7	Revenue		Program service revenue (Part VIII, line 2g)		0.	0.
) 4	Şeve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,113,754.	4,784,514.
SCANNED	•	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,400.	0.
Ŋ,		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,988,128.	9,061,564.
			Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,621,276.	4,521,387.
		ı	Benefits paid to or for members (Part IX, column (A), line 4)	$\vdash$	761 490	0.
	Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	761,480.	757,564.
	Den	1	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  440, 13	14. ⊢		
	Ž	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<del></del>	955,437.	995,698.
		1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,338,193.	6,274,649.
					3,649,935.	2,786,915.
	ets or ances		DECEIVEDO	Be	ginning of Current Year	End of Year
•	alan				75,565,322.	77,656,338.
:	at Assured Bal	21	Total liabilities (Part X, line 26)		1,130,547.	976,472.
:	<u> </u>	22	Total liabilities (Part X, line 26)  Net assets or fund balances Subtract line 2 grown line 20  Signature Block		74,434,775.	76,679,866.
l		art II	Signature Block			
			illies of perjury, I declare that I have examined this return, (Childing accombanying scriedules it, and complete, peclaration of prepare) (other than officer) is based on all information of wh			knowledge and belief, it is
	uue	, correc	is and compress pechalator of preparer (other than mineral-is-based on all information of wh	nch preparer	nas any knowledge.	7015
,	Sig	n	Signature of officer		Date	2013
	Her		PATRICIA WALKER, COO			
		•	Type or print name and title			
•			Print/Type preparer's name Preparer's signature	751	Date Check	PTIN
-	Paid	į.	DOUGLAS A. KELLY, CPA DOUGLAS A. KELLY	Y, CP1	0/27/15 self-employed	P00091369
		narer	Firm's name REHMANN ROBSON LLC			38-3635706
	Use	Only	Firm's address 555 BRIARWOOD CIRCLE #300			
			ANN ARBOR, MI 48108		Phone no. 7 3 <b>4</b>	-761-2005
1	May	the If	RS discuss this return with the preparer shown above? (see instructions)			Yes No
	4222					C UUI 1 /004 4\

Code		
THE FOUNDATION FULFILLS ITS EXEMPT PURPOSE BY GRANTING FUNDS TO TAX EXEMPT ORGANIZATIONS PRIMARILY IN THE ANN ARBOR SELECTED FROM PROPOSALS PRESENTED.    Odd		
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HE FOUNDATION FULFILLS ITS EXEMPT PURPOSE BY GRANTING FUNDS T		
Code ) (Expenses \$ 5,357,540 · including grants of \$ 4,521,387 · ) (Revenue \$	O A	
evenue, if any, for each program service reported		
old the organization cease conducting, or make significant changes in how it conducts, any program services?  "Yes," describe these changes on Schedule O	Yes	X No
ne prior Form 990 or 990-EZ?  "Yes," describe these new services on Schedule O.	Yes	X No
	JNS.	
RGANIZATIONS. THE ORGANIZATION RECEIVES AND INVESTS CONTRIBUT		
nefly describe the organization's mission.		
	Check if Schedule O contains a response or note to any line in this Part III  nefly describe the organization's mission.  IISSION: PROVIDE FINANCIAL ASSISTANCE TO OTHER CHARITABLE  RGANIZATIONS. THE ORGANIZATION RECEIVES AND INVESTS CONTRIBUTED TO THE GENERAL PUBLIC AND MAKES GRANTS TO EXEMPT ORGANIZATION  IN THE GENERAL PUBLIC AND MAKES GRANTS TO EXEMPT ORGANIZATION  IN THE ORGANIZATION ORGA	refly describe the organization's mission.  IISSION: PROVIDE FINANCIAL ASSISTANCE TO OTHER CHARITABLE  ORGANIZATIONS. THE ORGANIZATION RECEIVES AND INVESTS CONTRIBUTIONS  ORGANIZATIONS. THE ORGANIZATION RECEIVES AND INVESTS CONTRIBUTIONS  OR THE GENERAL PUBLIC AND MAKES GRANTS TO EXEMPT ORGANIZATIONS.  Indeed the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Tyes," describe these new services on Schedule O.  Indeed the organization cease conducting, or make significant changes in how it conducts, any program services?  Tyes

	•		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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		-	
•	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_6_	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			.,
	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
40	If "Yes," complete Schedule D, Part IV	9_		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
•	as applicable			1
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	х	
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	X	<u> </u>
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			l
	assets reported in Part X, line 16º If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			v
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		<del></del>
f	the organization's separate or consolidated inhancial 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		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<del></del>
	Schedule D, Parts XI and XII	12a	Х	ĺ
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16_	_	<del></del>
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	l	х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"			
	complete Schedule G, Part III	19		X
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	agn /	(2014)

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ANN ARBOR AREA COMMUNITY FOUNDATION Form 990 (2014) ANN ARBOR AREA COM Part IV Checklist of Required Schedules (continued)

	•		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
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? If "Yes," complete Schedule J	23		х
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
270	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		х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			_
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
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 "Yes,"			
	complete Schedule L, Part II	26		<u>X</u>
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			x
28	of any of these persons? If "Yes," complete Schedule L, Part III	27		
20	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)	1		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	 28a		$\mathbf{x}^{-}$
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	-	X
	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
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		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
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	l		Х
352	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		<u>X</u>
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	-Ja		
_	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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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	Х	
		Earm.	990 (	2014\

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Form **990** (2014)

Pai	Check if Schedule O contains a response or note to any line in this Part V			
	Check in Controlled Controlled to Anny line in this Part V		Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		165	140
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
·	(gambling) winnings to prize winners?	1c	х	ļ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 15			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	l
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	х	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	Х	
	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		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			7.7
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
•	sponsoring organization have excess business holdings at any time during the year?	8		Ñ
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter	- 1	1	
а	Gross income from members or shareholders	ı	İ	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	l		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	1	l	
	Enter the amount of reserves on hand			77
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
ь	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14h	I	

432005 11-07-14

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

	Check if Schedule O contains a response or note to any line in this Part VI						X		
Sec	tion A. Governing Body and Management								
		,				Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	]	18					
	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	10								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other		Į				
	officer, director, trustee, or key employee?			2	2		X		
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct supervision		T				
	of officers, directors, or trustees, or key employees to a management company or other person?			3	3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?				X		
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		[:	5		X		
6	Did the organization have members or stockholders?				<b>3</b>		X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or						
	more members of the governing body?			7	a		X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockh	olders, or		П				
	persons other than the governing body?			7	b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e following:	ı	-				
а	The governing body?			8	a	Х			
b	Each committee with authority to act on behalf of the governing body?			8	ь	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched	at the						
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	)		<u> </u>		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code)		_				
					_	Yes	No		
	Did the organization have local chapters, branches, or affiliates?			10	)a	X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apter	s, affiliates,						
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?			10	_	X			
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ beto	re filing the form?	' <u>  11</u>	а	^			
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			ء ا		x			
12a	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 oon	fluoto 2	12	$\rightarrow$	$\frac{\Lambda}{X}$			
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye			12	<u> a</u>	$\stackrel{f \cap}{\longrightarrow}$			
·	in Schedule O how this was done	5, U	SCI ID <del>e</del>	140	.	x			
13	Did the organization have a written whistleblower policy?			12	-	X			
14	Did the organization have a written document retention and destruction policy?			14	$\dashv$	X			
15	Did the process for determining compensation of the following persons include a review and approva	lbym	dependent	<u> -</u> -	+				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ı Dy II	оерениен						
а	The organization's CEO, Executive Director, or top management official			15	اد	x			
	Other officers or key employees of the organization			15	_	X			
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			<u> </u>					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	ent w	vith a						
	taxable entity during the year?		-	16	a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e rts p	articipation		Ť				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		•						
	exempt status with respect to such arrangements?			16	ь	- 1			
Sec	ion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶MI								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Sect	on 501(c)(3)s onl	y) avail	able	•			
	for public inspection. Indicate how you made these available. Check all that apply.  X Own website X Another's website X Upon request Other (explain the second of the sec	n Sch	edule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con		•	and fin	anc	ıal			
	statements available to the public during the tax year.		. 27						
20	State the name, address, and telephone number of the person who possesses the organization's boo PATRICIA WALKER $-734-663-0401$	ks an	d records:		_				
	301 N. MAIN STREET, SUITE 300, ANN ARBOR, MI 4810	1				_			
432006	11-07-14			Fo	rm \$	990 (	2014)		

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A)	(B)	T T	<u> </u>		C)		· rout	(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one box, unless person is both an				) than	one	Reportable	Reportable	Estimated
	hours per week	box		ss pe	rson	is bot	th an	compensation	compensation	amount of
	(list any	į				Π	Ė	from the	from related organizations	other compensation
	hours for	r direc	١			ᆵ		organization	(W-2/1099-MISC)	from the
	related	stee	ruste		ا ا	en se		(W-2/1099-MISC)		organization
	organizations below	l E	ional t		ploye	t com				and related
	line)	Individual frustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	o me			organizations
(1) MARIE DEVENEY	2.00		_		Ē	Ī			· · · · · ·	<del></del>
MEMBER		X		L				0.	0.	0.
(2) BHUSHAN KULKARNI	4.00									
CHAIR		X		X				0.	0.	0.
(3) BRIAN CAMPBELL	2.50									
TREASURER		Х		X	L_			0.	0.	0.
(4) JENNIFER POTEAT	2.50									
SECRETARY		X		X	<u> </u>			0.	0.	0.
(5) LEVI THOMPSON	1.30			1						
MEMBER		Х						0.	0.	0.
(6) PAUL SCHUTT	1.50								_	
MEMBER		X	_					0.	0.	0.
(7) CYNTHIA CATTRAN	1.50					ŀ		_	_	_
MEMBER		X	Щ					0.	0.	0.
(8) FREDERICK MCDONALD II	1.50									_
MEMBER	1	X						0.	0.	0.
(9) KEVIN THOMPSON	1.50		ŀ					_		•
MEMBER	2 00	X				<u> </u>		0.	0.	<u> </u>
(10) MICHELLE CRUMM	3.00	,,								•
VICE CHAIR	1 00	Х	Ш				Щ	0.	0.	0.
(11) ROSE BELLANCA	1.00	,,						•		•
MEMBER (12)	1.50	X	Ш					0.	0.	0.
(12) GEORGE BOREL MEMBER	1.50	х						0.		•
(13) JEFFREY HAUPTMAN	2.00	^		$\dashv$		$\vdash$		0.	0.	0.
MEMBER	2.00	х						0.		0
(14) ROBERT LAVERTY	1.30	Δ	Н					0.	0.	0.
MEMBER	1.30	x						0.	0.	^
(15) CHRISTOPHER VAUGHAN	1.30	^			_		-	0.	0.	0.
MEMBER	1.30	х					1	0.	0.	0.
(16) NANCY MARGOLIS	1.00	<b> </b>				$\vdash$	$\vdash$	0.		
MEMBER	1.00	х						0.	0.	0.
(17) MATT ORRINGER	1.30	H		$\dashv$		Н	$\dashv$			
MEMBER		$ \mathbf{x} $						0.	0.	0.
432007 11 07 14	ь.								•	Far- 990 (001.4)

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1b	Sub-total	▶	265,747.	0.	1	.5,3	4 2
С	Total from continuation sheets to Part VII, Section A	▶ [	0.	0.			(
d	Total (add lines 1b and 1c)	▶ [	265,747.	0.	1	.5,3	42
2	Total number of individuals (including but not limited to those lister	d above) who red	ceived more than \$100,000 of rep	ortable	_		
	compensation from the organization						
						Yes	N
3	Did the organization list any former officer, director, or trustee, key	employee, or hi	ghest compensated employee or	n			Ī
	line 1a? If "Yes," complete Schedule J for such individual				3		3

265,747.

rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from
the organization Report compensation for the calendar year ending with or within the organization's tax year.

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services

and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

(A) Name and business address				
	<del></del>			
r of independent contractors (including bu	t not limited to those I	sted above) who received more than		

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15,342.

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	<u>ττ ν</u>	Check if Schedule O cont		or note to any lin	e in this Part VIII			
					(Å) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
rants ounts	1	a Federated campaigns	1a					
		<b>b</b> Membership dues	1b					•
A,C		c Fundraising events	1c					
Contributions, Gifts, Grants and Other Similar Amounts		d Related organizations	1d					
		e Government grants (contribut	tions) 1e					
i Si		f All other contributions, gifts, gran	its, and					
호	ļ	sımılar amounts not ıncluded abo	ve <b>1f</b>	4,277,050.				
E P		g Noncash contributions included in lines	s 1a-1f \$	1,622,147.				
<u>ठ</u> ह		h Total. Add lines 1a-1f		<b></b>	4,277,050.			
_				Business Code				
Program Service Revenue	2							
Ser								
E Š		c d						
Re								
Pro		f All other program service reve	2010				<u> </u>	
		g Total. Add lines 2a-2f	enue					
_	3	Investment income (including	dividends inter	eet and			<del>-</del>	
	_	other similar amounts)	arriconas, inter	oot, and ►	994,948.		10,823.	984,125
	4	Income from investment of ta	x-exempt bond r	proceeds			<u>, , , , , , , , , , , , , , , , , , , </u>	,
	5	Royalties	x exempt bond ;	5/0000003 -	-	-		
		, 10 Julii 00	(ı) Real	(II) Personal				
	6	a Gross rents	(7)1.001	(1) 1 01001141				
	l.	b Less rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)	<u> </u>	<b>•</b>				
		a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	38,177,669.					
	1	b Less cost or other basis						
		and sales expenses	34,388,103.	.[ ]				
		c Gain or (loss)	3,789,566.					
		d Net gain or (loss)		<u> </u>	3,789,566.			3,789,566.
		a Gross income from fundraisin	g events (not					
venue		including \$	-					
eve		contributions reported on line						
<u>بر</u>		Part IV, line 18	a			į		•
Other Re	1	b Less direct expenses	b					
0		c Net income or (loss) from fund	draising events			İ		
	9 8	a Gross income from gaming ac	ctivities See					
		Part IV, line 19	а					
	1	b Less direct expenses	b					
	•	c Net income or (loss) from gam	ning activities	<b></b>				
	10 a	a Gross sales of inventory, less	returns					•
		and allowances	а					
	ı	<b>b</b> Less. cost of goods sold	b		i			
		c Net income or (loss) from sale	s of inventory	<b>•</b>				
		Miscellaneous Revenu		Business Code				
	11 8	a						
	ı	b						
	•	c						
	(	d All other revenue	<del></del>					
	•	e Total. Add lines 11a-11d		<b>•</b>				
	12	Total revenue. See instructions.		<u> </u>	9 061 564	0.	10 823.	4 773 691.

# Form 990 (2014) ANN ARBOR ARE. Part IX Statement of Functional Expenses

Sect	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										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations	4 504 005	4 504 005	.						
	and domestic governments. See Part IV, line 21	4,521,387.	4,521,387.							
2	Grants and other assistance to domestic									
	individuals See Part IV, line 22	-		-						
3	Grants and other assistance to foreign			1						
	organizations, foreign governments, and foreign									
	individuals See Part IV, lines 15 and 16				<del></del>					
4 5	Benefits paid to or for members									
5	Compensation of current officers, directors, trustees, and key employees	281,089.	94,945.	86,360.	99,784.					
6	Compensation not included above, to disqualified	201,003.	74,745.	00,500.	75,704.					
U	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	383,598.	96,958.	188,087.	98,553.					
8	Pension plan accruals and contributions (include	-,								
-	section 401(k) and 403(b) employer contributions)	13,790.	3,981.	5,694.	4,115.					
9	Other employee benefits	32,440.	9,366.	13,394.	4,115. 9,680.					
10	Payroll taxes	46,647.	13,468.	19,260.	13,919.					
11	Fees for services (non-employees).									
а	Management									
b	Legal			~						
С	Accounting									
d	Lobbying									
е	Professional fundraising services. See Part IV, line 17	156 050	456.050							
f	Investment management fees	456,050.	456,050.							
g	Other (If line 11g amount exceeds 10% of line 25,	05 077	0 104	60.063	05 030					
	column (A) amount, list line 11g expenses on Sch O.)	95,877. 50,901.	9,184. 7,635.	60,863.	25,830. 40,721.					
12	Advertising and promotion	50,901.	/,033.	2,545.	40,721.					
13	Office expenses				<del></del>					
14	Information technology									
15 16	Royalties	30,154.	8,706.	12,450.	8,998.					
17	Occupancy Travel	30,131,	0,700.	12, 150.						
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	12,036.	3,475.	4,970.	3,591.					
20	Interest	,								
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	56,099.	16,197.	23,163.	16,739.					
23	Insurance	6,816.	1,968.	2,814.	2,034.					
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 0.)									
а	EQUIPMENT & MAINTENANCE	73,754.	21,294.	30,453.	22,007.					
b	WEBSITE	58,860.	29,430.	5,886.	23,544.					
c	DONOR SERVICES	54,171.	14,461.	9,548.	30,162.					
d	ANNUAL REPORT	26,984.	10,794.	1,349.	14,841.					
	All other expenses	73,996.	38,241.	10,159.	25,596.					
25	Total functional expenses. Add lines 1 through 24e	6,274,649.	5,357,540.	476,995.	440,114.					
26	Joint costs. Complete this line only if the organization	Į								
	reported in column (B) joint costs from a combined			ļ						
	educational campaign and fundraising solicitation.									
420011	Check here I If following SOP 98-2 (ASC 958-720)		<del>"</del>		Form <b>990</b> (2014)					
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LFa	<u>ιπ χ</u>	balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	5,100,169.	2	3,988,415.
	3	Pledges and grants receivable, net	639,520.	3	352,732.
	4	Accounts receivable, net		4	
9 10 11 12 13 14 15 16 19 20 21	5	Loans and other receivables from current and former officers, directors,			
	1	trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	<u> </u>
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	1
SSe	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			. ,
	Ь	basis. Complete Part VI of Schedule D Less accumulated depreciation  10a 1,395,366.  419,466.	1,024,499.	10c	975,900.
	11	Investments - publicly traded securities	26,202,867.	11	975,900. 23,479,514.
	12	Investments - other securities See Part IV, line 11	41,065,037.		47,352,946.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	-
	15	Other assets See Part IV, line 11	1,533,230.	15	1,506,831.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	75,565,322.	16	77,656,338.
	1	Accounts payable and accrued expenses	30,177.	17	28,050.
	18	Grants payable	72,213.	18	110,407.
	19	Deferred revenue	•	19	
	20	Tax-exempt bond liabilities		20	<del></del>
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
g	22	Loans and other payables to current and former officers, directors, trustees,			
iţi		key employees, highest compensated employees, and disqualified persons			
흂		Complete Part II of Schedule L	-	22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	<del>-</del> -	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	]	parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	1,028,157.	25	838,015.
	26	Total liabilities. Add lines 17 through 25	1,130,547.	26	976,472.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🛣 and		20	3,0,1,20
Ø		complete lines 27 through 29, and lines 33 and 34.			
ဥ	27	Unrestricted net assets	72,878,149.	27	75,392,671.
aga	28	Temporarily restricted net assets	1,556,626.	28	1,287,195.
Ö	29	Permanently restricted net assets	2,000,020	29	1/20//1950
Š		Organizations that do not follow SFAS 117 (ASC 958), check here	<del></del>	29	
ř		and complete lines 30 through 34.			
ţş	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund	<del></del> -	30	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		31	
Š	33	Total net assets or fund balances	74,434,775.	32	76,679,866.
	l		75,565,322.	33	77,656,338.
	34	Total liabilities and net assets/fund balances	13,303,322.	34	11,000,000.

Form 990 (2014)

	1 990 (2014) ANN ARBOR AREA COMMUNITY FOUNDATION	38-	6087	967	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets					(TF)
	Check if Schedule O contains a response or note to any line in this Part XI		<del></del>			X
			0	0.61	-	<i>C</i> 1
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,061		
2	Total expenses (must equal Part IX, column (A), line 25)	2		, 274		
3	Revenue less expenses Subtract line 2 from line 1	3		,786		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		, 434		
5	Net unrealized gains (losses) on investments	5		-595		
6	Donated services and use of facilities	6			, 0	<u>50.</u>
7	Investment expenses .	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		36	, 9	58.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	76	<u>,679</u>	, 8	<u>66.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			г		Yes	No
1	Accounting method used to prepare the Form 990: Lash Accrual Cother			ļ		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		-		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	1	- 1	İ	
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis		İ	1	_	
Ь	Were the organization's financial statements audited by an independent accountant?		- 1	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,			- 1	
	consolidated basis, or both		1	ľ	- 1	
	Separate basis Consolidated basis Both consolidated and separate basis			l		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,				
	review, or compilation of its financial statements and selection of an independent accountant?		Ļ	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O	1			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	int		}	
	Act and OMB Circular A-133?			3a		<u> X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	irt	- 1	- 1	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	_		3b		
				Form 9	990 (	2014)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number ANN ARBOR AREA COMMUNITY FOUNDATION 38-6087967 Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 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, crty, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A 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) 8 X A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III ) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type IIII functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s) (i) Name of supported (iii) Type of organization (iv) is the organization (v) Amount of monetary (ii) EIN (vi) Amount of listed in your organization (described on lines 1-9 support (see other support (see governing document? above or IRC section Instructions) instructions) Yes No (see instructions))

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Schedule A (Form 990 or 990-EZ) 2014

# Schedule A (Form 990 or 990-EZ) 2014 ANN ARBOR AREA COMMUNITY FOUNDATION 38-60879 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	Ì					
	include any "unusual grants ")	8,243,926.	2,460,537.	5,016,398.	5,892,324.	4,294,100.	25,907,285.
2	Tax revenues levied for the organ-						-
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	8,243,926.	2,460,537.	5,016,398.	5,892,324.	4,294,100.	25,907,285.
5	The portion of total contributions						
	by each person (other than a	l					
	governmental unit or publicly	ĺ					
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,			-			
	column (f)						8,703,497.
	Public support. Subtract line 5 from line 4						17,203,788.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	8,243,926.	2,460,537.	5,016,398.	5,892,324.	4,294,100.	25,907,285.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	~					
	and income from similar sources	672,855.	697,602.	651,928.	701,711.	994,948.	3,719,044.
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 VI.)						
11	Total support. Add lines 7 through 10						29,626,329.
	Gross receipts from related activities,	,	•			12	
13	First five years. If the Form 990 is for		first, second, thir	d, fourth, or fifth ta	ix year as a section	n 501(c)(3)	
Sec	organization, check this box and stop ction C. Computation of Publ		rcentage				
14	Public support percentage for 2014 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	58.07 %
15	Public support percentage from 2013	Schedule A, Part	II, line 14		[	15	57.83 %
16a	33 1/3% support test - 2014. If the c	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				ightharpoons
b	33 1/3% support test - 2013. If the c	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			ightharpoons
17a	10% -facts-and-circumstances test	t - 2014. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	ns box and stop h	ere. Explain in Par	t VI how the organ	zation
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a j	publicly supported	organization		▶□
b	10% -facts-and-circumstances test	t - <b>2013</b> . If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circui	mstances" test, ch	neck this box and s	stop here. Explain	in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test	The organization q	ualifies as a public	cly supported orga	inization	▶□
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u>s</u> ▶□
					Sche	dule A (Form 990	or 990-EZ) 2014

#### 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

Se	ction A. Public Support	now, please com	piete Fart II j			· · · · · · · · · · · · · · · · · · ·	-
	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5						
7:	a Amounts included on lines 1, 2, and 3 received from disqualified persons						
ı	nother than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
•	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) ►	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ŀ	o 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 VI)  Total support. (Add lines 9, 10c, 11, and 12)	-					
	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
	check this box and stop here				<u> </u>	<u></u>	<u> </u>
Se	ction C. Computation of Public	c Support Pe	rcentage				
15	Public support percentage for 2014 (lin	ne 8, column (f) d	ivided by line 13, o	column (f))		15	%
16	Public support percentage from 2013	Schedule A, Part	III, line 15		<u> </u>	16	%
Se	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 201	I <b>4</b> (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	%
18	Investment income percentage from 2	013 Schedule A,	Part III, line 17			18	%
198	a 33 1/3% support tests - 2014. If the o	organization did n	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box an	d <b>stop here.</b> The	organization qual	ifies as a publicly	supported organiz	zation	▶□
ŧ	33 1/3% support tests - 2013. If the o	•			•		and
	line 18 is not more than 33 1/3%, chec			· ·		-	▶∐
20	Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check the		structions	<b>_</b>

## Schedule A (Form 990 or 990-EZ) 2014 ANN ARBOR AREA COMMUNITY FOUNDATION

### Part IV Supporting Organizations

**Section A. All Supporting Organizations** 

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

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI. including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		res	NO
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	2		
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	3a		
	3b_		
	 3c	-	-
	4a		-
	4b		
	 4c	-	-
	5a		
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	9a		
	9b		
	9c		
	10a		
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Sch	edule A (Form 990 or 990-EZ) 2014 ANN ARBOR AREA COMMUNIT	Y FO	UNDATION	38-6087967 Page 6
_	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			structions. All
	other Type III non-functionally integrated supporting organizations must co			
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		1 1 1 1 1 1
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4	-	
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)	<u> </u>		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
_2_	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		

Schedule A (Form 990 or 990-EZ) 2014

Under the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

instructions)

38-6087967 Page 7 Schedule A (Form 990 or 990-EZ) 2014 ANN ARBOR AREA COMMUNITY FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2014 from Section C, line 6 Line 8 amount divided by Line 9 amount (i) (ii) (iii) **Excess Distributions Underdistributions** Distributable Section E - Distribution Allocations (see instructions) Pre-2014 Amount for 2014 Distributable amount for 2014 from Section C, line 6 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2014 а. b C ; d e From 2013 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2014 distributable amount Carryover from 2009 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2014 from Section D, line 7 a Applied to underdistributions of prior years b Applied to 2014 distributable amount c Remainder Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see Excess distributions carryover to 2015. Add lines 3) and 4c. Breakdown of line 7

Schedule A (Form 990 or 990-EZ) 2014

b

d Excess from 2013 e Excess from 2014

rt VI	(Form 990 or 990 EZ) Supplemental li	nformation. Pr	ovide the explai	nations required	l by Part II, line	10, Part II, lin	38-60879 e 17a or 17b, and Part II	, line 12
	Also complete this p	art for any additio	nal information.	(See instruction	ıs)			
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#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **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.

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

Open to Public

Inspection

OMB No 1545-0047

Name of the organization

ANN ARBOR AREA COMMUNITY FOUNDATION

**Employer identification number** 38-6087967

Pa	rt I Organizations Maintaining Donor Advise		or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		7. 7. Cood in to Complete in the
	organization and the control of the	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	97	
2	Aggregate value of contributions to (during year)	1,304,344.	
3	Aggregate value of grants from (during year)	1,101,213.	<del></del>
4	Aggregate value at end of year	15,655,622.	
5	Did the organization inform all donors and donor advisors in		funds
•	are the organization's property, subject to the organization's		X Yes No
6	Did the organization inform all grantees, donors, and donor a	•	
-	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	donor advisor, or for any other purpose co	X Yes No
Pa	rt II   Conservation Easements. Complete if the org	panization answered "Yes" to Form 990 Par	t IV line 7
1	Purpose(s) of conservation easements held by the organizati		
-	Preservation of land for public use (e.g., recreation or e		cally important land area
	Protection of natural habitat	Preservation of a certifie	
	Preservation of open space	Treservation of a certifie	d historic structure
2	Complete lines 2a through 2d if the organization held a qualif	and conservation contribution in the form of	a conservation encoment on the last
_	day of the tax year	ied conservation contribution in the form of	a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic stri	icture included in (a)	2c
4	Number of conservation easements included in (c) acquired a		
_	listed in the National Register	arter of 17700, and not on a historic structure	2d
3	Number of conservation easements modified, transferred, rel	eased extinguished or terminated by the o	
•	year >	eased, extinguished, or terminated by the o	ganization during the tax
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it	- · · · · · · · · · · · · · · · · · · ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) abov		
-	and section 170(h)(4)(B)(ii)?	e satisfy the requirements of section 170(1))	Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense st	
	include, if applicable, the text of the footnote to the organizat		
	conservation easements		organization o doodanting to
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		nt and balance sheet works of art.
	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that describ		, , , , , , , , , , , , , , , , , , , ,
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement ar	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	•	
	(i) Revenue included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financial da	ain, provide
	the following amounts required to be reported under SFAS 11	_	••
а	Revenue included in Form 990, Part VIII, line 1		<b>▶</b> \$
b	Assets included in Form 990, Part X		► \$ ► \$

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		OR AREA CO					87967 Page 2
Pa	t III Organizations Maintaining C	collections of A	rt, Historical Tı	reasures, or Ot	her Sir	milar Asse	ets(continued)
3	Using the organization's acquisition, access (check all that apply):	on, and other record	ls, check any of the	following that are a	significa	ant use of its	collection items
а	Public exhibition	d	Loan or ev	change programs			
b	Scholarly research	e	$\overline{}$	mange programs			
c	Preservation for future generations	•	Curier	<del></del>			<del></del> -
4	•	alloctions and ovalar	n how thou further t	the erganization's o	vomnt ni	imaca in Da	a VIII
5	Provide a description of the organization's c During the year, did the organization solicit of	· ·	•	-		-	IT AIII.
5	to be sold to raise funds rather than to be m			•	nar assei	is [	Yes No
Pai	t IV Escrow and Custodial Arran				to Form	OOO Bort IV	
1 4	reported an amount on Form 990, Pa		ete ii the organizatio	on answered Yes	to Form :	990, Part IV,	line 9, or
12	Is the organization an agent, trustee, custod		lian, for contribution	no or other ecosts r	ot includ		<del></del>
Ia	on Form 990, Part X?	ian or other intermet	nary for contribution	is or other assets i	Ot includ		Yes No
<b>.</b>	If "Yes," explain the arrangement in Part XIII	and complete the fe	llowing toblo			<u></u>	res no
U	ii res, explain the arrangement in Part Alli	and complete the to	llowing table			т-	Amajunt
_	Paginning halana				- 1-	_	Amount
	Beginning balance				1		<del></del>
	Additions during the year					d	
_	Distributions during the year					e f	
f	Ending balance  Did the organization include an amount on F	orm 000 Bort V line	Of for coordinar of	untadial account lia			Yes No
	If "Yes," explain the arrangement in Part XIII		-		-	_	res No
Par							
		(a) Current year	(b) Prior year	(c) Two years back		ee years back	(e) Four years back
12	Beginning of year balance	72,878,149.	62,286,561.	53,376,888	<del></del>	2,695,780.	44,043,598.
h	Contributions	3,868,690.	5,835,177.	4,024,096		1,365,721,	5,366,222.
	Net investment earnings, gains, and losses	4,920,487.	9,094,604.	8,231,026		2,840,068.	6,080,377.
d	Grants or scholarships	4,521,387.	2,621,276.	1,951,305		2,306,043.	1,731,011.
	Other expenditures for facilities		2,022,270.	1,302,000	<del>'                                     </del>	*,00	2,102,022,
C	and programs	367,933.	348,032.	316,158	.1	208,420.	173,796.
f	Administrative expenses	1,385,335.	1,368,885.	<del></del>		1,010,218.	889,610.
	End of year balance	75,392,671.	72,878,149.	<del></del>	_	3,376,888.	<del></del>
9 2	Provide the estimated percentage of the cur		<del></del>		•1	, , , , , , , , , , , , , , , , , , , ,	
	Board designated or quasi-endowment	100.00	%	a)) Helo as			
	Permanent endowment • .00	%					
	Temporarily restricted endowment	<u>.</u> 000 %					
·	The percentages in lines 2a, 2b, and 2c shou						
32	Are there endowment funds not in the posse	•	ation that are held a	and administered for	the ora	anization	
Oa	by:	33ion of the organiza	ation that are neid a	ino administered for	ti le oigi	arnzanori	Yes No
	(i) unrelated organizations						3a(i) X
	(ii) related organizations						3a(II) X
h	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R2				3b
4	Describe in Part XIII the intended uses of the						
	t VI Land, Buildings, and Equipm		William Tarios				
	Complete if the organization answere		Part IV line 11a S	See Form 990 Part )	Cline 10	ı	
	Description of property	(a) Cost or o			Accumu	<del></del>	(d) Book value
	Description of property	basis (investin		1 , ,	epreciat		(d) Dook value
12	Land		-,	,,			<del></del>
	Buildings	1,128,	667.		201	536.	927,131.
	Leasehold improvements		<del> · · ·  </del> -			<del></del>	
	Equipment	266,	699.		217,	930.	48,769.
	Other			<del></del>		<del></del>	
_	Add lines 1a through 1e (Column (d) must e	gual Form 990. Part	X. column (B), line 1	10c)		•	975,900.

#### Part X Other Liabilities.

(3) Other

(1) (2)(3)(4)(5)(6)(7)(8) (9)

(1) (2)(3) (4)(5)(6)(7)(8)

 $_{\rm LP}$ (D)

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	LIABILITY TO LIFE BENEFICIARIES OF	
(3)	PLANNED GIFTS	487,421.
(4)	ASSETS HELD FOR OTHERS	350,594.
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col (B) line 25)	838,015.

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

	dule D (Form 990) 2014 ANN ARBOR AREA COMMUNITY I			6087967 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per	Retun	n.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	ι		
1	Total revenue, gains, and other support per audited financial statements		1	8,341,913
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
а	Net unrealized gains (losses) on investments	2a $-579,076$		
b	Donated services and use of facilities	2b 17,050	•	
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )	2d 36,958	•	
e	Add lines 2a through 2d		2e	-525,068
3	Subtract line 2e from line 1		3	8,866,981.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII )	4b 194,583		
c	Add lines 4a and 4b		4c	194,583
_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	9,061,564.
_5_				
	t XII Reconciliation of Expenses per Audited Financial Staten	nents With Expenses pe		
		•		irn.
	t XII Reconciliation of Expenses per Audited Financial Staten	•		
Pa	Table 1 Reconciliation of Expenses per Audited Financial States  Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	•	r Retu	irn.
Par	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a  Total expenses and losses per audited financial statements	•	r Retu	irn.
1 2	t XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25		r Retu	irn.
1 2	t XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities		r Retu	irn.
1 2	t XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments	2a 2b	r Retu	6,219,010.
1 2	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	r Retu	orn.
1 2 a b c	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII)	2a 2b 2c	1	6,219,010.
Par 1 2 a b c d e	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII )  Add lines 2a through 2d	2a 2b 2c	1 2e	orn.
Par 1 2 a b c d e 3	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII )  Add lines 2a through 2d  Subtract line 2e from line 1	2a 2b 2c 2d 4a	1 2e 3	orn.
Par 1 2 a b c d e 3	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII )  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1.	2a 2b 2c 2d	1 2e 3	0. 6,219,010.
Par 1 2 a b c d e 3	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII )  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1.  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII )  Add lines 4a and 4b	2a 2b 2c 2d 4a	1 2e 3	o. 6,219,010.  6,219,010.
1 2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII )  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1.  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII )	2a 2b 2c 2d 4a	1 2e 3	orn.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

#### PART V, LINE 4:

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF CHARITABLE REMAINDER TRUST

36,958.

432054 10-01-14

Page 5
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3,441
,477
1,583
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698
,941
,639
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990) 2014

Part XIII | Supplemental Information (continued)

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation:  Cost or end-of-year market value
BERENS GLOBAL	3,093,701.	FMV
BLACKSTONE	5,065,607.	FMV
COMMONFUND CAPITAL PRIVATE EQUITY VI	647,420.	FMV
COMMONFUND CAPITAL PRIVATE EQUITY VII	789,118.	FMV
COMMONFUND CAPITAL VENTURE PTNRS VIII	874,417.	FMV
LANDMARK EQUITY PARTNERS XIV, LP	651,626.	FMV
NEWLIN ENERGY PARTNERS	447,588.	FMV
NORTHGATE VENTURE PARTNERS III	350,844.	FMV
POINTER OFFSHORE LTD	4,993,614.	FMV
SIGULER GUFF	726,476.	FMV
HIGHCLERE INTL INVESTORS FD	1,803,038.	FMV
AEW GLOBAL PROPERTY SECURITIES FUND, LP	2,716,122.	FMV
COLCHESTER GLOBAL BOND AI FUND	1,834,179.	FMV
LEGACY VENTURE VI (QP), LLC	629,627.	FMV
DENHAM COMMODITY PARTNERS FUND VI, LP	470,480.	FMV
LANDMARK- XV	271,552.	FMV
NGP NATURAL RESOURCES XI, LP	5,150.	FMV
KILTEARN GLOBAL EQUITY FUND	2,856,173.	FMV
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SCHEDULE I (Form 990)

Department of the Treasury Internal Rovenue Service

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

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

2014

OMB No 1545-0047

Open to Public Inspection

Employer identification number 38-6087967

Information about Schedule I (Form 990) and its instructions is at www.ics.gov/form990. ANN ARBOR AREA COMMUNITY FOUNDATION Name of the organization

Part I General Information on Grants and Assistance	s and Assistance							. 1
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	ls to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the select	[	
criteria used to award the grants or assistance?	ssistance?						X Yes	ŝ
Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	procedures for monit	oring the use of grant	funds in the United	d States.				
Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any received more than \$5,000 Part II can be disclined if additional energial process.	to Domestic Organians \$5,000 Part II can	zations and Domestic	c Governments. C	omplete if the orga	inization answered "Y	es" to Form 990, Part	IV, line 21, for any	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
SEE ATTACHED LIST			4,125,140.	.0			SEE ATTACHED LIST	1
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	) and government or	ganizations listed in th	e line 1 table				129.	
Enter total number of other organizations listed in the line 1 table	ons listed in the line 1				:		•	- 1
LHA For Paperwork Reduction Act Notice, see the Instructions 1	ce, see the Instructi	ons for Form 990.					Schedule I (Form 990) (2014)	₹

38-6087967

Schedule I (Form 990) (2014) ANN ARBOR AREA COMMUNITY FOUNDATION

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed.

(e) Method of valuation (f) Description of non-cash assistance (book, FMV, appraisal, other)			ditional information	ЕО ВУ ТНЕ	REQUIRED FROM	ISSUED.		
(d) Amount of non- cash assistance			ired in Part I, line 2, Part III, column (b), and any other additional information	AND REVIEWED	ARE	PAYMENTS ARE	ER.	
(c) Amount of cash grant			ie 2, Part III, column	RECIPIENTS	INTERIM REPORTS	PROGRESS P.	PROGRAM OFFICER.	
(b) Number of recipients	•		uired in Part I, lin	GRANT	BASIS,	BEFORE	THE	
(a) Type of grant or assistance			Part IV Supplemental Information. Provide the information requi	FINAL REPORTS ARE REQUIRED FROM ALL	PROGRAM OFFICER. ON A CASE-BY-CASE	RECIPIENTS OF MULTI-PAYMENT GRANTS	THESE REPORTS ARE ALSO REVIEWED BY	

#### **SCHEDULE M** (Form 990)

## **Noncash Contributions**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

Attach to Form 990.

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

Employer identification number

ANN ARBOR AREA COMMUNITY FOUNDATION

38-6087967

Pai	t I Types of Property			•	<del></del>			
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermini	_	<del></del>
1	Art - Works of art		items contributed	Tomi 000, i art viii, iirie ig				
2	Art - Historical treasures							
3	Art · Fractional interests							
4	Books and publications							
5	Clothing and household goods					_		
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	25	1,514,620.	QUOTED MARK	ET 1	PRI	CE
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial				<u></u>			
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other () Other ()							
26 27	Other ()							
28	Other ( )							
29	Number of Forms 8283 received by the organic	zation durin	the tay year for c	ontributions				
23	for which the organization completed Form 82		•	i i				
	To whom the organization completed from 52	00,1 01111,	sonee nonne mea	201		I	Yes	No
30a	During the year, did the organization receive b	v contributio	n any property rec	orted in Part I. lines 1 throu	gh 28, that it	$\Box$		
	must hold for at least three years from the date	-			•			
	exempt purposes for the entire holding period		,,			30a		Х
b	If "Yes," describe the arrangement in Part II.	•						
31	Does the organization have a gift acceptance i	policy that re	equires the review	of any non-standard contrib	utions?	31	x	
32a	- · · · · · · · · · · · · · · · · · · ·	-	·	•				
	contributions?			. , , , ,		32a	х	
b	If "Yes," describe in Part II				•			
33	If the organization did not report an amount in	column (c) f	or a type of proper	ty for which column (a) is ch	ecked,			
	describe in Part II							

Schedule M	И (Form 9	90) (2014)	ANN A	RBOR	AREA	COMMUNI	TY FOUND	ATION	38-6087967	Page 2
Part II	`Suppl	emental	Informa	tion. Pr	ovide the	information reg	uired by Part I, I	ines 30b. 32b.	and 33, and whether the organiz	ation
	is repor	ung in Pari	i, column (	D), the hi	amber of d	contributions, th	e number of ite	ms received, or	a combination of both Also con	nplete
	unis par	t for any ac	dditional inf	ormation	•					_
SCHEDU	JLE M	, LINE	32B:	<del></del> .						
143 D ## EE		050			~~-					
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432142 08-12-	14								Schedule M (Form 9	90) (2014)

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

Inspection

OMB No 1545-0047

Name of the organization

ANN ARBOR AREA COMMUNITY FOUNDATION

**Employer identification number** 38-6087967

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

PRIOR TO FILING, A COMPLETE COPY OF FORM 990 AND FORM 990T, INCLUDING SCHEDULE B, IS REVIEWED BY THE BOARD OF TRUSTEES. ADDITIONALLY, FORM 990 AND FORM 990T ARE REVIEWED BY THE INVESTMENT AND FINANCE COMMITTEE, EXCLUDING SCHEDULE B, AND ARE ALSO DISTRIBUTED TO THE AUDIT COMMITTEE.

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

IN THE EVENT A BOARD MEMBER HAS A CONFLICT OF INTEREST WITH RESPECT TO A MATTER BEFORE THE BOARD, THAT MEMBER IS REQUIRED TO ABSTAIN FROM VOTING ON THAT ISSUE.

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

THE BOARD REVIEWS THE COMPENSATION OF THE CEO USING COMPARABILITY DATA. AND CONTEMPORANEOUSLY SUBSTANTIATES ITS DELIBERATIONS AND DECISION. THE CEO REVIEWS THE COMPENSATION OF OTHER OFFICERS USING COMPARABILITY DATA, AND PRESENTS HER COMPENSATION RECOMMENDATIONS IN SUMMARY TO A COMMITTEE OF THE BOARD FOR APPROVAL. HER REVIEW AND THEIR DECISION IS SUBSTANTIATED CONTEMPORANEOUSLY. THE TRUSTEE COMMITTEE ANNUALLY REVIEWS OFFICER/KEY STAFF COMPENSATION AT THE SAME TIME.

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

GOVERNING DOCUMENTS AND POLICIES ARE AVAILABLE UPON REQUEST. FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE, AAACF.ORG. 990 IS AVAILABLE ON GUIDESTAR.ORG AND AAACF.ORG.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432211 08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization ANN ARBOR AREA COMMUNITY FOUNDATION	Employer identification number 38-6087967
CHANGE IN VALUE OF CHARITABLE REMAINDER TRUST:	36,958.
FORM 990, PART XII, LINE 2C:	
PROCESS OF OVERSIGHT OF THE AUDIT OF ORGANIZATION'S FINAL	NCIAL
STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT BY	THE AUDIT
COMMITTEE HAS NOT CHANGED FROM LAST YEAR.	
<del></del>	