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# SCANNED JUN 2 6 2017

Form **990** 

Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2016

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

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

Open to Public Inspection

OMB No 1545-0047

B Boaket Content Conte	Α	For th	e 2015 calendar year, or tax year beginning	and ending		
ANN ARBOR ARBO (or mail is not delivered to street address)    Second   Property   Prope	В	Check i applical	C Name of organization		D Employer identific	ation number
Number and street (or P.0, box/final is not delivered to street address)   300   31 N MAIN ST   301 N MAIN S		jchar ─_Nam	9 ANN ARBOR AREA COMMUNITY FOUNDATION		38-60	187967
Number and steek (of 1) of 10 miles in the delivered to steek address   14,789,412.	닏			15		
City or town, state or province, country, and ZP or foreign postal code    Ann Arrival   Ann Arrival	E	retur Fina	Number and street (of P.U. dox it mail is not delivered to street address)		'	
Name and address of principal officer (NEELAV HAJRA   Hajle is this a group return for subordinates of principal officer (NEELAV HAJRA   Hajle is the subordinates of processor of proces		term		•	G Gross receipts \$	14,789,412.
Service   SAME AS C ABOVE   However   Yes   No	7	Ame	nded ANN ADDOD MT 48104		H(a) Is this a group re	turn
SAME AS C ABOVE   High   Ase all abordances inclusives   No   High   Ase all abordances   Part   No   High   Ase all abordances   No   High   Ase all a	_	App				
Tex-exempt status	_					
J Webster: ► WWW. AAACF. ORG   New tornamentation: X Corporation   Trust   Association   Other   Lyear of formation: 1963   Mista of legal domoste: MI	_	Tov 0		(a)(1) or 527	7	
Repair   Summary   1   Brefly describe the organization's mussion or most significant activities   COMMUNITY FOUNDATION PROVIDES				a)(1) UI 327	-1 · · · · · · · · · · · · · · · · · · ·	
Brefty describe the organization's mission or most significant activities   COMMUNITY FOUNDATION PROVIDES				I Veer		<del></del>
1   Brofity describe the organization's mission or most significant activities   COMMUNITY FOUNDATION PROVIDES				L Tear	or iorniation. 1905 M	State of legal domicile, 1411
FINANCIAL ASSISTANCE TO OTHER CHARITABLE ORGANIZATIONS.		1		MMINITOV	POINDATION P	PONTUEC
5 Total number of industries applications betain year 2015 Part Villa (PD) 6 Total number of votal search (VIII, column (I), line 12	g	1				KOVIDES
5 Total number of industries applications betain year 2015 Part Villa (PD) 6 Total number of votal search (VIII, column (I), line 12	20					
5 Total number of industries applications betain year 2015 Part Villa (PD) 6 Total number of votal search (VIII, column (I), line 12	Ž	2	· — ·	disposed of more	1 1	
5 Total number of industries applications betain year 2015 Part Villa (PD) 6 Total number of votal search (VIII, column (I), line 12	Š	3				
Second   S	ن مہ	4			4	
Second   S	ď	5	Total number of individuals employed in calendar year 2015 (Part V-lipe 2a)		5	
Second   S	į	6	Total number of vontages (eximate independent)		6	
Second   S	į	7 :	Total unrelated business at a large VIII, column (¢), line 12	S	7a	
8 Contributions and graits Gat Harbor (1) Program service reveal (1) Progr	٩	1	Net unrelated business taxable income from Form 9909? line 34 [N.] 1 9 2	N17   Q	7b	-39,984.
8 Contributions and graits Gat Harbor (1) Program service reveal (1) Progr			JUN 21 201/ [五]	SE	Prior Year	Current Year
10 Investment income (Part VI USIDA Nes 3, 4, and 7d) 11 Other revenue (Part VII Column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (D), line 25) 18 Total fundraising expenses (Part IX, column (D), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Total vassets of fund balances Subtract line 21 from line 20 23 Total vassets of fund balances Subtract line 21 from line 20 24 Total vassets of fund balances Subtract line 21 from line 20 25 Sign Here  PrintType preparer's name  DOUGLAS A. KELLY, CPA  Proparer's signature  Preparer  Preparer  Preparer  Use Only  May the IRS discuss this return with the preparer shown above? (see instructions)  4		8	Contributions and grants (Part MIII Ined b)		4,277,050.	3,736,429.
10 Investment income (Part VI USIDA Nes 3, 4, and 7d) 11 Other revenue (Part VII Column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (D), line 25) 18 Total fundraising expenses (Part IX, column (D), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Total vassets of fund balances Subtract line 21 from line 20 23 Total vassets of fund balances Subtract line 21 from line 20 24 Total vassets of fund balances Subtract line 21 from line 20 25 Sign Here  PrintType preparer's name  DOUGLAS A. KELLY, CPA  Proparer's signature  Preparer  Preparer  Preparer  Use Only  May the IRS discuss this return with the preparer shown above? (see instructions)  4	2	9	Program service revent that English (U.G.U.Z.M.		0.	.0.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 1-3)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), lines 1-19)  175 Total fundraising expenses (Part IX, column (A), lines 1-19)  18 Total fundraising expenses (Part IX, column (A), lines 1-11)  19 Revenue less expenses Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 16)  22 Total liabilities (Part X, line 26)  23 Net assets or fund balances Subtract line 21 from line 20  24 Total liabilities (Part X, line 26)  35 Net assets or fund balances Subtract line 21 from line 20  25 Net assets or fund balances Subtract line 21 from line 20  26 Part II Signature Block  27 Under expense for fund balances Subtract line 21 from line 20  28 Net assets or fund balances Subtract line 21 from line 20  29 Signature of officer  20 Net assets or fund balances Subtract line 21 from line 20  20 Total assets or fund balances Subtract line 21 from line 20  20 Total assets or fund balances Subtract line 21 from line 20  20 Total assets or fund balances Subtract line 21 from line 20  20 Total assets or fund balances Subtract line 21 from line 20  21 Total fundraising expenses Subtract line 21 from line 20  22 Total liabilities (Part X, line 26)  33 Total sessets or fund balances Subtract line 21 from line 20  34 Total sessets or fund balances Subtract line 21 from line 20  35 Total sessets or fund balances Subtract line 21 from line 20  36 Total sessets or fund balances Subtract line 21 from line 20  36 Total sessets or fund balances Subtract line 21 from line 20  37 Total sessets or fund balances Subtract line 21 from line 20  36 Total sessets or fund balances Subtract line 21 from line 20  37 Total sessets or fund balances Subtract line 21 from line 20  38 Total sessets	Š	10	Investment income (Part VIOGE Investment and 7d)		4,784,514.	1,598,220.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   9,061,564   5,334,649   .   13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)   4,521,387   2,824,806   .   14 Benefits paid to or for members (Part IX, column (A), line 4)   0   0   .   15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)   757,564   850,914   .   16a Professional fundraising fees (Part IX, column (A), line 11e)   0   0   .   17 Other expenses (Part IX, column (D), line 25)   482,953   .   18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)   6,274,649   4,581,797   .   19 Revenue less expenses Subtract line 18 from line 12   2,786,915   752,852   .   19 Revenue less expenses Subtract line 18 from line 12   2,786,915   752,852   .   20 Total labilities (Part X, line 16)   77,656,338   75,600,487   .   21 Total liabilities (Part X, line 16)   9976,472   941,990   .   22 Net assets or fund balances Subtract line 21 from line 20   76,679,866   74,658,497   .   Part II   Signature Block   Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of pepagraf (other than officer) is based on all information of which preparer has any knowledge   Pilin	ď	11			0.	0.
Total expenses (Part IX, column (A), line 25)  Total expenses (Part IX, column (A), line 25)  Total expenses Subtract line 18 from line 12  Total labilities (Part X, line 16)  Total labilities (Part X, line 26)  Total labilities (Part X, line 26)  Total labilities (Part X, line 26)  Total assets (Part X, line 26)  Total assets of fund balances Subtract line 21 from line 20  Part II Signature Block  There Primt's address A KELLY, CPA  Preparer  Preparer  Firm's address A KELLY, CPA  May the IRS discuss this return with the preparer shown above? (see instructions)  May the IRS discuss this return with the preparer shown above? (see instructions)  Total lassets (Part IX, column (A), line 4)  14, 521, 387. 2, 824, 806.  0. 0. 0.  757, 564. 850, 914.  0. 0. 0.  757, 564. 850, 914.  0. 0. 0.  757, 564. 850, 914.  0. 0. 0.  757, 564. 850, 914.  0. 0. 0.  757, 564. 850, 914.  0. 0. 0.  757, 564. 850, 914.  0. 0. 0.  757, 564. 850, 914.  0. 0. 0.  757, 564. 850, 914.  0. 0. 0.  757, 564. 850, 914.  0. 0. 0.  757, 564. 850, 914.  0. 0. 0.  0. 0.				12)	9,061,564.	5,334,649.
Here    14   Benefits paid to or for members (Part IX, column (A), line 4)   15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   757, 564.   850, 914.     15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   757, 564.   850, 914.     16   Professional fundraising fees (Part IX, column (D), line 11e)   0.   0.     17   Other expenses (Part IX, column (A), line 11e)   482, 953.     18   Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)   995, 698.   906, 077.     18   Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)   6,274, 649.   4,581,797.     19   Revenue less expenses Subtract line 18 from line 12   2,786,915.   752,852.     19   Beginning of Current Year   77,656,338.   75,600,487.     20   Total liabilities (Part X, line 16)   776,679,866.   74,658,497.     10   Part II   Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaratory of prepare of officer   Date	_	1				
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25)  17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12  20 Total assets (Part X, line 16) 21 Total labilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20  19 Total labilities (Part X, line 26) 21 Total labilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20  19 Total labilities (Part X, line 26) 21 Total labilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20  23 Net assets or fund balances Subtract line 21 from line 20  24 Total labilities (Part X, line 26) 25 Total labilities (Part X, line 26) 26 Total labilities (Part X, line 26) 27 Net assets or fund balances Subtract line 21 from line 20  28 Net assets or fund balances Subtract line 21 from line 20  29 Net assets or fund balances Subtract line 21 from line 20  20 Total assets (Part X, line 26) 21 Total labilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20  20 Total assets (Part X, line 26) 21 Total labilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20  20 Net assets or fund balances Subtract line 21 from line 20  21 Total labilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20  22 Net assets or fund balances Subtract line 21 from line 20  23 Net assets or fund balances Subtract line 21 from line 20  24 Total labilities (Part X, line 26) 25 Total labilities (Part X, line 26) 26 Total assets (Part X, line 16) 27 Total labilities (Part X, line 26) 28 Total labilities (Part X, line 26) 29 Total assets (Part X, line 26) 29 Total assets (Part X, line 26) 20 Total assets (Part X, line 26) 20 Total assets (Part X, l						
16a Professional fundraising fees (Part IX, column (A), line 11e)   b Total fundraising expenses (Part IX, column (A), line 25)   482,953.     17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   995,698.   906,077.     18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)   6,274,649.   4,581,797.     19 Revenue less expenses Subtract line 18 from line 12   2,786,915.   752,852.     20 Total assets (Part X, line 16)   77,656,338.   75,600,487.     21 Total liabilities (Part X, line 26)   976,472.   941,990.     22 Net assets or fund balances Subtract line 21 from line 20   76,679,866.   74,658,497.     Part II   Signature Block   Signature Block   Signature Block   Date   Date   Date     NEELAV HAJRA, PRESIDENT   Date   Primt/Type preparer's name   Preparer's signature   David   Date   Date   Date   Primt/Type preparer's name   REHMANN ROBSON LIC   Firm's address   555 BRIARWOOD CIRCLE, STE 300   ANN ARBOR, MI 48108   Phone no. (734) 761-2005   May the IRS discuss this return with the preparer shown above? (see instructions)		45	•	i-10)		850.914.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  2 786,915.  752,852.  8 Beginning of Current Year  77,656,338.  75,600,487.  976,472.  941,990.  76,679,866.  74,658,497.  Part II Signature Block  Under penallies of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Print/Type or print name and title  Print/Type preparer's name  DOUGLAS A. KELLY, CPA  DOUGLAS A. KELLY, CPA  DOUGLAS A. KELLY, CPA  DOUGLAS A. KELLY, CPA  Prim's address  555 BRIARWOOD CIRCLE, STE 300  ANN ARBOR, MI 48108  Mey the IRS discuss this return with the preparer shown above? (see instructions)  8 G, 274, 649.  4, 581, 797.  2, 786,915.  752,852.  8 Beginning of Current Year  Firm's add, 915.  7752,852.  8 Beginning of Current Year  Prind Sequence Subtract line 12  Prind Sequence Subtract line 12  Prod of Year  77,656,338.  75,600,487.  976,472.  941,990.  76,679,866.  74,658,497.  Part II Signature Block  Date  NEELAV HAJRA, PRESIDENT  Type or print name and title  Prinm's amme  Preparer's signature  Prinm's address  555 BRIARWOOD CIRCLE, STE 300  ANN ARBOR, MI 48108  Phone no. (734) 761-2005	9	16				
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  2 786,915.  752,852.  8 Beginning of Current Year  77,656,338.  75,600,487.  976,472.  941,990.  76,679,866.  74,658,497.  Part II Signature Block  Under penallies of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Print/Type or print name and title  Print/Type preparer's name  DOUGLAS A. KELLY, CPA  DOUGLAS A. KELLY, CPA  DOUGLAS A. KELLY, CPA  DOUGLAS A. KELLY, CPA  Prim's address  555 BRIARWOOD CIRCLE, STE 300  ANN ARBOR, MI 48108  Mey the IRS discuss this return with the preparer shown above? (see instructions)  8 G, 274, 649.  4, 581, 797.  2, 786,915.  752,852.  8 Beginning of Current Year  Firm's add, 915.  7752,852.  8 Beginning of Current Year  Prind Sequence Subtract line 12  Prind Sequence Subtract line 12  Prod of Year  77,656,338.  75,600,487.  976,472.  941,990.  76,679,866.  74,658,497.  Part II Signature Block  Date  NEELAV HAJRA, PRESIDENT  Type or print name and title  Prinm's amme  Preparer's signature  Prinm's address  555 BRIARWOOD CIRCLE, STE 300  ANN ARBOR, MI 48108  Phone no. (734) 761-2005	9		. 400	2.953.	· · · · · · · · · · · · · · · · · · ·	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  2 786,915.  752,852.  8 Beginning of Current Year  77,656,338.  75,600,487.  976,472.  941,990.  76,679,866.  74,658,497.  Part II Signature Block  Under penallies of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Print/Type or print name and title  Print/Type preparer's name  DOUGLAS A. KELLY, CPA  DOUGLAS A. KELLY, CPA  DOUGLAS A. KELLY, CPA  DOUGLAS A. KELLY, CPA  Prim's address  555 BRIARWOOD CIRCLE, STE 300  ANN ARBOR, MI 48108  Mey the IRS discuss this return with the preparer shown above? (see instructions)  8 G, 274, 649.  4, 581, 797.  2, 786,915.  752,852.  8 Beginning of Current Year  Firm's add, 915.  7752,852.  8 Beginning of Current Year  Prind Sequence Subtract line 12  Prind Sequence Subtract line 12  Prod of Year  77,656,338.  75,600,487.  976,472.  941,990.  76,679,866.  74,658,497.  Part II Signature Block  Date  NEELAV HAJRA, PRESIDENT  Type or print name and title  Prinm's amme  Preparer's signature  Prinm's address  555 BRIARWOOD CIRCLE, STE 300  ANN ARBOR, MI 48108  Phone no. (734) 761-2005	Š	ر 1 م			995.698.	906.077
19   Revenue less expenses Subtract line 18 from line 12   2,786,915.   752,852.		''				
Beginning of Current Year End of Year 77,656,338. 75,600,487.  77,656,338. 75,600,487.  77,656,338. 75,600,487.  976,472. 941,990.  76,679,866. 74,658,497.  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of prepare (other than officer) is based on all information of which preparer has any knowledge.  Sign NEELAV HAJRA, PRESIDENT  Type or print name and title  Print/Type preparer's name  DOUGLAS A. KELLY, CPA  Preparer  Firm's name REHMANN ROBSON LLC  Firm's name REHMANN ROBSON LLC  Firm's address 555 BRIARWOOD CIRCLE, STE 300  ANN ARBOR, MI 48108  Phone no. (734) 761-2005  May the IRS discuss this return with the preparer shown above? (see instructions)		1 .		_		
Net assets or fund balances Subtract line 21 from line 20   76,679,866.   74,658,497.	_		nevertide less experises. Subtract line 10 from line 12	D.		
Net assets or fund balances Subtract line 21 from line 20   76,679,866.   74,658,497.	ts o	ğ ~	Total secreta (Dart V. line 16)	<u> </u>		
Net assets or fund balances Subtract line 21 from line 20   76,679,866.   74,658,497.	ess)	평 20 참 24				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of prepare (when than officer) is based on all information of which preparer has any knowledge.  Sign Here  NEELAV HAJRA, PRESIDENT  Type or print name and title  Print/Type preparer's name  Preparer's signature  Date  Print/Type preparer's name  Preparer's signature  Douglas A. Kelly, CPA  Douglas A. Kelly, CPA  Douglas A. Kelly, CPA  Firm's name  REHMANN ROBSON LLC  Firm's ellin 38-3635706  Phone no. (734) 761-2005  May the IRS discuss this return with the preparer shown above? (see instructions)	et	텔添	·	-		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of prepare (where than officer) is based on all information of which preparer has any knowledge.  Sign  NEELAV HAJRA, PRESIDENT  Type or print name and title  Print/Type preparer's name  Preparer's signature  Douglas A. Kelly, CPA  Douglas A. Kelly, CPA  Douglas A. Kelly, CPA  Pouglas A. Kelly, CPA  Pouglas A. Kelly, CPA  Prim's name  REHMANN ROBSON LLC  Firm's address  555 BRIARWOOD CIRCLE, STE 300  ANN ARBOR, MI 48108  Phone no. (734) 761-2005  May the IRS discuss this return with the preparer shown above? (see instructions)					70,073,000.	71703071371
true, correct, and complete. Declaration of prepare (where than officer) is based on all information of which preparer has any knowledge.  Sign Here  NEELAV HAJRA, PRESIDENT Type or print name and title  Print/Type preparer's name  Pouglas A. Kelly, CPA  Douglas A. Kelly, CPA  Douglas A. Kelly, CPA  Douglas A. Kelly, CPA  Douglas A. Kelly, CPA  Prim's name  REHMANN ROBSON LLC  Firm's address  555 BRIARWOOD CIRCLE, STE 300  ANN ARBOR, MI 48108  Phone no. (734) 761-2005  May the IRS discuss this return with the preparer shown above? (see instructions)	_			and statem	posts, and to the best of my	knowledge and helief it is
Sign Here  NEELAV HAJRA, PRESIDENT Type or print name and title  Print/Type preparer's name  DOUGLAS A. KELLY, CPA Firm's name REHMANN ROBSON LLC Firm's address 555 BRIARWOOD CIRCLE, STE 300 ANN ARBOR, MI 48108  May the IRS discuss this return with the preparer shown above? (see instructions)  X Yes No						/ /
Here  NEELAV HAJRA, PRESIDENT  Type or print name and title  Print/Type preparer's name  Pouglas A. Kelly, CPA  Douglas A. Kelly, CPA  Preparer  Firm's name  REHMANN ROBSON LLC  Firm's address  555 BRIARWOOD CIRCLE, STE 300  ANN ARBOR, MI 48108  May the IRS discuss this return with the preparer shown above? (see instructions)  NEELAV HAJRA, PRESIDENT  Date  Date  Pohote  Pohote  Print/Type preparer's name  Preparer's signature  Douglas A. Kelly, CP 05/31/17 self-employed P00091369  Firm's lamble Phone no. (734) 761-2005  X Yes No	tru	e, com	ect, and complete. Decidiantify by peparer (sinal final officer) is based on all information	TOI WINCH prepare	i ilas ally kilowieuge.	12/15
Here  NEELAV HAJRA, PRESIDENT  Type or print name and title  Print/Type preparer's name  Pouglas A. Kelly, CPA  Douglas A. Kelly, CPA  Preparer  Firm's name  REHMANN ROBSON LLC  Firm's address  555 BRIARWOOD CIRCLE, STE 300  ANN ARBOR, MI 48108  May the IRS discuss this return with the preparer shown above? (see instructions)  NEELAV HAJRA, PRESIDENT  Date  Date  Pohote  Pohote  Print/Type preparer's name  Preparer's signature  Douglas A. Kelly, CP 05/31/17 self-employed P00091369  Firm's lamble Phone no. (734) 761-2005  X Yes No			Signature of officer		lDate	<del>,                                    </del>
Type or print name and title  Print/Type preparer's name DOUGLAS A. KELLY, CPA DOUGLAS A. KELLY, CPA DOUGLAS A. KELLY, CPA DOUGLAS A. KELLY, CP 05/31/17  Firm's name REHMANN ROBSON LLC Firm's address 555 BRIARWOOD CIRCLE, STE 300 ANN ARBOR, MI 48108  May the IRS discuss this return with the preparer shown above? (see instructions)  Preparer Signature DAK Date Poble Pobl		_	$m{V}$		Bato	•
Print/Type preparer's name DOUGLAS A. KELLY, CPA DOUGLAS A. KELLY, CPA DOUGLAS A. KELLY, CPA DOUGLAS A. KELLY, CP 05/31/17   Self-employed P00091369  Preparer Firm's name ► REHMANN ROBSON LLC Use Only Firm's address ► 555 BRIARWOOD CIRCLE, STE 300 ANN ARBOR, MI 48108  May the IRS discuss this return with the preparer shown above? (see instructions)  Preparer's signature DAK   Date   Check	He	ere				
Paid DOUGLAS A. KELLY, CPA DOUGLAS A. KELLY, CP 05/31/17 self-employed P00091369  Preparer Firm's name REHMANN ROBSON LLC Firm's EIN 38-3635706  Use Only Firm's address 555 BRIARWOOD CIRCLE, STE 300 ANN ARBOR, MI 48108 Phone no. (734) 761-2005  May the IRS discuss this return with the preparer shown above? (see instructions)	_			Day	Date Check C	T PTIN
Preparer Use Only    Firm's name   REHMANN ROBSON LLC	_				if	
Use Only Firm's address 555 BRIARWOOD CIRCLE, STE 300 ANN ARBOR, MI 48108  May the IRS discuss this return with the preparer shown above? (see instructions)  The image of the				SULY, CP		
ANN ARBOR, MI 48108 Phone no. (734) 761-2005  May the IRS discuss this return with the preparer shown above? (see instructions)  X Yes No		-		<u> </u>	Firm's EIN	30-3033/00
May the IRS discuss this return with the preparer shown above? (see instructions)  X Yes No	Us	e Only		1	. / 7	241 761 0005
nay the me disease the second	_				Phone no. ( 7	
532001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Ma	ay the				000
	532	2001 12	-16-15 LHA For Paperwork Reduction Act Notice, see the separate inst	ructions.	63	7 (2015)

	m 990 (2015) ANN ARBOR AREA COMMUN		N 38-608	7967 Page 2
Pa	art 訓 Statement of Program Service Accomplishmen	s		
	Check if Schedule O contains a response or note to any line in	this Part III		
1	Briefly describe the organization's mission:			
	MISSION: PROVIDE FINANCIAL ASSISTAL	ICE TO OTHER	CHARITABLE	
	ORGANIZATIONS. THE ORGANIZATION REC	CEIVES AND IN	VESTS CONTRIBUT	IONS
	FROM THE GENERAL PUBLIC AND MAKES (	FRANTS TO EXE	MPT ORGANIZATIO	NS.
2	Did the organization undertake any significant program services durin	a the year which were no	t listed on	
	the prior Form 990 or 990-EZ?	•		Yes X No
	If 'Yes," describe these new services on Schedule O.			
3	Did the organization cease conducting, or make significant changes in	how it conducts, any pr	ogram services?	Yes X No
·	If "Yes," describe these changes on Schedule O.	riiotrik oondabte, ariy pik		
4	Describe the organization's program service accomplishments for eac	h of its three largest proc	ram carvices, as measured by	/ AVDANSOS
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the		•	•
	revenue, if any, for each program service reported.	c antount of grants and a	ilocations to ottlers, the total t	when seed and
4a	2 626 254	2 824	806 • ) (Revenue \$	
48	(Code: ) (Expenses \$ 3,036,234. Including grant THE FOUNDATION FULFILLS ITS EXEMPT	DIIPDOSE BY C	DANTING FINDS T	·O. 70
	VARIETY OF TAX EXEMPT ORGANIZATIONS			
	SELECTED FROM PROPOSALS PRESENTED.	NIMMILI I	N THE ANN ARBOR	ANDA
	SELECTED FROM PROPOSALS PRESENTED.			
				~ <del></del>
		<del></del>		
		<del></del>		
		<del></del>		
4b	(Code) (Expenses \$including grant	s of \$	) (Revenue \$	)
				<del></del>
4c	(Code) (Expenses \$ including grant		\ (Revenue \$	
-	10000		, ( 5.6.00 4	
				<del></del>
				<del></del>
			<del></del>	<del></del>
				<del></del>
	<del></del>	<del></del>		
			<del></del>	
4d	Other program services (Describe in Schedule O.)			
	(Expenses \$ including grants of \$	) (Revenu	e \$	
<u>4e</u>	Total program service expenses ► 3,636,254.			<del></del>
				Form <b>990</b> (2015)

Form 990 (2015) ANN ARBOR AR
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
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			l
	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?			
	If "Yes," complete Schedule D, Part IV	9		Х
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_	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			,
	Part VI	11a	_X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		77	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<u>X</u>	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
_	assets reported in Part X, line 16? 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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445	v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	_X_	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	Х	ļ
	Schedule D, Parts XI and XII	12a	Λ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	, <del>,,</del> a		<del></del> -
J	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	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	_ <del>.</del> _		
. •	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,			<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		<u>x</u>
		_	990	

(3.22			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	1.00	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 17 /f "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			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	1		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		ĺ	İ
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		Ì	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		l
	Schedule K. If "No", go to line 25a	24a		X_
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Ļ
C				1
	any tax-exempt bonds?	24c		<b>├</b> ─
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	├
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
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	i		
	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	25Ь		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	1		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	0.0		x
07	complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			ļ
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	-21		<u> </u>
20	Instructions for applicable filing thresholds, conditions, and exceptions):		١,	<b>.</b>
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	* .	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,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
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			<u> </u>
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	_34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		-	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35ь		ļ
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?			l
	Note. All Form 990 filers are required to complete Schedule O	38	X	L
		Form	990	(2015)

Form	990 (2015) ANN ARBOR AREA COMMUNITY FOUNDATION	38-60	<u>87967</u>	P	age !
Pa	Statements Regarding Other IRS Filings and Tax Compliance			_	
	Check if Schedule O contains a response or note to any line in this Part V		<u></u> <u>.</u>		
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	18	10	Ç.	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	16	<u> </u>	1	80
c	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	portable gaming			<b>1</b>
	(gambling) winnings to prize winners?		1c	X	<u> </u>
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,		7.7	13	30
	filed for the calendar year ending with or within the year covered by this return	2a	19		1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	X	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)	1853		1.7
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
ь	If 'Yes,' has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	o	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other s	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	. 4a		X
b	If "Yes," enter the name of the foreign country:			W. /	
	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ar	ccounts (FBAR).	_ ;		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		. 5a	i	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a	į	X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributi	ions 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 ser	vices provided to the pay	or? 7a_	Ì	X
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?	•	7c_	L.	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	77.77	~ <u>,</u> _	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?	7 <del>f</del>		X
9	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	79		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-0	27 <b>7h</b>		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	, W 1		
	sponsoring organization have excess business holdings at any time during the year?		8		X
9	Sponsoring organizations maintaining donor advised funds.			2 2	
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		Х
10	Section 501(c)(7) organizations. Enter:		Ţ.,	`	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	5 * 1 * 1 2.4	,	10
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		7,7	[ \cdot \cdo
11	Section 501(c)(12) organizations. Enter:			ا اور د	
a	Gross income from members or shareholders	11a		74	
ь	Gross income from other sources (Do not net amounts due or paid to other sources against			* . "	
	amounts due or received from them.)	116	1975		
12a			12a	Î	[ `
		12b	# (C)	,उ (१	7 4,
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				l 🖄
	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.			್ಟ್ರಾಣ	مسفده
ь	Enter the amount of reserves the organization is required to maintain by the states in which the		#1200	(S. 1994)	
-	organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c	<b></b>		₽ 3 <sup>3</sup> 1.
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a	·¥23;	Х
	If "You " has it filed a Form 700 to report these payments? If "No " amyide an evaluation in Schodule		146		

Form 990 (2015)

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 17	7.	A > 3	. · ·
	If there are material differences in voting rights among members of the governing body, or if the governing			4	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		7.5	175	
ь	Enter the number of voting members included in line 1a, above, who are independent	1b 17	() ()		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other	, "	, 8° (1)	1.41.72
	officer, director, trustee, or key employee?		2	,	X
3	Did the organization delegate control over management duties customarily performed by or under the	he direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?		_ 3 _		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	5		X
6	Did the organization have members or stockholders?		6		X_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint one or			
	more members of the governing body?		7a		X
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members.	stockholders, or			
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the following.	2 (	₩,	7
а	The governing body?		8a	X	L
ь	Each committee with authority to act on behalf of the governing body?		8b	X	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)			
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	X	<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing book	dy before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		[` 1		F / _
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," describe			
	ın Schedule O how this was done	•••	12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approve	al by independent	P <sub>1</sub> /	^ ï	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?			; ^ ,
а	The organization's CEO, Executive Director, or top management official		15a	<u>X</u>	
b	Other officers or key employees of the organization		15b	X	
	if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		1	/	, ·
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a		.3,	
	taxable entity during the year?		16a	, , ,	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		~# .v	2, 4	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	anızation's	S. 3	2.30	
	exempt status with respect to such arrangements?	<u> </u>	16b		l
Sec	tion 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 (Section 501(c)(3)s only)	avaılab	le	
	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	n in Schedule 0)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's b NEEL HAJRA $-\ 734-663-0401$	ooks and records:			
	301 N. MAIN STREET, SUITE 300, ANN ARBOR, MI 481	04			
53200	6 12-16-15		Form	990	(2015)

### Form 990 (2015) 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 turrant 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 nelther 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.

Name and Title	(A)	(B)				C)			(D)	(E)	(F)
Description	Name and Title	hours per	box	not c	heck ss pe	more rson	than	h an	compensation	compensation	amount of
1.50   X		(list any hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations	compensation from the organization and related
C2   BRIAN CAMPBELL	• •	1.50	х						0.	0.	0.
3   Jennifer Poteat	(2) BRIAN CAMPBELL	2.50			х						
A	(3) JENNIFER POTEAT	1.50									
S   PAUL SCHUTT	(4) LEVI THOMPSON	1.50									
1.50   NEWBER	• • •	1.50	х						0.	0.	
The control of the	, , , , , , , , , , , , , , , , , , , ,	1.50	х						0.	0.	
CHAIR		1.50	х						0.	0.	
SECRETARY   SECRETARY   STATE   STAT	• •	4.00	х		х				0.	0.	
1.50	• • • • • • • • • • • • • • • • • • • •	1.00	х						0.	0.	
MEMBER		1.50							0.	0.	
1.50	·	1.50	х						0.	0.	0.
X   X   0. 0. 0.			X						0.	0.	
VICE-CHAIR			x		X				0.	0.	0.
MEMBER   X   0. 0. 0.   0.       0.       0.     0.     0.     0.     0.     0.     0.     0.     0.       0.       0.			X		х				0.	0.	0.
MEMBER	MEMBER		х						0.	0.	0.
MEMBER X 0. 0. 0.			х						0.	0.	0.
	•	1.50	X						0.	0.	

532007 12-16-15

(C)

Position

(D)

(B)

Average

Name and title	Average Position (do not check more th box, unless person is officer and a director/				than	th an	Reportable compensation	Reportable compensation	, ]	Estimated amount of	
	(list any hours for related organizations below line)	tee or director	Institutional trustee			Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS		other compensation from the organization and related organizations
(18) NEELAV HAJRA	50.00	-						120 706		_	7 200
PRESIDENT & CEO	45.00	<del> </del>		X	╀	⊬	╀	129,796.		<u> </u>	7,390.
(19) SHELLEY STRICKLAND	45.00	ł	ĺ	X			ļ	93,551.		0.	14,710.
VP DONOR SERVICES (20) PATRICIA WALKER	45.00	-	├-	1	╁╌	╀	┝	93,331.		<del>  </del>	14,710.
COO	43.00	1		X				101,097.		0.	5,326.
			-	<del> </del>					*		
		_	_	-	<u> </u>	<u> </u>	_			_	
	<del></del>	1									
										T	
	<del> </del>	-	_	├	-	-				-+	<del> </del>
		l									
	ļ <u>.</u>	-		_		L	<u> </u>			$\dashv$	
		1								1	
1b Sub-total	_[		L		<u> </u>	 	▶	324,444.		0.	27,426.
c Total from continuation sheets to Part \	/II, Section A						<b></b>	0.		0.	0.
d Total (add lines 1b and 1c)	<u> </u>						<u> </u>	324,444.		0.	27,426.
Total number of individuals (including but compensation from the organization	not limited to th	ose	liste	ed a	bove	e) wi	ho re	eceived more than \$100	,000 of reportable		2
3 Did the organization list any former office			, ke	у ег	nplo	yee	, or	highest compensated er	mployee on	[·	Yes No
<ul> <li>line 1a? If "Yes," complete Schedule J for</li> <li>For any individual listed on line 1a, is the sand related organizations greater than \$15</li> </ul>	um of reportab	le co	-					•	 the organization	ļ-	3 X
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," cor	accrue compe	nsat	on f	from	any	un!	elat		dual for services		5 X
Section B. Independent Contractors											
Complete this table for your five highest or										ensa	tion from
the organization. Report compensation for	the calendar y	ear e	endi	ng v	vith	or w	nthir		/ear.		(0)
(A) Name and busines:	s address	NO	NI	E			J	<b>(B)</b> Description of s	ervices	Co	(C) empensation
			-	•							
					-						
						_					
Total number of independent contractors     \$100,000 of compensation from the organ	-	ot la	nite	d to		se li: O	sted	above) who received m	ore man		
										F	orm <b>990</b> (2015)

<u> </u>	T ( W)	Check if Schedule O conf		e or note to any li	ne in this Part VIII .			🗆
24 A 3					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s, Grants Amounts	1 :	a Federated campaigns	. 1a			1 50 180 19		
윤립	ı	b Membership dues	.  1b					
	•	c Fundraising events .	1c		$\prod_{i \in I} (1, i)^{(i)} = i \cdot \pi^{-1}$			
동희	•	d Related organizations	1d					
g.E	•	e Government grants (contribut	tions) 1e					2-15 (1) X
훈	1	f All other contributions, gifts, gran	nts, and		1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
혈		similar amounts not included abo	ve . 1f	3,736,429	_m`&&\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
Ę9	•	9 Noncash contributions included in lines	s 1e-1f \$	752,461.		The state of		<b>.</b>
Contributions, Gifts, and Other Similar A		h Total. Add lines 1a-1f	<u> </u>	▶	3,736,429.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.30 / 18 / 1	5.000
Program Service Revenue	2 (	b		Business Code	4 1 1 1 1 1 1 1 1 1 1 1		Name of the second	
ever ever	,	d			<del>                                     </del>			
Par l		e						
و	1	All other program service reve	enue .					
		Total. Add lines 2a-2f .		<u> </u>		ધુ ક્રાંગ્યુઝ	\$ 14 m (15 m)	33 3 M
	3	• • • •		▶	997,226.		-39,984.	1,037,210.
	4	Income from investment of ta	x-exempt bond	proceeds -				
	5	Royalties	· · ·	<u> </u>				<del>- , , ,,, ,, ,,,,,,,</del>
			(i) Real	(ii) Personal				
	6 a			ļ		2.47.338		166. TO SE
		b Less rental expenses		<del> </del>		\$15 B. S. S. S. S. S.	1 1 July 2 1	\$ 500 E.S.
		Rental income or (loss)	L	<u> </u>		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	建造 サイメ 子生	AND TO STATE
	•	d Net rental income or (loss)		<u> </u>				
	7 6	a Gross amount from sales of	(i) Securities	(ii) Other	18/23/35/35/J			J. 18 18
		assets other than inventory	10,055,757				587.756	
	1	Less: cost or other basis	1		19 1 mm 1 1 1 1	>01 & 3		
		and sales expenses	9,454,763					
	•	c Gain or (loss)	600,994	.l		3300 m 2 3 5		
	•	d Net gain or (loss) .			600,994.			600,994.
venue	8 8	Gross income from fundraisin including \$	of					
Other Re		contributions reported on line Part IV, line 18			State of the second		(1) [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	
Ē		b Less: direct expenses	. 6 L		THE STATE OF THE			
δ		Net income or (loss) from fund	_	,	-1:"		· · · · · » · · · ·	
		a Gross income from gaming ac	-		<u> </u>		0.000.00° 1.00	Section 2 Section 1
		Part IV, line 19	_		[역시간][[5]	1. M. L. S. S. S. S. S.		
		b Less: direct expenses	8	<u></u>		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		
		c Net income or (loss) from garr		<u> </u>	h ***			5 Do 7 Sup. 17
		Gross sales of inventory, less			5 W <sub>1</sub> 35 Sm <sub>2</sub>	5,7 7 7 7 7	~ <u> </u>	Colored Color
	10 6	and allowances		.]				
			t					
ł		<ul> <li>Less: cost of goods sold</li> <li>Net income or (loss) from sale</li> </ul>		` <u> </u>	. ` `` . `	Law and A min Co.	k * A.a. * * . * * *	
	<u>`</u>	Miscellaneous Revenu		Business Code	# 4000kg is 100g 0	y 1 /2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<del>20 37477 74 7</del>
	11 8			Pusitiess Voue	···· ( · · · · · · · · · · · · · · · ·	8.,, 4 ,	[1 : 24 34 4 1 W ]	yr ak ≘ ''k
		<u> </u>					<del></del>	<del></del>
	_		<del></del>		<del>                                     </del>		<del></del>	<u> </u>
		d All other revenue						
		e Total. Add lines 11a-11d	• ••			~ ~ ~ ~ ~ /		<u> </u>
	12	Total revenue. See instructions.	•		5,334,649.	0.	-39,984.	1 639 204
	. 2	TOTAL TO VOTING. SEE INSTRUCTIONS.	<del></del>		3,334,045.	υ.	-37,704.	1,638,204.

# Form 990 (2015) ANN ARBOR ARE. Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon			omplete column (A).	
	not include amounts reported on lines 6b.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	<del></del>	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,824,806.	2,824,806.		
2	Grants and other assistance to domestic			umagi da galagi. Ali	. 639 <b>8</b> 66 ( ) , 1 ( )
	ındividuals. See Part IV, line 22			26248 C CENSA	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	<u>.</u> .		2 12 13 2 1 2 8 3 2 8	
4	Benefits paid to or for members			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	14 16 16 16 16 16 16 16 16 16 16 16 16 16
5	Compensation of current officers, directors,				
	trustees, and key employees	340,452.	98,286.	93,760.	148,406
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages .	408,440.	143,191.	154,227.	111,022
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	14,607.	4,710.	4,837.	5,060
9	Other employee benefits	29,387.	8,631.	11,483.	5,060 9,273
10	Payroll taxes	58,028.	18,711.	19,215.	20,102
11	Fees for services (non-employees):			=	
·· a	Management .				
b	Legal		-		
	- F				
0	· · · · · · · · · · · · · · · · · · ·				
d	Lobbying	<del>_</del>	- <u> </u>	7 17 3 1 1 1 1 1	
e		392,202.	392,202.	<u> </u>	
f	Investment management fees	392,202.	392,202.		
g	•	202,743.	25 420	105,792.	71 521
	column (A) amount, list line 11g expenses on Sch O)	13,739.	25,430. 2,061.	687.	71,521
12	Advertising and promotion .	13,739.	2,001.	007.	10,991
13	Office expenses		<u> </u>		<del></del>
14	Information technology				<del></del>
15	Royalties	27 641	0.013	9,153.	0 575
16	Occupancy .	27,641.	8,913.	9,153.	9,575
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	11 000	2 622		2 001
19	Conferences, conventions, and meetings	11,232.	3,622.	3,719.	3,891
20	Interest .	251.	81.	83.	87
21	Payments to affiliates	E 3 1 1 1 1	17 14	12 602	30 410
22	Depreciation, depletion, and amortization	53,171.	17,145.	17,607.	18,419
23	Insurance	6,777.	2,185.	2,244.	2,348
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)				North Control
_	amount, list line 24e expenses on Schedule 0) EQUIPMENT & MAINTENANCE	70,061.	22,591.	23,200.	24,270
a	DOMOD GERMACEC	35,889.	9,371.	7,883.	18,635
ь	DITENTO	21,211.	7,836.	899.	12,476
c	COMMITTEN TENDEDOUTD	18,094.	18,094.	0.	12,4/6
d				7,801.	16,877
e	,	53,066.	28,388.		
<u>25</u>	Total functional expenses. Add lines 1 through 24e	4,581,797.	3,636,254.	462,590.	482,953
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here If following SOP 98-2 (ASC 958-720)				

	t X	2015) ANN ARBOR AREA COMMUNITY FOUND Balance Sheet	ATION	30-	-6087967 Page 1
.,	>== S.e+	Check if Schedule O contains a response or note to any line in this Part X	· _		
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	3,988,415.		2,033,493 1,440,362
	3	Pledges and grants receivable, net	352,732.	3	1,440,362
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,		1.35	
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5.7	
	6	Loans and other receivables from other disqualified persons (as defined under	(19) 19 19 19 19 19 19 19 19 19 19 19 19 19	, m g'	1882 W 18 18 18 18 18 18 18 18 18 18 18 18 18
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		12 %	
		employers and sponsoring organizations of section 501(c)(9) voluntary		* × .	102 C
'n		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	, may , m s
ASSEIS	7	Notes and loans receivable, net		7	<del></del>
₹	8	Inventories for sale or use		8	
Į	9	Prepaid expenses and deferred charges		9	
l	_	Land, buildings, and equipment: cost or other	2 28 × 100 × 200	1 × 7	275 Ca \$5,257
				13.7%	
	ь	basis. Complete Part VI of Schedule D  Less: accumulated depreciation  10a 1,416,116.  472,637.	975,900.	10c	943,479
	11	Investments - publicly traded securities	23,479,514.	11	25,289,115
	12	Investments - other securities. See Part IV, line 11	47,352,946.		44,512,189
	13	Investments - program-related. See Part IV, line 11		13	<u> </u>
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,506,831.		1,381,849
	16	Total assets. Add lines 1 through 15 (must equal line 34)	77,656,338.		75,600,487
	17	Accounts payable and accrued expenses	28,050.		31,432
	18	Grants payable	110,407.	18	150,807
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
-	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
,	22	Loans and other payables to current and former officers, directors, trustees,	15 56 18 K	,	ex 522, 755, 18
		key employees, highest compensated employees, and disqualified persons.		, ;	
Liaomines		Complete Part II of Schedule L		22	
Ĭ	23	Secured mortgages and notes payable to unrelated third parties	<del></del>	23	<del></del>
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third	<del></del>		
		parties, and other liabilities not included on lines 17:24). Complete Part X of			
		Schedule D	838,015.	25	759,751
	26	Total liabilities. Add lines 17 through 25	976,472.		941,990
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	And the second	25.00	of Santalia
2		complete lines 27 through 29, and lines 33 and 34.			
Net Assets of Fund balances	27	Unrestricted net assets	75,392,671.	}	72,361,425
	28	Temporarily restricted net assets	1,287,195.	28	2,297,072
3	29	Permanently restricted net assets		29	, _ , , <u>, , , , , , , , , , , , , , , ,</u>
בו ס		Organizations that do not follow SFAS 117 (ASC 958), check here ▶	2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	53	
5		and complete lines 30 through 34.	British Andrews (1975)	13	化聚己醇 成
2	30	Capital stock or trust principal, or current funds	[ * * * * * * * * * * * * * * * * * * *	30	† · ′ · · · · · · · · · · · · · · · · ·
į	31	Paid-in or capital surplus, or land, building, or equipment fund		31	<del></del>
֡֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	32	Retained earnings, endowment, accumulated income, or other funds		32	
2	33	Total net assets or fund balances	76,679,866.		74,658,497
		Total liabilities and net assets/fund balances	77,656,338.		75,600,487

Form	990 (2015) ANN ARBOR AREA COMMUNITY FOUNDATION	38-6	087967	Page <b>12</b>
Pa	Reconciliation of Net Assets		•	_
	Check if Schedule O contains a response or note to any line in this Part XI	<del></del> i	<u> </u>	X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,649.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,797.
3	Revenue less expenses. Subtract line 2 from line 1	3		,852.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	76,679	
5	Net unrealized gains (losses) on investments	5	-2,769	
6	Donated services and use of facilities	6	6	,589.
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9	<u>-10</u>	,944.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	74,658	497.
Pa	性X期 Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	<u> </u>
				Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_ [{\bar{\bar{\bar{\bar{\bar{\bar{\bar	) <b>(</b>
	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	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a		気事が
	separate basis, consolidated basis, or both:			* [2]
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		`
	consolidated basis, or both:		- F. I	1 `
	X Separate basis Consolidated basis Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	1.7	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain in School		1.01	``[*_`; -
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit		. 14
	Act and OMB Circular A-133?		3a	<u> X</u>
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audıt		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	<b>990</b> (2015)

12-16-15

### **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 issutuw.trs.gov/form990.

OMB No 1545-0047

Open to Public... Inspection

Nam	Name of the organization Employer identification number									
	ANN ARBOR AREA COMMUNITY FOUNDATION 38-6087967									
Pa	Reason for Public Charity Status (All organizations must complete this part.) See instructions.									
The	organ	zation is not a private found	dation because it is:	(For lines 1 through 11,	check only	one box.)				
1		A church, convention of ch	urches, or associati	on of churches describe	d in <b>secti</b> o	on 170(b)(1	I)(A)(i).			
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3		A hospital or a cooperative	hospital service org	ganization described in s	ection 17	D(b)(1)(A)(ii	ii).			
4		A medical research organiz	ation operated in co	onjunction with a hospita	describe	d ın <b>sectio</b>	n 170(b)(1)(A	)(iii). Enter	the hospital's name,	
		city, and state:			_					
5		An organization operated for	or the benefit of a co	ollege or university owne	d or opera	ted by a go	overnmental u	unit descrit	ped in	
		section 170(b)(1)(A)(iv). (0	Complete Part II.)							
6		A federal, state, or local go	vernment or govern	mental unit described in	section 1	70(b <b>) (</b> 1)(A)	(v).			
7		An organization that norma	ally receives a subst	antial part of its support	from a gov	rernmental	unit or from t	he general	public described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8	X	A community trust describe	ed in section 170(b)	)(1)(A)(vi). (Complete Par	t II.)					
9		An organization that norma	ally receives: (1) mor-	e than 33 1/3% of its su	port from	contribution	ons, members	ship fees, a	and gross receipts from	
		activities related to its exer	npt functions - subje	act to certain exceptions	, and (2) n	o more tha	n 33 1/3% of	its suppor	t from gross investment	
		income and unrelated business	ness taxable income	e (less section 511 tax) fr	om busine	esses acqu	red by the or	ganization	after June 30, 1975.	
		See section 509(a)(2). (Co	mplete Part (II.)							
10		An organization organized	and operated exclus	sively to test for public sa	afety. See	section 50	)9(a)(4).			
11		An organization organized	and operated exclus	sively for the benefit of, t	o perform	the functio	ns of, or to ca	arry out the	purposes of one or	
		more publicly supported or	rganizations describ	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See section l	509(a)(3). (	Check the box in	
		lines 11a through 11d that	describes the type	of supporting organization	n and con	nplete lines	: 11e, 11f, and	d 11g.		
а	L_		anization operated, :	supervised, or controlled	by its sup	ported org	janization(s), t	typically by	givin <b>g</b>	
		the supported organizati	on(s) the power to re	egularly appoint or elect	a majority	of the direc	ctors or truste	es of the s	supporting	
	_	organization. You must o	-							
b	L		janization supervise	d or controlled in connec	tion with i	ts supporte	ed organizatio	on(s), by ha	iving	
		control or management of	of the supporting org	ganization vested in the s	ame pers	ons that co	ontrol or mana	age the sup	ported	
	_	organization(s). You mus	it complete Part IV,	, Sections A and C.						
C	L		grated. A supporting	ng organization operated	in connec	tion with, a	and functiona	lly integrate	ed with,	
		ts supported organizatio	n(s) (see instruction	s). You must complete	Part IV, Se	ections A,	D, and E.			
đ	<u> </u>	」 Type III non-functionally						_	• •	
		that is not functionally int	tegrated. The organi	ization generally must sa	tisfy a dist	ribution re	quirement and	d an attent	iveness	
	_	requirement (see instruct	ions). You must co	mplete Part IV, Sections	s A and D	and Pert	V.			
e	L_	☐ Check this box if the organic					Type I, Type	II, Type III		
		functionally integrated, o	• •	onally integrated support	ıng organı	zation.				
f	Ente	er the number of supported	organizations .				-	-		
8		vide the following information		ed organization(s).  (iii)Type of organization	(u.) 7. 43. a		. ( ) 4		( ) )	
	,	Name of supported     organization	(ii) EIN	(door-thad on long 1 0	Hated	in volte	·	-	(v1) Amount of other support (see	
		Organizacion		above (see instructions)	governing	document	instruc		instructions)	
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 ANN ARBOR AREA COMMUNITY FOUNDATION

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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								
Cale	indar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2O15	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not	1							
	include any "unusual grants.")	2,460,537.	5,016,398.	5,892,324.	4,294,100.	3,743,018.	21,406,377.		
2	Tax revenues levied for the organ-								
	ızation's benefit and either paid to		İ						
	or expended on its behalf	<u> </u>		·					
3	The value of services or facilities	!							
	furnished by a governmental unit to	}		Ì					
	the organization without charge	j		[					
4	Total. Add lines 1 through 3	2,460,537.	5,016,398.	5,892,324.	4,294,100.	3,743,018,	21,406,377.		
5	The portion of total contributions	600	4 ms 1, 2 fill 8.	3 3 1 × 10 1 1 1	110 Jan 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
•	by each person (other than a		4. ***		经高级 港 农民	[[[자화프다]			
	governmental unit or publicly			网络克尔尔					
	supported organization) included	10.10							
	on line 1 that exceeds 2% of the			The state of the s					
	amount shown on line 11,			# 135 1 July		1.次 为基础 1-1			
	column (f)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					5,579,682.		
æ				in we want	**************************************	₩ <b>₩</b> ₩ ₩	15,826,695.		
50	Public support. Subtract line 5 from line 4 ction B. Total Support	<u> </u>	المراجعة المستريدة المستريدة	<u> </u>	<u> </u>	<u> </u>	13,020,033.		
	indar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
	Amounts from line 4	2,460,537,	5,016,398.	5,892,324.	4,294,100.	3,743,018.	21,406,377.		
8	Gross income from interest.	2,400,331.	3,010,330.	3,072,522.	2,232,200.	3,123,020.	22,200,317.		
0	***************************************								
	dividends, payments received on								
	securities loans, rents, royalties	697 602	651,928.	701 711	994,948.	997, 226.	4 043 415		
_	and income from similar sources	091,002.	031,320.	701,711.	994,040.	351,220.	4,043,415.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on	ļ				<u> </u>			
10	Other income. Do not include gain	1				ļ			
	or loss from the sale of capital					ļ			
	assets (Explain in Part VI.)	Co	1777 2 X 72 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		· · · · · · · · · · · · · · · · · · ·				
	Total support. Add lines 7 through 10				177		25,449,792.		
	Gross receipts from related activities	•	•			12	<u></u>		
13	First five years. If the Form 990 is fo	-	s first, second, thir	d, fourth, or fifth te	ax year as a sectio	n 501(c)(3)	. —		
	organization, check this box and sto			<del></del>	· _ ·	<u> </u>	▶		
_	ction C. Computation of Publ						62 10		
14	4 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))  14 62.19								
	5 Public support percentage from 2014 Schedule A, Part II, line 14								
168	16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and								
	stop here. The organization qualifies as a publicly supported organization								
t	b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
	and stop here. The organization qualifies as a publicly supported organization								
178	17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
	and if the organization meets the 'fac	cts-and-circumstan	ces" test, check t	his box and stop h	ere. Explain ın Pa	rt VI how the organ	ization		
	meets the "facts-and-circumstances"	test. The organiza	ition qualifies as a	publicly supported	d organization		▶ □		
t	o 10% -facts-and-circumstances tes	t - 2014. If the org	anızation did not e	check a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or		
	more, and if the organization meets t	he "facts-and-circu	mstances" test, c	heck this box and	<b>stop here.</b> Explair	n in Part VI how the	•		
	organization meets the "facts-and-cire	cumstances' test.	The organization	qualifies as a publi	cly supported orga	anization	▶□		
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	and see instruction	s 🕨 🗀		
					Sche	edule A (Form 990	or 990-EZ) 2015		

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-		İ		1		
formed, or facilities furnished in any activity that is related to the		1			1 1	
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-		}	İ			
iness under section 513						
4 Tax revenues levied for the organ-						
zation's benefit and either paid to		İ				
or expended on its behalf	1	İ		1		
5 The value of services or facilities						
furnished by a governmental unit to	,			j		
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and	1					
3 received from disqualified persons	s	1				
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that		ļ				
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				}		
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 8)	., '€3' .	1111 1111	7 x	1. 77 3477 3	575 1 1 1 7 7 7	
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties				ļ		
and income from similar sources					1	
b Unrelated business taxable income						
(less section 511 taxes) from businesses	s			1		
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business	3					
activities not included in line 10b, whether or not the business is				j		
regularly carried on	1	1	!		1	
12 Other income. Do not include gain	· · · · · · · · · · · · · · · · · · ·				1	
or loss from the sale of capital assets (Explain in Part VI.)	}					
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is f		s first, second, the	rd, fourth, or fifth t	ax vear as a secti	on 501(c)(3) organiza	ation.
_check this box and stop here						▶□
Section C. Computation of Put	olic Support Pe	rcentage				
15 Public support percentage for 2015			column (f))		15	
16 Public support percentage from 201					16	
Section D. Computation of Inve						
17 Investment income percentage for 2					17	
18 Investment income percentage from			<b>v</b> "		18	
19a 33 1/3% support tests - 2015. If th	-		on line 14, and line	e 15 is more than		
more than 33 1/3%, check this box	_					▶[
b 33 1/3% support tests - 2014. If th	· ·	-		-		<u> </u>
line 18 is not more than 33 1/3%, cl	-					
20 Private foundation. If the organizat		•	•		•	▶□
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### Schedule A (Form 990 or 990-EZ) 2015 ANN ARBOR AREA COMMUNITY FOUNDATION

### Part V Supporting Organizations

(Complete only if you checked a box in line 11 on 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.)

	Secti	on A.	IIA .	Sup	porting	Org	anizations
--	-------	-------	-------	-----	---------	-----	------------

- 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 VIhow 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 vywhen 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) purposes.
- 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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 or 990-EZ).
- 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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b 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.)

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Sche	dule A (Form 990 or 990-EZ) 2015 ANN ARBOR AREA COMMUNIT	Y FO	UNDATION 3	8-6087967 Page 6
Pa	Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			ctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	_ 3_		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses pald 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		<u></u>
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	,	1 3 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Tar 1983 (1777) (1785)
•	Instructions for short tax year or assets held for part of year):	× ,*		Carrier Comment
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other		135 S. S. S. S.	. Z Z Z Z Z Z Z Z
·	factors (explain in detail in Part VI):	1		
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	i	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		<del></del>
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		
	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	20% (	
4	Enter greater of line 2 or line 3	4	est 4. 2 2 8	
5	Income tax imposed in prior year	5	11. 17° 38 4 3 6 4	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	T-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
•	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		ated Type III supporting area	inization (see

Schedule A (Form 990 or 990-EZ) 2015

Sche	dule A (Form 990 or 990-EZ) 2015 ANN ARBOR ARE			88-6087967 Page 7			
	ection D - Distributions						
1	Amounts paid to supported organizations to accomplish exi	empt purposes		Our Ent Tear			
2	Amounts paid to perform activity that directly furthers exem						
_	organizations, in excess of income from activity	pr perpedua or capportes		1			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns				
4	Amounts paid to acquire exempt-use assets	or copported or garingation					
5	Qualified set-aside amounts (prior IRS approval required)	<del></del> -					
6	Other distributions (describe in Part VI). See instructions.	<del></del>	<del></del>				
7	Total annual distributions. Add lines 1 through 6.	· · · · · · · · · · · · · · · · · · ·	·				
8	Distributions to attentive supported organizations to which t	he organization is responsive					
_	(provide details in Part VI). See instructions.	no organization to respondit	•				
9	Distributable amount for 2015 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount	<del></del>					
		(i)	(ii)	(îii)			
		Excess Distributions	Underdistributions	Distributable			
Secti	on E - Distribution Allocations (see instructions)		Pre-2015	Amount for 2015			
1	Distributable amount for 2015 from Section C, line 6	17. 18. 67 . 11. 25	150 W 10 15 15 15 16				
2	Underdistributions, if any, for years prior to 2015			\$ \$ . c) & . c . c . c . c . c . c . c . c . c .			
	(reasonable cause required-see instructions)						
3	Excess distributions carryover, if any, to 2015:	, - Ey y . , y		September of the Septem			
a	\$2 x 25 3x 5x 6 3x 4 35 52 2 2 3	Circles Const.	, 45°51 × 1 ( ** 4 .55° *				
b	TO A CALL OF THE PARTY OF THE P		· · · · · · · · · · · · · · · · · · ·	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
c			18 8 8 32 3 3 1 2 1 2 1 2 1 2 1	Carry was a State of			
d	From 2013			3. 7. 4			
e	From 2014	4 2 32 5 5 5	3.1	10 10 10 10 10 10 10 10 10 10 10 10 10 1			
f	Total of lines 3a through e		7.7. 1 2 Yak / 1	13% 700 2 2			
	Applied to underdistributions of prior years	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	Applied to 2015 distributable amount		3. A 3. S. A 3. A 3. A 3. A 3. A 3. A 3.	<u> </u>			
i	Carryover from 2010 not applied (see instructions)	115, 4 5, 4 12 3, 11	( Sa 18 - 1 - 1 - 1 / 2	· · · · · · · · · · · · · · · · · · ·			
	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			1.3 4 1.2			
4	Distributions for 2015 from Section D,	7. 3. 3. 3. 3.					
	line 7: \$						
а	Applied to underdistributions of prior years	**					
_ b	Applied to 2015 distributable amount						
С	Remainder. Subtract lines 4a and 4b from 4.		737 (1957)	18 (c) 10° 12° 18° 18° 18°			
5	Remaining underdistributions for years prior to 2015, if	7,7 (5, 5, 5)					
	any. Subtract lines 3g and 4a from line 2 (if amount						
	greater than zero, see instructions).						
6	Remaining underdistributions for 2015. Subtract lines 3h	<u> ۱۳۶۸ کې ۱۹</u>					
	and 4b from line 1 (if amount greater than zero, see		1.00 A Sec. 1473 1				
	instructions).		· / / / / / / / / / / / / / / / / / / /				
7	Excess distributions carryover to 2016. Add lines 3j		4 4 4 Control (1987)				
	and 4c						
8	Breakdown of line 7:		(m + 1 / 1)				
a		\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	* \				
b		12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	18 18 18 18 18 18 18 18 18 18 18 18 18 1	3 1 7 1 X 8 1 X 1 X 1 X 1 X 1 X 1 X 1 X 1 X 1			
с	Excess from 2013						
d	Excess from 2014						
	Excess from 2015						

Schedule A (Form 990 or 990-EZ) 2015

Schedule A	(Form 990 or 990-E	Z) 2015 ANN	ARBOR	AREA	COMMUNITY	FOUNDATION	38-6087967 Page 8
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sec	I Information, lines 1, 2, 3b, 3 tion D, lines 2 a 6, and 8; and F	<ol> <li>Provide the second of the secon</li></ol>	e explana ı, 6, 9a, 9b , Section I	itions required by Pa o, 9c, 11a, 11b, and E, lines 1c, 2a, 2b, 3a	rt II, line 10; Part II, line 1 11c; Part IV, Section B, I	17a or 17b; Part III, line 12; ines 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,
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### (Form 990)

532051 11-02-15

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at mounties good form 990.

OMB No 1545-0047 Open to Rublic Inspection

Department of the Treasury Internal Revenue Service Name of the organization

**Employer identification number** 

FIL	ANN ARBUR AREA COM		38-608/96/
Par	Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered 'Yes' on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	127	
2	Aggregate value of contributions to (during year)	891,128.	
3	Aggregate value of grants from (during year)	1,327,491.	
4	Aggregate value at end of year	15,388,516.	
5	Did the organization inform all donors and donor advisors in		od 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		
	• •	donor advisor, or for any other purpose of	
130	impermissible private benefit?		
	till. Conservation Easements. Complete if the org		art IV, line /.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	· —	rically important land area
	Protection of natural habitat	Preservation of a certif	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	f 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 stre	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structur	re
	listed in the National Register		20
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
	year >		•
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,		ervation easements during the year
•	<b>&gt;</b>		,
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservati	on easements during the year
•		ming of floations, and officially contours	on occombine coming the your
8	Does each conservation easement reported on line 2(d) abov	e esticty the requirements of section 170/r	NA)(B)(II)
•	and section 170(h)(4)(B)(ii)?	e sails y the requirements of section 1754	Yes No
9	In Part XIII, describe how the organization reports conservation		
•		•	
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that oescribes th	le olganization's accounting for
Da.	conservation easements  【誰】Organizations Maintaining Collections of	Art Historical Transuras or Ot	her Similar Accets
्राञ्च	Complete if the organization answered "Yes" on Form		ner Similar Assets.
		<del></del>	
18	If the organization elected, as permitted under SFAS 116 (AS	•	· ·
	historical treasures, or other similar assets held for public exh		ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS	•	•
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of publ	lic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part ViII, line 1		• \$
	(ii) Assets included in Form 990, Part X		. <b>&gt;</b> \$
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under SFAS 1:	16 (ASC 958) relating to these Items:	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
			. <b>&gt;</b> \$
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2015

Sche	dule D (Form 990) 2015 ANN ARB	OR AREA CO	MMUNITY FO		38-	6087967 Page 2	
Pai	TIII Organizations Maintaining C	collections of A	rt, Historical Tr	easures, or Oth	er Similar As	sets(continued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	significant use of	its collection items	
	(check all that apply):			_			
a	Public exhibition	ď		change programs			
b	Scholarly research	•	Other				
¢	Preservation for future generations						
4	Provide a description of the organization's co					Part XIII.	
5	During the year, did the organization solicit of				ar assets		
l see	to be sold to raise funds rather than to be m				<u></u>	Yes No	
Par	Escrow and Custodial Arran reported an amount on Form 990, Pa	• .	ete if the organization	on answered "Yes" o	n Form 990, Part	IV, line 9, or	
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for contribution	ns or other assets no	ot included		
	on Form 990, Part X?		•			Yes No	
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	ilowing table:				
	.,,					Amount	
c	Beginning balance				1c		
_	Additions during the year		•		1d		
	Distributions during the year				1e		
f	Ending balance				1f		
	Did the organization include an amount on F	orm 990. Part X. line	21, for escrow or c		L	Yes No	
	If "Yes," explain the arrangement in Part XIII.				•		
	t V Endowment Funds. Complete						
<u> </u>	- X / - 1	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years b	ack (e) Four years back	
18	Beginning of year balance	75,392,671.	72,878,149.		53,376,81		
. b	Contributions	2,362,985.	3,868,690.		4,024,09		
c	Net investment earnings, gains, and losses	-812,433.	4,920,487.		8,231,0		
ď	Grants or scholarships	2,824,806.	4,521,387.		1,951,30		
_	Other expenditures for facilities			2,022,210		2,500,010.	
·	and programs	405,090.	367,933.	348,032.	316,1	208,420.	
f	Administrative expenses	1,351,901.	1,385,335.	1 <del></del>	1,077,98		
g	End of year balance	72,361,426.	75,392,671.	72,878,149.	62,286,56		
2	Provide the estimated percentage of the curr				00,200,50	33,370,000.	
_	Board designated or quasi-endowment	100.00	%	A)) 1161 <b>G &amp;</b> S.			
	Permanent endowment ► .00	%	_^*				
	Temporarily restricted endowment	<u>.0</u> 0 %					
·	The percentages on lines 2a, 2b, and 2c sho						
20	Are there endowment funds not in the posse	•	ation that are hold a	ad administered for	the example tion		
Şa		SSION OF THE Organiza	ation that are nelu a	ino aoministereo ioi	the organization	Van Na	
	by:					Yes No	
	(i) unrelated organizations		• • • •			<del></del>	
	(ii) related organizations	4 hada 4				<del></del>	
b	If "Yes" on line 3a(ii), are the related organize					3b	
102	Describe in Part XIII the intended uses of the		wment tunas.				
Par	Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.						
	Description of property	(a) Cost or o	1	1 ''	Accumulated	(d) Book value	
		basis (investr	Dasis	(other) de	preciation		
18	Land	1 100	667		220 262	000 305	
b	Buildings	1,128,	00/.		230,362.	898,305.	
	Leasehold improvements		440		242 275	45 152	
	Equipment	287,	449.		242,275.	45,174.	
	Other					040 486	
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part	X, column (B), line 1	Oc.)	<b>▶</b> I	943,479.	

532052 09-21-15

Schedule D (Form 990) 2015

SCHEOUIE D	(FUIII 980) 2013		11111
17 may 1818	Invoctmente -	Other Se	Acuriti

Complete if the organization answered ites	Official 330, Fait IV, inte	110.00010111000,1 2177, 1110 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ACADIAN INTERNATIONAL		
(B) SMALL-CAP FUND	1,721,383.	END-OF-YEAR MARKET VALUE
(C) ADAGE CAPITAL PARTNERS,		
(D) LP	8,468,783.	END-OF-YEAR MARKET VALUE
(E) ARCHSTONE MARKET NEUTRAL		
(F) STRATEGIES FUND LTD	3,398,777.	END-OF-YEAR MARKET VALUE
(G) BARCLAYS-(STRATEGIC		
(H) COMMODITIES FUND)	864,287.	END-OF-YEAR MARKET VALUE
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	44,512,189.	A TOTAL STATE OF THE STATE OF T
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		

# Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13 ) Part IX Other Assets.

(8) (9)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
otal. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	▶

### Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)	LIABILITY TO LIFE BENEFICIARIES OF		10x 항상(** 기억사) 하막 신화();;;
(3)	PLANNED GIFTS	445,378.	
(4)	ASSETS HELD FOR OTHERS	314,373.	
(5)			
(6)			
(7)		,	
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	759,751.	

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

Schedule D (Form 990) 2015

	dule D (Form 990) 2015 ANN ARBOR AREA COMMUNITY FO			087967	Page 4
Pa	Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per R	letum.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	<del></del>		2 450	E 40
1	Total revenue, gains, and other support per audited financial statements	-	1	2,458,	349.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 - 1 - 2 707 750			
a	Net unrealized gains (losses) on investments	$\begin{vmatrix} 2a & -2,707,750. \\ 2b & 6,589. \end{vmatrix}$	{ % ( )		
ь	Donated services and use of facilities		1.4		
C	Recoveries of prior year grants	2c -10,944.	19/1		
d	Other (Describe in Part XIII.) Add lines 2a through 2d	20 10/344.	121.	-2,712,	105
е 3	Subtract line 2e from line 1		2e -	5,170,	654
ن 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		- <b></b> -	3/1/0/	034.
٦.	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b 163,995.			
G	Add lines 4a and 4b		4c	163,	995.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	5,334,	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per			
التستيا	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements		1	4,519,	692.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	1.5		
b	Pnor year adjustments	2b			
c	Other losses	2c	i.		
d	Other (Describe in Part XIII )	2d			
e	Add lines 2a through 2d		2e		<u> </u>
3	Subtract line 2e from line 1		3	4,519,	692.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	48	汉.		
b	Other (Describe in Part XIII.)	4b 62,105.	<u> </u>		
c	Add lines 4a and 4b		4c		105.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	4,581,	<u>797.</u>
	t XIII Supplemental Information.	<del></del>			<del></del>
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II		4; Part X,	line 2; Part X	١,
iines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ional information.			
PAI	RT V, LINE 4:				
BEG	GINNING WITH THE 2009 REPORTING YEAR, THE C	COMMUNITY FOUNDA	TION	S BOAR	D
OF	TRUSTEES DETERMINED THAT ASSETS THAT WOULD	QUALIFY AS DON	OR-RI	STRICT	ED_
	NATIONAL DUM DOD MUD DOUBLETON A UNDIANCE		55 AY		
ENI	DOWMENTS, BUT FOR THE FOUNDATION'S VARIANCE	POWER, SHOULD	BE CI	ASSIFI	<u>ED</u>
20	DOADD DECIGNAMED ACCEME MURCE ADE INCLUDE	יום מונה מונה ואו מי	m 10111		ONT
AS	BOARD-DESIGNATED ASSETS. THESE ARE INCLUDE	D IN THE PERCEN	T REI	ORTED	ON_
CCI	וומסתו משוות אל מודד זו חמגם משוומפנ	י אוואווים שוני י	c DEG	מואד <b>אכ</b> וסו	n
<u>2C1</u>	EDULE D, PART V, LINE 2A. THE INTENDED USE	OF THE FUNDS I	S DET	EKMINE	<u>–</u>
ВV	THE DONORS, AND THE INVESTMENT AND SPENDIN	וכ סמודמודפ אסד	ושחשת	MINED	DV
<u> </u>	THE DONORS, AND THE INVESTMENT AND SPENDIN	IG FOLICIES ARE	DETER	GATHED	<u> </u>
тні	BOARD, FOLLOWING THE UNIFORM PRUDENT MANA	GEMENT OF INSTI	ጥሀጥፐር	NAT. FU	NDS
		<u> </u>			
AC:	r (UPMIFA).				
					_
PAI	RT X, LINE 2:				
3 C	TOUNDAMENT OF THE PARTY TO A COMMON TO THE		a	3.0mm	
AC(	COUNTING PRINCIPLES GENERALLY ACCEPTED IN T	THE UNITED STATE			
53205 09-21	·15		Schedul	e D (Form 99	10) 2015

15191108 759530 421262 00000

Schedule D (Form 990) 2015 ANN ARBOR AREA COMMUNITY FOUNDATION 38-6087967 Page 5  Part XIII Supplemental Information (continued)
REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS THAT MORE LIKELY THAN NOT
WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS OR OTHER APPLICABLE
TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE
COMMUNITY FOUNDATION AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2015 AND
2014, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT
WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL
STATEMENTS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
CHANGE IN VALUE OF CHARITABLE REMAINDER TRUST -10,944.
PART XI, LINE 4B - OTHER ADJUSTMENTS:
AGENCY ENDOWMENT FUND INVESTMENT INCOME - SFAS 136 21,504.
AGENCY ENDOWMENT FUND REALIZED GAINS - SFAS 136 12,291.
AGENCY ENDOWMENT FUND GRANT INCOME - SFAS 136 130,200.
TOTAL TO SCHEDULE D, PART XI, LINE 4B 163,995.
PART XII, LINE 4B - OTHER ADJUSTMENTS:
AGENCY ENDOWMENT FUND GRANT EXPENSES - SFAS 136 39,249.
AGENCY ENDOWMENT FUND MISC EXPENSES - SFAS 136 22,856.
TOTAL TO SCHEDULE D, PART XII, LINE 4B 62,105.

Part XIII | Supplemental Information (continued)

Part VIII Investments - Other Securities. See Form 990, Part X, line 12.  (a) Description of security or category  (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
BERENS GLOBAL	2,820,280.	FMV
BLACKSTONE	5,240,653.	FMV
COMMONFUND CAPITAL PRIVATE EQUITY VI	482,044.	FMV
COMMONFUND CAPITAL PRIVATE EQUITY VII	824,358.	FMV
COMMONFUND CAPITAL VENTURE PTNRS VIII	934,440.	FMV
LANDMARK EQUITY PARTNERS XIV, LP	551,734.	FMV
NEWLIN ENERGY PARTNERS	255,122.	FMV
NORTHGATE VENTURE PARTNERS III	368,346.	FMV
POINTER OFFSHORE LTD	5,331,623.	FMV
SIGULER GUFF	655,491.	FMV
HIGHCLERE INTL INVESTORS FD	1,845,108.	FMV
AEW GLOBAL PROPERTY SECURITIES FUND, LP	2,753,051.	FMV
COLCHESTER GLOBAL BOND AI FUND	1,720,973.	FMV
LEGACY VENTURE VI (QP), LLC	988,337.	FMV
DENHAM COMMODITY PARTNERS FUND VI, LP	349,288.	FMV
LANDMARK- XV	297,749.	FMV
NGP NATURAL RESOURCES XI, LP	124,923.	FMV
KILTEARN GLOBAL EQUITY FUND	4,323,017.	FMV
WELSH CARSON ANDERSON STOWE	192,422.	FMV_

### SCHEDULE F (Form 990)

### **Statement of Activities Outside the United States**

OMB No 1545-0047 2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

**Employer identification number** 

ANN ARBOR AREA COMMUNITY FOUNDATION 38-6087967

Par	Form 990, Part IV, line		es Outside	tne United States. Comp	lete if the organization ans	wered "Yes" on
1	For grantmakers. Does the assistance, the grantees' eli	organization				
	grants or assistance?					□Yes □No
2	For grantmakers. Describe assistance outside the Unite		he organizati	on's procedures for monit	oring the use of its gran	ts and other
3	Activities per Region. (The fo	ollowing Part I	i, line 3 table d	can be duplicated if addition	al space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	CENTRAL AMERICA & THE CARRIBEAN			INVESTMENTS		15,027,000
(2)	THE CANTIBEAN			INVESTMENTS		13,027,000
(3)						
(4)						
(5)						
(6)						
(7)			1			
(8)						
(9)						
(10)						
(11)						
(12)						
(13)					1814 ·	
(14)						
(15)						
(16)						
(17)						
3a	Sub-total					15,027,000
b	Total from continuation sheets to Part I					

c Totals (add lines 3a and 3b)

15,027,000

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

(I) Method of valuation (book, FMV, appraisal, other)																
			_													
(h) Description of non-cash assistance															i	
(g) Amount of non-cash assistance																
(f) Manner of cash disbursement																
(e) Amount of cash grant																
me of (b) IRS code (c) Region (d) Purpose of (e) Amount of (f) Manner of (g) Amount of (h) L cash cash grant cash grant disbursement assistance								!								
(c) Region																
(b) IRS code section and EIN (if applicable)																
(a) Name of organization											:					
-	Ξ	(2)	ව	3	(2)	<u> </u>	_6	<u>@</u>	<u>6</u>	5	_£	12	(13)	£	(15)	(16)

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

Schedule F (Form 990) 2015

<sup>3</sup> Enter total number of other organizations or entities .

Page 3

Schedule F (Form 990) 2015

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance Part III 8 (8) (10) 3 (12) (13) **₹** Ξ 9 <u>₹</u> <u>(5</u> 9 3 6

Schedule F (Form 990) 2015

(12)

(16)

(17)

(18)

			4
Pа	a	_	4

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

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

2 [] 110. Employer identification number 38-6087967 OMB No 1545-0047 2015 Open to Publ Inspection (h) Purpose of grant or assistance ER ATTACHED LIST X Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any ::::: 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 (g) Description of non-cash assistance Information about Schedule I (Form 990) and its instructions is at manufes gov/form990. (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant 2,533,405, Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ANN ARBOR AREA COMMUNITY FOUNDATION (c) IRC section if applicable Enter total number of other organizations listed in the line 1 table Part 1 General Information on Grants and Assistance (e) criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization SEE ATTACHED LIST Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part 16

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

Schedule I (Form 990) (2015)

Page 2 (f) Description of non-cash assistance 38-6087967 (book, FMV, appraisal, other) Part W Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. FINAL REPORTS ARE REQUIRED FROM ALL GRANT RECIPIENTS AND REVIEWED BY THE Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. ON A CASE-BY-CASE BASIS, INTERIM REPORTS ARE REQUIRED FROM RECIPIENTS OF MULTI-PAYMENT GRANTS BEFORE PROGRESS PAYMENTS ARE ISSUED. THESE REPORTS ARE ALSO REVIEWED BY THE PROGRAM OFFICERS. (d) Amount of non-cash assistance ANN ARBOR AREA COMMUNITY FOUNDATION (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance PROGRAM OFFICERS. PART I, LINE 2: Schedule | (Form 990) (2015)

Schedule I (Form 990) (2015)

532102 10-28-15

### SCHEDULE M (Form 990)

### **Noncash Contributions**

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

2015

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

ternal Revenue Service Information a

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

Employer identification number

	ANN ARBOR AR	EA COM	MUNITY FO	UNDATION		<u>-6087967</u>
Pa	Types of Property					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1	non cash con	(d)  f determining tribution amounts
1	Art - Works of art					
2	Art - Historical treasures					
3	Art - Fractional interests .					
4	Books and publications .		14.360 Est		1	
5	Clothing and household goods		1 ( 1 of the second of the sec			
6	Cars and other vehicles				<u> </u>	
7	Boats and planes .					
8	intellectual property					
9	Securities - Publicly traded	X	16	615,672	QUOTED MA	RKET PRICE
10	Securities - Closely held stock .					
11	Securities · Partnership, LLC, or					
	trust interests				<u> </u>	
12	Securities - Miscellaneous				<u> </u>	
13	Qualified conservation contribution -					
	Historic structures .					
14	Qualified conservation contribution - Other	L			<u> </u>	<del></del>
15	Real estate - Residential				<u> </u>	
16	Real estate - Commercial					
17	Real estate - Other				<b>_</b>	
18	Collectibles					
19	Food inventory .			· · · · · · · · · · · · · · · · · · ·		_ <del>_</del>
20	Drugs and medical supplies .					
21	Taxidermy					
22	Historical artifacts				<u> </u>	
23	Scientific specimens					
24	Archeological artifacts					
25	Other • ()					
26	Other • ()					
27	Other ()					
28	Other (					
29	Number of Forms 8283 received by the organiz	zation during	g the tax year for c	ontributions		
	for which the organization completed Form 828	33, Part IV, I	Donee Acknowledg	gement . 29		
						Yes No
30a	During the year, did the organization receive by				•	
	must hold for at least three years from the date	of the initia	d contribution, and	which is not required to b	e used for	
	exempt purposes for the entire holding period?					30a X
ь	If "Yes," describe the arrangement in Part II.					- 138245
31	Does the organization have a gift acceptance p	<del>-</del>	•	•	•• • •	31 X
32a	Does the organization hire or use third parties of	or related or	ganizations to solu	cit, process, or sell noncas	h	
	contributions?					32a X
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 o	checked,	
	describe in Part II.					
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.	Scheduk	M (Form 990) (2015)

Schedule M	(For	m 99	0) (2015)	ANN	AI	RBOR	AREA	COMMU	<u> </u>	Y FOUNI	MOITAC			<u>087967</u>		age 2
Part II	Su is re	pple port	emental ing in Pari for any a	l <b>Infor</b> i t I. colur	mai mn (t	<b>tion.</b> Pi o), the ni	ovide the	information contribution	requi s, the	tred by Part I, number of ite	lines 30b, 3 ms receive	32b, and 33 d, or a com	, and whetl bination of	ner the orga both. Also	anization complet	n te
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Schedule M (Form 990) (2015)

532142 08-21-15

## SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

### 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-FZ) and its instructions is teturilized on form 990

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 HIS COMPENSATION RECOMMENDATIONS IN SUMMARY TO A COMMITTEE OF THE BOARD FOR APPROVAL. HIS 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. 532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 990-EZ) (2015)	Page :
Name of the organization ANN ARBOR AREA COMMUNITY FOUNDATION	Employer identification number 38-6087967
CHANGE IN VALUE OF CHARITABLE REMAINDER TRUST:	-10,944.
FORM 990, PART XII, LINE 2C:	
PROCESS OF OVERSIGHT OF THE AUDIT OF ORGANIZATION'S FINAN	CIAL
STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT BY	THE AUDIT
COMMITTEE HAS NOT CHANGED FROM LAST YEAR.	
AMENDED FORM 990, PART IV, LINE 14B:	
FORM 990 IS BEING AMENDED TO CHANGE THE RESPONSE FOR FORM	990. PART IV.
LINE 14B TO "YES" AND TO ATTACH A COMPLETED SCHEDULE F	
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