

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A** For the **2020** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ANN ARBOR AREA COMMUNITY FOUNDATION</b>		<b>D</b> Employer identification number <b>38-6087967</b>
	Doing business as		<b>E</b> Telephone number <b>734-663-0401</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>301 N MAIN ST</b>		<b>G</b> Gross receipts \$ <b>50,820,971.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>ANN ARBOR, MI 48104</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>JAMES HUNTER</b> <b>SAME AS C ABOVE</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. See instructions	
<b>J</b> Website: ▶ <b>WWW.AACF.ORG</b>		<b>H(c)</b> Group exemption number ▶	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1963</b>	<b>M</b> State of legal domicile: <b>MI</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>AACF DISTRIBUTES PROCEEDS FROM ITS PERMANENT ENDOWED FUNDS TO WASHTENAW COUNTY CHARITABLE ORGS.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>16</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>16</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>15</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>315</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>-136,874.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>6,156,483.</b>	<b>Current Year</b> <b>20,366,283.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>3,714,919.</b>	<b>2,079,413.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>0.</b>	<b>0.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>9,871,402.</b>	<b>22,445,696.</b>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>5,937,020.</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0.</b>	<b>0.</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>1,090,496.</b>	<b>1,319,809.</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0.</b>	<b>0.</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>673,756.</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<b>1,265,030.</b>	<b>1,511,107.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		<b>8,292,546.</b>	<b>10,573,509.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>1,578,856.</b>	<b>11,872,187.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>147,478,204.</b>	<b>End of Year</b> <b>177,501,252.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>1,426,169.</b>	<b>965,662.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>146,052,035.</b>	<b>176,535,590.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date	
	<b>JAMES HUNTER, CFO</b> Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>TINA PETERS</b>	Preparer's signature <b>TINA PETERS</b>	Date <b>10/27/21</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00904574</b>
	Firm's name ▶ <b>PLANTE &amp; MORAN, PLLC</b>	Firm's EIN ▶ <b>38-1357951</b>		Phone no. (248) <b>375-7100</b>
	Firm's address ▶ <b>2601 CAMBRIDGE CT., STE. 500</b> <b>AUBURN HILLS, MI 48326</b>			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: AAACF ENRICHES THE QUALITY OF LIFE IN WASHTENAW COUNTY THROUGH PERMANENT COMMUNITY CAPITAL CONTRIBUTED BY CITIZENS. PROCEEDS FROM ENDOWED FUNDS ARE DISTRIBUTED AS GRANTS FOR LOCAL NONPROFITS AND SCHOLARSHIPS.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 9,096,943. including grants of \$ 7,742,593. ) (Revenue \$ ) AAACF FULFILLS ITS EXEMPT PURPOSE BY GRANTING FUNDS TO A VARIETY OF TAX-EXEMPT ORGANIZATIONS PRIMARILY IN THE WASHTENAW COUNTY AREA THROUGH A COMPETITIVE PROCESS DETERMINED BY STAFF AND COMMUNITY LEADERS. SINCE ITS FOUNDING MORE THAN A HALF CENTURY AGO, OVER \$71 MILLION HAS BEEN DISTRIBUTED THROUGH 14,000+ GRANTS AND SCHOLARSHIPS. SIGNATURE PROGRAMS INCLUDE COORDINATED FUNDING FOR HUMAN SERVICE ORGANIZATIONS, A COMMUNITY SCHOLARSHIP PROGRAM TO INCENTIVIZE COLLEGE DEGREE ATTAINMENT BY LOCAL STUDENTS, AND CULTURAL ECONOMIC DEVELOPMENT GRANTS TO PROMOTE ARTS AND CULTURE.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 9,096,943.

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b> X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	<b>23</b> X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	<b>38</b> X	

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	21
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (16), 1b (16), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MI
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NEELAV HAJRA PRESIDENT/CEO	50.00			X			198,296.	0.	35,087.	
(2) SHELLEY STRICKLAND VP OF DONOR SERVICES	45.00			X			122,831.	0.	16,801.	
(3) JAMES HUNTER CHIEF FINANCIAL OFFICER	45.00			X			117,663.	0.	6,204.	
(4) JILLIAN ROSEN VP OF COMMUNITY INVESTMENT	45.00			X			91,756.	0.	10,499.	
(5) DOUG WEBER CHAIR	4.00	X		X			0.	0.	0.	
(6) BETSY PETOSKEY VICE-CHAIR	2.50	X		X			0.	0.	0.	
(7) MICHAEL STAEBLER TREASURER	2.50	X		X			0.	0.	0.	
(8) MARIE DEVENEY SECRETARY - PARTIAL YEAR	1.50	X		X			0.	0.	0.	
(9) KAREN ANDREWS SECRETARY	1.50	X		X			0.	0.	0.	
(10) KIANA BARFIELD MEMBER	1.50	X					0.	0.	0.	
(11) BILL BRINKERHOFF MEMBER	1.50	X					0.	0.	0.	
(12) MICHELLE CRUMM MEMBER - PARTIAL YEAR	1.50	X					0.	0.	0.	
(13) AARON DWORKIN MEMBER	1.50	X					0.	0.	0.	
(14) SEAN DUVAL MEMBER	1.50	X					0.	0.	0.	
(15) ELENA GARCIA MEMBER - PARTIAL YEAR	1.50	X					0.	0.	0.	
(16) JEFFREY HAUPTMAN MEMBER - PARTIAL YEAR	1.50	X					0.	0.	0.	
(17) LAURA HAYDEN MEMBER	1.50	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CHRISTINA KIM MEMBER	1.50	X						0.	0.	0.
(19) SRI MADDIPATI MEMBER	1.50	X						0.	0.	0.
(20) FERNANDO ORTIZ MEMBER	1.50	X						0.	0.	0.
(21) AUDRY PRICE DEMARZO MEMBER	1.50	X						0.	0.	0.
(22) ELIZA SHERING MEMBER	1.50	X						0.	0.	0.
(23) LINH SONG MEMBER - PARTIAL YEAR	1.50	X						0.	0.	0.
(24) TIM WADHAMS MEMBER	1.50	X						0.	0.	0.
(25) CHUCK WARPEHOSKI MEMBER	1.50	X						0.	0.	0.
<b>1b Subtotal</b>								530,546.	0.	68,591.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								530,546.	0.	68,591.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	<b>1a</b>				
	<b>b</b>	Membership dues	<b>1b</b>				
	<b>c</b>	Fundraising events	<b>1c</b>				
	<b>d</b>	Related organizations	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	20,366,283.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 7,298,591.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		20,366,283.			
Program Service Revenue	<b>2 a</b>		<b>Business Code</b>				
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		2,005,416.	-136,874.	2,142,290.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties					
	<b>6 a</b>	Gross rents	(i) Real				
			(ii) Personal				
	<b>6 b</b>	Less: rental expenses					
	<b>6 c</b>	Rental income or (loss)					
	<b>d</b>	Net rental income or (loss)					
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				28,449,272.			
	<b>7 b</b>	Less: cost or other basis and sales expenses		28,375,275.			
	<b>7 c</b>	Gain or (loss)		73,997.			
<b>d</b>	Net gain or (loss)		73,997.		73,997.		
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>					
<b>b</b>	Less: direct expenses	<b>8b</b>					
<b>c</b>	Net income or (loss) from fundraising events						
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19	<b>9a</b>					
<b>b</b>	Less: direct expenses	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities						
<b>10 a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>					
<b>b</b>	Less: cost of goods sold	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>11 a</b>		<b>Business Code</b>				
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d					
<b>12</b>	<b>Total revenue.</b> See instructions			22,445,696.	0.	-136,874.	2,216,287.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7,719,924.	7,719,924.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	22,669.	22,669.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	559,978.	148,624.	234,434.	176,920.
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	571,575.	151,702.	239,289.	180,584.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	58,633.	21,268.	23,629.	13,736.
9 Other employee benefits	52,028.	18,872.	20,967.	12,189.
10 Payroll taxes	77,595.	28,146.	31,271.	18,178.
11 Fees for services (nonemployees):				
a Management				
b Legal	24,274.	4,488.	4,432.	15,354.
c Accounting	40,655.		40,655.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	649,958.	649,958.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	191,546.	70,279.	86,235.	35,032.
12 Advertising and promotion	35,850.	4,658.	1,506.	29,686.
13 Office expenses	32,925.	8,079.	13,800.	11,046.
14 Information technology	159,665.	37,071.	48,223.	74,371.
15 Royalties				
16 Occupancy	35,929.	9,729.	15,615.	10,585.
17 Travel	775.	535.	47.	193.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	45,560.	4,570.	4,319.	36,671.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	55,991.	15,162.	24,334.	16,495.
23 Insurance	12,665.		12,665.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>IMPACT INVESTING</b>	180,045.	180,045.		
b <b>BAD DEBT</b>	31,225.			31,225.
c <b>CREDIT CARD FEES</b>	5,986.			5,986.
d <b>DUES &amp; MEMBERSHIPS</b>	5,080.		2,132.	2,948.
e All other expenses	2,978.	1,164.	-743.	2,557.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>10,573,509.</b>	<b>9,096,943.</b>	<b>802,810.</b>	<b>673,756.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	2,827,912.	<b>2</b>	4,953,904.
	<b>3</b> Pledges and grants receivable, net .....	359,854.	<b>3</b>	252,445.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,660,950.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 584,988.	1,104,283.	<b>10c</b> 1,075,962.
	<b>11</b> Investments - publicly traded securities .....	81,932,479.	<b>11</b>	114,337,791.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	59,790,629.	<b>12</b>	55,295,243.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,463,047.	<b>15</b>	1,585,907.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	147,478,204.	<b>16</b>	177,501,252.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	65,920.	<b>17</b>	40,813.
	<b>18</b> Grants payable .....	629,361.	<b>18</b>	179,900.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	5,867.	<b>21</b>	971.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	725,021.	<b>25</b>	743,978.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,426,169.	<b>26</b>	965,662.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	144,829,522.	<b>27</b>	175,618,320.
	<b>28</b> Net assets with donor restrictions .....	1,222,513.	<b>28</b>	917,270.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	146,052,035.	<b>32</b>	176,535,590.
<b>33</b> Total liabilities and net assets/fund balances .....	147,478,204.	<b>33</b>	177,501,252.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	22,445,696.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,573,509.
3	Revenue less expenses. Subtract line 2 from line 1	3	11,872,187.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	146,052,035.
5	Net unrealized gains (losses) on investments	5	18,680,893.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-69,525.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	176,535,590.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 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 audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2020)

**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.

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

OMB No. 1545-0047

**2020**

Open to Public Inspection

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

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	7496900.	11167368.	7221951.	6156483.	20366283.	52408985.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	7496900.	11167368.	7221951.	6156483.	20366283.	52408985.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						21632981.
<b>6 Public support.</b> Subtract line 5 from line 4.						30776004.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	7496900.	11167368.	7221951.	6156483.	20366283.	52408985.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1245612.	1525284.	1912718.	2729577.	2142290.	9555481.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						61964466.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	49.67 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	57.80 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>2a</b>		
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</b>		

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

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2020**

Name of the organization

**ANN ARBOR AREA COMMUNITY FOUNDATION**

Employer identification number

**38-6087967**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

Name of organization  <b>ANN ARBOR AREA COMMUNITY FOUNDATION</b>	Employer identification number  <b>38-6087967</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>1,449,790.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>12,580,190.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>1,817,333.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>ANN ARBOR AREA COMMUNITY FOUNDATION</b>	Employer identification number  <b>38-6087967</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>1</u>	TOTAL OF 22,766 SHARES OF VARIOUS PUBLICLY TRADED STOCKS _____ _____	\$ <u>1,449,790.</u>	<u>11/12/20</u>
<u>2</u>	TOTAL OF 48,161 SHARES OF VARIOUS PUBLICLY TRADED STOCKS _____ _____	\$ <u>4,573,382.</u>	<u>05/28/20</u>
<u>4</u>	TOTAL OF 5,236 SHARES OF VARIOUS PUBLICLY TRADED STOCKS _____ _____	\$ <u>220,669.</u>	<u>12/22/20</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization  <b>ANN ARBOR AREA COMMUNITY FOUNDATION</b>	Employer identification number  <b>38-6087967</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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



**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

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

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	120	155
2 Aggregate value of contributions to (during year) .....	3,745,125.	13,994,960.
3 Aggregate value of grants from (during year) .....	2,852,783.	1,378,581.
4 Aggregate value at end of year .....	27,063,073.	41,089,551.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2020

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	144,829,521.	121,702,588.	129,445,892.	80,347,418.	72,361,426.
b Contributions	20,366,283.	5,703,635.	7,050,569.	40,899,123.	6,416,385.
c Net investment earnings, gains, and losses	20,346,091.	25,092,023.	-5,462,055.	14,474,642.	6,947,517.
d Grants or scholarships	7,742,593.	5,937,020.	7,410,437.	4,276,714.	3,622,660.
e Other expenditures for facilities and programs	704,392.	501,581.	753,827.	596,071.	507,453.
f Administrative expenses	1,476,590.	1,230,124.	1,167,554.	1,402,506.	1,247,797.
g End of year balance	175,618,320.	144,829,521.	121,702,588.	129,445,892.	80,347,418.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  100 %
  - b Permanent endowment  .0000 %
  - c Term endowment  .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,401,778.	393,304.	1,008,474.
c Leasehold improvements				
d Equipment		126,475.	102,346.	24,129.
e Other		132,697.	89,338.	43,359.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,075,962.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENTS	55,295,243.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>55,295,243.</b>	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITY OF LIFE BENEFICIARIES OF	
(3) PLANNED GIFTS	585,723.
(4) ANNUITY PAYABLE	120,901.
(5) DEFERRED COMPENSATION	37,354.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>743,978.</b>

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	39,891,665.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	18,680,890.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-484,608.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	18,196,282.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	21,695,383.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	649,958.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	100,355.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	750,313.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	22,445,696.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	9,841,952.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	9,841,952.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	649,958.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	81,599.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	731,557.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	10,573,509.

**Part XIII Supplemental Information.**

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

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

CHANGE IN VALUE OF CHARITABLE REMAINDER TRUST	-69,525.
AGENCY ENDOWMENT FUND REALIZED LOSS - SFAS 136	9,716.
AGENCY ENDOWMENT FUND UNREALIZED GAIN - SFAS 136	-451,706.
AGENCY ENDOWMENT FUND INVESTMENT FEE - SFAS 136	26,907.
<b>TOTAL TO SCHEDULE D, PART XI, LINE 2D</b>	<b>-484,608.</b>

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

AGENCY ENDOWMENT FUND DONATION INCOME - SFAS 136	52,122.
AGENCY ENDOWMENT FUND INVESTMENT INCOME - SFAS 136	48,233.
<b>TOTAL TO SCHEDULE D, PART XI, LINE 4B</b>	<b>100,355.</b>

**Part XIII** Supplemental Information (continued)

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY ENDOWMENT FUND GRANT EXPENSE- SFAS 136	65,276.
AGENCY ENDOWMENT FUND MISCELLANEOUS EXPENSE - SFAS 136	16,323.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	81,599.

PART V, LINE 4:

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

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization <b>ANN ARBOR AREA COMMUNITY FOUNDATION</b>	Employer identification number <b>38-6087967</b>
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**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		14,106,188.
<b>3 a Subtotal</b> .....	0	0			14,106,188.
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			14,106,188.

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

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

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

3 Enter total number of other organizations or entities ..... ► \_\_\_\_\_

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)



Part IV Foreign Forms

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

**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.

Multiple horizontal lines for supplemental information input.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
826 MICHIGAN 115 E. LIBERTY STREET ANN ARBOR, MI 48104	20-1963960	501(C)(3)	31,000.	0.			GENERAL OPERATING SUPPORT
A BRIGHTER WAY 124 PEARL ST. STE 201 YPSILANTI, MI 48197	81-1186430	501(C)(3)	16,000.	0.			PROGRAM COORDINATOR TO SUPPORT RETURNING CITIZENS
ACLU FUND OF MICHIGAN 2966 WOODWARD AVE. DETROIT, MI 48201	13-6213516	501(C)(3)	8,000.	0.			GENERAL OPERATING SUPPORT
ACORN FARMER'S MARKET 455 W MAIN ST MANCHESTER, MI 48158	83-4316088	501(C)(3)	7,200.	0.			FOOD SUPPORT AND ACCESS FOR LOW INCOME FAMILIES AND OLDER ADULTS IN MANCHESTER
AID IN MILAN, INC. 89 W. MAIN ST. MILAN, MI 48160	38-2108453	501(C)(3)	7,473.	0.			GENERAL OPERATING SUPPORT IN RESPONSE TO COVID 19
ALZHEIMER'S ASSOCIATION - GREATER MICHIGAN CHAPTER - 25200 TELEGRAPH RD. SUITE 100 - SOUTHFIELD, MI 48033	13-3039601	501(C)(3)	29,972.	0.			GENERAL OPERATING SUPPORT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 196.**

**3** Enter total number of other organizations listed in the line 1 table **▶ 0.**

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

Schedule I (Form 990) 2020

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 27777 FRANKLIN RD., SUITE 1150 SOUTHFIELD, MI 48034	13-5613797	501(C)(3)	45,155.	0.			SUPPORT TO THE AMERICAN HEART ASSOCIATION TO CARRY OUT ITS ROLE AND MISSION IN WASHTENAW
AMERICAN UNIVERSITY OF PARIS FOUNDATION, INC - 18 CURLEY ST. - LONG BEACH, NY 11561	13-3276905	501(C)(3)	5,250.	0.			GENERAL OPERATING SUPPORT
AMOS HOUSE 460 PINE STREET PROVIDENCE, RI 02907	05-0387218	501(C)(3)	7,500.	0.			COVID-19 RESPONSE SUPPORT
ANN ARBOR ACADEMY, INC. 1153 OAK VALLEY DRIVE ANN ARBOR, MI 48108	20-8035148	501(C)(3)	53,100.	0.			GENERAL OPERATING SUPPORT
ANN ARBOR ART ASSOCIATION DBA ANN ARBOR ART CENTER - 117 W. LIBERTY STREET - ANN ARBOR, MI 48104	23-7205537	501(C)(3)	91,109.	0.			GENERAL OPERATING SUPPORT
ANN ARBOR CENTER FOR INDEPENDENT LIVING - 3941 RESEARCH PARK DRIVE - ANN ARBOR, MI 48108	38-2133063	501(C)(3)	93,789.	0.			SUPPORT TO THE ANN ARBOR CENTER FOR INDEPENDENT LIVING TO CARRY OUT ITS ROLE AND MISSION
ANN ARBOR HANDS-ON MUSEUM 220 EAST ANN STREET ANN ARBOR, MI 48104	38-2236345	501(C)(3)	76,704.	0.			GENERAL OPERATING SUPPORT
ANN ARBOR HOUSING DEVELOPMENT CORPORATION - 727 MILLER AVE - ANN ARBOR, MI 48103	38-3202520	501(C)(3)	31,950.	0.			PRESERVING SENIOR AFFORDABLE HOUSING IN ANN ARBOR
ANN ARBOR HURON HIGH SCHOOL ATHLETIC BOOSTER CLUB - 2727 FULLER RD. - ANN ARBOR, MI 48105	38-2970818	501(C)(3)	12,878.	0.			ONGOING SUPPORT FOR ATHLETIC PROGRAMS AT HURON HIGH SCHOOL

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANN ARBOR PUBLIC SCHOOLS ATTN: GRANTS COORDINATOR 2555 S. ST ANN ARBOR, MI 48104	38-6004028	501(C)(3)	16,652.	0.			GENERAL OPERATING SUPPORT
ANN ARBOR PUBLIC SCHOOLS - COMMUNITY EDUCATION & RECREATION DEPARTMENT - 1515 S. SEVENTH ST. - ANN ARBOR, MI 48103	38-6004028	501(C)(3)	15,300.	0.			GENERAL OPERATING SUPPORT
ANN ARBOR SPARK FOUNDATION 330 E. LIBERTY ANN ARBOR, MI 48104	38-3416745	501(C)(3)	21,000.	0.			GENERAL OPERATING SUPPORT
ANN ARBOR SUMMER FESTIVAL 210 HURONVIEW BLVD., SUITE 1 ANN ARBOR, MI 48103	38-2307397	501(C)(3)	9,905.	0.			GENERAL OPERATING SUPPORT
ANN ARBOR SYMPHONY ORCHESTRA 35 RESEARCH DRIVE, SUITE 100 ANN ARBOR, MI 48103	38-6069701	501(C)(3)	17,500.	0.			GENERAL OPERATING SUPPORT
ANN ARBOR YMCA 400 W. WASHINGTON STREET ANN ARBOR, MI 48103	38-1525162	501(C)(3)	92,081.	0.			GENERAL OPERATING SUPPORT
APPLE PLAYSCHOOLS 2664 MILLER ROAD ANN ARBOR, MI 48103	46-5404037	501(C)(3)	14,000.	0.			GENERAL OPERATING SUPPORT FOR BOTH LOWER AND UPPER SCHOOLS
ARBOR HOSPICE INC. 2366 OAK VALLEY DRIVE ANN ARBOR, MI 48103	38-2532215	501(C)(3)	35,043.	0.			GENERAL OPERATING SUPPORT
AREA AGENCY ON AGING 1-B 29100 NORTHWESTERN HIGHWAY SUITE 40 SOUTHFIELD, MI 48034	00-0000000	501(C)(3)	118,254.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ATLAS OF CAREGIVING 855 EL CAMINO REAL STE 13A-389 PALO ALTO, CA 94301	81-3924633	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
AVALON HOUSING, INC. 1327 JONES DRIVE SUITE 102 ANN ARBOR, MI 48105	38-3086920	501(C)(3)	94,259.	0.			GENERAL OPERATING SUPPORT
BALLET CHELSEA 1050 S. MAIN STREET CHELSEA, MI 48118	38-3260579	501(C)(3)	25,500.	0.			SUPPORT FOR ADAPTIVE DANCE PROGRAM WITH FUNDING FROM IN OUR NEIGHBORHOOD
BERKSHIRE HUMANE SOCIETY 214 BARKER ROAD PITTSFIELD, MA 01201	04-3148018	501(C)(3)	129,975.	0.			GENERAL OPERATING SUPPORT
BIG BROTHERS/BIG SISTERS OF WASHTENAW COUNTY - 11 W. MICHIGAN AVE. - YPSILANTI, MI 48197	26-0344984	501(C)(3)	65,125.	0.			GENERAL OPERATING SUPPORT
BIRD CENTER OF WASHTENAW COUNTY, INC. - P.O. BOX 3718 - ANN ARBOR, MI 48106	83-0406863	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
BLACK AND BROWN THEATRE P.O. BOX 12031 HAMTRAMCK, MI 48212	81-4521583	501(C)(3)	39,750.	0.			TO SUPPORT CONTINUED FILMED ADAPTATIONS AND A FILMED CRAFT ACTIVITY
BURKE MOUNTAIN ACADEMY 60 ALPINE LANE EAST BURKE, VT 5832	03-0225997	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
BYKIDS4KIDS 631 GEDDES RIDGE AVENUE ANN ARBOR, MI 48104	82-1372016	501(C)(3)	13,559.	0.			TO SUPPORT THE REMOTE BUDDY READING PROGRAM

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CANCER SUPPORT COMMUNITY 2010 HOGBACK RD., SUITE 3 ANN ARBOR, MI 48105	05-0597871	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
CANTON COMMUNITY FOUNDATION 50430 SCHOOL HOUSE ROAD SUITE 200 CANTON, MI 48187	38-2898615	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
CATCHAFIRE FOUNDATION 1885 MISSION ST D2 SAN FRANCISCO, CA 94103	27-0649371	501(C)(3)	90,000.	0.			TO SUPPORT THE ONE MICHIGAN INITIATIVE
CATHOLIC SOCIAL SERVICES OF WASHTENAW COUNTY - 4925 PACKARD ROAD - ANN ARBOR, MI 48108-1521	38-1654500	501(C)(3)	88,485.	0.			GENERAL OPERATING SUPPORT
CENTER FOR HEALTHCARE RESEARCH & TRANSFORMATION - 2929 PLYMOUTH RD., SUITE 245 - ANN ARBOR, MI 48105	27-1017827	501(C)(3)	189,884.	0.			GENERAL OPERATING SUPPORT
CHELSEA SENIOR CENTER 512 WASHINGTON STREET CHELSEA, MI 48118	91-2187162	501(C)(3)	120,614.	0.			GENERAL OPERATING SUPPORT
CHILD CARE NETWORK 3941 RESEARCH PARK DR., SUITE C ANN ARBOR, MI 48108	38-2160250	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
CHILDREN'S LITERACY NETWORK 1100 NORTH MAIN ST., SUITE 207 ANN ARBOR, MI 48104	38-3002473	501(C)(3)	6,250.	0.			GENERAL OPERATING SUPPORT
CHRISTIAN LOVE FELLOWSHIP MINISTRIES - 1601 STAMFORD ROAD - YPSILANTI, MI 48198	38-3098266	501(C)(3)	18,500.	0.			TO PROVIDE EDUCATIONAL SUPPORT, PARENTAL SUPPORT IN JOB TRAINING, FINANCIAL MANAGEMENT, AND

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

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CLEARY UNIVERSITY 3750 CLEARY DRIVE HOWELL, MI 48843	38-1393841	501(C)(3)	23,182.	0.			SCHOLARSHIPS FOR DESERVING STUDENTS ENROLLED AT ONE OF THE CAMPUSES OF CLEARY
COMMUNITY ACTION NETWORK PO BOX 130076 ANN ARBOR, MI 48113	38-2792610	501(C)(3)	80,958.	0.			GENERAL OPERATING SUPPORT
COMMUNITY DAY CARE & PRESCHOOL 1611 WESTMINSTER ANN ARBOR, MI 48104	38-1982635	501(C)(3)	19,000.	0.			GENERAL OPERATING SUPPORT
COMMUNITY FAMILY LIFE CENTERS 1375 S. HARRIS ROAD YPSILANTI, MI 48198	32-0115383	501(C)(3)	20,000.	0.			PROVIDE SUPPORT FOR MENTAL HEALTH SERVICES TO 48197 AND 48198 WASHTENAW COUNTY RESIDENTS
CORNER HEALTH CENTER 47 N. HURON ST. YPSILANTI, MI 48197	38-2329742	501(C)(3)	24,973.	0.			GENERAL OPERATING SUPPORT
COUNCIL OF MICHIGAN FOUNDATIONS 1 S. HARBOR AVENUE, SUITE 8 GRAND HAVEN, MI 49417	38-6263347	501(C)(3)	16,600.	0.			CMF/MNA PPP AWARENESS AND OUTREACH CAMPAIGN TO LOCAL NONPROFIT SECTOR
CULTURESOURCE 6200 SECOND AVENUE, SUITE #003 DETROIT, MI 48202	26-1476029	501(C)(3)	130,500.	0.			MULTIPLE PROGRAM SUPPORT
DAWN INCORPORATED (DAWN FARM) 502 W. HURON STREET ANN ARBOR, MI 48103	23-7318277	501(C)(3)	23,180.	0.			GENERAL OPERATING SUPPORT
DAYCROFT MONTESSORI SCHOOL 1095 N. ZEEB ROAD ANN ARBOR, MI 48103	38-2430758	501(C)(3)	11,650.	0.			SUPPORT OF DAYCROFT MONTESSORI SCHOOL IN ITS MISSION AND OPERATIONS.

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DELTA GAMMA FOUNDATION 3250 RIVERSIDE DR. COLUMBUS, OH 43221	31-6034001	501(C)(3)	11,000.	0.			GENERAL OPERATING SUPPORT
DETROIT INSTITUTE OF ARTS 5200 WOODWARD AVENUE DETROIT, MI 48202	38-1359510	501(C)(3)	15,328.	0.			SUPPORTING THE MISSION AND PROGRAMS OF THE DETROIT INSTITUTE OF ARTS
DEXTER COMMUNITY SCHOOL DISTRICT 2704 BAKER RD DEXTER, MI 48130	38-6007821	501(C)(3)	10,279.	0.			MULTIPLE PROGRAM SUPPORT
DEXTER SENIOR CENTER 7720 ANN ARBOR ST. DEXTER, MI 48130	23-7144195	501(C)(3)	25,250.	0.			GENERAL OPERATING SUPPORT
DISPUTE RESOLUTION CENTER OF MICHIGAN, INC. - P.O. BOX 8645 - ANN ARBOR, MI 48107-8645	38-2489201	501(C)(3)	5,147.	0.			GENERAL OPERATING SUPPORT
EASTERN MICHIGAN UNIVERSITY 400 COLLEGE PLACE YPSILANTI, MI 48197	38-6005986	501(C)(3)	84,762.	0.			MULTIPLE PROGRAM SUPPORT
EASTERN MICHIGAN UNIVERSITY - FINANCIAL AID OFFICE - ATTENTION: AMY ZUREICH 403 PIERCE HALL - YPSILANTI, MI 48197	38-6005986	501(C)(3)	65,278.	0.			GENERAL OPERATING SUPPORT
EASTERN MICHIGAN UNIVERSITY - OFFICE OF RESEARCH DEVELOPMENT AND ADMINISTRATION - 200 BOONE HALL - YPSILANTI, MI 48197	38-6005986	501(C)(3)	11,129.	0.			GENERAL OPERATING SUPPORT
EASTERN MICHIGAN UNIVERSITY FOUNDATION - 112 WELCH HALL 850 W. CROSS ST. - YPSILANTI, MI 48197	38-2953297	501(C)(3)	104,466.	0.			MULTIPLE PROGRAM SUPPORT

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EDUCATE YOUTH 104 SOUTH HURON ST. YPSILANTI, MI 48197	81-5402852	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
ELE'S PLACE 1145 W. OAKLAND AVE. LANSING, MI 48915	38-2976751	501(C)(3)	93,970.	0.			GENERAL OPERATING SUPPORT
ELLA SHARP MUSEUM 3225 FOURTH STREET JACKSON, MI 49203	38-1785309	501(C)(3)	13,327.	0.			REMOTE PEER SUPPORT GROUP FOR CHILDREN DEALING WITH LOSS
ELY'S HISTORIC STATE THEATER PO BOX 34 ELY, MN 55731	81-1555494	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
EQUAL JUSTICE INITIATIVE 122 COMMERCE ST. MONTGOMERY, AL 36104	63-1135091	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
EVANGELICAL HOMES OF MICHIGAN FOUNDATION - 440 WEST RUSSELL ST. - SALINE, MI 48176	81-4001272	501(C)(3)	29,000.	0.			GENERAL OPERATING SUPPORT
FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277	11-0303001	501(C)(3)	63,194.	0.			GENERAL OPERATING SUPPORT
FIRST PRESBYTERIAN CHURCH 1432 WASHTENAW AVENUE ANN ARBOR, MI 48104	38-1360543	501(C)(3)	39,000.	0.			MULTIPLE PROGRAM SUPPORT
FIRST UNITARIAN UNIVERSALIST CHURCH OF ANN ARBOR - 4001 ANN ARBOR-SALINE RD - ANN ARBOR, MI 48103-8739	00-0000000	501(C)(3)	13,000.	0.			GENERAL OPERATING SUPPORT

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FIRST UNITED METHODIST CHURCH - ANN ARBOR - 120 S. STATE STREET - ANN ARBOR, MI 48104-1686	38-1381150	501(C)(3)	10,000.	0.			MULTIPLE PROGRAM SUPPORT
FLINT INSTITUTE OF MUSIC 1025 EAST KEARSLEY STREET FLINT, MI 48503	38-6159482	501(C)(3)	6,000.	0.			MULTIPLE PROGRAM SUPPORT
FLORIDA A&M UNIVERSITY OFFICE OF THE CONTROLLER 1700 LEE HALL DRIVE, SUITE 201 FHAC - TALLAHASSEE,	59-0977035	501(C)(3)	7,650.	0.			GENERAL OPERATING SUPPORT
FOOD GATHERERS P.O. BOX 131037 ANN ARBOR, MI 48113	38-2853858	501(C)(3)	99,623.	0.			GENERAL OPERATING SUPPORT
FOUNDATIONS PRESCHOOL OF WASHTENAW COUNTY - 3770 PACKARD ROAD - ANN ARBOR, MI 48108	38-1256680	501(C)(3)	28,788.	0.			GENERAL OPERATING SUPPORT
FRIENDS IN DEED 1196 ECORSE ROAD YPSILANTI, MI 48198	38-2443974	501(C)(3)	19,332.	0.			GENERAL OPERATING SUPPORT
GIRLS GROUP 2531 JACKSON AVE., #188 ANN ARBOR, MI 48103	20-4814985	501(C)(3)	38,450.	0.			GENERAL OPERATING SUPPORT
GLACIER HILLS FOUNDATION 1200 EARHART ROAD ANN ARBOR, MI 48105	20-8072723	501(C)(3)	45,000.	0.			GENERAL OPERATING SUPPORT
GRAND VALLEY STATE UNIVERSITY 1 NORTH CAMPUS DRIVE 100 STUDENT SERVICES BUILDING - ALLENDALE, MI 49401	38-1684280	501(C)(3)	7,347.	0.			GENERAL OPERATING SUPPORT

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GREENHILLS SCHOOL 850 GREENHILLS DRIVE ANN ARBOR, MI 48105	38-6143974	501(C)(3)	7,008.	0.			GENERAL OPERATING SUPPORT
GRIEVEWELL 4624 PACKARD ST. ANN ARBOR, MI 48108	27-2146551	501(C)(3)	7,473.	0.			GENERAL OPERATING SUPPORT
GROWING HOPE 922 W. MICHIGAN AVE. YPSILANTI, MI 48197	74-3091845	501(C)(3)	43,717.	0.			GENERAL OPERATING SUPPORT
HABITAT FOR HUMANITY OF HURON VALLEY - 2805 S. INDUSTRIAL HWY. SUITE 100 - ANN ARBOR, MI 48104	91-1914868	501(C)(3)	23,473.	0.			GENERAL OPERATING SUPPORT
HARVARD BUSINESS SCHOOL FUND DEVELOPMENT OPERATIONS - TEELE HALL SOLDIERS FIELD - BOSTON, MA 02163-9922	04-2103580	501(C)(3)	9,000.	0.			GENERAL OPERATING SUPPORT
HOPE MEDICAL CLINIC, INC. PO BOX 980311 YPSILANTI, MI 48198	38-2469007	501(C)(3)	20,392.	0.			GENERAL OPERATING SUPPORT
HUMANE SOCIETY OF HURON VALLEY 3100 CHERRY HILL ROAD ANN ARBOR, MI 48105	38-1474931	501(C)(3)	221,327.	0.			GENERAL OPERATING SUPPORT
HURON RIVER WATERSHED COUNCIL 1100 N. MAIN ST., #210 ANN ARBOR, MI 48104	38-1806452	501(C)(3)	46,499.	0.			GENERAL OPERATING SUPPORT
HURON VALLEY AMBULANCE, INC. 1200 STATE CIRCLE ANN ARBOR, MI 48108	38-2200909	501(C)(3)	31,500.	0.			TO SUPPORT THE COMMUNITY PARAMEDIC PROGRAM

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HURON WATERLOO PATHWAYS INITIATIVE 14800 E. OLD US HWY 12 CHELSEA, MI 48118	82-1605735	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
INLAND SEAS EDUCATION ASSOCIATION 100 DAME ST #218 SUTTONS BAY, MI 49682	38-2866234	501(C)(3)	22,499.	0.			SUPPORT TO INLAND SEAS EDUCATION ASSOCIATION TO CARRY OUT ITS ROLE AND MISSION
INTENTIONAL COMMUNITIES OF WASHTEENAW COUNTY - PO BOX 1525 - ANN ARBOR, MI 48106	83-0980334	501(C)(3)	19,612.	0.			GENERAL OPERATING SUPPORT
INVEST DETROIT FOUNDATION 600 RENAISSANCE CTR STE 1710 DETROIT, MI 48243	27-1927369	501(C)(3)	25,000.	0.			TO SUPPORT THE DETROIT SMALL BUSINESS STABILIZATION FUND
JEWISH FAMILY SERVICES OF WASHTEENAW COUNTY - 2245 S. STATE STREET #200 - ANN ARBOR, MI 48104	41-2147486	501(C)(3)	347,457.	0.			MULTIPLE PROGRAM SUPPORT
JEWISH WOMEN'S ARCHIVE ONE HARVARD STREET BROOKLINE, MA 2445	04-3293188	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
KALAMAZOO COLLEGE MANDELLE HALL 1200 ACADEMY STREET KALAMAZOO, MI 49006-3295	38-1358014	501(C)(3)	8,500.	0.			GENERAL OPERATING SUPPORT
KALI'S CURE FOR PARALYSIS FOUNDATION, INC. - 5475 BLUE HERON DRIVE - ALMA, MI 48801	26-2473236	501(C)(3)	11,000.	0.			GENERAL OPERATING SUPPORT
KERRYTOWN CONCERT HOUSE 415 NORTH 4TH AVE. ANN ARBOR, MI 48104	38-2542823	501(C)(3)	24,500.	0.			GENERAL OPERATING SUPPORT

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LEGACY LAND CONSERVANCY 6276 JACKSON RD., SUITE G ANN ARBOR, MI 48103	38-2899980	501(C)(3)	9,072.	0.			GENERAL OPERATING SUPPORT
MADONNA UNIVERSITY ATTENTION: FINANCIAL AID 36600 SCHO LIVONIA, MI 48150	38-1498763	501(C)(3)	6,400.	0.			GENERAL OPERATING SUPPORT
MARSHFIELD CLINIC MCHS FOUNDATION 1R1 1000 N OAK AVEN MARSHFIELD, WI 54449-5777	81-2822823	501(C)(3)	47,802.	0.			BENEFITING CANCER RESEARCH AND CANCER PATIENT CARE AT THE MARSHFIELD CLINIC
MICHIGAN ABILITY PARTNERS 3810 PACKARD RD., SUITE 260 ANN ARBOR, MI 48108	38-2595768	501(C)(3)	48,977.	0.			GENERAL OPERATING SUPPORT
MICHIGAN GUILD OF ARTISTS & ARTISANS - 118 N. 4TH AVENUE - ANN ARBOR, MI 48104	38-2300196	501(C)(3)	15,000.	0.			PROVIDE SUPPORT FOR THE ACTIVATION AND CONTINUATION OF ITS VIRTUAL AND IN-PERSON
MICHIGAN LEAGUE OF CONSERVATION VOTERS EDUCATION FUND - 3029 MILLER RD. - ANN ARBOR, MI 48103	37-1430158	501(C)(3)	8,000.	0.			GENERAL OPERATING SUPPORT
MICHIGAN MEDICINE DEVELOPMENT 1000 OAKBROOK DR., SUITE 100 ANN ARBOR, MI 48109	38-6006309	501(C)(3)	7,550.	0.			MULTIPLE PROGRAM SUPPORT
MICHIGAN SAVES 230 N. WASHINGTON SQUARE, SUITE 300 LANSING, MI 48933	27-1388004	501(C)(3)	49,631.	0.			GENERAL OPERATING SUPPORT
MICHIGAN STATE UNIVERSITY - OFFICE OF FINANCIAL AID - STUDENT SERVICES BUILDING 556 E. CIRCLE DRIVE, ROOM 252 - EAST LANSING, MI	38-6005984	501(C)(3)	33,091.	0.			GENERAL OPERATING SUPPORT

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MICHIGAN STATE UNIVERSITY - UNIVERSITY ADVANCEMENT - 535 CHESTNUT ROAD, ROOM 300 - EAST LANSING, MI 48824-1005	38-6005984	501(C)(3)	5,500.	0.			GENERAL OPERATING SUPPORT
MICHIGAN THEATER FOUNDATION, INC. 603 E. LIBERTY ST. ANN ARBOR, MI 48104	38-2269013	501(C)(3)	103,342.	0.			GENERAL OPERATING SUPPORT
MICHIGAN WOMEN'S FOUNDATION 1155 BREWERY PARK BLVD SUITE 350 DETROIT, MI 48207	38-2689979	501(C)(3)	12,500.	0.			GENERAL OPERATING SUPPORT
MILAN SENIORS FOR HEALTHY LIVING 45 NECKEL COURT MILAN, MI 48160	27-1109225	501(C)(3)	56,128.	0.			GENERAL OPERATING SUPPORT
MUSIC MEANS MORE, INC. 3865 HILLSIDE DRIVE YPSILANTI, MI 48197	85-2516421	501(C)(3)	8,000.	0.			PROVIDE MENTORSHIP AND GUIDANCE ON PRODUCING MUSIC/HAVING VOICES TO SUPPORT BLACK STUDENTS
NATIONAL MULTIPLE SCLEROSIS SOCIETY, MICHIGAN - 29777 TELEGRAPH, SUITE 1651 - SOUTHFIELD, MI 48034	13-5661935	501(C)(3)	45,155.	0.			SUPPORT TO THE NATIONAL MULTIPLE SCLEROSIS SOCIETY TO CARRY OUT ITS ROLE AND MISSION IN
NEUTRAL ZONE 310 E. WASHINGTON STREET ANN ARBOR, MI 48104	38-3407568	501(C)(3)	105,155.	0.			GENERAL OPERATING SUPPORT
NONPROFIT ENTERPRISE AT WORK 1100 N. MAIN, SUITE 102 ANN ARBOR, MI 48104	38-2825019	501(C)(3)	190,000.	0.			MULTIPLE PROGRAM SUPPORT
OAKLAND UNIVERSITY NORTH FOUNDATION HALL 318 MEADOW BROOK ROAD, SUITE #120 - ROCHESTER HILLS, M	38-6078765	501(C)(3)	5,651.	0.			GENERAL OPERATING SUPPORT

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OBERLIN COLLEGE FINANCIAL AID OFFICE 173 WEST LORAIN ST. OBERLIN - ST. OBERLIN, OH 44074	34-0714363	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
OZONE HOUSE, INC. 1600 N. HURON RIVER DRIVE YPSILANTI, MI 48197	38-1916505	501(C)(3)	85,902.	0.			GENERAL OPERATING SUPPORT
PACKARD HEALTH 5200 VENTURE DRIVE ANN ARBOR, MI 48108	38-2269817	501(C)(3)	162,355.	0.			GENERAL OPERATING SUPPORT
PEACE NEIGHBORHOOD CENTER 1111 N. MAPLE ROAD ANN ARBOR, MI 48103	23-7437867	501(C)(3)	71,070.	0.			GENERAL OPERATING SUPPORT
PLANNED PARENTHOOD OF MICHIGAN 950 VICTORS WAY, SUITE 100 ANN ARBOR, MI 48108	38-1707521	501(C)(3)	25,553.	0.			GENERAL OPERATING SUPPORT
PURPLE ROSE THEATRE 137 PARK STREET CHELSEA, MI 48118	38-2946466	501(C)(3)	45,250.	0.			GENERAL OPERATING SUPPORT
RIVERFOLK MUSIC AND ARTS FESTIVAL PO BOX 146 MANCHESTER, MI 48158	20-1545218	501(C)(3)	12,000.	0.			TO SUPPORT NEIGHBORHOOD CONCERT SERIES ARTISTS, AND TECHNICAL, ADMINISTER, PROMOTIONAL,
ROOT CAUSE INSTITUTE INC. 101 MAIN ST STE 1400 CAMBRIDGE, MA 02142	20-0703238	501(C)(3)	108,667.	0.			GENERAL OPERATING SUPPORT
SAFEHOUSE CENTER DBA DOMESTIC VIOLENCE PROJECT - 4100 CLARK ROAD - ANN ARBOR, MI 48105	38-2121751	501(C)(3)	6,795.	0.			GENERAL OPERATING SUPPORT

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SAGINAW VALLEY STATE UNIVERSITY WICKES HALL 7400 BAY ROAD UNIVERSITY CENTER, MI 48710	38-1798800	501(C)(3)	6,200.	0.			GENERAL OPERATING SUPPORT
SALINE AREA SCHOOLS 7265 N. ANN ARBOR ST. SALINE, MI 48176-1034	00-0000000	GOVERNMENT	10,000.	0.			GENERAL OPERATING SUPPORT
SALINE AREA SOCIAL SERVICES 224 W. MICHIGAN AVE. SALINE, MI 48176	23-7134646	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
SHELTER ASSOCIATION OF WASHTENAW COUNTY - PO BOX 7370 - ANN ARBOR, MI 48107-7370	38-2533030	501(C)(3)	120,478.	0.			GENERAL OPERATING SUPPORT
SOS COMMUNITY SERVICES 101 SOUTH HURON STREET YPSILANTI, MI 48197-5421	38-2037588	501(C)(3)	32,230.	0.			GENERAL OPERATING SUPPORT
SOUTHERN SHORES FIELD SERVICE COUNCIL - BOY SCOUTS OF AMERICA - 3914 BESTECH RD. - YPSILANTI, MI 48197	45-4003240	501(C)(3)	44,354.	0.			GENERAL OPERATING SUPPORT
ST. ANDREW'S EPISCOPAL CHURCH 306 N. DIVISION STREET ANN ARBOR, MI 48104	38-1360566	501(C)(3)	8,632.	0.			GENERAL OPERATING SUPPORT
ST. FRANCIS OF ASSISI PARISH ANN ARBOR - 2150 FRIEZE AVE. - ANN ARBOR, MI 48104	38-1404594	501(C)(3)	37,125.	0.			GENERAL OPERATING SUPPORT
ST. JOHN THE EVANGELIST PARISH 711 N. MARTIN LUTHER KING JR. DR. JACKSON, MI 49201	38-1358032	501(C)(3)	9,727.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JOSEPH MERCY HEALTH SYSTEM - OFFICE OF DEVELOPMENT - DEVELOPMENT DEPARTMENT 5305 EAST HURON RIVER DRIVE PO BOX 995 - ANN	38-2113393	501(C)(3)	48,368.	0.			MULTIPLE PROGRAM SUPPORT
ST. LOUIS CENTER FOR EXCEPTIONAL CHILDREN AND ADULTS - 16195 OLD U.S. 12 - CHELSEA, MI 48118	38-6038121	501(C)(3)	7,473.	0.			GENERAL OPERATING SUPPORT
STANFORD UNIVERSITY MONTAG HALL 355 GALVEZ STREET STANFORD, CA 94305-6106	94-1156365	501(C)(3)	7,000.	0.			GENERAL OPERATING SUPPORT
STUDENT ADVOCACY CENTER OF MICHIGAN - 124 PEARL STREET, SUITE 504 - YPSILANTI, MI 48197	38-2058667	501(C)(3)	16,324.	0.			GENERAL OPERATING SUPPORT
SUSQUEHANNA UNIVERSITY 514 UNIVERSITY AVENUE SELINGROVE, PA 17870	23-1353385	501(C)(3)	34,500.	0.			GENERAL OPERATING SUPPORT
THE ARK 117 N. FIRST STREET, SUITE 40 ANN ARBOR, MI 48104	38-1802396	501(C)(3)	36,000.	0.			GENERAL OPERATING SUPPORT
THE ARTS ALLIANCE, INC. 1100 NORTH MAIN SUITE 106B ANN ARBOR, MI 48104	26-0638491	501(C)(3)	36,000.	0.			GENERAL OPERATING SUPPORT
THE CREAM INCORPORATED 29150 CARLYSLE ST. SUITE 150 INKSTER, MI 48141	82-3833981	501(C)(3)	7,500.	0.			SUPPORT THE DONATION PROJECT WHICH COLLABORATES WITH LOCAL AND REGIONAL BUSINESSES &
THE CULINARY INSTITUTE OF AMERICA STUDENT FINANCIAL AND REGISTRATION SERVICES 1946 CAMPUS DRIVE - HYDE PARK, N	06-0653264	501(C)(3)	5,798.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE FAMILY AND YOUTH INSTITUTE 42807 FORD ROAD #203 CANTON, MI 48187	20-4097808	501(C)(3)	20,000.	0.			TECHNICAL SUPPORT TO PRODUCE VIRTUAL TOOLKITS FOR MENTAL HEALTH TO SUPPORT MARGINALIZED
THE NEW WEST WILLOW NEIGHBORHOOD ASSOCIATION - 2057 TYLER ROAD YPSILANTI - YPSILANTI, MI 48198	20-5859888	501(C)(3)	20,000.	0.			MULTIPLE PROGRAM SUPPORT
THE POTTERS GUILD 201 HILL STREET ANN ARBOR, MI 48104	38-6075181	501(C)(3)	13,328.	0.			GENERAL OPERATING SUPPORT
THE RAGDALE FOUNDATION 1260 NORTH GREEN BAY ROAD LAKE FOREST, IL 60045	36-2937927	501(C)(3)	26,500.	0.			GENERAL OPERATING SUPPORT
THE SALVATION ARMY EASTERN MICHIGAN DIVISION - 16130 NORTHLAND DRIVE - SOUTHFIELD, MI 48075	38-1370971	501(C)(3)	52,155.	0.			GENERAL OPERATING SUPPORT
THE TREELINE CONSERVANCY 535 W. WILLIAM STREET ANN ARBOR, MI 48103	43-2091401	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
THE UNITED METHODIST RETIREMENT COMMUNITIES FOUNDATION - 805 W. MIDDLE STREET - CHELSEA, MI 48118	38-3443089	501(C)(3)	10,250.	0.			GENERAL OPERATING SUPPORT
THE URBAN INSTITUTE 500 L'ENFANT PLAZA, SW WASHINGTON, DC 20024	52-0880375	501(C)(3)	40,000.	0.			GENERAL OPERATING SUPPORT
THE WOMEN'S CENTER OF SOUTHEASTERN MICHIGAN - 1100 VICTORS WAY SUITE 10 - ANN ARBOR, MI 48108	36-4338567	501(C)(3)	29,400.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THERAPEUTIC RIDING, INC. 3425 E. MORGAN ROAD ANN ARBOR, MI 48108	38-2487220	501(C)(3)	8,000.	0.			GENERAL OPERATING SUPPORT
TRINITY EVANGELICAL LUTHERAN CHURCH - 1400 W. STADIUM - ANN ARBOR, MI 48103	91-1758010	501(C)(3)	18,900.	0.			GENERAL OPERATING SUPPORT
TRINITY LUTHERAN CHURCH 122 W. WESLEY JACKSON, MI 49201	38-1501124	501(C)(3)	10,727.	0.			GENERAL OPERATING SUPPORT
UM REGENTS - ANN ARBOR MEALS ON WHEELS - 2025 TRAVERWOOD DR., SUITE F - ANN ARBOR, MI 48105	38-6006309	501(C)(3)	29,120.	0.			EQUITABLE SERVICE PROVISION BY PROVIDING CULTURALLY SPECIFIC MEALS TO THE ASIAN OLDER ADULT
UM SCHOOL OF KINESIOLOGY 1402 WASHINGTON HEIGHTS ANN ARBOR, MI 48109-2013	38-6006309	501(C)(3)	22,499.	0.			GENERAL OPERATING SUPPORT
UM SCHOOL OF MUSIC, THEATRE & DANCE - OFFICE OF DEVELOPMENT & EXTERNAL RELATIONS 2005 BAITS DRIVE - ANN ARBOR, MI 48109-2075	38-6006309	501(C)(3)	5,820.	0.			GENERAL OPERATING SUPPORT
UMHS DEPARTMENT OF PEDIATRICS AND COMMUNICABLE DISEASES - D3109 MEDICAL PROFESSIONAL BLDG. - ANN ARBOR, MI 48109-5718	38-6006309	501(C)(3)	19,682.	0.			RESEARCH GRANTS FOR THE TREATMENT AND REHABILITATION OF SPINAL CORD INJURY VICTIMS, AS A
UNITED WAY OF WASHTENAW COUNTY 2305 PLATT ROAD ANN ARBOR, MI 48104	38-1951024	501(C)(3)	326,140.	0.			TO SUPPORT THE COVID-19 COMMUNITY RELIEF FUND
UNIVERSITY AT BUFFALO FOUNDATION, INC. - PO BOX 730 - BUFFALO, NY 14226	16-0865182	501(C)(3)	6,500.	0.			MULTIPLE PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY MUSICAL SOCIETY 881 NORTH UNIVERSITY AVE. BURTON MEMORIAL TOWER - ANN ARBOR, MI 48109-1011	38-1545881	501(C)(3)	46,860.	0.			GENERAL OPERATING SUPPORT
UNIVERSITY OF ARIZONA ADMINISTRATION BUILDING, ROOM 208, TUCSON, AZ 85721	74-2652689	501(C)(3)	5,500.	0.			GENERAL OPERATING SUPPORT
UNIVERSITY OF MICHIGAN 2500 STUDENT ACTIVITIES BLDG. 515 E. JEFFERSON - ANN ARBOR, MI 48109-1316	38-6006309	501(C)(3)	49,264.	0.			GENERAL OPERATING SUPPORT
UNIVERSITY OF MICHIGAN BIOLOGICAL STATION - 2541 CHEMISTRY BLDG. 930 NORTH UNIVERSITY AVE. - ANN ARBOR, MI 48109-1011	38-6006309	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
UNIVERSITY OF MICHIGAN CENTER FOR THE EDUCATION OF WOMEN - 330 E. LIBERTY - ANN ARBOR, MI 48104	38-6006309	501(C)(3)	14,925.	0.			GENERAL OPERATING SUPPORT
UNIVERSITY OF MICHIGAN DEARBORN OFFICE OF FINANCIAL AID - 4901 EVERGREEN ROAD - DEARBORN, MI 48128-1491	38-6006309	501(C)(3)	15,259.	0.			GENERAL OPERATING SUPPORT
UNIVERSITY OF MICHIGAN GERALD R. FORD SCHOOL OF PUBLIC POLICY - JOAN AND SANFORD WEILL HALL 735 S. STATE STREET, SUITE 4238 - ANN	38-6006309	501(C)(3)	11,000.	0.			GENERAL OPERATING SUPPORT
UNIVERSITY OF MICHIGAN LAW SCHOOL - DEVELOPMENT AND ALUMNI RELATIONS - 701 SOUTH STATE STREET, 4TH FLOOR - ANN ARBOR, MI	38-6006309	501(C)(3)	11,000.	0.			GENERAL OPERATING SUPPORT
UNIVERSITY OF MICHIGAN MEDICAL SCHOOL - M4104 MEDICAL SCIENCE BUILDING I 1301 CATHERINE ST - ANN ARBOR, MI 48109-624	38-6006309	501(C)(3)	42,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MICHIGAN MUSEUM OF ART - 525 S. STATE STREET - ANN ARBOR, MI 48109	38-6006309	501(C)(3)	8,411.	0.			GENERAL OPERATING SUPPORT
UNIVERSITY OF MICHIGAN OFFICE OF DEVELOPMENT - 3003 SOUTH STATE STREET, SUITE 9000 - ANN ARBOR, MI 48109-1288	38-6006309	501(C)(3)	247,348.	0.			GENERAL OPERATING SUPPORT
VINEYARD CHURCH OF ANN ARBOR 2275 PLATT ROAD ANN ARBOR, MI 48104	38-2508282	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
WALNUT HILL SCHOOL 12 HIGHLAND STREET NATICK, MA 01760-2199	04-2103636	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
WASHTENAW ALLIANCE FOR VIRTUAL EDUCATION - 301 W. MICHIGAN AVE. SUITE 201 - YPSILANTI, MI 48197	35-1717462	501(C)(3)	8,000.	0.			GENERAL OPERATING SUPPORT
WASHTENAW ASSOCIATION FOR COMMUNITY ADVOCACY - NEW CENTER 1100 NORTH MAIN, SUITE 205 - ANN ARBOR, MI 48104	38-6029205	501(C)(3)	7,004.	0.			GENERAL OPERATING SUPPORT
WASHTENAW COMMUNITY COLLEGE FAO 4800 E. HURON RIVER DR. ANN ARBOR, MI 48105	38-1784300	501(C)(3)	27,118.	0.			GENERAL OPERATING SUPPORT
WASHTENAW COMMUNITY COLLEGE FOUNDATION - 4800 E. HURON RIVER DRIVE SC 306 - ANN ARBOR, MI 48105	38-2575395	501(C)(3)	114,888.	0.			GENERAL OPERATING SUPPORT
WASHTENAW COUNTY - OFFICE OF COMMUNITY & ECONOMIC DEVELOPMENT - 415 WEST MICHIGAN AVE. SUITE 2200 - YPSILANTI, MI 48197	38-6004894	501(C)(3)	87,750.	0.			GENERAL OPERATING SUPPORT RELATING TO THE COVID-19 PANDEMIC

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHTENAW COUNTY PUBLIC HEALTH DEPARTMENT - 555 TOWNER STREET - YPSILANTI, MI 48198	38-6004894	501(C)(3)	18,000.	0.			PROVIDING RESOURCES TO HEALTH EQUITY GROUPS IN YPSILANTI AND YPSILANTI TOWNSHIP
WASHTENAW COUNTY SHERIFF'S OFFICE 2201 HOGBACK ROAD ANN ARBOR, MI 48105	38-6004894	GOVERNMENT	10,000.	0.			SUPPORTING MOTHERS WITH EMOTIONAL, MENTAL HEALTH SUPPORT, DAYCARE NEEDS, BASIC NEEDS, AFTER BEING
WASHTENAW HEALTH PLAN CORPORATION 555 TOWNER YPSILANTI, MI 48198	02-0585175	501(C)(3)	48,944.	0.			SENIOR SUPPORT FOR MEDICARE TRAINING AND ASSISTANCE PROGRAM
WASHTENAW HOUSING ALLIANCE PO BOX 7993 ANN ARBOR, MI 48107	38-3551639	501(C)(3)	123,834.	0.			MULTIPLE PROGRAM SUPPORT
WASHTENAW INTERMEDIATE SCHOOL DISTRICT - 1819 S. WAGNER RD. PO BOX 1416 - ANN ARBOR, MI 48106	38-1717462	501(C)(3)	110,047.	0.			GENERAL OPERATING SUPPORT
WAYNE STATE UNIVERSITY - WELCOME CENTER - UNDERGR. ADM. - SCHOLARSHIP UNIT 42 W. WARREN - DETROIT, MI 48202	38-3555142	501(C)(3)	21,654.	0.			GENERAL OPERATING SUPPORT
WE THE PEOPLE OPPORTUNITY CENTER INC. - 3000 GREEN RD. P.O. BOX 131382 - ANN ARBOR, MI 48113	83-1966370	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
WEST SIDE UNITED METHODIST CHURCH 900 SOUTH SEVENTH ST. ANN ARBOR, MI 48103-4799	38-6031975	501(C)(3)	28,070.	0.			GENERAL OPERATING SUPPORT
WESTERN MICHIGAN UNIVERSITY ACCOUNTS RECEIVABLE 1903 W. MICHIGAN AVE. - KALAMAZOO, MI 49008-5210	38-6007327	501(C)(3)	8,500.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILD SWAN THEATER 6175 JACKSON ROAD ANN ARBOR, MI 48103	38-2457214	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
WILLOW RUN ACRES 111 S. WALLACE BLVD ROOM 128 YPSILANTI, MI 48197	84-2973789	501(C)(3)	19,700.	0.			GENERAL OPERATING SUPPORT
WONDERFOOL PRODUCTIONS 4621 FORD RD. ANN ARBOR, MI 48105	46-1155091	501(C)(3)	6,000.	0.			SUPPORT TO RE-IMAGINE YPSIGLOW, A COMMUNITY-BUILT CELEBRATION CULMINATING
YALE ALUMNI FUND PO BOX 209010 NEW HAVEN, CT 06521	06-1377838	501(C)(3)	8,000.	0.			GENERAL OPERATING SUPPORT
YOUTH ARTS ALLIANCE 812 STANLEY ST. YPSILANTI, MI 48198	82-4115115	501(C)(3)	28,500.	0.			GENERAL OPERATING SUPPORT
YOUTH JUSTICE FUND 124 PEARL STREET SUITE 401 YPSILANTI, MI 48197	82-2094621	501(C)(3)	10,000.	0.			FUNDING TO PROVIDE HOUSING/UTILITY ASSISTANCE; FOOD/SUPPLIES ASSISTANCE; EMPLOYMENT
YPSILANTI COMMUNITY SCHOOLS 1885 PACKARD ROAD YPSILANTI, MI 48197	38-1805562	GOVERNMENT	32,702.	0.			GENERAL OPERATING SUPPORT
YPSILANTI DISTRICT LIBRARY 5577 WHITTAKER ROAD YPSILANTI, MI 48197	38-2462745	501(C)(3)	27,220.	0.			GENERAL OPERATING SUPPORT
YPSILANTI MEALS ON WHEELS 1110 W. CROSS YPSILANTI, MI 48197	38-2038528	501(C)(3)	124,114.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YPSILANTI SENIOR CENTER 1015 N. CONGRESS ST. YPSILANTI, MI 48197	38-6004750	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS AND OTHER ASSISTANCE	5	3,471.	19,198.	FMV	SCHOLARSHIPS AND OTHER ASSISTANCE

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

PART I, LINE 2:

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN HEART ASSOCIATION

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT TO THE AMERICAN HEART ASSOCIATION TO CARRY OUT ITS ROLE AND MISSION IN WASHTENAW COUNTY, MI

NAME OF ORGANIZATION OR GOVERNMENT: CHRISTIAN LOVE FELLOWSHIP MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE EDUCATIONAL SUPPORT, PARENTAL SUPPORT IN JOB TRAINING, FINANCIAL MANAGEMENT, AND SMALL SUPPORT GROUPS FOR SOCIAL EMOTIONAL HEALTH

NAME OF ORGANIZATION OR GOVERNMENT: CLEARY UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: SCHOLARSHIPS FOR DESERVING STUDENTS ENROLLED AT ONE OF THE CAMPUSES OF CLEARY UNIVERSITY WHO HAVE (I) MAINTAINED AT LEAST A "B" AVERAGE DURING THEIR COLLEGE CAREER, AND (II) DEMONSTRATED AN ECONOMIC NEED FOR SCHOLARSHIP SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: MICHIGAN GUILD OF ARTISTS & ARTISANS

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE SUPPORT FOR THE ACTIVATION AND CONTINUATION OF ITS VIRTUAL AND IN-PERSON PROGRAMMING GEARED TO SUPPORT AND MARKET INDIVIDUAL ARTISTS, AND ENGAGE AND EDUCATE THE COMMUNITY TO INCREASE AWARENESS AND APPRECIATION OF THE VISUAL ARTS

NAME OF ORGANIZATION OR GOVERNMENT: MUSIC MEANS MORE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE MENTORSHIP AND GUIDANCE ON PRODUCING MUSIC/HAVING VOICES TO SUPPORT BLACK STUDENTS AND FAMILIES WHO MEET THE CRITERIA OF AT-RISK IN YPSILANTI, I.E. LOW INCOME, SINGLE-PARENT HOMES, OR NEIGHBORHOODS HISTORICALLY IMPACTED BY CRIME AND POVERTY

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL MULTIPLE SCLEROSIS SOCIETY, MICHIGAN

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT TO THE NATIONAL MULTIPLE SCLEROSIS SOCIETY TO CARRY OUT ITS ROLE AND MISSION IN WASHTENAW COUNTY, MI

NAME OF ORGANIZATION OR GOVERNMENT: RIVERFOLK MUSIC AND ARTS FESTIVAL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT NEIGHBORHOOD CONCERT SERIES ARTISTS, AND TECHNICAL, ADMINISTER, PROMOTIONAL, AND MATERIAL SUPPORT FOR ARTS AND MUSIC ENRICHMENT PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: THE CREAM INCORPORATED

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT THE DONATION PROJECT WHICH COLLABORATES WITH LOCAL AND REGIONAL BUSINESSES & ORGANIZATIONS TO PROVIDE THOSE IN NEED WITH BRAND NEW (DISPLAYED) AND/OR RETURNED PRODUCTS THAT CAN BE USED IN EVERYDAY LIFE.

NAME OF ORGANIZATION OR GOVERNMENT: THE FAMILY AND YOUTH INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: TECHNICAL SUPPORT TO PRODUCE VIRTUAL TOOLKITS FOR MENTAL HEALTH TO SUPPORT MARGINALIZED COMMUNITIES SUCH AS MUSLIM AMERICANS.

NAME OF ORGANIZATION OR GOVERNMENT:

UM REGENTS - ANN ARBOR MEALS ON WHEELS

(H) PURPOSE OF GRANT OR ASSISTANCE: EQUITABLE SERVICE PROVISION BY PROVIDING CULTURALLY SPECIFIC MEALS TO THE ASIAN OLDER ADULT COMMUNITY IN ANN ARBOR

NAME OF ORGANIZATION OR GOVERNMENT:

UMHS DEPARTMENT OF PEDIATRICS AND COMMUNICABLE DISEASES

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: RESEARCH GRANTS FOR THE TREATMENT AND REHABILITATION OF SPINAL CORD INJURY VICTIMS, AS A MEMORIAL TO WIBURN M. BARWICK, JR.

NAME OF ORGANIZATION OR GOVERNMENT: WASHTENAW COUNTY SHERIFF'S OFFICE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTING MOTHERS WITH EMOTIONAL, MENTAL HEALTH SUPPORT, DAYCARE NEEDS, BASIC NEEDS, AFTER BEING HIT EVEN HARDER DUE TO COVID-19

NAME OF ORGANIZATION OR GOVERNMENT: WONDERFOOL PRODUCTIONS

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT TO RE-IMAGINE YPSIGLOW, A COMMUNITY-BUILT CELEBRATION CULMINATING ON FRIDAY, OCTOBER 23, 2020 WITH ILLUMINATED "ON THE GROUND", AT HOME, AND VIRTUAL CREATIVE EXPERIENCE

NAME OF ORGANIZATION OR GOVERNMENT: YOUTH JUSTICE FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING TO PROVIDE HOUSING/UTILITY ASSISTANCE; FOOD/SUPPLIES ASSISTANCE; EMPLOYMENT PREPARATION; HEALTH/MENTAL HEALTH CARE ACCESS; AND POST-SECONDARY EDUCATION ACCESS SERVICES TO SUPPORT RETURNING CITIZENS.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2020**

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**ANN ARBOR AREA COMMUNITY FOUNDATION**

Employer identification number

**38-6087967**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) NEELAV HAJRA PRESIDENT/CEO	(i)	198,296.	0.	0.	17,500.	17,587.	233,383.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

PART I, LINE 7:

IN 2020 A DEFERRED COMPENSATION PAYMENT OF \$17,500 FOR NEELAV HAJRA WAS  
DEPOSITED FOR 2019. THIS PAYMENT WILL BE FULLY VESTED IN 2021.



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	25	7,298,591.	QUOTED MARKET PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2020

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

SCHEDULE M, LINE 32B:

MARKETABLE SECURITIES ARE SOLD THROUGH BROKERS.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

ANN ARBOR AREA COMMUNITY FOUNDATION

Employer identification number

38-6087967

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

PRIOR TO FILING, A COMPLETE COPY OF FORM 990 AND FORM 990T, INCLUDING  
SCHEDULE B, IS PROVIDED TO THE BOARD OF TRUSTEES. ADDITIONALLY, FORM 990  
AND FORM 990T ARE DISTRIBUTED TO THE INVESTMENT AND FINANCE COMMITTEE,  
EXCLUDING SCHEDULE B, AND ALSO 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 TRUSTEE COMMITTEE ANNUALLY REVIEWS THE COMPENSATION OF THE CEO USING  
COMPARABILITY DATA, AND CONTEMPORANEOUSLY SUBSTANTIATES ITS DELIBERATIONS  
AND DECISION. THE TRUSTEE COMMITTEE ANNUALLY REVIEWS ALL OTHER STAFF  
COMPENSATION AT THE SAME TIME. THE TRUSTEE COMMITTEE THEN PRESENTS ITS CEO  
COMPENSATION FINDINGS AND RECOMMENDATIONS TO THE BOARD FOR APPROVAL.

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

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

GOVERNING DOCUMENTS AND POLICIES ARE AVAILABLE UPON REQUEST. FINANCIAL  
STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE, [AAACF.ORG](http://AAACF.ORG). FORM 990

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization

ANN ARBOR AREA COMMUNITY FOUNDATION

Employer identification number

38-6087967

IS AVAILABLE ON GUIDESTAR.ORG AND AAACF.ORG.

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

CHANGE IN VALUE OF CHARITABLE REMAINDER TRUST: -69,525.



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

## 2020

Department of the Treasury  
Internal Revenue Service

For calendar year 2020 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

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

<p><b>A</b> <input type="checkbox"/> Check box if address changed.</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3) )  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a) <input type="checkbox"/> 529S</p>	Print or Type	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>ANN ARBOR AREA COMMUNITY FOUNDATION</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>301 N MAIN ST, NO. 300</b> City or town, state or province, country, and ZIP or foreign postal code <b>ANN ARBOR, MI 48104</b>	<p><b>D</b> Employer identification number <b>38-6087967</b></p> <p><b>E</b> Group exemption number (see instructions)</p> <p><b>F</b> <input type="checkbox"/> Check box if an amended return.</p>
<p><b>C</b> Book value of all assets at end of year ..... ▶ <b>177,501,252.</b></p>			

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust  Applicable reinsurance entity

**H** Check if filing only to ▶  Claim credit from Form 8941  Claim a refund shown on Form 2439

**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... ▶

**J** Enter the number of attached Schedules A (Form 990-T) ..... ▶ **1**

**K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**L** The books are in care of ▶ **JAMES HUNTER** Telephone number ▶ **734-663-0401**

**Part I Total Unrelated Business Taxable Income**

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	1	-136,874.
2 Reserved .....	2	
3 Add lines 1 and 2 .....	3	-136,874.
4 Charitable contributions (see instructions for limitation rules) .....	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	5	-136,874.
6 Deduction for net operating loss. See instructions .....	6	0.
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	7	-136,874.
8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....	8	1,000.
9 <b>Trusts.</b> Section 199A deduction. See instructions .....	9	
10 <b>Total deductions.</b> Add lines 8 and 9 .....	10	1,000.
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	11	0.

**Part II Tax Computation**

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

LHA For Paperwork Reduction Act Notice, see instructions.

<b>Part III Tax and Payments</b>			
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	<b>1a</b>		
b Other credits (see instructions) .....	<b>1b</b>		
c General business credit. Attach Form 3800 (see instructions) .....	<b>1c</b>		
d Credit for prior year minimum tax (attach Form 8801 or 8827) .....	<b>1d</b>		
e <b>Total credits.</b> Add lines 1a through 1d .....		<b>1e</b>	
2 Subtract line 1e from Part II, line 7 .....		<b>2</b>	0.
3 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement) .....		<b>3</b>	
4 <b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....		<b>4</b>	0.
5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 .....		<b>5</b>	0.
6a Payments: A 2019 overpayment credited to 2020 .....	<b>6a</b>		
b 2020 estimated tax payments. Check if section 643(g) election applies .....	<b>6b</b>		
c Tax deposited with Form 8868 .....	<b>6c</b>		
d Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>		
e Backup withholding (see instructions) .....	<b>6e</b>		
f Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 .....			
<input type="checkbox"/> Form 4136 .....			
<input type="checkbox"/> Other .....			
Total .....	<b>6g</b>		
7 <b>Total payments.</b> Add lines 6a through 6g .....		<b>7</b>	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached .....		<b>8</b>	
9 <b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....		<b>9</b>	
10 <b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....		<b>10</b>	
11 Enter the amount of line 10 you want: <b>Credited to 2021 estimated tax</b> .....		<b>11</b>	
			<b>Refunded</b>

<b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)			
1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here .....			Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....			<input type="checkbox"/> <input checked="" type="checkbox"/>
If "Yes," see instructions for other forms the organization may have to file.			
3 Enter the amount of tax-exempt interest received or accrued during the tax year .....		\$ .....	
4a Did the organization change its method of accounting? (see instructions) .....			<input type="checkbox"/> <input checked="" type="checkbox"/>
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V .....			

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer _____ Date _____	CFO Title _____	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	TINA PETERS	TINA PETERS	10/27/21	P00904574
	Firm's name ▶ PLANTE & MORAN, PLLC	Firm's EIN ▶ 38-1357951		
	Firm's address ▶ 2601 CAMBRIDGE CT., STE. 500		Phone no. (248) 375-7100	
	AUBURN HILLS, MI 48326			

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

Department of the Treasury  
Internal Revenue Service

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

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

ENTITY 1

OMB No. 1545-0047

**2020**

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

<b>A</b> Name of the organization <b>ANN ARBOR AREA COMMUNITY FOUNDATION</b>	<b>B</b> Employer identification number <b>38-6087967</b>
<b>C</b> Unrelated business activity code (see instructions) ▶ <b>525990</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E** Describe the unrelated trade or business ▶ **INVESTMENT IN PARTNERSHIPS**

<b>Part I</b> Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales _____			
<b>b</b> Less returns and allowances _____ <b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8) .....	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c .....	<b>3</b>		
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions) .....	<b>4a</b> 67,827.		67,827.
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797) (see instructions) .....	<b>4b</b> -34,352.		-34,352.
<b>c</b> Capital loss deduction for trusts .....	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) <b>STATEMENT 1</b> .....	<b>5</b> -170,349.		-170,349.
<b>6</b> Rent income (Part IV) .....	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V) .....	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI) .....	<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) .....	<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII) .....	<b>10</b>		
<b>11</b> Advertising income (Part IX) .....	<b>11</b>		
<b>12</b> Other income (see instructions; attach statement) .....	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12 .....	<b>13</b> -136,874.		-136,874.

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

<b>1</b> Compensation of officers, directors, and trustees (Part X) .....		<b>1</b>		
<b>2</b> Salaries and wages .....		<b>2</b>		
<b>3</b> Repairs and maintenance .....		<b>3</b>		
<b>4</b> Bad debts .....		<b>4</b>		
<b>5</b> Interest (attach statement) (see instructions) .....		<b>5</b>		
<b>6</b> Taxes and licenses .....		<b>6</b>		
<b>7</b> Depreciation (attach Form 4562) (see instructions) .....	<b>7</b>			
<b>8</b> Less depreciation claimed in Part III and elsewhere on return .....	<b>8a</b>		<b>8b</b>	
<b>9</b> Depletion .....		<b>9</b>		
<b>10</b> Contributions to deferred compensation plans .....		<b>10</b>		
<b>11</b> Employee benefit programs .....		<b>11</b>		
<b>12</b> Excess exempt expenses (Part VIII) .....		<b>12</b>		
<b>13</b> Excess readership costs (Part IX) .....		<b>13</b>		
<b>14</b> Other deductions (attach statement) .....		<b>14</b>		
<b>15 Total deductions.</b> Add lines 1 through 14 .....		<b>15</b>		0.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) .....		<b>16</b>		-136,874.
<b>17</b> Deduction for net operating loss (see instructions) .....		<b>17</b>		0.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16 .....		<b>18</b>		-136,874.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020



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

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

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

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

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

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

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

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

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

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

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

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

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

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

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

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

Part IX Advertising Income

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

- A B C D checkboxes

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

Table with 4 columns (A, B, C, D) and 2 rows (Gross advertising income, Add columns A through D)

Table with 4 columns (A, B, C, D) and 2 rows (Direct advertising costs by periodical, Add columns A through D)

Table with 4 columns (A, B, C, D) and 1 row (Advertising gain (loss). Subtract line 3 from line 2)

Table with 4 columns (A, B, C, D) and 1 row (Readership costs)

Table with 4 columns (A, B, C, D) and 1 row (Circulation income)

Table with 4 columns (A, B, C, D) and 1 row (Excess readership costs)

Table with 4 columns (A, B, C, D) and 1 row (Excess readership costs allowed as a deduction)

Table with 4 columns (A, B, C, D) and 1 row (Add line 8, columns A through D)

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

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business

Total. Enter here and on Part II, line 1

Part XI Supplemental Information (see instructions)

Blank lines for supplemental information

## FORM 990-T (A)

## INCOME (LOSS) FROM PARTNERSHIPS

## STATEMENT 1

DESCRIPTION	NET INCOME OR (LOSS)
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - ORDINARY BUSINESS INCOM	-116.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - NET RENTAL REAL ESTATE	3.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - INTEREST INCOME	666.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - DIVIDEND INCOME	143.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - ROYALTIES	1.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - OTHER PORTFOLIO INCOME	78.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - OTHER INCOME (LOSS)	803.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VI, LP - ORDINARY BUSINESS INCOME	-2,080.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VI, LP - NET RENTAL REAL ESTATE I	-43.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VI, LP - INTEREST INCOME	743.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VI, LP - OTHER INCOME (LOSS)	1,258.
ENCAP ENERGY CAPITAL FUND XI, LP - ORDINARY BUSINESS INCOME (LOSS)	2,349.
ENCAP ENERGY CAPITAL FUND XI, LP - ROYALTIES	190.
ENCAP ENERGY CAPITAL FUND XI, LP - OTHER INCOME (LOSS)	-31,503.
LANDMARK EQUITY PARTNERS XV, LP - ORDINARY BUSINESS INCOME (LOSS)	5,724.
LANDMARK EQUITY PARTNERS XV, LP - NET RENTAL REAL ESTATE INCOME	53.
LANDMARK EQUITY PARTNERS XV, LP - OTHER NET RENTAL INCOME (LOSS)	-1.
LANDMARK EQUITY PARTNERS XV, LP - INTEREST INCOME	214.
LANDMARK EQUITY PARTNERS XV, LP - DIVIDEND INCOME	1,194.
LANDMARK EQUITY PARTNERS XV, LP - ROYALTIES	22.
LANDMARK EQUITY PARTNERS XV, LP - OTHER PORTFOLIO INCOME (LOSS)	-221.
LANDMARK EQUITY PARTNERS XV, LP - OTHER INCOME (LOSS)	-4,429.
NGP NATURAL RESOURCES XI, LP - ORDINARY BUSINESS INCOME (LOSS)	90,039.
NGP NATURAL RESOURCES XI, LP - OTHER NET RENTAL INCOME (LOSS)	14.
NGP NATURAL RESOURCES XI, LP - INTEREST INCOME	361.
NGP NATURAL RESOURCES XI, LP - ROYALTIES	3,327.
NGP NATURAL RESOURCES XI, LP - OTHER PORTFOLIO INCOME (LOSS)	299.
NGP NATURAL RESOURCES XI, LP - OTHER INCOME (LOSS)	-84,599.
DENHAM COMMODITY PARTNERS FUND VI LP - ORDINARY BUSINESS INCOME (LOSS)	7,109.
DENHAM COMMODITY PARTNERS FUND VI LP - OTHER INCOME (LOSS)	-623.
LANDMARK EQUITY PARTNERS XIV, LP - ORDINARY BUSINESS INCOME (LOSS)	-2,778.

LANDMARK EQUITY PARTNERS XIV, LP - NET RENTAL REAL ESTATE INCOME	-31.
LANDMARK EQUITY PARTNERS XIV, LP - INTEREST INCOME	1.
LANDMARK EQUITY PARTNERS XIV, LP - OTHER PORTFOLIO INCOME (LOSS)	-2.
LANDMARK EQUITY PARTNERS XIV, LP - OTHER INCOME (LOSS)	-282.
SIGULER GUFF DISTRIBUTED OPPORTUNITIES FUND IV, LP - ORDINARY BUSINESS INCOME	9.
SIGULER GUFF DISTRIBUTED OPPORTUNITIES FUND IV, LP - DIVIDEND INCOME	3.
SIGULER GUFF DISTRIBUTED OPPORTUNITIES FUND IV, LP - OTHER INCOME (LOSS)	-1.
NEWLIN ENERGY PARTNERS, LP - ORDINARY BUSINESS INCOME (LOSS)	-2,733.
NORTHGATE VENTURE PARTNERS III, LP - ORDINARY BUSINESS INCOME (LOSS)	12.
THE VARDE FUND XIII (B) (FEEDER), LP - INTEREST INCOME	21,128.
THE VARDE FUND XIII (B) (FEEDER), LP - DIVIDEND INCOME	1,152.
THE VARDE FUND XIII (B) (FEEDER), LP - ROYALTIES	47.
THE VARDE FUND XIII (B) (FEEDER), LP - OTHER INCOME (LOSS)	-15,488.
LEGACY VENTURE VI (QP), LLC - ORDINARY BUSINESS INCOME (LOSS)	-52.
LEGACY VENTURE VI (QP), LLC - OTHER INCOME (LOSS)	-6.
RESOLUTE FUND IV, LP - INTEREST INCOME	350.
RESOLUTE FUND IV, LP - OTHER INCOME (LOSS)	-470.
GREENSPRING OPPORTUNITIES V, LP - ORDINARY BUSINESS INCOME (LOSS)	-15,228.
AG REALTY VALUE FUND X LP - ORDINARY BUSINESS INCOME (LOSS)	-1,510.
AG REALTY VALUE FUND X LP - NET RENTAL REAL ESTATE INCOME	-11,287.
AG REALTY VALUE FUND X LP - OTHER INCOME (LOSS)	-4.
TRF IV (UNBLOCKED), L.P. - OTHER INCOME (LOSS)	-695.
APAX X USD, L.P. - INTEREST INCOME	340.
APAX X USD, L.P. - DIVIDEND INCOME	406.
APAX X USD, L.P. - OTHER INCOME (LOSS)	-61,109.
WESTBROOK REAL ESTATE FUND XI, LP - NET RENTAL REAL ESTATE INCOME	-823.
WESTBROOK REAL ESTATE FUND XI, LP - OTHER PORTFOLIO INCOME (LOSS)	221.
WESTBROOK REAL ESTATE FUND XI, LP - OTHER INCOME (LOSS)	-6,305.
NEWBURY EQUITY PARTNERS V L.P. - ORDINARY BUSINESS INCOME (LOSS)	-103.
NEWBURY EQUITY PARTNERS V L.P. - INTEREST INCOME	131.
NEWBURY EQUITY PARTNERS V L.P. - DIVIDEND INCOME	7.
NEWBURY EQUITY PARTNERS V L.P. - OTHER PORTFOLIO INCOME (LOSS)	122.
NEWBURY EQUITY PARTNERS V L.P. - OTHER INCOME (LOSS)	-3,927.
TRF IV 2020 (UNBLOCKED), LP - ORDINARY BUSINESS INCOME (LOSS)	-27,675.
ARCLIGHT ENERGY PARTNERS FUND VII, LP - ORDINARY BUSINESS INCOME (LOSS)	-34,446.
ARCLIGHT ENERGY PARTNERS FUND VII, LP - NET RENTAL REAL ESTATE INCOME	343.
ARCLIGHT ENERGY PARTNERS FUND VII, LP - INTEREST INCOME	8.
ARCLIGHT ENERGY PARTNERS FUND VII, LP - OTHER INCOME (LOSS)	-649.

ANN ARBOR AREA COMMUNITY FOUNDATION

38-6087967

TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5

-170,349.

**SCHEDULE D  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

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

OMB No. 1545-0123

**2020**

Name <b>ANN ARBOR AREA COMMUNITY FOUNDATION</b>	Employer identification number <b>38-6087967</b>
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Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				<b>34,860.</b>
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) .....			<b>6</b>	( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....			<b>7</b>	<b>34,860.</b>

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				<b>32,967.</b>
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....			<b>11</b>	
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>13</b>	
<b>14</b> Capital gain distributions .....			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....			<b>15</b>	<b>32,967.</b>

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

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b>	<b>34,860.</b>
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b>	<b>32,967.</b>
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....	<b>18</b>	<b>67,827.</b>

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







**SCHEDULE D  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

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

OMB No. 1545-0123

**2020**

Name <b>ANN ARBOR AREA COMMUNITY FOUNDATION</b>	Employer identification number <b>38-6087967</b>
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Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				<b>34,860.</b>
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) .....			<b>6</b>	( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....			<b>7</b>	<b>34,860.</b>

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				<b>32,967.</b>
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....			<b>11</b>	
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>13</b>	
<b>14</b> Capital gain distributions .....			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....			<b>15</b>	<b>32,967.</b>

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

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b>	<b>34,860.</b>
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b>	<b>32,967.</b>
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....	<b>18</b>	<b>67,827.</b>

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



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

Social security number or taxpayer identification no.

ANN ARBOR AREA COMMUNITY FOUNDATION

38-6087967

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

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

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

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

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

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Date sold or disposed of, (d) Proceeds (sales price), (e) Cost or other basis, (f) Adjustment, if any, to gain or loss (Code(s)), (g) Adjustment, if any, to gain or loss (Amount of adjustment), (h) Gain or (loss). Rows include various equity funds and a total row at the bottom showing 32,967.

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

**Sales of Business Property**  
 (Also Involuntary Conversions and Recapture Amounts  
 Under Sections 179 and 280F(b)(2))  
 Attach to your tax return.

OMB No. 1545-0184

**2020**

Attachment  
 Sequence No. **27**

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

**ANN ARBOR AREA COMMUNITY FOUNDATION**

Identifying number  
**38-6087967**

1 Enter the gross proceeds from sales or exchanges reported to you for 2020 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 **1**

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

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	SEE STATEMENT 2						<b>-34,352.</b>
3	Gain, if any, from Form 4684, line 39						<b>3</b>
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37						<b>4</b>
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						<b>5</b>
6	Gain, if any, from line 32, from other than casualty or theft						<b>6</b>
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows						<b>7</b> <b>-34,352.</b>
<p><b>Partnerships and S corporations.</b> Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.</p> <p><b>Individuals, partners, S corporation shareholders, and all others.</b> If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.</p>							
8	Nonrecaptured net section 1231 losses from prior years. See instructions						<b>8</b>
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions						<b>9</b>

**Part II Ordinary Gains and Losses** (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11	Loss, if any, from line 7						<b>11</b> ( <b>34,352.</b> )
12	Gain, if any, from line 7 or amount from line 8, if applicable						<b>12</b>
13	Gain, if any, from line 31						<b>13</b>
14	Net gain or (loss) from Form 4684, lines 31 and 38a						<b>14</b>
15	Ordinary gain from installment sales from Form 6252, line 25 or 36						<b>15</b>
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824						<b>16</b>
17	Combine lines 10 through 16						<b>17</b> <b>-34,352.</b>
<p>18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.</p> <p>a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions</p> <p>b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4</p>							
							<b>18a</b>
							<b>18b</b>

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2020)

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

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

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

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

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

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

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
COMMONFUND CAPITAL PRIVATE EQUITY PARTNE						44.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNE						15.
LANDMARK EQUITY PARTNERS XV, LP						-97.
NGP NATURAL RESOURCES XI, LP						-12,857.
DENHAM COMMODITY PARTNERS FUND VI LP						-21,244.
LANDMARK EQUITY PARTNERS XIV, LP						-213.
TOTAL TO 4797, PART I, LINE 2						-34,352.

**Sales of Business Property**  
 (Also Involuntary Conversions and Recapture Amounts  
 Under Sections 179 and 280F(b)(2))  
 Attach to your tax return.

OMB No. 1545-0184

**2020**  
 Attachment  
 Sequence No. **27**

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

**ANN ARBOR AREA COMMUNITY FOUNDATION**

Identifying number  
**38-6087967**

1 Enter the gross proceeds from sales or exchanges reported to you for 2020 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20

**1**

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

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
3	Gain, if any, from Form 4684, line 39						<b>3</b>
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37						<b>4</b>
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						<b>5</b>
6	Gain, if any, from line 32, from other than casualty or theft						<b>6</b>
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows						<b>7</b> <b>- 34,352.</b>
<p><b>Partnerships and S corporations.</b> Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.</p> <p><b>Individuals, partners, S corporation shareholders, and all others.</b> If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.</p>							
8	Nonrecaptured net section 1231 losses from prior years. See instructions						<b>8</b>
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions						<b>9</b>

**Part II Ordinary Gains and Losses** (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11	Loss, if any, from line 7						<b>11</b> ( <b>34,352.</b> )
12	Gain, if any, from line 7 or amount from line 8, if applicable						<b>12</b>
13	Gain, if any, from line 31						<b>13</b>
14	Net gain or (loss) from Form 4684, lines 31 and 38a						<b>14</b>
15	Ordinary gain from installment sales from Form 6252, line 25 or 36						<b>15</b>
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824						<b>16</b>
17	Combine lines 10 through 16						<b>17</b> <b>- 34,352.</b>
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.						
	<p><b>a</b> If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions</p>						<b>18a</b>
	<p><b>b</b> Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4</p>						<b>18b</b>

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2020)



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

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

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

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