Public Disclosure Copy

Form 990

**PLEASE SIGN THIS COPY AND RETAIN FOR YOUR RECORDS**

Public Inspection Requirement

An exempt organization must make available for public inspection, upon request and without charge, a copy of its original and amended annual information returns. Each information return must be made available from the date it is required to be filed (determined without regard to any extensions), or is actually filed, whichever is later. An original return does not have to be made available if more than 3 years have passed from the date the return was required to be filed (including any extensions) or was filed, whichever is later. An amended return does not have to be made available if more than 3 years have passed from the date it was filed.

An annual information return includes an exact copy of the return (Form 990 or 990–EZ and amended return, if any) and all schedules, attachments, and supporting documents filed with the IRS. In the case of a tax-exempt organization other than a private foundation, the names and addresses of contributors to the organization need not be disclosed, and Schedule B has been redacted accordingly.

For returns filed by Section 501(c)(3) organizations after August 17, 2006, Form 990-T must also be made available for public inspection. However, only those schedules, statements, and attachments to Form 990-T that relate to the imposition of the unrelated business income tax must be made available for public inspection.

This copy of the return is provided only for Public Disclosure purposes. Any confidential information regarding donors, and schedules or attachments to Form 990-T that do not relate to the calculation of unrelated business income tax, have been removed.
**Return of Organization Exempt From Income Tax**

**Firm's name**: ANN ARBOR AREA COMMUNITY FOUNDATION

**Address**: 301 N MAIN ST, ANN ARBOR, MI 48104

**Employer identification number**: 38-6087967

**Gross receipts**: 40,646,876.

**Net assets or fund balances, ending**: 127,367,298.

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### Part I: Summary

1. **Contributions and grants** (Part VIII, line 1h): 43,603,325.
2. **Program service revenue** (Part VIII, line 2g): 0.
3. **Investment income** (Part VIII, column (A), lines 3, 4, and 7d): 2,882,758.
4. **Other revenue** (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e): 1,628.
5. **Total revenue** - add lines 8 through 11 (must equal Part VIII, column (A), line 12): 46,487,711.
6. **Net assets or fund balances, ending**: 127,367,298.

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### Part II: Signature Block

**Signature of officer**: NEELAV HAJRA, PRESIDENT

**Date**: 10/29/19

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**Preparer's signature**: TINA PETERS

**Preparer's EIN**: 38-1357951

**Preparer's PTIN**: P00904574

**Phone no.**: (248) 375-7100

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May the IRS discuss this return with the preparer shown above? (see instructions) **Yes**

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**Date of form submission**: 2018-03-29
Part III Statement of Program Service Accomplishments

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 NON PROFITS 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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses $ 8,673,202. including grants of $ 7,471,726.) (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 $57 MILLION HAS BEEN DISTRIBUTED THROUGH 12,000+ 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 in Schedule O.)

4e Total program service expenses ▶ 8,673,202.
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
| 1. Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  
If "Yes," complete Schedule A |     | X  |
| 2. Is the organization required to complete Schedule B, Schedule of Contributors? |     | X  |
| 3. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I |     | X  |
| 4. Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II |     | 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? If "Yes," complete Schedule C, Part III |     | X  |
| 6. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I |     | X  |
| 7. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II |     | X  |
| 8. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III |     | X  |
| 9. Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV |     | X  |
| 10. Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V |     | 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? If "Yes," complete Schedule D, Part VI |     | 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? If "Yes," complete Schedule D, Part VII |     | 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? If "Yes," complete Schedule D, Part VIII |     | X  |
| d. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX |     | X  |
| e. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X |     | 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)? If "Yes," complete Schedule D, Part X |     | X  |
| 12a. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII |     | X  |
| b. Was the organization included in consolidated, independent audited financial statements for the tax year? |     | X  |
| 13. Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E |     | 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? If "Yes," complete Schedule F, Parts I and IV |     | 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? If "Yes," complete Schedule F, Parts II and IV |     | X  |
| 16. Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts I and IV |     | 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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II |     | X  |
| 19. Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III |     | X  |
| 20a. Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H |     | X  |
| b. If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? |     | X  |
| 21. Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II |     | X  |
22. Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2?  If "Yes," complete Schedule I, Parts I and III   
23. Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees?  If "Yes," complete Schedule J   
24a. Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002?  If "Yes," answer lines 24b through 24d and complete Schedule K.  If "No," go to line 25a   
24b. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   
24c. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   
24d. Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   
25a. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?  If "Yes," complete Schedule L, Part I   
25b. Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization’s prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I   
26. Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?  If "Yes," complete Schedule L, Part II   
27. Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons?  If "Yes," complete Schedule L, Part III   
28. Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):   
28a. A current or former officer, director, trustee, or key employee?  If "Yes," complete Schedule L, Part IV   
28b. A family member of a current or former officer, director, trustee, or key employee?  If "Yes," complete Schedule L, Part IV   
28c. An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner?  If "Yes," complete Schedule L, Part IV   
29. Did the organization receive more than $25,000 in non-cash contributions?  If "Yes," complete Schedule M   
30. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?  If "Yes," complete Schedule M   
31. Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I   
32. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II   
33. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?  If "Yes," complete Schedule R, Part I   
34. Was the organization related to any tax-exempt or taxable entity?  If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1   
35a. Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes," complete Schedule R, Part V, line 2   
35b. Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?  If "Yes," complete Schedule R, Part V, line 2   
36. Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2   
37. Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes?  If "Yes," complete Schedule R, Part VI   
38. Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  

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  

1a. Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   
1b. Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable   
1c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  

Note. All Form 990 filers are required to complete Schedule O
### Part V

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

#### 2a. Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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2b. If at least one is reported on line 2a, did the organization file all required federal employment tax returns?

**Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to -file (see instructions)

3a. Did the organization have unrelated business gross income of $1,000 or more during the year?

3b. If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O

4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

4b. If "Yes," enter the name of the foreign country:


5a. Was the organization a party to a prohibited tax shelter transaction at any time during the year?

5b. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

5c. If "Yes" to line 5a or 5b, did the organization file Form 8886-T?

6a. Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?

6b. If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

7 Organizations that may receive deductible contributions under section 170(c).

7a. Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?

7b. If "Yes," did the organization notify the donor of the value of the goods or services provided?

7c. Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

7d. If "Yes," indicate the number of Forms 8282 filed during the year

7e. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

7f. Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

7g. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?

7h. If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?

9 Sponsoring organizations maintaining donor advised funds.

10 Section 501(c)(7) organizations. Enter:

10a. Initiation fees and capital contributions included on Part VIII, line 12

10b. Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

11 Section 501(c)(12) organizations. Enter:

11a. Gross income from members or shareholders

11b. Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

12a. Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

12b. If "Yes," enter the amount of tax-exempt interest received or accrued during the year

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

13a. Is the organization licensed to issue qualified health plans in more than one state?

**Note.** See the instructions for additional information the organization must report on Schedule O.

13b. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

13c. Enter the amount of reserves on hand

14a. Did the organization receive any payments for indoor tanning services during the tax year?

14b. If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

15 Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?

15a. If "Yes," see instructions and file Form 4720, Schedule N

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

16a. If "Yes," complete Form 4720, Schedule O.
### Section A. Governing Body and Management

1a. Enter the number of voting members of the governing body at the end of the tax year: 17

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

1b. Enter the number of voting members included in line 1a, above, who are independent: 17

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

2. Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  X

3. Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?  X

4. Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  X

5. Did the organization become aware during the year of a significant diversion of the organization’s assets?  X

6. Did the organization have members or stockholders?  X

7a. Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  X

7b. Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  X

8. Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

   a. The governing body?  X

   b. Each committee with authority to act on behalf of the governing body?  X

9. Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization’s mailing address? If “Yes,” provide the names and addresses in Schedule O.  X

### Section B. Policies

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

10a. Did the organization have local chapters, branches, or affiliates?  X

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
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</tbody>
</table>

10b. If “Yes,” did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization’s exempt purposes?  X

11a. Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  X

11b. Describe in Schedule O the process, if any, used by the organization to review this Form 990.  X

12a. Did the organization have a written conflict of interest policy? If “No,” go to line 13  X

12b. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  X

12c. Did the organization regularly and consistently monitor and enforce compliance with the policy? If “Yes,” describe in Schedule O how this was done  X

13. Did the organization have a written whistleblower policy?  X

14. Did the organization have a written document retention and destruction policy?  X

15. Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

   a. The organization’s CEO, Executive Director, or top management official  X

   b. Other officers or key employees of the organization  X

   If “Yes” to line 15a or 15b, describe the process in Schedule O (see instructions).  X

16a. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  X

16b. If “Yes,” did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization’s exempt status with respect to such arrangements?  X

### Section C. Disclosure

17. List the states with which a copy of this Form 990 is required to be filed ▶ MI

18. Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

   X Own website  X Another’s website  X Upon request  X Other (explain in Schedule O)

19. Describe in 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.  X

20. State the name, address, and telephone number of the person who possesses the organization’s books and records ▶

   NEELAV HAJRA - 734-663-0401

   301 N MAIN ST STE 300, ANN ARBOR, MI 48104
**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.

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

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

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
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<tbody>
<tr>
<td>(1) TIM WADHAMS</td>
<td>4.00</td>
<td>X X</td>
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<tr>
<td>CHAIR</td>
<td></td>
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<tr>
<td>(2) DOUG WEBER</td>
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<td>(3) CYNTHIA BYRNE</td>
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<td>TREASURER</td>
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<td>(4) MARIE DEVENEY</td>
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<td>SECRETARY</td>
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<td>(5) GEORGE BOREL</td>
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<td>YEAR</td>
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<td>(6) KARIN ANDREWS</td>
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<td>(7) BRIAN CAMPBELL</td>
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<td>YEAR</td>
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<tr>
<td>(8) JEFFREY HAUPMAN</td>
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<tr>
<td>MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9) MICHELLE CRUMM</td>
<td>1.50</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(10) ROBERT LAVERY</td>
<td>1.50</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(11) NANCY MARGOLIS</td>
<td>1.50</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>(12) ANN DAVIS</td>
<td>1.50</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
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<tr>
<td>MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(13) SEAN DUVAL</td>
<td>1.50</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>MEMBER</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>(14) BRYNNE HINGLE</td>
<td>1.50</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>MEMBER - PARTIAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YEAR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(15) PAUL SCHUTT</td>
<td>1.50</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>MEMBER - PARTIAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YEAR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(16) BETSY PETOSKEY</td>
<td>1.50</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(17) MICHAEL STAEBLER</td>
<td>1.50</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part VII

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

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(18) LINH SONG</td>
<td>1.50</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(19) ATHUL NAIR</td>
<td>1.50</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>MEMBER - PARTIAL YEAR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(20) KIANA BARFIELD</td>
<td>1.50</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>MEMBER - PARTIAL YEAR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(21) AARON DWORKIN</td>
<td>1.50</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>MEMBER - PARTIAL YEAR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(22) NEELAV HAJRA</td>
<td>50.00</td>
<td>X</td>
<td>157,196.</td>
<td>0.</td>
<td>14,193.</td>
</tr>
<tr>
<td>PRESIDENT/CEO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(23) SHELLEY STRICKLAND</td>
<td></td>
<td>X</td>
<td>110,726.</td>
<td>0.</td>
<td>21,275.</td>
</tr>
<tr>
<td>VP OF DONOR SERVICES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(24) JAMES HUNTER</td>
<td>45.00</td>
<td>X</td>
<td>104,402.</td>
<td>0.</td>
<td>6,970.</td>
</tr>
<tr>
<td>CHIEF FINANCIAL OFFICER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(25) JILLIAN ROSEN</td>
<td>45.00</td>
<td>X</td>
<td>92,876.</td>
<td>0.</td>
<td>20,781.</td>
</tr>
<tr>
<td>VP OF COMMUNITY INVESTMENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1b Sub-total ➤ 465,200. 0. 63,219.  

c Total from continuation sheets to Part VII, Section A ➤ 0. 0. 0.  

d Total (add lines 1b and 1c) ➤ 465,200. 0. 63,219.  

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  

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.  

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual.  

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.  

#### 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.

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 a Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 c Fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 e Government grants (contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 f All other contributions, gifts, grants, and similar amounts not included above</td>
<td></td>
<td>7,221,951.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 g Noncash contributions included in lines 1a-1f: $</td>
<td></td>
<td>1,300,890.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>h Total. Add lines 1a-1f</strong></td>
<td></td>
<td>7,221,951.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Program Service Revenue

<table>
<thead>
<tr>
<th>a b c d e f All other program service revenue</th>
<th>Business Code</th>
</tr>
</thead>
</table>

### Other Revenue

<table>
<thead>
<tr>
<th>a b c d e f g h i j k l m n o p q r s t u v w x y z</th>
<th>Business Code</th>
</tr>
</thead>
</table>

Noncash contributions included in lines 1a-1f: $832,009 12-31-18

Total revenue.

Add lines 11a-11d: $10,250,703. 0. 143,728. 2,885,024.
<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td>7,471,726.</td>
<td>7,471,726.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td>528,419.</td>
<td>193,821.</td>
<td>222,387.</td>
<td>112,211.</td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td>369,040.</td>
<td>135,362.</td>
<td>155,311.</td>
<td>78,367.</td>
</tr>
<tr>
<td>8</td>
<td>Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>33,071.</td>
<td>12,130.</td>
<td>13,918.</td>
<td>7,023.</td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
<td>57,139.</td>
<td>20,958.</td>
<td>24,047.</td>
<td>12,134.</td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
<td>65,645.</td>
<td>24,078.</td>
<td>27,627.</td>
<td>13,940.</td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (non-employees):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Legal</td>
<td>24,220.</td>
<td>24,220.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Accounting</td>
<td>31,725.</td>
<td>31,725.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Lobbying</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Professional fundraising services. See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Investment management fees</td>
<td>447,649.</td>
<td>447,649.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)</td>
<td>92,896.</td>
<td>48,941.</td>
<td>43,955.</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
<td>31,238.</td>
<td>150.</td>
<td>559.</td>
<td>30,529.</td>
</tr>
<tr>
<td>13</td>
<td>Office expenses</td>
<td>41,339.</td>
<td>13,518.</td>
<td>17,589.</td>
<td>10,232.</td>
</tr>
<tr>
<td>14</td>
<td>Information technology</td>
<td>18,272.</td>
<td>3,991.</td>
<td>4,608.</td>
<td>9,673.</td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
<td>36,941.</td>
<td>14,012.</td>
<td>16,178.</td>
<td>6,751.</td>
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<tr>
<td>17</td>
<td>Travel</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
<td>36,576.</td>
<td>7,265.</td>
<td>19,213.</td>
<td>10,098.</td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
<td>56,004.</td>
<td>21,243.</td>
<td>24,526.</td>
<td>10,235.</td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
<td>8,097.</td>
<td>8,097.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>COMMUNITY LEADERSHIP</td>
<td>151,439.</td>
<td>152,806.</td>
<td>-1,367.</td>
<td>0.</td>
</tr>
<tr>
<td>b</td>
<td>TECH LICENSES &amp; FEES</td>
<td>106,932.</td>
<td>40,039.</td>
<td>43,316.</td>
<td>23,577.</td>
</tr>
<tr>
<td>c</td>
<td>BAD DEBT EXPENSE</td>
<td>80,372.</td>
<td>0.</td>
<td>0.</td>
<td>80,372.</td>
</tr>
<tr>
<td>d</td>
<td>DONOR DEVELOPMENT</td>
<td>74,726.</td>
<td>37,635.</td>
<td>3,300.</td>
<td>33,791.</td>
</tr>
<tr>
<td>e</td>
<td>All other expenses</td>
<td>56,387.</td>
<td>3,658.</td>
<td>12,517.</td>
<td>40,212.</td>
</tr>
<tr>
<td>25</td>
<td>Total functional expenses. Add lines 1 through 24e</td>
<td>9,819,853.</td>
<td>8,673,202.</td>
<td>667,506.</td>
<td>479,145.</td>
</tr>
<tr>
<td>26</td>
<td>Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Part X Balance Sheet

<table>
<thead>
<tr>
<th>Assets</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Cash - non-interest-bearing</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>2 Savings and temporary cash investments</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3 Pledges and grants receivable, net</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4 Accounts receivable, net</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>7 Notes and loans receivable, net</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>8 Inventories for sale or use</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>9 Prepaid expenses and deferred charges</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>10a 1,692,871.00</td>
<td>10b 585,861.00</td>
</tr>
<tr>
<td>b Less: accumulated depreciation</td>
<td>10b 585,861.00</td>
<td>10c 1,107,010.00</td>
</tr>
<tr>
<td>11 Investments - publicly traded securities</td>
<td>11 69,823,594.00</td>
<td>11 68,096,859.00</td>
</tr>
<tr>
<td>12 Investments - other securities. See Part IV, line 11</td>
<td>12 54,279,277.00</td>
<td>12 51,062,984.00</td>
</tr>
<tr>
<td>13 Investments - program-related. See Part IV, line 11</td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td>14 Intangible assets</td>
<td>14</td>
<td>15</td>
</tr>
<tr>
<td>15 Other assets. See Part IV, line 11</td>
<td>15 4,683,835.00</td>
<td>16 3,966,743.00</td>
</tr>
<tr>
<td>16 Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>16 134,906,037.00</td>
<td>16 127,367,298.00</td>
</tr>
<tr>
<td>17 Accounts payable and accrued expenses</td>
<td>17 39,596.00</td>
<td>17 58,340.00</td>
</tr>
<tr>
<td>18 Grants payable</td>
<td>18 216,822.00</td>
<td>18 1,196,496.00</td>
</tr>
<tr>
<td>19 Deferred revenue</td>
<td>19</td>
<td>20</td>
</tr>
<tr>
<td>20 Tax-exempt bond liabilities</td>
<td>20</td>
<td>21</td>
</tr>
<tr>
<td>21 Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td>21 144,851.00</td>
<td>21 18,142.00</td>
</tr>
<tr>
<td>22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L</td>
<td>22</td>
<td>23</td>
</tr>
<tr>
<td>23 Secured mortgages and notes payable to unrelated third parties</td>
<td>23</td>
<td>24</td>
</tr>
<tr>
<td>24 Unsecured notes and loans payable to unrelated third parties</td>
<td>24</td>
<td>25</td>
</tr>
<tr>
<td>25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D</td>
<td>25 631,128.00</td>
<td>26 660,904.00</td>
</tr>
<tr>
<td>26 Total liabilities. Add lines 17 through 25</td>
<td>26 1,032,397.00</td>
<td>26 1,933,882.00</td>
</tr>
</tbody>
</table>

### Organizations that follow SFAS 117 (ASC 958), check here [X] and complete lines 27 through 29, and lines 33 and 34.

<table>
<thead>
<tr>
<th>Net Assets or Fund Balances</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>27 Unrestricted net assets</td>
<td>27 129,445,892.00</td>
<td>27 121,750,547.00</td>
</tr>
<tr>
<td>28 Temporarily restricted net assets</td>
<td>28 4,427,748.00</td>
<td>28 3,682,869.00</td>
</tr>
<tr>
<td>29 Permanently restricted net assets</td>
<td>29</td>
<td>30</td>
</tr>
</tbody>
</table>

### Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.

<table>
<thead>
<tr>
<th>Net Assets or Fund Balances</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 Capital stock or trust principal, or current funds</td>
<td>30</td>
<td>31</td>
</tr>
<tr>
<td>31 Paid-in or capital surplus, or land, building, or equipment fund</td>
<td>31</td>
<td>32</td>
</tr>
<tr>
<td>32 Retained earnings, endowment, accumulated income, or other funds</td>
<td>32</td>
<td>33</td>
</tr>
<tr>
<td>33 Total net assets or fund balances</td>
<td>33 133,873,640.00</td>
<td>33 125,433,416.00</td>
</tr>
<tr>
<td>34 Total liabilities and net assets/fund balances</td>
<td>34 134,906,037.00</td>
<td>34 127,367,298.00</td>
</tr>
</tbody>
</table>
### Part XI | Reconciliation of Net Assets

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
<td>10</td>
</tr>
</tbody>
</table>

### Part XII | Financial Statements and Reporting

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If the organization changed its method of accounting from a prior year or checked &quot;Other,&quot; explain in Schedule O.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization's financial statements compiled or reviewed by an independent accountant?</td>
<td>2a</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; 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:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>[ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization's financial statements audited by an independent accountant?</td>
<td>2b</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>[X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>If &quot;Yes&quot; 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?</td>
<td>2c</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>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?</td>
<td>3a</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form 990 (2018)
### Part I: Reason for Public Charity Status

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

- [ ] A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- [ ] A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- [ ] A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- [ ] A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital’s name, city, and state:
- [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- [ ] A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- [X] A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- [ ] 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:
- [ ] 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.)
- [ ] An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- [ ] An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- [ ] 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.)

#### Type I
- [ ] A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

#### Type II
- [ ] A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

#### Type III functionally integrated
- [ ] A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

#### Type III non-functionally integrated
- [ ] A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

- [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-10 above (see instructions))</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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</tr>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total**

---

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>4294100.</td>
<td>3743018.</td>
<td>7496900.</td>
<td>11167368.</td>
<td>7221951.</td>
<td>33923337.</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td>4294100.</td>
<td>3743018.</td>
<td>7496900.</td>
<td>11167368.</td>
<td>7221951.</td>
<td>33923337.</td>
</tr>
<tr>
<td>5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10431827.</td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>23491510.</td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>4294100.</td>
<td>3743018.</td>
<td>7496900.</td>
<td>11167368.</td>
<td>7221951.</td>
<td>33923337.</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>994,948.</td>
<td>997,226.</td>
<td>1245612.</td>
<td>1525284.</td>
<td>1912718.</td>
<td>6675788.</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>40599125.</td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>57.86 %</td>
</tr>
<tr>
<td>15 Public support percentage from 2017 Schedule A, Part II, line 14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>69.83 %</td>
</tr>
</tbody>
</table>

**16a 33 1/3% support test - 2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. **X**

**b 33 1/3% support test - 2017.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. **X**

**17a 10% -facts-and-circumstances test - 2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. **X**

**b 10% -facts-and-circumstances test - 2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. **X**

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. **X**
### 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

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization’s tax-exempt purpose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Add lines 7a and 7b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Public support. (Subtract line 7c from line 6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total support. (Add lines 9, 10c, 11, and 12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 First five 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

| 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) | 15 |
| 16 Public support percentage from 2017 Schedule A, Part III, line 15 | 16 % |

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

| 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) | 17 % |
| 18 Investment income percentage from 2017 Schedule A, Part III, line 17 | 18 % |
| 19a 33 1/3% support tests - 2018. 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 - 2017. 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 |          |

### Schedule A (Form 990 or 990-EZ) 2018

**ANN ARBOR AREA COMMUNITY FOUNDATION**

**38-6087967**

**Page 3**

832023 10-11-18

**15**

17431029 147228 62366 2018.04030 AN ARBOR AREA COMMUNITY 62366__2
Part IV: Supporting Organizations

Section A. All Supporting Organizations

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

2. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).

3a. Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

   b. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.

   c. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.

4a. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.

   b. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.

   c. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

5a. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization’s organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).

   b. Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization’s organizing document?

   c. Substitutions only. Was the substitution the result of an event beyond the organization’s control?

6. Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization’s supported organizations? If "Yes," provide detail in Part VI.

7. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

8. Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

9a. Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.

   b. Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.

   c. Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

10a. Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.

   b. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)
### Part IV

#### Supporting Organizations (continued)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>11</td>
<td>Has the organization accepted a gift or contribution from any of the following persons?</td>
</tr>
<tr>
<td></td>
<td>a. A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)below, the governing body of a supported organization?</td>
</tr>
<tr>
<td></td>
<td>b. A family member of a person described in (a) above?</td>
</tr>
<tr>
<td></td>
<td>c. A 35% controlled entity of a person described in (a) or (b) above? If &quot;Yes&quot; to a, b, or c, provide detail in Part VI.</td>
</tr>
</tbody>
</table>

#### Section B. Type I Supporting Organizations

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
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<thead>
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<tbody>
<tr>
<td>1</td>
<td>Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization’s directors or trustees at all times during the tax year? If &quot;No,&quot; 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
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<tbody>
<tr>
<td>2</td>
<td>Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If &quot;Yes,&quot; 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.</td>
</tr>
</tbody>
</table>

#### Section C. Type II Supporting Organizations

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
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<tbody>
<tr>
<td>1</td>
<td>Were a majority of the organization’s directors or trustees during the tax year also a majority of the directors or trustees of each of the organization’s supported organization(s)? If &quot;No,&quot; describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organizations.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>1</td>
<td>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?</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
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<tr>
<td>2</td>
<td>Were any of the organization’s officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If &quot;No,&quot; explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>3</td>
<td>By reason of the relationship described in (2), did the organization’s supported organizations have a significant voice in the organization’s investment policies and in directing the use of the organization’s income or assets at all times during the tax year? If &quot;Yes,&quot; describe in Part VI the role the organization’s supported organizations played in this regard.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
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<tbody>
<tr>
<td>1</td>
<td>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</td>
</tr>
<tr>
<td></td>
<td>a. The organization satisfied the Activities Test. Complete line 2 below.</td>
</tr>
<tr>
<td></td>
<td>b. The organization is the parent of each of its supported organizations. Complete line 3 below.</td>
</tr>
<tr>
<td></td>
<td>c. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
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<tbody>
<tr>
<td>2</td>
<td>Activities Test. Answer (a) and (b) below.</td>
</tr>
<tr>
<td></td>
<td>a. Did substantially all of the organization’s activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If &quot;Yes,&quot; 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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tr>
<th></th>
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<tbody>
<tr>
<td>2a</td>
<td></td>
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<th></th>
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<tbody>
<tr>
<td>2b</td>
<td>Did the activities described in (a) constitute activities that, but for the organization’s involvement, one or more of the organization’s supported organization(s) would have been engaged in? If &quot;Yes,&quot; 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.</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>2b</td>
<td></td>
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</thead>
<tbody>
<tr>
<td>3</td>
<td>Parent of Supported Organizations. Answer (a) and (b) below.</td>
</tr>
<tr>
<td></td>
<td>a. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.</td>
</tr>
<tr>
<td></td>
<td>b. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If &quot;Yes,&quot; describe in Part VI the role played by the organization in this regard.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
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<tbody>
<tr>
<td>3a</td>
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<tr>
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<th></th>
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</thead>
<tbody>
<tr>
<td>3b</td>
<td></td>
</tr>
</tbody>
</table>
### Section A - Adjusted Net Income

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Add lines 1 through 3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>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)</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)</td>
<td>8</td>
</tr>
</tbody>
</table>

### Section B - Minimum Asset Amount

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Average monthly value of securities</td>
<td>1a</td>
</tr>
<tr>
<td></td>
<td>b Average monthly cash balances</td>
<td>1b</td>
</tr>
<tr>
<td></td>
<td>c Fair market value of other non-exempt-use assets</td>
<td>1c</td>
</tr>
<tr>
<td></td>
<td>d Total (add lines 1a, 1b, and 1c)</td>
<td>1d</td>
</tr>
<tr>
<td></td>
<td>e Discount claimed for blockage or other factors (explain in detail in Part VI):</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2 from line 1d</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Multiply line 5 by .035</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Recoveries of prior-year distributions</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Minimum Asset Amount (add line 7 to line 6)</td>
<td>8</td>
</tr>
</tbody>
</table>

### Section C - Distributable Amount

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adjusted net income for prior year (from Section A, line 8, Column A)</td>
</tr>
<tr>
<td>2</td>
<td>Enter 85% of line 1</td>
</tr>
<tr>
<td>3</td>
<td>Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3</td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
</tr>
<tr>
<td>6</td>
<td>Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)</td>
</tr>
<tr>
<td>7</td>
<td>Check here if the current year is the organization’s first as a non-functionally integrated Type III supporting organization (see instructions).</td>
</tr>
</tbody>
</table>
## Part V. Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

### Section D - Distributions

<table>
<thead>
<tr>
<th>Current Year</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
</tr>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required)</td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (describe in Part VI). See instructions.</td>
</tr>
<tr>
<td>7</td>
<td>Total annual distributions. Add lines 1 through 6.</td>
</tr>
<tr>
<td>8</td>
<td>Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.</td>
</tr>
<tr>
<td>9</td>
<td>Distributable amount for 2018 from Section C, line 6</td>
</tr>
<tr>
<td>10</td>
<td>Line 8 amount divided by line 9 amount</td>
</tr>
</tbody>
</table>

### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th></th>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2018</th>
<th>(iii) Distributable Amount for 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2018 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>From 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>From 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>From 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>From 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>From 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Total of lines 3a through e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Applied to 2018 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Carryover from 2013 not applied (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2018 from Section D, line 7:</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Applied to 2018 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Remainder. Subtract lines 4a and 4b from 4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Excess distributions carryover to 2019. Add lines 3j and 4c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Breakdown of line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Excess from 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Excess from 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Excess from 2016</td>
<td></td>
<td></td>
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<tr>
<td>d</td>
<td>Excess from 2017</td>
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</tr>
<tr>
<td>e</td>
<td>Excess from 2018</td>
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</tbody>
</table>
Part VI  Supplemental Information.  Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.

(See instructions.)

Schedule A, List of Unusual Grants Received:

Description: Cash

Date: 12/01/17  AMOUNT: 14185002.

Description: Cash

Date: 08/11/17  AMOUNT: 18275722.

832028  10-11-18
Schedule A (Form 990 or 990-EZ) 2018  ANN ARBOR AREA COMMUNITY FOUNDATION  38-6087967  Page 8

17431029 147228 62366
2018.04030 ANN ARBOR AREA COMMUNITY  62366__2
Schedule B
(Form 990, 990-EZ, or 990-PF)

Name of the organization

ANN ARBOR AREA COMMUNITY FOUNDATION

Employer identification number

38-6087967

Organization type (check one):

Filers of: Form 990 or 990-EZ

Section:

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).

LHA

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.
<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$2,310,521.</td>
<td>Person X Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>$199,000.</td>
<td>Person X Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>$185,284.</td>
<td>Person</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash X</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>$154,386.</td>
<td>Person X Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>$150,000.</td>
<td>Person X Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>$145,000.</td>
<td>Person X Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
</tbody>
</table>
### Part I: Contributors

(see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td></td>
<td>$239,020.00</td>
<td>Payroll X, Noncash</td>
</tr>
<tr>
<td>8</td>
<td></td>
<td>$233,568.00</td>
<td>Payroll X, Noncash</td>
</tr>
<tr>
<td>9</td>
<td></td>
<td>$214,088.00</td>
<td>Payroll X, Noncash</td>
</tr>
<tr>
<td>10</td>
<td></td>
<td>$504,419.00</td>
<td>Payroll, Noncash X</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)
### Part II: Noncash Property

(see instructions). Use duplicate copies of Part II if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (See instructions.)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>TOTAL OF 2,200 SHARES OF VARIOUS PUBLICLY TRADED STOCKS.</td>
<td>$185,284.</td>
<td>05/11/18</td>
</tr>
<tr>
<td>10</td>
<td>TOTAL OF 5,469 SHARES OF VARIOUS PUBLICLY TRADED STOCKS.</td>
<td>$504,419.</td>
<td>12/11/18</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
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<td>$</td>
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<td>$</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

**ANN ARBOR AREA COMMUNITY FOUNDATION**

Employer identification number: 38-6087967

Name of organization: **ANN ARBOR AREA COMMUNITY FOUNDATION**

05/11/18

10

12/11/18

504,419.

TOTAL OF 2,200 SHARES OF VARIOUS PUBLICLY TRADED STOCKS.

TOTAL OF 5,469 SHARES OF VARIOUS PUBLICLY TRADED STOCKS.

823453 11-08-18

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)
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.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)
**Supplemental Financial Statements**

**Part I**

**Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td>122</td>
</tr>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td>1,010,604</td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td>2,845,175</td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td>21,599,966</td>
</tr>
</tbody>
</table>

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?  

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?  

**Part II**

**Conservation Easements.**

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

**Part III**

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

1a. If the organization elected, as permitted under SFAS 116 (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.

1b. If the organization elected, as permitted under SFAS 116 (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:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(i)</td>
<td>Revenue included on Form 990, Part VIII, line 1 $</td>
</tr>
<tr>
<td>(ii)</td>
<td>Assets included in Form 990, Part X $</td>
</tr>
</tbody>
</table>

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 SFAS 116 (ASC 958) relating to these items:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Revenue included on Form 990, Part VIII, line 1 $</td>
</tr>
<tr>
<td>b</td>
<td>Assets included in Form 990, Part X $</td>
</tr>
</tbody>
</table>
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

3 Using the organization’s acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
   a) Public exhibition
   b) Scholarly research
   c) Preservation for future generations

4 Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection? [ ] Yes [ ] No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? [ ] Yes [ ] No

b) If “Yes,” explain the arrangement in Part XIII and complete the following table:

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
</tr>
<tr>
<td>1d</td>
</tr>
<tr>
<td>1e</td>
</tr>
<tr>
<td>1f</td>
</tr>
</tbody>
</table>

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 [X]

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

1a Beginning of year balance 129,445,892.

b Contributions 7,050,569.

c Net investment earnings, gains, and losses -5,462,055.

d Grants or scholarships 7,410,437.

e Other expenditures for facilities and programs 753,827.

f Administrative expenses 1,167,551.

g End of year balance 121,702,588.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

   a) Board designated or quasi-endowment 100.00%
   b) Permanent endowment 0.00%
   c) Temporarily restricted endowment 0.00%

   The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

   (i) unrelated organizations [ ] Yes [ ] No
   (ii) related organizations [ ] Yes [ ] No

b) If “Yes” on line 3a(ii), are the related organizations listed as required on Schedule R?

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.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Buildings</td>
<td>1,357,551</td>
<td>324,579.</td>
<td>1,032,972.</td>
<td></td>
</tr>
<tr>
<td>c Leasehold improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Equipment</td>
<td>335,320</td>
<td>261,282.</td>
<td>74,038.</td>
<td></td>
</tr>
<tr>
<td>e Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 1,107,010.
**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.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A) ALTERNATIVE INVESTMENTS</td>
<td>51,062,984.</td>
<td>END-OF-YEAR MARKET VALUE</td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total.</strong> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)</td>
<td>51,062,984.</td>
<td></td>
</tr>
</tbody>
</table>

**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.

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

**Part IX** Other Assets.

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

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

**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.

<table>
<thead>
<tr>
<th>(a) Description of liability</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
<td></td>
</tr>
<tr>
<td>(2) LIABILITY OF LIFE BENEFICIARIES OF PLANNED GIFTS</td>
<td>530,137.</td>
</tr>
<tr>
<td>(3) ANNUITY PAYABLE</td>
<td>130,767.</td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td><strong>Total.</strong> (Column (b) must equal Form 990, Part X, col. (B) line 25.)</td>
<td>660,904.</td>
</tr>
</tbody>
</table>

1. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.
**Schedule D (Form 990) 2018**

**ANN ARBOR AREA COMMUNITY FOUNDATION**

**38-6087967**

**Page 4**

### 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.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td>1 100,932.</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Net unrealized gains (losses) on investments</td>
<td>2a -8,718,661.</td>
</tr>
<tr>
<td></td>
<td>b Donated services and use of facilities</td>
<td>2b</td>
</tr>
<tr>
<td></td>
<td>c Recoveries of prior year grants</td>
<td>2c</td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII.)</td>
<td>2d 33,085.</td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d</td>
<td>2e -8,685,576.</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>3 8,786,508.</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a 447,649.</td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII.)</td>
<td>4b 1,016,546.</td>
</tr>
<tr>
<td>c</td>
<td>Add lines 4a and 4b</td>
<td>4c 1,464,195.</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)</td>
<td>5 10,250,703.</td>
</tr>
</tbody>
</table>

### 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.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td>1 9,253,953.</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Donated services and use of facilities</td>
<td>2a</td>
</tr>
<tr>
<td></td>
<td>b Prior year adjustments</td>
<td>2b</td>
</tr>
<tr>
<td></td>
<td>c Other losses</td>
<td>2c</td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII.)</td>
<td>2d</td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d</td>
<td>2e 0.</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>3 9,253,953.</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a 447,649.</td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII.)</td>
<td>4b 118,251.</td>
</tr>
<tr>
<td>c</td>
<td>Add lines 4a and 4b</td>
<td>4c 565,900.</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)</td>
<td>5 9,819,853.</td>
</tr>
</tbody>
</table>

### Part XIII | Supplemental Information.

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

---

**PART IV, LINE 2B:**

DURING 2016, THE COMMUNITY FOUNDATION ENTERED INTO AN AGREEMENT WITH

GLACIER HILLS, INC. (GLACIER HILLS) AND TRINITY CONTINUING CARE SERVICES

(DBA TRINITY SENIOR LIVING COMMUNITIES) (TRINITY) TO TEMPORARILY HOLD THE

CHARITABLE ASSETS GENERATED THROUGH THE ACQUISITION OF THE MEMBERSHIP

INTEREST IN GLACIER HILLS BY TRINITY. DUE TO THE CONDITIONS OF THE

AGREEMENT, THE TRANSFER WAS CONSIDERED AN AGENCY TRANSACTION AND THE

ASSETS RECEIVED WERE RECORDED AS NONENDOWED ASSETS HELD FOR OTHERS. IN

SEPTEMBER 2017, THESE FUNDS WERE CONTRIBUTED TO AAACF, FORMING TWO NEW

FUNDS: A PERMANENT ENDOWED FUND FOCUSED ON IMPROVING THE LIVES OF SENIOR

CITIZENS IN OUR COUNTY, AND A TEMPORARY FUND ESTABLISHED TO PROMOTE A

PRIZE COMPETITION TO ENCOURAGE INNOVATION IN THE SAME FIELD.
### Part XI, Line 2D - Other Adjustments:

- **Change in Value of Charitable Remainder Trust**: $-101,242$
- **Change in Value of Deferred Gifts Receivable**: $-101,041$
- **Agency Endowment Fund Realized Gain - SFAS 136**: $-22,825$
- **Agency Endowment Fund Unrealized Loss - SFAS 136**: $237,292$
- **Agency Endowment Fund Investment Fee - SFAS 136**: $20,901$
- **Total to Schedule D, Part XI, Line 2D**: $33,085$

### Part XI, Line 4B - Other Adjustments:

- **Agency Endowment Fund Grant Income - SFAS 136**: $971,408$
- **Agency Endowment Fund Investment Income - SFAS 136**: $45,138$
- **Total to Schedule D, Part XI, Line 4B**: $1,016,546$

### Part XII, Line 4B - Other Adjustments:

- **Agency Endowment Fund Grant Expense**: $108,442$
- **Agency Endowment Fund Miscellaneous Expense**: $9,809$
- **Total to Schedule D, Part XII, Line 4B**: $118,251$

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

- **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**
- **Attach to Form 990.**
- **Go to www.irs.gov/Form990 for instructions and the latest information.**

### Part I
**General Information on Activities Outside the United States.**

- **ANN ARBOR AREA COMMUNITY FOUNDATION**
  - **Employer identification number:** 38-6087967

#### 1. For grantmakers.
- Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  
  - **Yes** ☐  
  - **No** ☐

#### 2. For grantmakers.
- Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

#### 3. Activities per Region.
- The following Part I, line 3 table can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>Region</th>
<th>(b) Number of offices in the region</th>
<th>(c) Number of employees, agents, and independent contractors in the region</th>
<th>(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)</th>
<th>(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region</th>
<th>(f) Total expenditures for and investments in the region</th>
</tr>
</thead>
<tbody>
<tr>
<td>CENTRAL AMERICA AND THE CARIBBEAN</td>
<td>0</td>
<td>0</td>
<td>INVESTMENTS</td>
<td></td>
<td>14,639,517</td>
</tr>
</tbody>
</table>

#### 3a Subtotal

- **0**

#### 3b Total from continuation sheets to Part I

- **0**

#### 3c Totals (add lines 3a and 3b)

- **14,639,517**

---

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

Schedule F (Form 990) 2018

---

832071 10-31-18

17431029 147228 62366

2018.04030 ANN ARBOR AREA COMMUNITY 62366_2
### 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.

<table>
<thead>
<tr>
<th></th>
<th>(a) Name of organization</th>
<th>(b) IRS code section and EIN (if applicable)</th>
<th>(c) Region</th>
<th>(d) Purpose of grant</th>
<th>(e) Amount of cash grant</th>
<th>(f) Manner of cash disbursement</th>
<th>(g) Amount of noncash assistance</th>
<th>(h) Description of noncash assistance</th>
<th>(i) Method of valuation (book, FMV, appraisal, other)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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<td></td>
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<tr>
<td>2</td>
<td>Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter</td>
<td></td>
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<tr>
<td>3</td>
<td>Enter total number of other organizations or entities</td>
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</tbody>
</table>

Schedule F (Form 990) 2018

832072  10-31-18
<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Region</th>
<th>(c) Number of recipients</th>
<th>(d) Amount of cash grant</th>
<th>(e) Manner of cash disbursement</th>
<th>(f) Amount of noncash assistance</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Method of valuation (book, FMV, appraisal, other)</th>
</tr>
</thead>
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</tr>
</tbody>
</table>

**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.
<table>
<thead>
<tr>
<th></th>
<th>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)</th>
<th>☒ Yes ☐ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>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)</td>
<td>☐ Yes ☒ No</td>
</tr>
<tr>
<td>3</td>
<td>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)</td>
<td>☒ Yes ☐ No</td>
</tr>
<tr>
<td>4</td>
<td>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)</td>
<td>☒ Yes ☐ No</td>
</tr>
<tr>
<td>5</td>
<td>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)</td>
<td>☒ Yes ☐ No</td>
</tr>
<tr>
<td>6</td>
<td>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)</td>
<td>☐ Yes ☒ No</td>
</tr>
</tbody>
</table>
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
## SCHEDULE I (Form 990)

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

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

Attach to Form 990.

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

**General Information on Grants and Assistance**

<table>
<thead>
<tr>
<th>Part I</th>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ANN ARBOR AREA COMMUNITY FOUNDATION</td>
<td>38-6087967</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part II</th>
<th>Grants and Other Assistance to Domestic Organizations and Domestic Governments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (a)</td>
<td>Name and address of organization or government</td>
</tr>
<tr>
<td></td>
<td>(b) EIN</td>
</tr>
<tr>
<td>1(a)</td>
<td>826 MICHIGAN</td>
</tr>
<tr>
<td>1(b)</td>
<td>ANN ARBOR, MI 48104</td>
</tr>
<tr>
<td>1(c)</td>
<td>AAPS SCIENCE &amp; ENVIRONMENT</td>
</tr>
<tr>
<td>1(d)</td>
<td>EDUCATION ENDOWMENT - 2670 SEQUOIA PKWY - ANN ARBOR, MI 48103</td>
</tr>
<tr>
<td>1(e)</td>
<td>ACLU FOUNDATION</td>
</tr>
<tr>
<td>1(f)</td>
<td>125 SOUTH BROAD STREET, 18TH FLOOR NEW YORK, NY 10004-2400</td>
</tr>
<tr>
<td>1(g)</td>
<td>AID IN MILAN, INC.</td>
</tr>
<tr>
<td>1(h)</td>
<td>89 W. MAIN ST. MILAN, MI 48160</td>
</tr>
<tr>
<td>1(i)</td>
<td>AKSHARA</td>
</tr>
<tr>
<td>1(j)</td>
<td>3610 FOX HUNT DRIVE ANN ARBOR, MI 48105</td>
</tr>
<tr>
<td>1(k)</td>
<td>AMERICAN LEGION SALINE POST 322 320 W. MICHIGAN AVE. SALINE, MI 48176</td>
</tr>
</tbody>
</table>

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
# Part II: Continuation of Grants and Other Assistance to Governments and Organizations in the United States

<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section if applicable</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMERICAN RED CROSS - NATIONAL</td>
<td>53-0196605</td>
<td>501(C)(3)</td>
<td>10,700.</td>
<td>0.</td>
<td></td>
<td>MULTIPLE PROGRAM SUPPORT</td>
<td></td>
</tr>
<tr>
<td>PO BOX 37839</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BOONE, IA 50037-0839</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>AMERICAN UNIVERSITY OF PARIS</td>
<td>13-3276905</td>
<td>501(C)(3)</td>
<td>5,000.</td>
<td>0.</td>
<td></td>
<td>MULTIPLE PROGRAM SUPPORT</td>
<td></td>
</tr>
<tr>
<td>FOUNDATION, INC - 11 LEON COURT -</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>ROCKVILLE CENTRE, NY 11570</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>ANN ARBOR ACADEMY, INC.</td>
<td>20-8035148</td>
<td>501(C)(3)</td>
<td>49,000.</td>
<td>0.</td>
<td></td>
<td>GENERAL OPERATING SUPPORT</td>
<td></td>
</tr>
<tr>
<td>1153 OAK VALLEY DRIVE</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>ANN ARBOR, MI 48108</td>
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<td></td>
<td></td>
<td>&amp; SCHOLARSHIP SUPPORT</td>
<td></td>
</tr>
<tr>
<td>ANN ARBOR ART ASSOCIATION DBA ANN</td>
<td>23-7205537</td>
<td>501(C)(3)</td>
<td>83,417.</td>
<td>0.</td>
<td></td>
<td>MULTIPLE PROGRAM SUPPORT</td>
<td></td>
</tr>
<tr>
<td>ARBOR ART CENTER - 117 W. LIBERTY STREET</td>
<td></td>
<td></td>
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<tr>
<td>ANN ARBOR, MI 48014</td>
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</tr>
<tr>
<td>ANN ARBOR CENTER FOR INDEPENDENT LIVING</td>
<td>38-2133063</td>
<td>501(C)(3)</td>
<td>28,408.</td>
<td>0.</td>
<td></td>
<td>MULTIPLE PROGRAM SUPPORT</td>
<td></td>
</tr>
<tr>
<td>3941 RESEARCH PARK DRIVE</td>
<td></td>
<td></td>
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<tr>
<td>ANN ARBOR, MI 48018</td>
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</tr>
<tr>
<td>ANN ARBOR FILM FESTIVAL</td>
<td>38-2379836</td>
<td>501(C)(3)</td>
<td>6,864.</td>
<td>0.</td>
<td></td>
<td>GENERAL OPERATING SUPPORT</td>
<td></td>
</tr>
<tr>
<td>P.O. BOX 8232</td>
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<tr>
<td>ANN ARBOR, MI 48107</td>
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</tr>
<tr>
<td>ANN ARBOR HANDS-ON MUSEUM</td>
<td>38-2236345</td>
<td>501(C)(3)</td>
<td>17,750.</td>
<td>0.</td>
<td></td>
<td>MULTIPLE PROGRAM SUPPORT</td>
<td></td>
</tr>
<tr>
<td>220 EAST ANN STREET</td>
<td></td>
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**Schedule I (Form 990) **

**ANN ARBOR AREA COMMUNITY FOUNDATION**

**38-6087967**  

**Page 1**

### Part II  
*Continuation of Grants and Other Assistance to Governments and Organizations in the United States*  
(Schedule I (Form 990), Part II)

<table>
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ANN ARBOR, MI 48103 | 32-0045893 | 501(C)(3) | 15,594. | 0. | MULTIPLE PROGRAM SUPPORT |
| AREA AGENCY ON AGING  
29100 NORTHWESTERN HWY STE 40  
SOUTHFIELD, MI 48034 | 501(C)(3) | 36,625. | 0. | GENERAL OPERATING SUPPORT |
| AVALON HOUSING, INC.  
1327 JONES DRIVE  
ANN ARBOR, MI 48105 | 38-3086920 | 501(C)(3) | 76,216. | 0. | MULTIPLE PROGRAM SUPPORT |
| BERKSHIRE HUMANE SOCIETY  
214 BARKER ROAD  
PITTSFIELD, MA 01201 | 04-3148018 | 501(C)(3) | 127,636. | 0. | GENERAL OPERATING SUPPORT |
| BEST BUDDIES INTERNATIONAL, INC.  
100 SE SECOND STREET, SUITE 2200  
MIAMI, FL 33131 | 52-1614576 | N/A | 17,500. | 0. | MULTIPLE PROGRAM SUPPORT |
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| BIRD CENTER OF WASHTENAW COUNTY, INC. - P.O. BOX 3718 - ANN ARBOR, MI 48106 | 83-0406863 | 501(C)(3) | 12,500. | 0. | GENERAL OPERATING SUPPORT |</p>
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## Part II
Continuation of Grants and Other Assistance to Governments and Organizations in the United States

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<tr>
<th>(a) Name and address of organization or government</th>
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Schedule I (Form 990)
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### Part II
Continuation of Grants and Other Assistance to Governments and Organizations in the United States

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## Part II
Continuation of Grants and Other Assistance to Governments and Organizations in the United States

### (a) Name and address of organization or government
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### (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

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### 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.

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<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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 I Questions Regarding Compensation**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- First-class or charter travel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Travel for companions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Tax indemnification and gross-up payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Discretionary spending account</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 &quot;No,&quot; complete Part III to explain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Housing allowance or residence for personal use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Payments for business use of personal residence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Health or social club dues or initiation fees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Personal services (such as maid, chauffeur, chef)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Indicate which, if any, of the following the filing 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Compensation committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Independent compensation consultant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Form 990 of other organizations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Written employment contract</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Compensation survey or study</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Approval by the board or compensation committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Receive a severance payment or change-of-control payment?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b. Participate in, or receive payment from, a supplemental nonqualified retirement plan?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>c. Participate in, or receive payment from, an equity-based compensation arrangement?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. The organization?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b. Any related organization?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. The organization?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b. Any related organization?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; describe in Part III</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; describe in Part III</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>9. If &quot;Yes&quot; on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
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 |
|--------------------|-----------------------------------------------|---------------------------------------------|------------------------|--------------------------------|-------------------------------------------------
| 1. NEELAV HAJRA    | (i) 157,196.                                  | (i) 7,860.                                  | (i) 6,333.              | (i) 171,389.                    | (i) 0.                                            |
| PRESIDENT/CEO      | (ii) 0.                                      | (ii) 0.                                     | (ii) 0.                | (ii) 0.                         | (ii) 0.                                           |
|                    |                                              |                                             |                        |                                |                                                  |
|                    |                                              |                                             |                        |                                |                                                  |
|                    |                                              |                                             |                        |                                |                                                  |
|                    |                                              |                                             |                        |                                |                                                  |
|                    |                                              |                                             |                        |                                |                                                  |
|                    |                                              |                                             |                        |                                |                                                  |
|                    |                                              |                                             |                        |                                |                                                  |
|                    |                                              |                                             |                        |                                |                                                  |
|                    |                                              |                                             |                        |                                |                                                  |
|                    |                                              |                                             |                        |                                |                                                  |
|                    |                                              |                                             |                        |                                |                                                  |
|                    |                                              |                                             |                        |                                |                                                  |
|                    |                                              |                                             |                        |                                |                                                  |
|                    |                                              |                                             |                        |                                |                                                  |
|                    |                                              |                                             |                        |                                |                                                  |
|                    |                                              |                                             |                        |                                |                                                  |
|                    |                                              |                                             |                        |                                |                                                  |
|                    |                                              |                                             |                        |                                |                                                  |
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  Types of Property

<table>
<thead>
<tr>
<th>Types of Property</th>
<th>(a) Check if applicable</th>
<th>(b) Number of contributions or items contributed</th>
<th>(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g</th>
<th>(d) Method of determining noncash contribution amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Art - Works of art</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Art - Historical treasures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Art - Fractional interests</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Books and publications</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Clothing and household goods</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Cars and other vehicles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Boats and planes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Intellectual property</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Securities - Publicly traded</td>
<td>X</td>
<td>26</td>
<td>1,300,890. QUOTED MARKET PRICE</td>
<td></td>
</tr>
<tr>
<td>10. Securities - Closely held stock</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Securities - Partnership, LLC, or trust interests</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Securities - Miscellaneous</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Qualified conservation contribution - Historic structures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Qualified conservation contribution - Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Real estate - Residential</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Real estate - Commercial</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Real estate - Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Collectibles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Food inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Drugs and medical supplies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Taxidermy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Historical artifacts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Scientific specimens</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. Archaeological artifacts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. Other ( )</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. Other ( )</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27. Other ( )</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28. Other ( )</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29. Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement</td>
<td></td>
<td></td>
<td></td>
<td>29</td>
</tr>
<tr>
<td>30a. 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?</td>
<td></td>
<td></td>
<td></td>
<td>Yes X</td>
</tr>
<tr>
<td>31. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?</td>
<td></td>
<td></td>
<td></td>
<td>Yes X</td>
</tr>
<tr>
<td>32a. Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?</td>
<td></td>
<td></td>
<td></td>
<td>Yes X</td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Schedule M (Form 990) 2018

---

**Notes:**
- **Employer identification number:** 38-6087967
- **Name of the organization:** ANN ARBOR AREA COMMUNITY FOUNDATION
- **Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement:** 29
- **Yes or No:**
  - 30a: X
  - 31: X
  - 32a: X
- **Number of Contributions or Items Contributed:** 26
- **Noncash Contribution Amounts:** 1,300,890. QUOTED MARKET PRICE

---

**For Paperwork Reduction Act Notice:**
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.
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.
FORM 990, PART VI, SECTION B, LINE 11B:

PRIOR TO FILING, A COMPLETE COPY OF FORM 990 AND FORM 990T, INCLUDING SCHEDULE B, IS REVIEWED BY THE BOARD OF TRUSTEES. ADDITIONALLY, FORM 990 AND FORM 990T ARE 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 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. FORM 990
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:


CHANGE IN VALUE OF DEFERRED GIFTS RECEIVABLE -101,041.

ADJUSTMENT TO AGENCY ACCOUNT BALANCE 49,870.

TOTAL TO FORM 990, PART XI, LINE 9 -152,413.

IS AVAILABLE ON GUIDESTAR.ORG AND AAACF.ORG.
Exempt Organization Business Income Tax Return
(proxy tax under section 6033(e))

For calendar year 2018 or other tax year beginning _________________, and ending _________________.

Department of the Treasury
Internal Revenue Service

990-T

For Paperwork Reduction Act Notice, see instructions.

OMB No. 1545-0687

For calendar year 2018 or other tax year beginning, and ending.

A  Check box if address changed

B  Exempt under section

X  501(c)(3)

Print or Type

NAME OF ORGANIZATION

ANN ARBOR AREA COMMUNITY FOUNDATION

Number, street, and room or suite no. If a P.O. box, see instructions.

301 N MAIN ST , NO. 300

City or town, state or province, country, and ZIP or foreign postal code

ANN ARBOR, MI 48104 525990

C  Book value of all assets at end of year

127,367,298.

D  Check organization type

X  501(c) corporation

Check organization type

501(c) trust

401(a) trust

Other trust

E  Employer identification number

38-6087967

F  Group exemption number (See instructions.)

G  Check organization type

X  501(c) corporation

Describe the only (or first) unrelated trade or business here

INVESTMENT IN PARTNERSHIPS

If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

H  During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☐ No

I  If "Yes," enter the name and identifying number of the parent corporation.

J  The books are in care of

NEELAV HAJRA

Phone number

734-663-0401

Part I  Unrelated Trade or Business Income

<table>
<thead>
<tr>
<th>Unrelated Trade or Business Income</th>
<th>(A) Income</th>
<th>(B) Expenses</th>
<th>(C) Net</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Gross receipts or sales</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Less returns and allowances</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Balance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Cost of goods sold (Schedule A, line 7)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross profit. Subtract line 2 from line 1c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4a Capital gain net income (attach Schedule D)</td>
<td>13,742.</td>
<td></td>
<td>13,742.</td>
</tr>
<tr>
<td>4b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4c Capital loss deduction for trusts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Income (loss) from a partnership or an S corporation (attach statement)</td>
<td>129,986.</td>
<td>STMT 1</td>
<td>129,986.</td>
</tr>
<tr>
<td>6 Rent income (Schedule C)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Unrelated debt-financed income (Schedule E)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Exploited exempt activity income (Schedule I)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Advertising income (Schedule J)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income (See instructions; attach schedule)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total. Combine lines 3 through 12</td>
<td>143,728.</td>
<td></td>
<td>143,728.</td>
</tr>
</tbody>
</table>

Part II  Deductions Not Taken Elsewhere

(See instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

<table>
<thead>
<tr>
<th>Deductions Not Taken Elsewhere</th>
<th>(A)</th>
<th>(B)</th>
<th>(C)</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Compensation of officers, directors, and trustees (Schedule K)</td>
<td>14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Salaries and wages</td>
<td>15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Repairs and maintenance</td>
<td>16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Bad debts</td>
<td>17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Interest (attach schedule) (see instructions)</td>
<td>18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Taxes and licenses</td>
<td>19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Charitable contributions (See instructions for limitation rules)</td>
<td>STATEMENT 4</td>
<td>SEE STATEMENT 2</td>
<td>0.</td>
</tr>
<tr>
<td>21 Depreciation (attach Form 4562)</td>
<td>STATEMENT 4</td>
<td>SEE STATEMENT 2</td>
<td>80.</td>
</tr>
<tr>
<td>22 Less depreciation claimed on Schedule A and elsewhere on return</td>
<td>22a</td>
<td>22b</td>
<td>80.</td>
</tr>
<tr>
<td>23 Depletion</td>
<td>23</td>
<td></td>
<td>19,440.</td>
</tr>
<tr>
<td>24 Contributions to deferred compensation plans</td>
<td>24</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 Employee benefit programs</td>
<td>25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26 Excess exempt expenses (Schedule I)</td>
<td>26</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27 Excess readership costs (Schedule J)</td>
<td>27</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28 Other deductions (attach schedule)</td>
<td>28</td>
<td></td>
<td>303,332.</td>
</tr>
<tr>
<td>29 Total deductions. Add lines 14 through 28</td>
<td>29</td>
<td></td>
<td>322,852.</td>
</tr>
<tr>
<td>30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13</td>
<td>30</td>
<td></td>
<td>-179,124.</td>
</tr>
<tr>
<td>31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)</td>
<td>31</td>
<td></td>
<td>-179,124.</td>
</tr>
<tr>
<td>32 Unrelated business taxable income. Subtract line 31 from line 30</td>
<td>32</td>
<td></td>
<td>0.</td>
</tr>
</tbody>
</table>

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2018)

17431029 147228 62366 2018.04030 ANN ARBOR AREA COMMUNITY 62366_2
### Part III | Total Unrelated Business Taxable Income

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>33</td>
<td>Total unrelated business taxable income computed from all unrelated trades or businesses</td>
<td>$179,124.</td>
</tr>
<tr>
<td>34</td>
<td>Amounts paid for disallowed fringe benefits</td>
<td>$0.</td>
</tr>
<tr>
<td>35</td>
<td>Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)</td>
<td>$0.</td>
</tr>
<tr>
<td>36</td>
<td>Total unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34</td>
<td>$179,124.</td>
</tr>
<tr>
<td>37</td>
<td>Specific deduction (Generally $1,000, but see line 37 instructions for exceptions)</td>
<td>$1,000.</td>
</tr>
<tr>
<td>38</td>
<td>Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36</td>
<td>$0.</td>
</tr>
</tbody>
</table>

### Part IV | Tax Computation

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>39</td>
<td>Tax rate schedule or Schedule D (Form 1041)</td>
<td>$0.</td>
</tr>
<tr>
<td>40</td>
<td>Proxy tax. See instructions</td>
<td>$0.</td>
</tr>
<tr>
<td>41</td>
<td>Alternative minimum tax (trusts only)</td>
<td>$0.</td>
</tr>
<tr>
<td>42</td>
<td>Tax on Noncompliant Facility Income. See instructions</td>
<td>$0.</td>
</tr>
<tr>
<td>43</td>
<td>Total, Add lines 41, 42, and 43 to line 39 or 40, whichever applies</td>
<td>$0.</td>
</tr>
</tbody>
</table>

### Part V | Tax and Payments

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>45a</td>
<td>Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)</td>
<td>$0.</td>
</tr>
<tr>
<td>45b</td>
<td>Other credits (see instructions)</td>
<td>$0.</td>
</tr>
<tr>
<td>45c</td>
<td>General business credit. Attach Form 3800</td>
<td>$0.</td>
</tr>
<tr>
<td>45d</td>
<td>Credit for prior year minimum tax (attach Form 8801 or 8827)</td>
<td>$0.</td>
</tr>
<tr>
<td>45e</td>
<td>Total credits, Add lines 45a through 45d</td>
<td>$0.</td>
</tr>
<tr>
<td>46</td>
<td>Subtract line 45e from line 44</td>
<td>$0.</td>
</tr>
<tr>
<td>47</td>
<td>Other taxes. Check if from: Form 4255, Form 8611, Form 8697, Form 8866, Other (attach schedule)</td>
<td>$0.</td>
</tr>
<tr>
<td>48</td>
<td>Total tax. Add lines 46 and 47 (see instructions)</td>
<td>$0.</td>
</tr>
<tr>
<td>49</td>
<td>2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2</td>
<td>$0.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>50a</td>
<td>Payments: A 2017 overpayment credited to 2018</td>
<td>$0.</td>
</tr>
<tr>
<td>50b</td>
<td>2018 estimated tax payments</td>
<td>$0.</td>
</tr>
<tr>
<td>50c</td>
<td>Tax deposited with Form 8868</td>
<td>$0.</td>
</tr>
<tr>
<td>50d</td>
<td>Foreign organizations; Tax paid or withheld at source (see instructions)</td>
<td>$0.</td>
</tr>
<tr>
<td>50e</td>
<td>Backup withholding (see instructions)</td>
<td>$0.</td>
</tr>
<tr>
<td>50f</td>
<td>Credit for small employer health insurance premiums (attach Form 8941)</td>
<td>$0.</td>
</tr>
<tr>
<td>50g</td>
<td>Other credits, adjustments, and payments: Form 2439, Form 4136, Other</td>
<td>$0.</td>
</tr>
<tr>
<td>51</td>
<td>Total payments. Add lines 50a through 50g</td>
<td>$0.</td>
</tr>
<tr>
<td>52</td>
<td>Estimated tax penalty (see instructions). Check if Form 2220 is attached</td>
<td>$0.</td>
</tr>
<tr>
<td>53</td>
<td>Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed</td>
<td>$0.</td>
</tr>
<tr>
<td>54</td>
<td>Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid</td>
<td>$0.</td>
</tr>
<tr>
<td>55</td>
<td>Enter the amount of line 54 you want: Credited to 2019 estimated tax Refunded</td>
<td>$0.</td>
</tr>
</tbody>
</table>

### Part VI | Statements Regarding Certain Activities and Other Information

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>56</td>
<td>At any time during the 2018 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 &quot;Yes,&quot; the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If &quot;Yes,&quot; enter the name of the foreign country here</td>
<td>❌</td>
<td>X</td>
</tr>
<tr>
<td>57</td>
<td>During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?</td>
<td>✔</td>
<td>X</td>
</tr>
<tr>
<td>58</td>
<td>Enter the amount of tax-exempt interest received or accrued during the tax year</td>
<td>$0.</td>
<td></td>
</tr>
</tbody>
</table>

---

**Signature**

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.

<table>
<thead>
<tr>
<th>Signature of officer</th>
<th>Date</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>TINA PETERS</td>
<td>10/29/19</td>
<td>PRESIDENT</td>
</tr>
</tbody>
</table>

---

**Paid Preparer Use Only**

Print/Type preparer’s name: TINA PETERS

Preparer’s signature: TINA PETERS

Date: 10/29/19

Check if self-employed: X

PTIN: P00904574

**Firm’s name:** PLANTE & MORAN, PLLC

Firm’s EIN: 38-1357951

Firm’s address: 2601 CAMBRIDGE CT., STE. 500

AUBURN HILLS, MI 48326

Phone no.: (248) 375-7100

---

Form 990-T (2018)

Page 2

ANN ARBOR AREA COMMUNITY FOUNDATION 38-6087967

17431029 147228 62366 0.04030 62366_2
### Schedule A - Cost of Goods Sold

Enter method of inventory valuation ▶ N/A

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Inventory at beginning of year</td>
<td></td>
</tr>
<tr>
<td>2. Purchases</td>
<td></td>
</tr>
<tr>
<td>3. Cost of labor</td>
<td></td>
</tr>
<tr>
<td>4a. Additional section 263A costs (attach schedule)</td>
<td></td>
</tr>
<tr>
<td>4b. Other costs (attach schedule)</td>
<td></td>
</tr>
<tr>
<td>5. Total. Add lines 1 through 4b</td>
<td></td>
</tr>
</tbody>
</table>

### Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
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<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
</tbody>
</table>

2. Rent received or accrued

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)</td>
<td></td>
</tr>
<tr>
<td>(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)</td>
<td></td>
</tr>
</tbody>
</table>

3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>(1)</td>
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<tr>
<td>(2)</td>
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<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
</tbody>
</table>

Total 0. Total 0.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶ 0.

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶ 0.

### Schedule E - Unrelated Debt-Financed Income

(see instructions)

1. Description of debt-financed property

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>(1)</td>
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<td>(3)</td>
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<tr>
<td>(4)</td>
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</tr>
</tbody>
</table>

2. Gross income from or allocable to debt-financed property

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Straight line depreciation (attach schedule)</td>
<td></td>
</tr>
<tr>
<td>(b) Other deductions (attach schedule)</td>
<td></td>
</tr>
</tbody>
</table>

3. Deductions directly connected with or allocable to debt-financed property

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>(4)</td>
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</tbody>
</table>

Enter here and on page 1, Part I, line 7, column (A).

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>(1)</td>
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<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
</tbody>
</table>

Totals 0. 0.

Total dividends-received deductions included in column 8 0.
### Exempt Controlled Organizations

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
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</tbody>
</table>

#### Nonexempt Controlled Organizations

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

### Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

### Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

### Schedule J - Advertising Income

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

#### Part I Income From Periodicals Reported on a Consolidated Basis

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

---

Form 990-T (2018)  ANN ARBOR AREA COMMUNITY FOUNDATION  38-6087967  Page 4

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization

2. Employer identification number

3. Net unrelated income (loss) (see instructions)

4. Total of specified payments made

5. Part of column 4 that is included in the controlling organization's gross income

6. Deductions directly connected with income in column 5

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

Totals

---

Schedule G - 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 schedule)

4. Set-asides (attach schedule)

5. Total deductions and set-asides (col. 3 plus col. 4)

Totals

---

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity

2. Gross unrelated business income from trade or business

3. Expenses directly connected with production of unrelated business income

4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.

5. Gross income from activity that is not unrelated business income

6. Expenses attributable to column 5

7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)

Totals

---

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical

2. Gross advertising income

3. Direct advertising costs

4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.

5. Circulation income

6. Readership costs

7. Excess readership costs (column 6 minus column 5, but not more than column 4)

Totals (carry to Part II, line (5))
### Part II Income From Periodicals Reported on a Separate Basis

(For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>(2)</td>
<td></td>
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<tr>
<td>(3)</td>
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<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Totals from Part I

<table>
<thead>
<tr>
<th></th>
<th>0.</th>
<th>0.</th>
<th>0.</th>
</tr>
</thead>
</table>

Totals, Part II (lines 1-5)

<table>
<thead>
<tr>
<th></th>
<th>0.</th>
<th>0.</th>
<th>0.</th>
</tr>
</thead>
</table>

Schedule K - Compensation of Officers, Directors, and Trustees

(see instructions)

<table>
<thead>
<tr>
<th></th>
<th>1. Name</th>
<th>2. Title</th>
<th>3. Percent of time devoted to business</th>
<th>4. Compensation attributable to unrelated business</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td>%</td>
<td></td>
</tr>
</tbody>
</table>

Total. Enter here and on page 1, Part II, line 14

<table>
<thead>
<tr>
<th></th>
<th>0.</th>
</tr>
</thead>
</table>

Form 990-T (2018)
## STATEMENT 1

**FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS**

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>NET INCOME OR (LOSS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - ORDINARY BUSINESS INCOME</td>
<td>2,085.</td>
</tr>
<tr>
<td>COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VI, LP - ORDINARY BUSINESS INCOME</td>
<td>1,551.</td>
</tr>
<tr>
<td>ENCAP ENERGY CAPITAL FUND XI, LP - ORDINARY BUSINESS INCOME (LOSS)</td>
<td>-6,224.</td>
</tr>
<tr>
<td>COMMONFUND CAPITAL VENTURE PARTNERS VIII, L.P. - ORDINARY BUSINESS INCOME (LOSS)</td>
<td>-4.</td>
</tr>
<tr>
<td>LANDMARK EQUITY PARTNERS XV, LP - ORDINARY BUSINESS INCOME (LOSS)</td>
<td>5,864.</td>
</tr>
<tr>
<td>NGP NATURAL RESOURCES XI, LP - ORDINARY BUSINESS INCOME (LOSS)</td>
<td>53,617.</td>
</tr>
<tr>
<td>DENHAM COMMODITY PARTNERS FUND VI LP - ORDINARY BUSINESS INCOME (LOSS)</td>
<td>55,243.</td>
</tr>
<tr>
<td>LANDMARK EQUITY PARTNERS XIV, LP - ORDINARY BUSINESS INCOME (LOSS)</td>
<td>12,754.</td>
</tr>
<tr>
<td>SIGULER GUF DISTRIBUTED OPPORTUNITIES FUND IV, LP - ORDINARY BUSINESS INCOME (LOSS)</td>
<td>-56.</td>
</tr>
<tr>
<td>NEWLIN ENERGY PARTNERS, LP - ORDINARY BUSINESS INCOME (LOSS)</td>
<td>5,526.</td>
</tr>
<tr>
<td>NORTHGATE VENTURE PARTNERS III, LP - ORDINARY BUSINESS INCOME (LOSS)</td>
<td>-2.</td>
</tr>
<tr>
<td>THE VARDE FUND XII (B) (FEEDER) LP - ORDINARY BUSINESS INCOME (LOSS)</td>
<td>-1,297.</td>
</tr>
<tr>
<td>THE VARDE FUND XIII (B) (FEEDER), LP - ORDINARY BUSINESS INCOME (LOSS)</td>
<td>992.</td>
</tr>
<tr>
<td>LEGACY VENTURE VI (QP), LLC - ORDINARY BUSINESS INCOME (LOSS)</td>
<td>-63.</td>
</tr>
</tbody>
</table>

**TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5**

| 129,986. |

## STATEMENT 2

**FORM 990-T CONTRIBUTIONS**

<table>
<thead>
<tr>
<th>DESCRIPTION/KIND OF PROPERTY</th>
<th>METHOD USED TO DETERMINE FMV</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONTRIBUTIONS FROM PASS THROUGH ENTITIES</td>
<td>N/A</td>
<td>48.</td>
</tr>
</tbody>
</table>

**TOTAL TO FORM 990-T, PAGE 1, LINE 20**

<p>| 48. |</p>
<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHER DEDUCTIONS FROM PASS-THROUGH ENTITIES</td>
<td>303,332</td>
</tr>
<tr>
<td>TOTAL TO FORM 990-T, PAGE 1, LINE 28</td>
<td>303,332</td>
</tr>
</tbody>
</table>
### FORM 990-T

#### CONTRIBUTIONS SUMMARY

**STATEMENT 4**

**QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT**

**CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS**

<table>
<thead>
<tr>
<th>Tax Year</th>
<th>Loss Sustained</th>
<th>Loss Previously Applied</th>
<th>Loss Remaining</th>
<th>Available This Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/31/09</td>
<td>45,059.</td>
<td>10,823.</td>
<td>34,236.</td>
<td>34,236.</td>
</tr>
<tr>
<td>12/31/10</td>
<td>7,669.</td>
<td>0.</td>
<td>7,669.</td>
<td>7,669.</td>
</tr>
<tr>
<td>12/31/11</td>
<td>15,990.</td>
<td>0.</td>
<td>15,990.</td>
<td>15,990.</td>
</tr>
<tr>
<td>12/31/12</td>
<td>34,438.</td>
<td>0.</td>
<td>34,438.</td>
<td>34,438.</td>
</tr>
<tr>
<td>12/31/13</td>
<td>27,420.</td>
<td>0.</td>
<td>27,420.</td>
<td>27,420.</td>
</tr>
<tr>
<td>12/31/15</td>
<td>39,984.</td>
<td>0.</td>
<td>39,984.</td>
<td>39,984.</td>
</tr>
<tr>
<td>12/31/16</td>
<td>10,369.</td>
<td>0.</td>
<td>10,369.</td>
<td>10,369.</td>
</tr>
<tr>
<td>12/31/17</td>
<td>90,455.</td>
<td>0.</td>
<td>90,455.</td>
<td>90,455.</td>
</tr>
</tbody>
</table>

**NOL CARRYOVER AVAILABLE THIS YEAR**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>260,561.</td>
</tr>
</tbody>
</table>

**STATEMENT 5**

**NET OPERATING LOSS DEDUCTION**

<table>
<thead>
<tr>
<th>Tax Year</th>
<th>Loss Sustained</th>
<th>Loss Previously Applied</th>
<th>Loss Remaining</th>
<th>Available This Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/31/09</td>
<td>45,059.</td>
<td>10,823.</td>
<td>34,236.</td>
<td>34,236.</td>
</tr>
<tr>
<td>12/31/10</td>
<td>7,669.</td>
<td>0.</td>
<td>7,669.</td>
<td>7,669.</td>
</tr>
<tr>
<td>12/31/11</td>
<td>15,990.</td>
<td>0.</td>
<td>15,990.</td>
<td>15,990.</td>
</tr>
<tr>
<td>12/31/12</td>
<td>34,438.</td>
<td>0.</td>
<td>34,438.</td>
<td>34,438.</td>
</tr>
<tr>
<td>12/31/13</td>
<td>27,420.</td>
<td>0.</td>
<td>27,420.</td>
<td>27,420.</td>
</tr>
<tr>
<td>12/31/15</td>
<td>39,984.</td>
<td>0.</td>
<td>39,984.</td>
<td>39,984.</td>
</tr>
<tr>
<td>12/31/16</td>
<td>10,369.</td>
<td>0.</td>
<td>10,369.</td>
<td>10,369.</td>
</tr>
<tr>
<td>12/31/17</td>
<td>90,455.</td>
<td>0.</td>
<td>90,455.</td>
<td>90,455.</td>
</tr>
</tbody>
</table>

**NOL CARRYOVER AVAILABLE THIS YEAR**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>260,561.</td>
</tr>
</tbody>
</table>
### Capital Gains and Losses

**Part I** | Short-Term Capital Gains and Losses (See instructions.)
---|---
This form may be easier to complete if you round off cents to whole dollars.

<table>
<thead>
<tr>
<th>(d)</th>
<th>(e)</th>
<th>(g)</th>
<th>(h)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proceeds (sales price)</td>
<td>Cost (or other basis)</td>
<td>Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)</td>
<td>Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)</td>
</tr>
</tbody>
</table>

1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b

1b Totals for all transactions reported on Form(s) 8949 with Box A checked

2 Totals for all transactions reported on Form(s) 8949 with Box B checked

3 Totals for all transactions reported on Form(s) 8949 with Box C checked

4 Short-term capital gain from installment sales from Form 6252, line 26 or 37

5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824

6 Unused capital loss carryover (attach computation)

7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h


### Part II | Long-Term Capital Gains and Losses (See instructions.)
---|---
This form may be easier to complete if you round off cents to whole dollars.

<table>
<thead>
<tr>
<th>(d)</th>
<th>(e)</th>
<th>(g)</th>
<th>(h)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proceeds (sales price)</td>
<td>Cost (or other basis)</td>
<td>Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)</td>
<td>Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)</td>
</tr>
</tbody>
</table>

8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b

8b Totals for all transactions reported on Form(s) 8949 with Box D checked

9 Totals for all transactions reported on Form(s) 8949 with Box E checked

10 Totals for all transactions reported on Form(s) 8949 with Box F checked

11 Enter gain from Form 4797, line 7 or 9

12 Long-term capital gain from installment sales from Form 6252, line 26 or 37

13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824

14 Capital gain distributions

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h


### Part III | Summary of Parts I and II
---|---
16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)

17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)

18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.

**Note:** If losses exceed gains, see Capital losses in the instructions.
Sales and Other Dispositions of Capital Assets

Part I  Short-Term

<table>
<thead>
<tr>
<th>Description of property (Example: 100 sh. XYZ Co.)</th>
<th>Date acquired (Mo., day, yr.)</th>
<th>Date sold or disposed of (Mo., day, yr.)</th>
<th>Proceeds (sales price)</th>
<th>Cost or other basis. See the Note below and see Column (e) in the instructions</th>
<th>Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.</th>
<th>Gain or (loss). Subtract column (e) from column (d) &amp; combine the result with column (g)</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LANDMARK EQUITY PARTNERS XV, LP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NGP NATURAL RESOURCES XI, LP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LANDMARK EQUITY PARTNERS XIV, LP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>THE VARDE FUND XII (B) (FEEDER) LP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>THE VARDE FUND XIII (B) (FEEDER), LP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).

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

You must check Box D, E, or F below. Check only one box.

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

Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

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).

If you enter an amount in column (g), enter a code in column (f).

Subtract column (e) from column (d) & combine the result with column (g).

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.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>Date acquired (Mo., day, yr.)</th>
<th>Date sold or disposed of (Mo., day, yr.)</th>
<th>Proceeds (sales price)</th>
<th>Cost or other basis</th>
<th>Adjustment, if any, to gain or loss.</th>
<th>Gain or (loss).</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMONFUND CAPITAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRIVATE EQUITY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PARTNER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMMONFUND CAPITAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRIVATE EQUITY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PARTNER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LANDMARK EQUITY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PARTNERS XV, LP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NGP NATURAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RESOURCES XI, LP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LANDMARK EQUITY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PARTNERS XIV, LP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>THE VARDE FUND XII</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B) (FEEDER) LP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked).

7,384.

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.
### 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

<table>
<thead>
<tr>
<th>Description of property</th>
<th>Date acquired (mo., day, yr.)</th>
<th>Date sold (mo., day, yr.)</th>
<th>Gross sales price</th>
<th>Depreciation allowed or allowable since acquisition</th>
<th>Cost or other basis, plus improvements and expense of sale</th>
<th>Gain or (loss) from the sum of (d) and (e)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ANN ARBOR AREA COMMUNITY FOUNDATION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6,516.</td>
</tr>
</tbody>
</table>

1. Enter the gross proceeds from sales or exchanges reported to you for 2018 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20.

#### (a) Description of property
- **Partnerships and S corporations.** Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

#### (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)

**Gain, if any, from Form 4684, line 39**

**Section 1231 gain from installment sales from Form 6252, line 26 or 37**

**Section 1231 gain or (loss) from like-kind exchanges from Form 8824**

**Gain, if any, from line 32, from other than casualty or theft**

**Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows**

<table>
<thead>
<tr>
<th><strong>Gain</strong></th>
<th><strong>Loss</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Partnerships and S corporations.</strong></td>
<td><strong>Individuals, partners, S corporation shareholders, and all others.</strong></td>
</tr>
</tbody>
</table>

**Gain**

- **Subtract line 6 from line 7. If zero or less, enter -0-.**

**Loss**

- **Nonrecaptured net section 1231 losses from prior years. See instructions**

**Subtract line 8 from line 7. If zero or less, enter -0-.**

#### Part II Ordinary Gains and Losses

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Loss, if any, from line 7</td>
</tr>
<tr>
<td>12</td>
<td>Gain, if any, from line 7 or amount from line 8, if applicable</td>
</tr>
<tr>
<td>13</td>
<td>Gain, if any, from line 31</td>
</tr>
<tr>
<td>14</td>
<td>Net gain or (loss) from Form 4684, lines 31 and 38a</td>
</tr>
<tr>
<td>15</td>
<td>Ordinary gain from installment sales from Form 6252, line 25 or 36</td>
</tr>
<tr>
<td>16</td>
<td>Ordinary gain or (loss) from like-kind exchanges from Form 8824</td>
</tr>
<tr>
<td>17</td>
<td>Combine lines 10 through 16</td>
</tr>
<tr>
<td>18</td>
<td>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.</td>
</tr>
</tbody>
</table>

**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

**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), line 14.
### Part III
**Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255**

(see instructions)

<table>
<thead>
<tr>
<th></th>
<th>Property A</th>
<th>Property B</th>
<th>Property C</th>
<th>Property D</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>Gross sales price <strong>(Note: See line 1 before completing.)</strong></td>
<td>20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Cost or other basis plus expense of sale</td>
<td>21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Depreciation (or depletion) allowed or allowable</td>
<td>22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Adjusted basis. Subtract line 22 from line 21</td>
<td>23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Total gain. Subtract line 23 from line 20</td>
<td>24</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### If section 1245 property:
- **(a)** Depreciation allowed or allowable from line 22
- **(b)** Enter the smaller of line 24 or 25a

#### If section 1250 property:
- If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.
  - **(a)** Additional depreciation after 1975. See instructions
  - **(b)** Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions
  - **(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
  - **(d)** Additional depreciation after 1969 and before 1976
  - **(e)** Enter the smaller of line 26c or 26d
  - **(f)** Section 291 amount (corporations only)
  - **(g)** Add lines 26b, 26e, and 26f

#### If section 1252 property:
- **(a)** Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions
- **(b)** Enter the smaller of line 24 or 28a

#### If section 1254 property:
- **(a)** Applicable percentage of payments excluded from income under section 126. See instructions
- **(b)** Enter the smaller of line 24 or 29a

#### If section 1255 property:
- **(a)** Enter the smaller of line 24 or 29b

---

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>Total gains for all properties. Add property columns A through D, line 24</td>
</tr>
<tr>
<td>31</td>
<td>Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13</td>
</tr>
<tr>
<td>32</td>
<td>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</td>
</tr>
</tbody>
</table>

---

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

(see instructions)

<table>
<thead>
<tr>
<th></th>
<th>(a) Section 179</th>
<th>(b) Section 280F(b)(2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>33</td>
<td>Section 179 expense deduction or depreciation allowable in prior years</td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>Recomputed depreciation. See instructions</td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>Recapture amount. Subtract line 34 from line 33. See the instructions for where to report</td>
<td></td>
</tr>
<tr>
<td>DESCRIPTION</td>
<td>DATE ACQUIRED</td>
<td>DATE SOLD</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>---------------</td>
<td>-----------</td>
</tr>
<tr>
<td>COMMONFUND CAPITAL PRIVATE EQUITY PARTNE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMMONFUND CAPITAL PRIVATE EQUITY PARTNE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LANDMARK EQUITY PARTNERS XV, LP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NGP NATURAL RESOURCES XI, LP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DENHAM COMMODITY PARTNERS FUND VI LP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LANDMARK EQUITY PARTNERS XIV, LP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEWLIN ENERGY PARTNERS, LP</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL TO 4797, PART I, LINE 2</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>