

Form **990**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2014**  
**Open to Public Inspection**

**A For the 2014 calendar year, or tax year beginning 09/01/14, and ending 08/31/15**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization Ann Arbor Art Association Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 117 W Liberty St City or town, state or province, country, and ZIP or foreign postal code Ann Arbor MI 48104-1320	<b>D</b> Employer identification number 23-7205537 <b>E</b> Telephone number 734-994-8004 <b>G</b> Gross receipts \$ 1,096,475
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<b>F</b> Name and address of principal officer: Marie Klopf 117 West Liberty Street Ann Arbor MI 48104-1320	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
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<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <b>t</b> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>H(c)</b> Group exemption number <b>u</b>
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<b>J</b> Website: <b>u</b> www.AnnArborArtCenter.org	<b>L</b> Year of formation: 1909 <b>M</b> State of legal domicile: MI
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<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>u</b>	<b>L</b> Year of formation: 1909 <b>M</b> State of legal domicile: MI
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**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: To be a dynamic organization engaging the community in the visual arts through activities such as lectures, art classes, and art exhibits.		
	<b>2</b> Check this box <input type="checkbox"/> <b>u</b> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	215
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	16
	<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<b>5</b>	25
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	175
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	19,047
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	142,704	231,149
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	411,253	727,177
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,394	19,047
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	91,416	80,226
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	662,767	1,057,599
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	452,920	543,534
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b> 116,321		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	299,142	494,131
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	752,062	1,037,665	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-89,295	19,934	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	409,281	482,965
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	133,061	182,951
		276,220	300,014

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer Marie Klopf	Date President
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name Thomas A O'Sullivan	Preparer's signature _____	Date 02/18/16	Check <input type="checkbox"/> if self-employed	PTIN P01321877
	Firm's name } Yeo & Yeo, P.C.			Firm's EIN } 38-2706146	
	Firm's address } 1450 Eisenhower Place Ann Arbor, MI 48108-3283			Phone no. } 734-769-1331	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: To be a dynamic organization engaging the community in the visual arts through activities such as lectures, art classes, and art exhibits.

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 [X] No

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

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

4a (Code: ) (Expenses \$ 366,741 including grants of \$ ) (Revenue \$ 413,564 ) Education - Involves programs for adults and children in both sequential coursework and short term workshops, in both studio art and art appreciation

4b (Code: ) (Expenses \$ 349,753 including grants of \$ ) (Revenue \$ 313,613 ) Gallery - Features work of Michigan artists in both exhibition and retail sales formats.

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

4d Other program services (Describe in Schedule O.) (Expenses \$ 187,322 including grants of \$ ) (Revenue \$ 330,422 )

4e Total program service expenses u 903,816

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 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? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		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 III 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 (see instructions)		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?		

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

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		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		X
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		X
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
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		X
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):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

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

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		X
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	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)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: <u>u</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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?	X	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	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	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
<b>16a</b>	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
<b>b</b>	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?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **u** MI
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  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.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **u**  
 Eric Wolff 117 West Liberty Street  
 Ann Arbor MI 48104-1320 734-994-8004

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Greg Lobdell	1.00									
Vice-Chair	0.00	X					0	0	0	
(2) Debra Christein	1.00									
Treasurer	0.00	X					0	0	0	
(3) Martha Stucki Williams	1.00									
Board Chair	0.00	X					0	0	0	
(4) Nicholas Zagar	1.00									
Director	0.00	X					0	0	0	
(5) Anne Cooper	1.00									
Director	0.00	X					0	0	0	
(6) Sean Hickey	1.00									
Director	0.00	X					0	0	0	
(7) Noah Kaplan	1.00									
Director	0.00	X					0	0	0	
(8) William Lyle	1.00									
Director	0.00	X					0	0	0	
(9) Praveena Ramaswami	1.00									
Director	0.00	X					0	0	0	
(10) Susan Monroe	1.00									
Vice-Chair	0.00	X					0	0	0	
(11) Deborah Sulkowski	1.00									
Secretary	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Jennifer Anderson	1.00									
Vice-Chair	0.00	X					0	0	0	
(13) David Cesarini	1.00									
Director	0.00	X					0	0	0	
(14) Robin Suter	1.00									
Director	0.00	X					0	0	0	
(15) Nakia Johnson	1.00									
Director	0.00	X					0	0	0	
(16) Phil Weiss	1.00									
Director	0.00	X					0	0	0	
(17) Marie Klopff	40.00									
President & CEO	0.00			X			68,767	0	5,366	
(18)										
(19)										
<b>1b Sub-total</b>							68,767		5,366	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							68,767		5,366	

**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 **u** 0

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> 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		X
<b>5</b> 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		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**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 **u** 0



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>	16,850				
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	214,299				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>	231,149				
<b>Program Service Revenue</b>	<b>2a</b> Classes	<b>Busn. Code</b>	413,564	413,564			
	<b>b</b> Gallery Sales		313,613	313,613			
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f	<b>u</b>	727,177				
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	19,047		19,047	
<b>4</b> Income from investment of tax-exempt bond proceeds		<b>u</b>					
<b>5</b> Royalties		<b>u</b>					
<b>6a</b> Gross rents		(i) Real	21,465				
		(ii) Personal					
<b>b</b> Less: rental exps.			456				
<b>c</b> Rental inc. or (loss)			21,009				
<b>d Net rental income or (loss)</b>		<b>u</b>	21,009			21,009	
<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities					
		(ii) Other					
<b>b</b> Less: cost or other basis & sales exps.							
<b>c</b> Gain or (loss)							
<b>d Net gain or (loss)</b>		<b>u</b>					
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		<b>a</b>	95,443				
		<b>b</b> Less: direct expenses	<b>b</b>	38,420			
	<b>c Net income or (loss) from fundraising events</b>	<b>u</b>	57,023				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c Net income or (loss) from gaming activities</b>	<b>u</b>					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold	<b>b</b>					
	<b>c Net income or (loss) from sales of inventory</b>	<b>u</b>					
Miscellaneous Revenue		<b>Busn. Code</b>					
<b>11a</b> POP-X Revenues			1,859		1,859		
<b>b</b> Other Income			335		335		
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d	<b>u</b>		2,194				
<b>12 Total revenue.</b> See instructions.	<b>u</b>		1,057,599	727,177	19,047	23,203	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	70,000	58,165	1,229	10,606
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	388,085	322,470	6,815	58,800
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	44,774	32,183	1,187	11,404
<b>10</b> Payroll taxes	40,675	34,116	713	5,846
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	165	118	14	33
<b>c</b> Accounting	7,395	5,931	440	1,024
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	28,487	23,415	1,522	3,550
<b>12</b> Advertising and promotion	18,352	15,635	311	2,406
<b>13</b> Office expenses	24,220	17,497	972	5,751
<b>14</b> Information technology	6,011	4,343	241	1,427
<b>15</b> Royalties				
<b>16</b> Occupancy	41,394	33,516	2,331	5,547
<b>17</b> Travel	3,945	3,258	69	618
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	1,464	1,172	88	204
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	25,195	20,660	504	4,031
<b>23</b> Insurance	11,510	9,358	646	1,506
<b>24</b> 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.)				
<b>a</b> COGS	303,692	303,692		
<b>b</b> POP-IN Expenses	8,460	6,937	169	1,354
<b>c</b> Equipment leasing	6,431	5,273	129	1,029
<b>d</b> Gift card redemption	5,820	4,773	116	931
<b>e</b> All other expenses	1,590	1,304	32	254
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,037,665	903,816	17,528	116,321
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest bearing	20,693	<b>1</b>	19,418
	<b>2</b> Savings and temporary cash investments	36,503	<b>2</b>	134,755
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net	1,800	<b>4</b>	5,880
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> 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 instructions). Complete Part II of Schedule L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use	16,181	<b>8</b>	17,313
	<b>9</b> Prepaid expenses and deferred charges	10,247	<b>9</b>	8,913
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 885,792		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 607,740	245,551	<b>10c</b> 278,052
	<b>11</b> Investments—publicly traded securities	78,306	<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11		<b>15</b>	18,634
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)		409,281	<b>16</b>	482,965
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	58,037	<b>17</b>	80,723
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue	51,624	<b>19</b>	102,228
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	23,400	<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25		133,061	<b>26</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	166,239	<b>27</b>	155,328
	<b>28</b> Temporarily restricted net assets	31,626	<b>28</b>	66,331
	<b>29</b> Permanently restricted net assets	78,355	<b>29</b>	78,355
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances	276,220	<b>33</b>	300,014	
<b>34</b> Total liabilities and net assets/fund balances		409,281	<b>34</b>	482,965

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,057,599
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,037,665
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	19,934
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	276,220
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	3,860
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	300,014

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
<b>3a</b>	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?		X
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
**u Attach to Form 990 or Form 990-EZ.**

OMB No. 1545-0047  
**2014**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**u** Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Ann Arbor Art Association

Employer identification number

23-7205537

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6</b> Public support. Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						

**12** Gross receipts from related activities, etc. (see instructions) 12

**13 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**

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

**14** Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 %

**15** Public support percentage from 2013 Schedule A, Part II, line 14 15 %

**16a 33 1/3% support test—2014.** 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

**b 33 1/3% support test—2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2014.** 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

**b 10%-facts-and-circumstances test—2013.** 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

**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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	147,255	130,018	140,630	142,704	231,149	791,756
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	631,055	657,072	623,039	574,605	822,620	3,308,391
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513		5,799	3,586	1,822	2,194	13,401
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	778,310	792,889	767,255	719,131	1,055,963	4,113,548
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						4,113,548

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6	778,310	792,889	767,255	719,131	1,055,963	4,113,548
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	20,803	31,189	37,294	32,922	21,465	143,673
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	20,803	31,189	37,294	32,922	21,465	143,673
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	799,113	824,078	804,549	752,053	1,077,428	4,257,221

**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**

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

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	96.63%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15	<b>16</b>	96.54%

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

<b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	3%
<b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17	<b>18</b>	3%

**19a 33 1/3% support tests—2014.** 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—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.		
<b>5a</b> 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 <b>Part VI</b> , 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
<b>8</b> 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).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.		
<b>b</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)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
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?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

		Yes	No
1	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 "No," describe in <b>Part VI</b> 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.		
2	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 "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

		Yes	No
1	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 "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

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

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	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 "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
3	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 "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

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

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. <b>Answer (a) and (b) below.</b>		
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 "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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.		
b	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 "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
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 <b>Part VI</b> .		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in <b>Part VI</b> ). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2014</b>	<b>(iii) Distributable Amount for 2014</b>
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b> From 2013 . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2014 distributable amount			
<b>i</b> Carryover from 2009 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: <span style="float: right;">\$</span>			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 <b>Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> Excess from 2013 . . .			
<b>e</b> Excess from 2014 . . .			



**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

**u Attach to Form 990, Form 990-EZ, or Form 990-PF.**

**u Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2014**

**Name of the organization**

**Employer identification number**

Ann Arbor Art Association

23-7205537

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub> % 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, 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

Ann Arbor Art Association

Employer identification number

23-7205537

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, aggregate value at end of year, and two questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, total number of easements, total acreage, number of easements on historic structures, and questions about monitoring and expenses.

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art and historical treasures, and amounts required to be reported.

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

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

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 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 in Part XIII  Yes  No

**Part V Endowment Funds.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....		78,159	83,984	83,835	83,887
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....		147	208	149	-52
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....			6,033		
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....		78,306	78,159	83,984	83,835

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		25,000		25,000
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		161,884	134,284	27,600
<b>e</b> Other .....		698,908	473,456	225,452
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....			<b>u</b>	278,052

**Part VII Investments—Other Securities.**

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

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

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) <b>u</b>		

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



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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and amounts.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and amounts.

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.

Large area with horizontal dotted lines for providing supplemental information.



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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

**2014**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

⚡ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

Ann Arbor Art Association

Employer identification number

23-7205537

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b>							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Special Events</u> (event type)	_____ (event type)	<u>1</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	95,443		95,443
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	95,443		95,443
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	38,420		38,420
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				57,023

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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

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

OMB No. 1545-0047

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

**2014**

Department of the Treasury  
Internal Revenue Service

**u** Attach to Form 990 or 990-EZ.

**Open to Public  
Inspection**

**u** Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Ann Arbor Art Association

Employer identification number

23-7205537

Form 990, Part III, Line 4d - All Other Accomplishment

Other expenses

Form 990, Part VI, Line 6 - Classes of Members or Stockholders

Yes

Form 990, Part VI, Line 7a - Election of Members and Their Rights

Yes

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members

Yes

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The 990 will be reviewed and approved by the Finance Committee of the Board of Directors before filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

An operating principal of the organization is that all vendors of \$5,000 or more must acknowledge any potential conflicts in relationships with the organization. Board of Directors must acknowledge any conflict of interest they may have in discussions and voting on any business with their companies.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

Yes - The Human Resources Committee of the Board of Directors does periodic

Name of the organization

Employer identification number

Ann Arbor Art Association

23-7205537

reviews comparing the Art Association's compensation levels to that of similar organizations. Compensation is based on salary ranges for each position and periodic performance reviews.

Form 990, Part VI, Line 15b - Compensation Process for Officers

Yes - The Human Resources Committee of the Board of Directors does periodic reviews comparing the Art Association's compensation levels to that of similar organizations. Compensation is based on salary ranges for each position and periodic performance reviews.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Through direct distribution to all members of the Board of Directors and staff, website posting and upon request at the organization's office.

23-7205537

## Federal Asset Report

FYE: 8/31/2015

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>5-year GDS Property:</b>									
127	Routers	2/28/15	229		X	114	5 HY 200DB	0	138
128	Portable Hard Drive	2/28/15	140		X	70	5 HY 200DB	0	84
129	Epson Scanner	2/28/15	200		X	100	5 HY 200DB	0	120
130	Wacom Tablets & Protection Plans	2/28/15	984		X	492	5 HY 200DB	0	590
131	Printer	2/28/15	220		X	110	5 HY 200DB	0	132
143	Webcams	6/15/15	620		X	310	5 HY 200DB	0	372
			<u>2,393</u>			<u>1,196</u>		<u>0</u>	<u>1,436</u>
<b>7-year GDS Property:</b>									
123	Back Door - 117 Gallery	11/10/14	3,650		X	1,825	7 HY 200DB	0	2,086
125	Luxor Presentation Cart	2/28/15	141		X	70	7 HY 200DB	0	81
126	Laptop Presentation Cart	2/28/15	144		X	72	7 HY 200DB	0	83
132	Projector	3/12/15	2,173		X	1,087	7 HY 200DB	0	1,241
133	Kiln	3/17/15	3,718		X	1,859	7 HY 200DB	0	2,125
136	4x6 markerboard	3/31/15	518		X	259	7 HY 200DB	0	296
137	72x30 Table for RHB Art	3/31/15	547		X	273	7 HY 200DB	0	313
139	Tables & Chairs	4/30/15	3,102		X	1,551	7 HY 200DB	0	1,773
140	Da-Lite Projector	4/30/15	250		X	125	7 HY 200DB	0	143
141	Promaster Copy Stands	5/31/15	1,100		X	550	7 HY 200DB	0	628
142	Stainless Steel Cabinet	5/31/15	752		X	376	7 HY 200DB	0	430
			<u>16,095</u>			<u>8,047</u>		<u>0</u>	<u>9,199</u>
<b>Non-Residential Real Property:</b>									
124	3rd Floor Renovations	4/07/15	38,100			38,100	39 MMS/L	0	366
134	Vent for Kiln	3/19/15	452			452	39 MMS/L	0	5
			<u>38,552</u>			<u>38,552</u>		<u>0</u>	<u>371</u>
<b>Prior MACRS:</b>									
47	10 ME-6 Easels	10/30/97	1,281			1,281	5 HY 200DB	1,281	0
48	Kiln Purchase	4/30/98	1,381			1,381	5 HY 200DB	1,381	0
49	Electrical Improvements - Liberty	6/15/99	2,790			2,790	7 MQ200DB	2,790	0
50	Office Equipment for Felch	9/15/98	450			450	3 MQ200DB	450	0
51	Kiln # 1 at Felch Street	4/15/99	3,506			3,506	5 MQ200DB	3,506	0
52	Kiln # 2 - Highwater Kiln	5/15/99	1,324			1,324	5 MQ200DB	1,324	0
53	Kiln # 3 - Ramsen Kiln	6/15/99	1,217			1,217	5 MQ200DB	1,217	0
54	iMac Computer (Marsha)	8/15/99	1,200			1,200	3 MQ200DB	1,200	0
62	Guardrailing Installation	7/31/00	3,150			3,150	7 HY 200DB	3,150	0
65	Voice Mail Computer Module	4/06/00	2,499			2,499	5 HY 200DB	2,499	0
70	A/C-Robertson Morrison-Floors 2 & 3	5/31/00	4,550			4,550	7 HY 200DB	4,550	0
71	Roof replacement	6/26/01	13,956			13,956	39 MMS/L	4,727	357
72	Jewelery Press	10/17/00	683			683	7 HY 200DB	683	0
73	Potter's Wheel	2/22/01	925			925	7 HY 200DB	925	0
74	Pug Mill	4/17/01	500			500	7 HY 200DB	500	0
77	Mail Server	12/01/00	1,000			1,000	5 HY 200DB	1,000	0
117	Server/Computer Upgrades	5/31/13	3,610		X	1,805	5 MQ200DB	2,689	369
118	Furnace - 2nd Floor	6/11/13	8,900		X	4,450	5 MQ200DB	6,364	1,014
			<u>52,922</u>			<u>46,667</u>		<u>40,236</u>	<u>1,740</u>
<b>Other Depreciation:</b>									
1	Building	9/01/97	62,354			62,354	40 MO S/L	62,354	0
2	Building	9/01/97	29,900			29,900	40 MO S/L	20,183	747
4	Building Improvements	9/01/97	86,682			86,682	30 MO S/L	86,682	0
5	Building Improvements	9/01/97	24,277			24,277	30 MO S/L	24,277	0
6	Building Improvements	9/01/97	9,115			9,115	30 MO S/L	9,115	0
7	Building Improvements	9/01/97	43,834			43,834	30 MO S/L	39,454	1,461
8	Building Improvements	9/01/97	53,707			53,707	30 MO S/L	46,546	1,790
9	Building Improvements	9/01/97	10,453			10,453	30 MO S/L	8,711	348
10	Building Improvements	9/01/97	24,917			24,917	30 MO S/L	19,934	830
11	Building Improvements	9/01/97	31,808			31,808	30 MO S/L	24,386	1,060
12	Building Improvements	9/01/97	13,358			13,358	30 MO S/L	9,351	446
13	Building Improvements	9/01/97	14,334			14,334	30 MO S/L	8,123	477
14	Building Improvements	9/01/97	10,578			10,578	30 MO S/L	6,699	353



23-7205537

## Federal Asset Report

FYE: 8/31/2015

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
15	Building Improvements	9/01/97	31,550			31,550	30 MO S/L	18,930	1,052
18	Land	9/01/97	25,000			25,000	0 -- Land	0	0
19	Kiln ED	9/01/97	1,260			1,260	10 MO S/L	1,260	0
20	Kiln ED	9/01/97	1,200			1,200	10 MO S/L	1,200	0
21	Loom	9/01/97	1,315			1,315	10 MO S/L	1,315	0
22	Computer Performa	9/01/97	1,415			1,415	5 MO S/L	1,415	0
23	Computer Performa	9/01/97	1,415			1,415	5 MO S/L	1,415	0
24	Computer Performa	9/01/97	1,415			1,415	5 MO S/L	1,415	0
25	Computer Performa	9/01/97	1,415			1,415	5 MO S/L	1,415	0
26	Computer Performa	9/01/97	1,415			1,415	5 MO S/L	1,415	0
27	Tent SW	9/01/97	2,018			2,018	5 MO S/L	2,018	0
28	Tent SW	9/01/97	2,018			2,018	5 MO S/L	2,018	0
29	Phone System	9/01/97	8,178			8,178	5 MO S/L	8,178	0
30	Computer Performa	9/01/97	1,199			1,199	5 MO S/L	1,199	0
31	Laserwriter	9/01/97	1,910			1,910	5 MO S/L	1,910	0
33	Kiln FOC	9/01/97	2,590			2,590	10 MO S/L	2,590	0
34	Kiln FOC	9/01/97	2,590			2,590	10 MO S/L	2,590	0
35	Computer Performa 96/7	9/01/97	2,140			2,140	5 MO S/L	2,140	0
36	Feat of Clay Furniture	9/01/97	2,624			2,624	10 MO S/L	2,624	0
37	Feat of Clay Display	9/01/97	1,054			1,054	10 MO S/L	1,054	0
38	Computer 95/6	9/01/97	1,677			1,677	5 MO S/L	1,677	0
39	Shop Display & Sales Desk	9/01/97	9,965			9,965	10 MO S/L	9,965	0
40	ArtVentures Furniture	9/01/97	2,541			2,541	10 MO S/L	2,541	0
41	Weaving Benches	9/01/97	1,080			1,080	10 MO S/L	1,080	0
42	Brent Wheel	9/01/97	615			615	10 MO S/L	615	0
43	Brent Wheel	9/01/97	615			615	10 MO S/L	615	0
44	Brent Wheel	9/01/97	615			615	10 MO S/L	615	0
45	Artventures Sign	9/01/97	3,000			3,000	10 MO S/L	3,000	0
46	Education Chairs	9/01/97	6,220			6,220	10 MO S/L	6,220	0
67	MIP Software	9/07/99	7,362			7,362	3 MO S/L	7,362	0
68	MIP Professional Services	2/28/00	2,693			2,693	3 MO S/L	2,693	0
76	Microsoft Windows 2000	1/09/01	1,938			1,938	3 MO S/L	1,938	0
79	Felch Equipment	4/18/02	13,680			13,680	5 MO S/L	13,680	0
80	Liberty Equipment	7/31/02	4,782			4,782	7 MO S/L	4,782	0
82	Felch Cabinets	4/15/03	2,516			2,516	7 MO S/L	2,516	0
85	Projector & Screen	8/08/04	1,199			1,199	7 MO S/L	1,199	0
86	Marsha's Dell Computer	9/27/04	1,982			1,982	3 MO S/L	1,982	0
87	Lap top	12/14/04	1,200			1,200	3 MO S/L	1,200	0
88	Filemaker / MIP accounting software upgrac	2/25/05	2,839			2,839	3 MO S/L	2,839	0
91	Furnace	3/24/06	3,500			3,500	10 MO S/L	2,946	350
93	Furnace replacement	3/03/07	5,400			5,400	15 MO S/L	2,670	360
94	Bryant A/C Condenser	6/20/07	3,951			3,951	15 MO S/L	1,888	263
95	1st floor bathroom improvements	3/15/09	885			885	15 MO S/L	325	59
96	L/I Space planning	3/31/09	5,497			5,497	15 MO S/L	1,985	366
97	Remodeling	4/30/09	20,935			20,935	15 MO S/L	7,444	1,395
98	Remodeling	5/15/09	7,067			7,067	15 MO S/L	2,513	471
99	REmodeling	6/15/09	63,346			63,346	15 MO S/L	22,171	4,223
100	remodeling	7/15/09	2,618			2,618	15 MO S/L	902	174
101	Remodeling	8/15/09	2,042			2,042	15 MO S/L	692	136
102	Remodeling	9/15/09	13,353			13,353	15 MO S/L	4,451	890
103	Remodeling	11/15/09	1,357			1,357	15 MO S/L	437	91
104	Remodeling	1/01/10	1,300			1,300	15 MO S/L	404	87
105	Remodeling	2/19/10	5,000			5,000	15 MO S/L	1,500	333
106	Metal Sandwich Board	12/01/09	1,220			1,220	7 MO S/L	828	174
107	Kiln	3/22/10	2,595			2,595	7 MO S/L	1,637	371
108	Pottery Wheel	7/21/10	1,161			1,161	7 MO S/L	677	166
109	Kiln for Ceramic Studio	7/06/11	2,492			2,492	5 MO S/L	1,578	499
110	Remodeling	3/10/11	9,923			9,923	15 MO S/L	2,315	662
111	Emergency Lighting	12/31/11	2,993			2,993	15 MO S/L	532	200
112	Building Improvements	6/29/12	7,500			7,500	15 MO S/L	1,083	500
113	Pottery Wheel	1/05/12	1,104			1,104	7 MO S/L	421	158
114	Building Improvements	5/09/13	6,916		X	6,916	15 MO S/L	615	461
115	New Awning	5/21/13	1,938			1,938	15 MO S/L	162	129
116	QuickBooks Software	5/17/13	1,700		X	850	3 MOAmort	1,228	283
119	New Windows S of Building	9/26/13	18,260		X	18,260	15 MO S/L	1,116	1,217
120	Doorlocks/Drywall 3rd Floor	10/31/13	1,743			1,743	15 MO S/L	97	116
121	Electrical Work	10/31/13	2,469			2,469	15 MO S/L	137	165
122	Women's Toilets - 3rd Floor	10/31/13	1,353			1,353	15 MO S/L	75	90
135	iStop Motion licenses (6)	3/31/15	288		X	144	3 MOAmort	0	168
138	Art Labs Software	4/30/15	368		X	184	3 MOAmort	0	210

**Federal Asset Report**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Bus %</u>	<u>Sec 179 Bonus</u>	<u>Basis for Depr</u>	<u>Per Conv Meth</u>	<u>Prior</u>	<u>Current</u>
	<b>Total Other Depreciation</b>		<u>775,831</u>			<u>774,653</u>		<u>551,264</u>	<u>23,331</u>
	<b>Total ACRS and Other Depreciation</b>		<u>775,831</u>			<u>774,653</u>		<u>551,264</u>	<u>23,331</u>
	<b>Grand Totals</b>		885,793			869,115		591,500	36,077
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>885,793</u>			<u>869,115</u>		<u>591,500</u>	<u>36,077</u>

23-7205537

**Future Depreciation Report****FYE: 8/31/16**

FYE: 8/31/2015

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
47	10 ME-6 Easels	10/30/97	1,281	0	0
48	Kiln Purchase	4/30/98	1,381	0	0
49	Electrical Improvements - Liberty	6/15/99	2,790	0	0
50	Office Equipment for Felch	9/15/98	450	0	0
51	Kiln # 1 at Felch Street	4/15/99	3,506	0	0
52	Kiln # 2 - Highwater Kiln	5/15/99	1,324	0	0
53	Kiln # 3 - Ramsen Kiln	6/15/99	1,217	0	0
54	iMac Computer (Marsha)	8/15/99	1,200	0	0
62	Guardrailing Installation	7/31/00	3,150	0	0
65	Voice Mail Computer Module	4/06/00	2,499	0	0
70	A/C-Robertson Morrison-Floors 2 & 3	5/31/00	4,550	0	0
71	Roof replacement	6/26/01	13,956	358	0
72	Jewelry Press	10/17/00	683	0	0
73	Potter's Wheel	2/22/01	925	0	0
74	Pug Mill	4/17/01	500	0	0
77	Mail Server	12/01/00	1,000	0	0
117	Server/Computer Upgrades	5/31/13	3,610	221	0
118	Furnace - 2nd Floor	6/11/13	8,900	609	0
123	Back Door - 117 Gallery	11/10/14	3,650	447	0
124	3rd Floor Renovations	4/07/15	38,100	977	0
125	Luxor Presentation Cart	2/28/15	141	17	0
126	Laptop Presentation Cart	2/28/15	144	17	0
127	Routers	2/28/15	229	36	0
128	Portable Hard Drive	2/28/15	140	22	0
129	Epson Scanner	2/28/15	200	32	0
130	Wacaom Tablets & Protection Plans	2/28/15	984	158	0
131	Printer	2/28/15	220	35	0
132	Projector	3/12/15	2,173	267	0
133	Kiln	3/17/15	3,718	455	0
134	Vent for Kiln	3/19/15	452	12	0
136	4x6 markerboard	3/31/15	518	63	0
137	72x30 Table for RHB Art	3/31/15	547	67	0
139	Tables & Chairs	4/30/15	3,102	380	0
140	Da-Lite Projector	4/30/15	250	30	0
141	Promaster Copy Stands	5/31/15	1,100	135	0
142	Stainless Steel Cabinet	5/31/15	752	92	0
143	Webcams	6/15/15	620	99	0
			<u>109,962</u>	<u>4,529</u>	<u>0</u>

**Other Depreciation:**

1	Building	9/01/97	62,354	0	0
2	Building	9/01/97	29,900	748	0
4	Building Improvements	9/01/97	86,682	0	0
5	Building Improvements	9/01/97	24,277	0	0
6	Building Improvements	9/01/97	9,115	0	0
7	Building Improvements	9/01/97	43,834	1,461	0
8	Building Improvements	9/01/97	53,707	1,790	0
9	Building Improvements	9/01/97	10,453	349	0
10	Building Improvements	9/01/97	24,917	831	0
11	Building Improvements	9/01/97	31,808	1,061	0
12	Building Improvements	9/01/97	13,358	445	0
13	Building Improvements	9/01/97	14,334	478	0
14	Building Improvements	9/01/97	10,578	353	0
15	Building Improvements	9/01/97	31,550	1,051	0
18	Land	9/01/97	25,000	0	0
19	Kiln ED	9/01/97	1,260	0	0
20	Kiln ED	9/01/97	1,200	0	0
21	Loom	9/01/97	1,315	0	0
22	Computer Performa	9/01/97	1,415	0	0
23	Computer Performa	9/01/97	1,415	0	0
24	Computer Performa	9/01/97	1,415	0	0
25	Computer Performa	9/01/97	1,415	0	0
26	Computer Performa	9/01/97	1,415	0	0
27	Tent SW	9/01/97	2,018	0	0

23-7205537

**Future Depreciation Report****FYE: 8/31/16**

FYE: 8/31/2015

Asset	Description	Date In Service	Cost	Tax	AMT
28	Tent SW	9/01/97	2,018	0	0
29	Phone System	9/01/97	8,178	0	0
30	Computer Performa	9/01/97	1,199	0	0
31	Laserwriter	9/01/97	1,910	0	0
33	Kiln FOC	9/01/97	2,590	0	0
34	Kiln FOC	9/01/97	2,590	0	0
35	Computer Performa 96/7	9/01/97	2,140	0	0
36	Feat of Clay Furniture	9/01/97	2,624	0	0
37	Feat of Clay Display	9/01/97	1,054	0	0
38	Computer 95/6	9/01/97	1,677	0	0
39	Shop Display & Sales Desk	9/01/97	9,965	0	0
40	ArtVentures Furniture	9/01/97	2,541	0	0
41	Weaving Benches	9/01/97	1,080	0	0
42	Brent Wheel	9/01/97	615	0	0
43	Brent Wheel	9/01/97	615	0	0
44	Brent Wheel	9/01/97	615	0	0
45	Artventures Sign	9/01/97	3,000	0	0
46	Education Chairs	9/01/97	6,220	0	0
67	MIP Software	9/07/99	7,362	0	0
68	MIP Professional Services	2/28/00	2,693	0	0
76	Microsoft Windows 2000	1/09/01	1,938	0	0
79	Felch Equipment	4/18/02	13,680	0	0
80	Liberty Equipment	7/31/02	4,782	0	0
82	Felch Cabinets	4/15/03	2,516	0	0
85	Projector & Screen	8/08/04	1,199	0	0
86	Marsha's Dell Computer	9/27/04	1,982	0	0
87	Lap top	12/14/04	1,200	0	0
88	Filemaker / MIP accounting software upgrade	2/25/05	2,839	0	0
91	Furnace	3/24/06	3,500	204	0
93	Furnance replacement	3/03/07	5,400	360	0
94	Bryant A/C Condenser	6/20/07	3,951	264	0
95	1st floor bathroom improvements	3/15/09	885	59	0
96	L/I Space planning	3/31/09	5,497	367	0
97	Remodeling	4/30/09	20,935	1,396	0
98	Remodeling	5/15/09	7,067	471	0
99	REmodeling	6/15/09	63,346	4,223	0
100	remodeling	7/15/09	2,618	175	0
101	Remodeling	8/15/09	2,042	136	0
102	Remodeling	9/15/09	13,353	890	0
103	Remodeling	11/15/09	1,357	90	0
104	Remodeling	1/01/10	1,300	87	0
105	Remodeling	2/19/10	5,000	334	0
106	Metal Sandwich Board	12/01/09	1,220	174	0
107	Kiln	3/22/10	2,595	371	0
108	Pottery Wheel	7/21/10	1,161	166	0
109	Kiln for Ceramic Studio	7/06/11	2,492	415	0
110	Remodeling	3/10/11	9,923	662	0
111	Emergency Lighting	12/31/11	2,993	199	0
112	Building Improvements	6/29/12	7,500	500	0
113	Pottery Wheel	1/05/12	1,104	157	0
114	Building Improvements	5/09/13	6,916	461	0
115	New Awning	5/21/13	1,938	129	0
116	QuickBooks Software	5/17/13	1,700	189	0
119	New Windows S of Building	9/26/13	18,260	1,218	0
120	Doorlocks/Drywall 3rd Floor	10/31/13	1,743	116	0
121	Electrical Work	10/31/13	2,469	164	0
122	Women's Toilets - 3rd Floor	10/31/13	1,353	91	0
135	iStop Motion licenses (6)	3/31/15	288	48	0
138	Art Labs Software	4/30/15	368	61	0
<b>Total Other Depreciation</b>			<u>775,831</u>	<u>22,744</u>	<u>0</u>
<b>Total ACRS and Other Depreciation</b>			<u>775,831</u>	<u>22,744</u>	<u>0</u>
<b>Grand Totals</b>			<u>885,793</u>	<u>27,273</u>	<u>0</u>

## Two Year Comparison Report

Form **990****2013 & 2014**

For calendar year 2014, or tax year beginning 09/01/14, ending 08/31/15

Name

Taxpayer Identification Number

Ann Arbor Art Association

23-7205537

		2013	2014	Differences
Revenue	1. Contributions, gifts, grants	125,594	214,299	88,705
	2. Membership dues and assessments	17,110	16,850	-260
	3. Government contributions and grants			
	4. Program service revenue	411,253	727,177	315,924
	5. Investment income	17,394	19,047	1,653
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events	30,338	57,023	26,685
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory	43,728		-43,728
	11. Other revenue	17,350	23,203	5,853
	12. <b>Total revenue.</b> Add lines 1 through 11	662,767	1,057,599	394,832
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	69,363	70,000	637
	16. Salaries, other compensation, and employee benefits	383,557	473,534	89,977
	17. Professional fundraising fees			
	18. Other professional fees	16,106	36,047	19,941
	19. Occupancy, rent, utilities, and maintenance	36,601	41,394	4,793
	20. Depreciation and Depletion	23,744	25,195	1,451
	21. Other expenses	222,691	391,495	168,804
	22. <b>Total expenses.</b> Add lines 13 through 21	752,062	1,037,665	285,603
	23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12	-89,295	19,934	109,229
Other Information	24. Total exempt revenue	662,767	1,057,599	394,832
	25. Total unrelated revenue		19,047	19,047
	26. Total excludable revenue	489,725	750,380	260,655
	27. Total assets	409,281	482,965	73,684
	28. Total liabilities	133,061	182,951	49,890
	29. Retained earnings	276,220	300,014	23,794
	30. Number of voting members of governing body	16	215	
	31. Number of independent voting members of governing body	16	16	
	32. Number of employees	25	25	
	33. Number of volunteers	275	175	

Form **990T**

**Two Year Comparison Report**

**2013 & 2014**

For calendar year 2014, or tax year beginning 09/01/14, ending 08/31/15

Name

Taxpayer Identification Number

Ann Arbor Art Association

23-7205537

		2013	2014	Differences
<b>Revenue</b>	1. Gross profit/loss on business activities	1.		
	2. Capital gains/losses	2.		
	3. Income/loss from partnerships and S corporations	3.		
	4. Rental income (net of expense)	4.		
	5. Unrelated debt-financed income (net of expense)	5.		
	6. Interest, and other income from controlled organizations (net of expense)	6.		
	7. Investment income of specific organizations (net of expense)	7.		
	8. Exploited exempt activity income (net of expense)	8.		
	9. Advertising income (net of expense)	9.		
	10. Other income	10.		
	<b>11. Total trade or business income.</b> Combine lines 1 through 10	<b>11.</b>		
<b>Expenses</b>	12. Compensation of officers, directors, and trustees	12.		
	13. Other salaries and wages	13.		
	14. Repairs and maintenance	14.		
	15. Bad debts	15.		
	16. Interest	16.		
	17. Taxes and licenses	17.		
	18. Charitable contributions	18.		
	19. Depreciation and Depletion	19.		
	20. Contributions to deferred compensation plans	20.		
	21. Employee benefit programs	21.		
	22. Other deductions	22.		
	<b>23. Total deductions.</b> Add lines 12 through 22	<b>23.</b>		
	<b>24. Taxable income before NOL.</b> Subtract line 23 from 11	<b>24.</b>		
	25. Net operating loss deduction	25.		
	26. Specific deduction	26.	1,000	-1,000
	<b>27. Unrelated business taxable income.</b>	<b>27.</b>	-1,000	1,000
	<b>Tax &amp; Credits</b>	28. Income tax (corporate or trust)	28.	
29. Proxy tax		29.		
30. Alternative minimum tax		30.		
<b>31. Total taxes</b>		<b>31.</b>		
32. Other credits		32.		
33. General business credit		33.		
34. Credit for prior year minimum tax		34.		
<b>35. Total credits</b>		<b>35.</b>		
<b>36. Net tax after credits</b>		<b>36.</b>		
37. Recapture taxes		37.		
<b>38. Total Taxes</b>	<b>38.</b>			
<b>Due/Refund</b>	39. Prior year overpayment and estimated tax payments	39.		
	40. Payment made with extension	40.		
	41. Backup withholding and foreign withholding	41.		
	42. Other payments	42.		
	<b>43. Total payments</b>	<b>43.</b>		
	<b>44. Balance due/(Overpayment)</b>	<b>44.</b>		
	45. Overpayment applied to next year	45.		
	46. Penalties	46.		
	<b>47. Total due/(Refund)</b>	<b>47.</b>		

Form <b>990</b>	<b>Tax Return History</b>	<b>2014</b>
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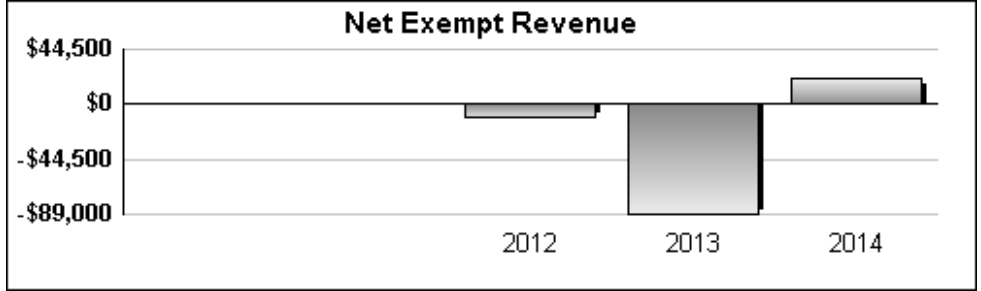
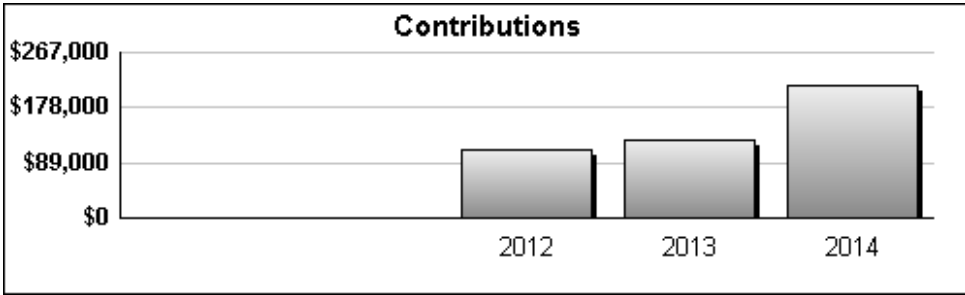
Name <b>Ann Arbor Art Association</b>	Employer Identification Number <b>23-7205537</b>
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	2010	2011	2012	2013	2014	2015
Contributions, gifts, grants .....			109,275	125,594	214,299	
Membership dues .....			31,355	17,110	16,850	
Program service revenue .....			438,662	411,253	727,177	
Capital gain or loss .....						
Investment income .....			15,466	17,394	19,047	
Fundraising revenue (income/loss) .....			18,938	30,338	57,023	
Gaming revenue (income/loss) .....						
Other revenue .....			64,163	61,078	23,203	
<b>Total revenue</b> .....			<b>677,859</b>	<b>662,767</b>	<b>1,057,599</b>	
Grants and similar amounts paid .....						
Benefits paid to or for members .....						
Compensation of officers, etc. ....			51,149	69,363	70,000	
Other compensation .....			333,510	383,557	473,534	
Professional fees .....				16,106	36,047	
Occupancy costs .....			39,870	36,601	41,394	
Depreciation and depletion .....			23,049	23,744	25,195	
Other expenses .....			240,893	222,691	391,495	
<b>Total expenses</b> .....			<b>688,471</b>	<b>752,062</b>	<b>1,037,665</b>	
<b>Excess or (Deficit)</b> .....			<b>-10,612</b>	<b>-89,295</b>	<b>19,934</b>	
<b>Total exempt revenue</b> .....			<b>677,859</b>	<b>662,767</b>	<b>1,057,599</b>	
<b>Total unrelated revenue</b> .....					<b>19,047</b>	
<b>Total excludable revenue</b> .....			<b>677,859</b>	<b>489,725</b>	<b>750,380</b>	
<b>Total Assets</b> .....			<b>463,984</b>	<b>409,281</b>	<b>482,965</b>	
<b>Total Liabilities</b> .....			<b>128,866</b>	<b>133,061</b>	<b>182,951</b>	
<b>Net Fund Balances</b> .....			<b>335,118</b>	<b>276,220</b>	<b>300,014</b>	

Form <b>990T</b>	<b>Tax Return History</b>	<b>2014</b>
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Name <b>Ann Arbor Art Association</b>	Employer Identification Number <b>23-7205537</b>
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	2010	2011	2012	2013	2014	2015
Business activity profit/loss .....						
Capital gains/losses .....						
Partner and S Corp gain/loss .....						
Rental income* .....						
Debt-financed income* .....						
Controlled organizations income/interest* .....						
Investment income, specific organizations* .....						
Exploited exempt activity income* .....						
Other income .....						
<b>Total trade or business income.</b> .....						
Compensation of officers, ect. ....						
Other salaries and wages .....						
Repairs and maintenance .....						
Bad debts .....						
Interest .....						
Taxes and licenses .....						
Charitable contributions .....						
Depreciation and Depletion .....						
Deferred compensation plans .....						
Employee benefit programs .....						



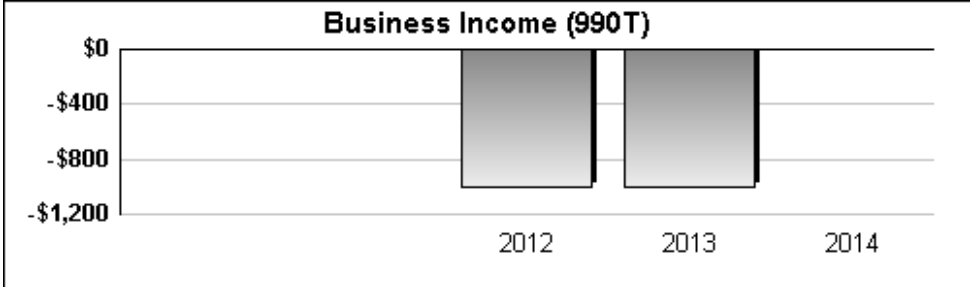
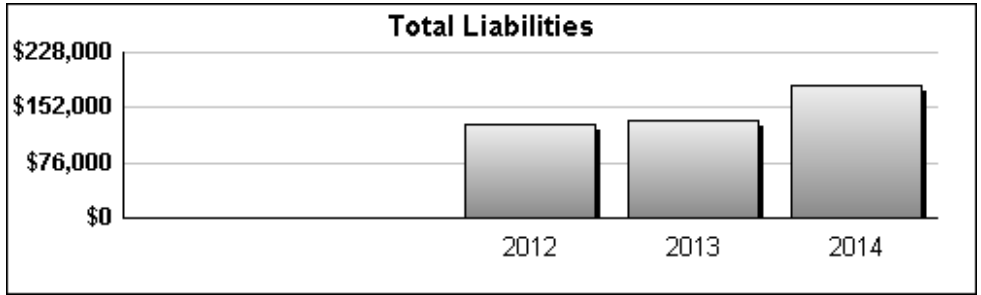
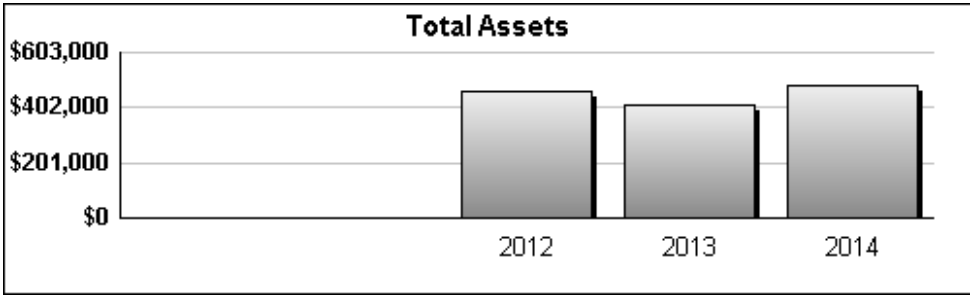


Form <b>990T</b>	<b>Tax Return History</b>	<b>2014</b>
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Name <b>Ann Arbor Art Association</b>	Employer Identification Number <b>23-7205537</b>
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	2010	2011	2012	2013	2014	2015
Other deductions .....						
Net operating loss deduction .....						
Specific deduction .....			1,000	1,000		
Income after expense and deductions .....			-1,000	-1,000		
Income tax (corporate or trust) .....						
Other taxes .....						
<b>Total taxes</b> .....						
General business credit .....						
Other credits .....						
<b>Net tax after credits</b> .....						
Estimated tax payments .....						
Other payments .....						
<b>Balance due/Overpayment</b> .....						

\* Income shown net of expenses



**Federal Statements****Tax-Exempt Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>InState Muni (\$ or %)</u>
Endowment Earnings	\$ 19,047	611600	14			
Total	<u>\$ 19,047</u>					

## Federal Statements

### Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
Credit card fees	\$ 27,913	\$ 22,944	\$ 1,491	\$ 3,478
Employment search	574	471	31	72
Total	\$ 28,487	\$ 23,415	\$ 1,522	\$ 3,550

### Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
Development	\$ 1,400	\$ 1,148	\$ 28	\$ 224
POP-X Expenses	190	156	4	30
Total	\$ 1,590	\$ 1,304	\$ 32	\$ 254

## Federal Statements

### Schedule A, Part III, Line 1(e)

<u>Description</u>	<u>Amount</u>
Membership Dues and Assessments	\$ 16,850
Grants	17,490
Contributions	33,979
Anne & Howard Cooper	
Cash Contribution	5,000
Larry & Lucie Nisson	
Cash Contribution	50,000
Old National Bancorp	
Cash Contribution	25,000
Josh Pokempner	
Cash Contribution	25,000
Ann Arbor Area Community Foundation	
Cash Contribution	20,000
Michigan Council for Arts and Cultur	
Cash Contribution	20,330
Buhr Foundation	
Cash Contribution	10,000
Next Generation Philanthropists Grou	
Cash Contribution	7,500
Total	<u>\$ 231,149</u>

### Schedule A, Part III, Line 2(e)

<u>Description</u>	<u>Amount</u>
Special Events	\$ 95,443
Gallery Sales	313,613
Classes	413,564
Total	<u>\$ 822,620</u>

## Federal Statements

### Schedule A, Part III, Line 3(e)

Description	Amount
Other Income	\$ 335
POP-X Revenues	1,859
Total	\$ <u>2,194</u>

### Schedule A, Part III, Line 10a(e)

Description	Amount
Rental	\$ 21,465
Total	\$ <u>21,465</u>

# Federal Statements

## Special Events

### Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
Juried Prizes	\$ <u>4,370</u>
Total	\$ <u><u>4,370</u></u>

## Forms 990 / 990-EZ Return Summary

For calendar year 2014, or tax year beginning 09/01/14 , and ending 08/31/15

23-7205537

Ann Arbor Art Association

**Net Asset / Fund Balance at Beginning of Year** 276,220

**Revenue**

Contributions	<u>231,149</u>	
Program service revenue	<u>727,177</u>	
Investment income	<u>19,047</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u>95,443</u>	
Direct expenses	<u>38,420</u>	
Net income	<u>57,023</u>	
Other income	<u>23,203</u>	
<b>Total revenue</b>		<u>1,057,599</u>

**Expenses**

Program services	<u>903,816</u>	
Management and general	<u>17,528</u>	
Fundraising	<u>116,321</u>	
<b>Total expenses</b>		<u>1,037,665</u>
<b>Excess / (deficit)</b>		<u>19,934</u>

Changes 3,860

**Net Asset / Fund Balance at End of Year** 300,014

**Reconciliation of Revenue**

Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total revenue per return</b>	<u>1,057,599</u>

**Reconciliation of Expenses**

Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total expenses per return</b>	<u>1,037,665</u>

**Balance Sheet**

	Beginning	Ending	Differences
Assets	<u>409,281</u>	<u>482,965</u>	
Liabilities	<u>133,061</u>	<u>182,951</u>	
Net assets	<u>276,220</u>	<u>300,014</u>	<u>23,794</u>

**Miscellaneous Information**

Amended return \_\_\_\_\_  
 Return / extended due date 01/15/16  
 Failure to file penalty \_\_\_\_\_