

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

OMB No. 1545-0047

2018
Open to Public Inspection

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

A For the 2018 calendar year, or tax year beginning 09/01/18 , **and ending** 08/31/19

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	C Name of organization Ann Arbor Art Association Doing business as Ann Arbor Art Center 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	D Employer identification number 23-7205537 E Telephone number 734-994-8004 G Gross receipts\$ 1,767,125
F Name and address of principal officer: Marie Klopf 117 W Liberty St Ann Arbor MI 48104		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶
J Website: ▶ www.AnnArborArtCenter.org		L Year of formation: 1909 M State of legal domicile: MI
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: To be a contemporary forum for the visual arts through education, exploration, collaboration and exhibition, and to engage minds, expand perspectives and inspire growth.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	28
	6 Total number of volunteers (estimate if necessary)	6	91
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-48,226
b Net unrelated business taxable income from Form 990-T, line 38	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	715,638	856,036
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	555,936	569,766
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,997	21,331
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	68,074	49,979
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,363,645	1,497,112
	14 Benefits paid to or for members (Part IX, column (A), line 4)	11,611	10,770
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	677,432	651,434
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 214,974	14,128	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	346,628	486,397
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,049,799	1,148,601	
19 Revenue less expenses. Subtract line 18 from line 12	313,846	348,511	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	3,828,244	3,988,399
	22 Net assets or fund balances. Subtract line 21 from line 20	2,402,827	2,214,471
		1,425,417	1,773,928

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.

Sign Here	Signature of officer Marie Klopf	Date	
	Type or print name and title President & CEO		
Paid Preparer Use Only	Print/Type preparer's name Thomas A O'Sullivan	Preparer's signature	Date 03/10/20
	Firm's name ▶ Yeo & Yeo, P.C.	Firm's EIN ▶ 38-2706146	Check <input type="checkbox"/> if PTIN self-employed P01321877
	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: See Schedule O

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 \$ 577,169 including grants of \$ 10,770) (Revenue \$ 569,766) See Schedule O

4b (Code:) (Expenses \$ 219,436 including grants of \$) (Revenue \$ 67,725) See Schedule O

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

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

4e Total program service expenses 796,605

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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? 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?		
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

Part IV Checklist of Required Schedules (continued)

		Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
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?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>		X
25b			X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
26			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? <i>If "Yes," complete Schedule L, Part III</i>		X
27			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? <i>If "Yes," complete Schedule L, Part IV</i>		X
28a			X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b			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? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
29			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
31			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
32			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? <i>If "Yes," complete Schedule R, Part I</i>		X
33			X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
34			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35a			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
35b			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36			X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
37			X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	
38		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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
1c		X	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 28		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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
1a	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.		
	1a 16		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
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
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
15b		X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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?		
16b			

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ▶ MI
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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 ▶ Marie Klopff 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) JPaul Dixon Chair	2.00 0.00	X		X				0	0	0
(2) Peter Baker Vice Chair	2.00 0.00	X		X				0	0	0
(3) Adam Linkner Vice Chair	2.00 0.00	X		X				0	0	0
(4) Doug Gross Treasurer	2.00 0.00	X		X				0	0	0
(5) Debra Christein Treasurer	2.00 0.00	X		X				0	0	0
(6) Nakia Johnson Secretary	2.00 0.00	X		X				0	0	0
(7) Lucia Baru Director	1.00 0.00	X						0	0	0
(8) Tom Bray Director	1.00 0.00	X						0	0	0
(9) Anne Cooper Vice Chair	1.00 0.00	X		X				0	0	0
(10) Justin Herrick Director	1.00 0.00	X						0	0	0
(11) Maria Leonhauser Director	1.00 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) Chrislan Fuller Director	1.00 0.00	X						0	0	0
(13) Lisa Sauve Director	1.00 0.00	X						0	0	0
(14) Jim Simpson Director	1.00 0.00	X						0	0	0
(15) Robin Suter Director	1.00 0.00	X						0	0	0
(16) Yujia Zhou Director	1.00 0.00	X						0	0	0
(17) Marie Klopff President & CEO	40.00 0.00			X				95,379	0	15,207
1b Sub-total								95,379		15,207
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								95,379		15,207

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 **0**

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b	11,095				
	c Fundraising events	1c	89,391				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	755,550				
	g Noncash contributions included in lines 1a-1f: \$		11,891				
	h Total. Add lines 1a-1f		856,036				
Program Service Revenue		Busn. Code					
	2a Class Fees	611600	569,766	569,766			
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f		569,766					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		21,331			21,331	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	105,189				
		(ii) Personal					
	b Less: rental exps.		153,415				
	c Rental inc. or (loss)		-48,226				
	d Net rental income or (loss)		-48,226		-48,226		
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
	b Less: cost or other basis & sales exps.						
	c Gain or (loss)						
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ 89,391 of contributions reported on line 1c). See Part IV, line 18	a	45,233				
	b Less: direct expenses	b	28,726				
c Net income or (loss) from fundraising events		16,507			16,507		
9a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a	155,597					
	b Less: cost of goods sold	b	87,872				
c Net income or (loss) from sales of inventory		67,725	67,725				
	Miscellaneous Revenue	Busn. Code					
11a Other Income		900099	13,973		13,973		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			13,973				
12 Total revenue. See instructions.			1,497,112	637,491	-48,226	51,811	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	10,770	10,770		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	114,981	28,745	53,697	32,539
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	432,135	292,458	31,761	107,916
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	59,789	32,840	12,997	13,952
10 Payroll taxes	44,529	27,863	6,269	10,397
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	24,985	11,322	12,131	1,532
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	6,000	6,000		
12 Advertising and promotion	58,721	45,351	348	13,022
13 Office expenses	26,639	13,151	7,137	6,351
14 Information technology				
15 Royalties				
16 Occupancy	64,276	58,899	2,554	2,823
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	63,413	60,494	1,577	1,342
23 Insurance	8,796	920	7,836	40
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Class Expenses	110,312	110,312		
b Miscellaneous	75,874	63,902	715	11,257
c Gallery Expenses	33,522	33,522		
d Capital Campaign	13,803			13,803
e All other expenses	56	56		
25 Total functional expenses. Add lines 1 through 24e	1,148,601	796,605	137,022	214,974
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest bearing	254,918	1	88,497
	2 Savings and temporary cash investments	49,442	2	102,870
	3 Pledges and grants receivable, net	520,148	3	560,299
	4 Accounts receivable, net	19,475	4	44,500
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	30,021	8	31,435
	9 Prepaid expenses and deferred charges	42,095	9	25,829
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,917,458		
	b Less: accumulated depreciation	10b 837,397	2,856,712	10c 3,080,061
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	55,433	15	54,908
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,828,244	16	3,988,399	
Liabilities	17 Accounts payable and accrued expenses	76,888	17	40,215
	18 Grants payable		18	
	19 Deferred revenue	61,439	19	69,756
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,264,500	23	2,104,500
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	2,402,827	26	2,214,471
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	672,534	27	1,074,411
	28 Temporarily restricted net assets	713,583	28	660,017
	29 Permanently restricted net assets	39,300	29	39,500
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,425,417	33	1,773,928	
34 Total liabilities and net assets/fund balances	3,828,244	34	3,988,399	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,497,112
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,148,601
3	Revenue less expenses. Subtract line 2 from line 1	3	348,511
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,425,417
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,773,928

Part XII Financial Statements and Reporting

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

	Yes	No
1 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.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. 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

Table with 2 columns: Description, Percentage. Row 14: Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 %
Row 15: Public support percentage from 2017 Schedule A, Part II, line 14 15 %

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test—2017. 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—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	231,149	347,961	1,133,448	715,636	856,036	3,284,230
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	822,620	791,451	773,908	770,898	725,363	3,884,240
3 Gross receipts from activities that are not an unrelated trade or business under section 513	2,194	52,311	28,485	32,376	13,973	129,339
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	1,055,963	1,191,723	1,935,841	1,518,910	1,595,372	7,297,809
7a Amounts included on lines 1, 2, and 3 received from disqualified persons			765,000	161,575	390,000	1,316,575
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						
c Add lines 7a and 7b			765,000	161,575	390,000	1,316,575
8 Public support. (Subtract line 7c from line 6.)						5,981,234

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	1,055,963	1,191,723	1,935,841	1,518,910	1,595,372	7,297,809
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	21,465	53,941	38,486	23,997	21,331	159,220
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	21,465	53,941	38,486	23,997	21,331	159,220
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			14,042	9,794		23,836
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	1,077,428	1,245,664	1,988,369	1,552,701	1,616,703	7,480,865
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	79.95 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	97.20 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	2 %
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	3 %

- 19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

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

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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 (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 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. Answer (a) and (b) below.		
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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

Section D - Distributions	Current Year
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 Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2018

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" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	55,432	52,602	47,600		
b Contributions	200	200	200	47,600	
c Net investment earnings, gains, and losses	-724	2,630	4,802		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	54,908	55,432	52,602	47,600	

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

- a** Board designated or quasi-endowment ▶ 28.00 %
- b** Permanent endowment ▶ 72.00 %
- c** Temporarily restricted endowment ▶ %

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

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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		275,000		275,000
b Buildings				
c Leasehold improvements		115,359		115,359
d Equipment		171,087	151,675	19,412
e Other		3,356,012	685,722	2,670,290
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,080,061

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	1,679,253
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	182,141	
e	Add lines 2a through 2d		2e	182,141
3	Subtract line 2e from line 1		3	1,497,112
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	1,497,112

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

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

1	Total expenses and losses per audited financial statements		1	1,330,742
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	182,141	
e	Add lines 2a through 2d		2e	182,141
3	Subtract line 2e from line 1		3	1,148,601
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	1,148,601

Part XIII Supplemental Information.

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

Part V, Line 4 - Intended Uses for Endowment Funds

Support of art and art education in Ann Arbor.

Part XI, Line 2d - Revenue Amounts Included in Financials - Other

Fundraising expense	\$	28,726
Rental Expenses	\$	153,415

Part XII, Line 2d - Expense Amounts Included in Financials - Other

Fundraising expense	\$	28,726
Rental Expenses	\$	153,415

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

Ann Arbor Art Association

Employer identification number

23-7205537

Part I Fundraising Activities. Complete if the organization answered "Yes" on 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 10 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						
Total						

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" on 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>Vine and Dine</u> (event type)	<u>Artini</u> (event type)	<u>2</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	86,845	28,695	19,084	134,624
	2 Less: Contributions	62,907	14,525	11,959	89,391
	3 Gross income (line 1 minus line 2)	23,938	14,170	7,125	45,233
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	838			838
	7 Food and beverages	8,188	5,899	5,007	19,094
	8 Entertainment	2,500			2,500
	9 Other direct expenses	5,772	64	458	6,294
	10 Direct expense summary. Add lines 4 through 9 in column (d)				28,726
11 Net income summary. Subtract line 10 from line 3, column (d)				16,507	

Part III Gaming. Complete if the organization answered "Yes" on 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: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990.**

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

Name of the organization

Ann Arbor Art Association

Employer identification number

23-7205537

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							

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

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

Schedule I (Form 990) (2018)

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Scholarship	43	10,770			
2					
3					
4					
5					
6					
7					

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

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SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018**Open to Public
Inspection**

Name of the organization

Ann Arbor Art Association

Employer identification number

23-7205537

Form 990 - Organization's Mission

To be a contemporary forum for the visual arts through education, exploration, collaboration and exhibition, and to engage minds, expand perspectives and inspire growth in students of all ages, teachers, artists, and the community.

Form 990, Part III, Line 4a - First Accomplishment

Education - The Ann Arbor Art Center art education programs provide an array of experiential learning opportunities for individuals of all ages and skill levels. Annually, the Art Center programs over 200 classes, one-day workshops, youth art camps, and free drop-in workshops. Class mediums range from traditional (painting, drawing, and screen-printing) to contemporary (cold wax painting, exploring alcohol inks, and stop-motion animation) and ceramics (wheel throwing and hand building) to jewelry metalsmithing (simple ring making to casting metals). All classes are taught by experienced instructors with MFA, BFA, or art education degrees. In addition to holding classes in our downtown Ann Arbor facility, we partner with other community groups to hold classes in their facilities as well (Ann Arbor District Library, Literati, Blom Meadworks, Hathaway's Hideaway, Matthaei Botanical Gardens). In 2019, over 4,100 individuals of all ages and skill levels participated in the Art Center educational programs. In 2019 we also expanded out class offering into the new building obtained next door.

Form 990, Part III, Line 4b - Second Accomplishment

Name of the organization Ann Arbor Art Association	Employer identification number 23-7205537
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Galleries - The Galleries program at the Ann Arbor Art Center includes the 117 Gallery, 117 Gallery Shop, and the Aquarium Gallery. The 117 Gallery Shop, sells the work of 75-150 artists that live and work throughout the Midwest. The 117 Gallery is our first and second floor exhibition spaces that hosts monthly curated, juried, and pop-up exhibitions. The Aquarium Gallery is a street-facing micro-gallery that features site-specific installations by solo artists. Outside of the gallery walls, we hosted one-night-only pop-up exhibitions for emerging artists at Alley Bar, and A2 Distilling Company; partnered with the Ann Arbor District Library in hosting the Art Talks professional development series for artists; collaborated with the City of Ann Arbor in presenting a rotating exhibition space in the City Council Chambers for local and regional artists; worked with business owners to help bring high-quality art into public spaces; and teamed with Icon Interactive to create an augmented reality experience connected to an exhibition. Over 5,600 artists and individuals experienced, enjoyed, and participated in galleries programs.

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.

Name of the organization

Employer identification number

Ann Arbor Art Association

23-7205537

Form 990, Part VI, Line 15a - Compensation Process for Top Official
 CEO/Executive Director Review Process (formal staff and board evaluation).
 Results reviewed and summarized by board Chair. Reviewed by executive
 committee and board. Final decision made by board of directors in
 executive session. Compensation survey was used (Charitable Advisors,
 GuideStar, Charity Navigator and American's for the Arts).

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
 All documents are available upon request at the organization's office.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Fundraising expense	\$	28,726
Rental Expenses	\$	153,415
Fundraising expense	\$	-28,726
Rental Expenses	\$	-153,415



Filing Instructions

Ann Arbor Art Association

Exempt Organization Business Tax Return

Taxable Year Ended August 31, 2019

Date Due: July 15, 2020

Remittance: None is required. Your Form 990-T for the tax year ended 8/31/19 shows no balance due.

Mail To: Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

If a private delivery service is used, mail to:
OSPC
1973 Rulon White Blvd.
Ogden, UT 84201-1000

Signature: The return should be signed and dated on Page 2 by an officer representing the organization.

Form **990-T**

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

OMB No. 1545-0687

2018

Department of the Treasury
Internal Revenue Service

For calendar year 2018 or other tax year beginning 09/01/18, and ending 08/31/19

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). **Open to Public Inspection for 501(c)(3) Organizations Only**

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section</p> <p><input checked="" type="checkbox"/> 501(C)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p> <p>C Book value of all assets at end of year <u>3,988,399</u></p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)</p> <p>Print or Type <u>Ann Arbor Art Association</u></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. <u>117 W Liberty St</u></p> <p>City or town, state or province, country, and ZIP or foreign postal code <u>Ann Arbor MI 48104-1320</u></p> <p>F Group exemption number (See instructions.) ▶</p> <p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	<p>D Employer identification number (Employees' trust, see instructions.) <u>23-7205537</u></p> <p>E Unrelated business activity code (See instructions.) <u>531120</u></p>
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H Enter the number of the organization's unrelated trades or businesses. 1 Describe the only (or first) unrelated trade or business here
▶ Debt-financed rental income. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete Schedule M for each additional trade or business, then complete Parts III-V.

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

J The books are in care of ▶ Marie Klopff Telephone number ▶ 734-994-8004

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c Balance		1c		
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c			
4a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from partnership and S corporation (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)	89,211	130,111	-40,900
8	Interest, annuities, royalties, and rents from controlled organization (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions; attach schedule)			
13	Total. Combine lines 3 through 12	89,211	130,111	-40,900

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)				
14	Compensation of officers, directors, and trustees (Schedule K)			
15	Salaries and wages			
16	Repairs and maintenance			
17	Bad debts			
18	Interest (attach schedule) (see instructions)			
19	Taxes and licenses			
20	Charitable contributions (See instructions for limitation rules)			
21	Depreciation (attach Form 4562)	36,298		
22	Less depreciation claimed on Schedule A and elsewhere on return	36,298	22b	0
23	Depletion			
24	Contributions to deferred compensation plans			
25	Employee benefit programs			
26	Excess exempt expenses (Schedule I)			
27	Excess readership costs (Schedule J)			
28	Other deductions (attach schedule)			
29	Total deductions. Add lines 14 through 28			
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			-40,900
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)			
32	Unrelated business taxable income. Subtract line 31 from line 30			-40,900

Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	
34	Amounts paid for disallowed fringes	34	
35	Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	0
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36.	38	0

Part IV Tax Computation

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0

Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800 (see instructions)	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (att. sch.)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	0
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 2	49	
50a	Payments: A 2017 overpayment credited to 2018	50a	
b	2018 estimated tax payments	50b	
c	Tax deposited with Form 8868	50c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g	
51	Total payments. Add lines 50a through 50g	51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	0
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	55	

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "YES," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "YES," enter the name of the foreign country here	Yes	No
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "YES," see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year		

Sign Here

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

Signature of officer: _____ Date: _____ Title: **President & CEO**

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

Paid Preparer Use Only	Print/Type preparer's name Thomas A O'Sullivan	Preparer's signature	Date 03/10/20	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			

Schedule A – Cost of Goods Sold. Enter method of inventory valuation ►

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

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

(see instructions)

1. Description of property		
(1) <u>N/A</u>		
(2)		
(3)		
(4)		
2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ►
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►		

Schedule E – Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			Stmt 1	Stmt 2
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1) <u>Rental</u>		<u>105,189</u>	<u>36,298</u>	<u>117,117</u>
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1) <u>737,056</u>	<u>869,032</u>	<u>84.81%</u>	<u>89,211</u>	<u>130,111</u>
(2)		%		
(3)		%		
(4)		%		
See Statement 3 See Statement 4			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals			<u>89,211</u>	<u>130,111</u>
Total dividends-received deductions included in column 8				

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

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1) N/A					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Totals ▶

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) N/A				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Totals ▶

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

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.

Totals ▶

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						

Totals (carry to Part II, line (5)) ▶

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals from Part I ▶						
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			

Form 990-T	Schedule M Charitable Contribution and Loss Calculation	2018
Description Unrelated Business Activity		
Name Ann Arbor Art Association		Taxpayer Identification Number 23-7205537
Unincorporated Business Income Tax Code: 531120 Activity: Lessors of nonresidential buildi		

Worksheet 1 Activity Charitable Contribution Deduction		
1	Activity Income (Schedule M, Line 13, col C)	-40,900
2	Activity Expense (does not include amount needed for Line 20)	
3	Net Income (Line 1 minus Line 2); If less than zero, enter -0-	0
4	Current activity contribution limit (Multiplier used is 100%)	
5	Current year contributions	0
6	Prior year contributions (corporations only)	
7	Total available contributions (Add lines 5 and 6)	
8	Take the lesser of Line 4 or 7; Enter here and on Line 20 (Form 990T or Sch M)	
9	Remaining contributions (subtract line 8 from line 7)	
10	Allocate any remaining amount of Line 9 to taxable fringe benefits (within percent limits); Enter amount here and on Form 990-T, Line 33 as a negative amount	
11	Remaining contributions (carried forward for corporations only, See Worksheet 3)	0

Worksheet 2 Activity Losses and Carryforward Amounts		
1	Activity losses (do not include amounts before 2018)	
2	Amount of loss used in the current year	0
3	Prior year losses carried over to next year	
4	Losses generated by current year activity	40,900
5	Total loss carried forward to 2019	40,900

Worksheet 3 Activity Charitable Contribution Carryforward					
Prior Tax Years	Prior Year			Current Year	Next Year
	Contributions	Used	Carryover	Amount Used	Carryover
5th 08/31/14					
4th 08/31/15					
3rd 08/31/16					
2nd 08/31/17					
1st 08/31/18					
Charitable Contribution Carryover To Current Year			0		
Current Year Amount		0			0
Charitable Contribution Carryover Available To Next Year					0

Federal Statements**Statement 1 - Form 990-T, Schedule E, Column 3a - Straight Line Depreciation**

<u>Description</u>	<u>Deduction</u>
Rental Depreciation	36,298
Total	<u>36,298</u>

Statement 2 - Form 990-T, Schedule E, Column 3b - Other Deductions

<u>Description</u>	<u>Deduction</u>
Rental Insurance	2,906
Rental Expenses	114,211
Total	<u>117,117</u>

Statement 3 - Form 990-T, Schedule E, Column 4 - Average Acquisition Debt

<u>Description</u>	<u>Deduction</u>
Rental Sum of Debt Outstanding at First of Each Month	8,844,667
Divided by Total Number of Months Property Held	12
Average Acquisition Debt	<u>737,056</u>

Statement 4 - Form 990-T, Schedule E, Column 5 - Average Adjusted Basis

<u>Description</u>	<u>Deduction</u>
Rental Adjusted Basis on First Day Property Was Held	886,898
Adjusted Basis on Last Day Property Was Held	851,165
	1,738,063
Divided by 2	2
Average Adjusted Basis	<u>869,032</u>

23-7205537

Federal Asset Report

FYE: 8/31/2019

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
20-year GDS Property:										
152	Roof Replacement - 117 W Liberty	12/31/18	33,995		X	0	20	HY 150DB	0	33,995
			<u>33,995</u>			<u>0</u>			<u>0</u>	<u>33,995</u>
Prior MACRS:										
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	6,158	358
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	3,610	0
118	Furnace - 2nd Floor	6/11/13	8,900		X	4,450	5	MQ200DB	8,900	0
123	Back Door - 117 Gallery	11/10/14	3,650		X	1,825	7	HY 200DB	3,080	163
124	3rd Floor Renovations	4/07/15	38,100			38,100	39	MMS/L	3,297	977
125	Luxor Presentation Cart	2/28/15	141		X	70	7	HY 200DB	119	7
126	Laptop Presentation Cart	2/28/15	144		X	72	7	HY 200DB	122	6
127	Routers	2/28/15	229		X	114	5	HY 200DB	210	13
128	Portable Hard Drive	2/28/15	140		X	70	5	HY 200DB	128	8
129	Epson Scanner	2/28/15	200		X	100	5	HY 200DB	183	11
130	Wacaom Tablets & Protection Plans	2/28/15	984		X	492	5	HY 200DB	899	57
131	Printer	2/28/15	220		X	110	5	HY 200DB	201	13
132	Projector	3/12/15	2,173		X	1,087	7	HY 200DB	1,833	97
133	Kiln	3/17/15	3,718		X	1,859	7	HY 200DB	3,137	166
134	Vent for Kiln	3/19/15	452			452	39	MMS/L	40	12
136	4x6 markerboard	3/31/15	518		X	259	7	HY 200DB	437	23
137	72x30 Table for RHB Art	3/31/15	547		X	273	7	HY 200DB	462	24
139	Tables & Chairs	4/30/15	3,102		X	1,551	7	HY 200DB	2,618	138
140	Da-Lite Projector	4/30/15	250		X	125	7	HY 200DB	211	11
141	Promaster Copy Stands	5/31/15	1,100		X	550	7	HY 200DB	928	49
142	Stainless Steel Cabinet	5/31/15	752		X	376	7	HY 200DB	635	33
143	Webcams	6/15/15	620		X	310	5	HY 200DB	566	36
			<u>109,962</u>			<u>94,462</u>			<u>64,230</u>	<u>2,202</u>

Other Depreciation:

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	23,173	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	43,834	0
8	Building Improvements	9/01/97	53,707			53,707	30	MO S/L	53,707	0
9	Building Improvements	9/01/97	10,453			10,453	30	MO S/L	10,104	349
10	Building Improvements	9/01/97	24,917			24,917	30	MO S/L	23,256	831
11	Building Improvements	9/01/97	31,808			31,808	30	MO S/L	28,627	1,061
12	Building Improvements	9/01/97	13,358			13,358	30	MO S/L	11,133	445
13	Building Improvements	9/01/97	14,334			14,334	30	MO S/L	10,034	478
14	Building Improvements	9/01/97	10,578			10,578	30	MO S/L	8,110	352
15	Building Improvements	9/01/97	31,550			31,550	30	MO S/L	23,137	1,051
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

23-7205537

Federal Asset Report

FYE: 8/31/2019

Asset	Description	Date In Service	Cost	Bus Sec		Basis for Depr	PerConv Meth	Prior	Current
				%	179 Bonus				
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 upgra	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	3,500	0
93	Furnace replacement	3/03/07	5,400			5,400	15 MO S/L	4,110	360
94	Bryant A/C Condenser	6/20/07	3,951			3,951	15 MO S/L	2,941	264
95	1st floor bathroom improvements	3/15/09	885			885	15 MO S/L	561	59
96	L/I Space planning	3/31/09	5,497			5,497	15 MO S/L	3,451	366
97	Remodeling	4/30/09	20,935			20,935	15 MO S/L	13,026	1,396
98	Remodeling	5/15/09	7,067			7,067	15 MO S/L	4,397	471
99	REmodeling	6/15/09	63,346			63,346	15 MO S/L	39,063	4,223
100	remodeling	7/15/09	2,618			2,618	15 MO S/L	1,600	174
101	Remodeling	8/15/09	2,042			2,042	15 MO S/L	1,237	136
102	Remodeling	9/15/09	13,353			13,353	15 MO S/L	8,012	890
103	Remodeling	11/15/09	1,357			1,357	15 MO S/L	799	91
104	Remodeling	1/01/10	1,300			1,300	15 MO S/L	751	87
105	Remodeling	2/19/10	5,000			5,000	15 MO S/L	2,833	334
106	Metal Sandwich Board	12/01/09	1,220			1,220	7 MO S/L	1,220	0
107	Kiln	3/22/10	2,595			2,595	7 MO S/L	2,595	0
108	Pottery Wheel	7/21/10	1,161			1,161	7 MO S/L	1,161	0
109	Kiln for Ceramic Studio	7/06/11	2,492			2,492	5 MO S/L	2,492	0
110	Remodeling	3/10/11	9,923			9,923	15 MO S/L	4,962	661
111	Emergency Lighting	12/31/11	2,993			2,993	15 MO S/L	1,330	200
112	Building Improvements	6/29/12	7,500			7,500	15 MO S/L	3,083	500
113	Pottery Wheel	1/05/12	1,104			1,104	7 MO S/L	1,052	52
114	Building Improvements	5/09/13	6,916			6,916	15 MO S/L	2,459	461
115	New Awning	5/21/13	1,938			1,938	15 MO S/L	678	130
116	QuickBooks Software	5/17/13	1,700		X	850	3 MO Amort	1,700	0
119	New Windows S of Building	9/26/13	18,260			18,260	15 MO S/L	5,985	1,218
120	Doorlocks/Drywall 3rd Floor	10/31/13	1,743			1,743	15 MO S/L	562	116
121	Electrical Work	10/31/13	2,469			2,469	15 MO S/L	796	164
122	Women's Toilets - 3rd Floor	10/31/13	1,353			1,353	15 MO S/L	436	90
135	iStop Motion licenses (6)	3/31/15	288		X	144	3 MO Amort	288	0
138	Art Labs Software	4/30/15	368		X	184	3 MO Amort	368	0
144	Jewelry Studio Remodel	5/01/16	36,176			36,176	15 MO S/L	4,823	2,412
145	Office Equipment 2016	7/01/16	4,819			4,819	7 MO S/L	1,377	688
146	Elevator Update Project	9/30/17	91,562			91,562	15 MO S/L	5,595	6,105
149	QB POS V18	5/13/18	2,033		X	0	3 MO Amort	2,033	0
150	Ceramic Studio Remodel	10/07/18	140,083			140,083	20 MO S/L	0	6,420
153	Facade Renovation	1/31/19	71,292			71,292	20 MO S/L	0	2,079
154	New Server	2/28/19	2,352			2,352	5 MO S/L	0	235
155	Construction in progress	8/31/19	115,359			115,359	0 -- Land	0	0

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>PerConv Meth</u>	<u>Prior</u>	<u>Current</u>
	Total Other Depreciation		<u>1,239,507</u>			<u>1,236,296</u>		<u>652,509</u>	<u>35,696</u>
	Total ACRS and Other Depreciation		<u>1,239,507</u>			<u>1,236,296</u>		<u>652,509</u>	<u>35,696</u>
	Grand Totals		1,383,464			1,330,758		716,739	71,893
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>1,383,464</u>			<u>1,330,758</u>		<u>716,739</u>	<u>71,893</u>

23-7205537

Federal Asset Report

FYE: 8/31/2019

Rental of 115 W Liberty

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
147	115 W. Liberty Land	12/15/17	250,000			250,000	0 -- Land	0	0
148	115. W Liberty Building	12/15/17	2,250,000			2,250,000	39 MO S/L	43,269	57,693
151	Roof Replacement - 115 W Liberty	12/31/18	33,995			33,995	20 MO S/L	0	1,133
	Total Other Depreciation		<u>2,533,995</u>			<u>2,533,995</u>		<u>43,269</u>	<u>58,826</u>
	Total ACRS and Other Depreciation		<u>2,533,995</u>			<u>2,533,995</u>		<u>43,269</u>	<u>58,826</u>
	Grand Totals		2,533,995			2,533,995		43,269	58,826
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>2,533,995</u>			<u>2,533,995</u>		<u>43,269</u>	<u>58,826</u>

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
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	0	0
118	Furnace - 2nd Floor	6/11/13	8,900	0	0
123	Back Door - 117 Gallery	11/10/14	3,650	163	0
124	3rd Floor Renovations	4/07/15	38,100	977	0
125	Luxor Presentation Cart	2/28/15	141	6	0
126	Laptop Presentation Cart	2/28/15	144	7	0
127	Routers	2/28/15	229	6	0
128	Portable Hard Drive	2/28/15	140	4	0
129	Epson Scanner	2/28/15	200	6	0
130	Wacaom Tablets & Protection Plans	2/28/15	984	28	0
131	Printer	2/28/15	220	6	0
132	Projector	3/12/15	2,173	97	0
133	Kiln	3/17/15	3,718	166	0
134	Vent for Kiln	3/19/15	452	11	0
136	4x6 markerboard	3/31/15	518	23	0
137	72x30 Table for RHB Art	3/31/15	547	24	0
139	Tables & Chairs	4/30/15	3,102	139	0
140	Da-Lite Projector	4/30/15	250	11	0
141	Promaster Copy Stands	5/31/15	1,100	49	0
142	Stainless Steel Cabinet	5/31/15	752	34	0
143	Webcams	6/15/15	620	18	0
152	Roof Replacement - 117 W Liberty	12/31/18	33,995	0	0
			<u>143,957</u>	<u>2,133</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	0	0
8	Building Improvements	9/01/97	53,707	0	0
9	Building Improvements	9/01/97	10,453	0	0
10	Building Improvements	9/01/97	24,917	830	0
11	Building Improvements	9/01/97	31,808	1,060	0
12	Building Improvements	9/01/97	13,358	445	0
13	Building Improvements	9/01/97	14,334	477	0
14	Building Improvements	9/01/97	10,578	353	0
15	Building Improvements	9/01/97	31,550	1,052	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

Asset	Description	Date In Service	Cost	Tax	AMT
27	Tent SW	9/01/97	2,018	0	0
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	0	0
93	Furnance replacement	3/03/07	5,400	360	0
94	Bryant A/C Condenser	6/20/07	3,951	263	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	86	0
105	Remodeling	2/19/10	5,000	333	0
106	Metal Sandwich Board	12/01/09	1,220	0	0
107	Kiln	3/22/10	2,595	0	0
108	Pottery Wheel	7/21/10	1,161	0	0
109	Kiln for Ceramic Studio	7/06/11	2,492	0	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	0	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	0	0
119	New Windows S of Building	9/26/13	18,260	1,217	0
120	Doorlocks/Drywall 3rd Floor	10/31/13	1,743	116	0
121	Electrical Work	10/31/13	2,469	165	0
122	Women's Toilets - 3rd Floor	10/31/13	1,353	90	0
135	iStop Motion licenses (6)	3/31/15	288	0	0
138	Art Labs Software	4/30/15	368	0	0
144	Jewelry Studio Remodel	5/01/16	36,176	2,412	0
145	Office Equipment 2016	7/01/16	4,819	689	0
146	Elevator Update Project	9/30/17	91,562	6,104	0
149	QB POS V18	5/13/18	2,033	0	0
150	Ceramic Studio Remodel	10/07/18	140,083	7,005	0
153	Facade Renovation	1/31/19	71,292	3,565	0
154	New Server	2/28/19	2,352	471	0
155	Construction in progress	8/31/19	115,359	0	0

Future Depreciation Report**FYE: 8/31/20**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
	Total Other Depreciation		<u>1,239,507</u>	<u>37,599</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>1,239,507</u>	<u>37,599</u>	<u>0</u>
	Grand Totals		<u>1,383,464</u>	<u>39,732</u>	<u>0</u>

Future Depreciation Report FYE: 8/31/20**Rental of 115 W Liberty**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<u>Other Depreciation:</u>					
147	115 W. Liberty Land	12/15/17	250,000	0	0
148	115. W Liberty Building	12/15/17	2,250,000	57,692	0
151	Roof Replacement - 115 W Liberty	12/31/18	33,995	1,700	0
	Total Other Depreciation		<u>2,533,995</u>	<u>59,392</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>2,533,995</u>	<u>59,392</u>	<u>0</u>
	Grand Totals		<u>2,533,995</u>	<u>59,392</u>	<u>0</u>

Form **990****Event Income and Deduction Worksheet****2018**Description Vine and Dine

Name

Ann Arbor Art Association

Taxpayer Identification Number

23-7205537

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	<u>23,938</u>
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	<u>62,907</u>
7. Total revenue. Add lines 1 through 6	7.	<u>86,845</u>
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	<u>17,298</u>
15. Total expenses. Add lines 8 through 14	15.	<u>17,298</u>
16. Net Income/Loss. Line 7 minus Line 15	16.	<u>69,547</u>

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Information is indicated for use on Form 990-T schedule:

- Schedule E
 Schedule F
 Schedule G
 Schedule I
 Schedule J

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs/Maintenance/Other	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Total Exempt Activity Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	<u>838</u>
Food & beverages (Part II only)	<u>8,188</u>
Entertainment (Part II only)	<u>2,500</u>
Other direct expenses	<u>5,772</u>
Total Fundraising Expense	<u>17,298</u>

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Name <u>Ann Arbor Art Association</u>	Taxpayer Identification Number <u>23-7205537</u>
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Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	<u>155,628</u>
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	<u>-31</u>
5. Returns and allowances	5.	
6. Contributions received	6.	
7. Total revenue. Add lines 1 through 6	7.	<u>155,597</u>
8. Cost of Goods Sold	8.	<u>87,872</u>
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	
15. Total expenses. Add lines 8 through 14	15.	<u>87,872</u>
16. Net Income/Loss. Line 7 minus Line 15	16.	<u>67,725</u>

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	<u>87,872</u>
Ending inventory	
Total Cost of Goods Sold	<u>87,872</u>

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs/Maintenance/Other	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Total Exempt Activity Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
Total Fundraising Expense	

Information is indicated for use on Form 990-T schedule:

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

Allocation of Expense to Program Service Accomplishments:

- First
- Second
- Third
- All other

Name <u>Ann Arbor Art Association</u>	Taxpayer Identification Number <u>23-7205537</u>
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Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	14,170	
2. Advertising income	2.		
3. Circulation income	3.		
4. Other income	4.		
5. Returns and allowances	5.		
6. Contributions received	6.	14,525	
7. Total revenue. Add lines 1 through 6	7.	28,695	
8. Cost of Goods Sold	8.		
9. Employment Expense	9.		
10. Fees for services	10.		
11. Indirect Expense	11.		
12. Depreciation Expense	12.		
13. Exempt Activity Expense	13.		
14. Fundraising Expense	14.	5,963	
15. Total expenses. Add lines 8 through 14	15.	5,963	
16. Net Income/Loss. Line 7 minus Line 15	16.	22,732	

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	

Expense Details - Exempt Activity Expense:

Repairs/Maintenance/Other	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Total Exempt Activity Expense	

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	5,899
Entertainment (Part II only)	
Other direct expenses	64
Total Fundraising Expense	5,963

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Information is indicated for use on Form 990-T schedule:

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

Name <i>Ann Arbor Art Association</i>	Taxpayer Identification Number <i>23-7205537</i>
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Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	<u>4,925</u>
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	<u>4,171</u>
7. Total revenue. Add lines 1 through 6	7.	<u>9,096</u>
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	<u>3,252</u>
15. Total expenses. Add lines 8 through 14	15.	<u>3,252</u>
16. Net Income/Loss. Line 7 minus Line 15	16.	<u>5,844</u>

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	_____

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Information is indicated for use on Form 990-T schedule:

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Exempt Activity Expense:

Repairs/Maintenance/Other	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Total Exempt Activity Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	<u>2,869</u>
Entertainment (Part II only)	_____
Other direct expenses	<u>383</u>
Total Fundraising Expense	<u>3,252</u>

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Form 990	Event Income and Deduction Worksheet	2018
Description <u>Music Festival</u>		

Name <u>Ann Arbor Art Association</u>	Taxpayer Identification Number <u>23-7205537</u>
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Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	<u>2,200</u>
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	<u>7,788</u>
7. Total revenue. Add lines 1 through 6	7.	<u>9,988</u>
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	<u>2,213</u>
15. Total expenses. Add lines 8 through 14	15.	<u>2,213</u>
16. Net Income/Loss. Line 7 minus Line 15	16.	<u>7,775</u>

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	

Expense Details - Exempt Activity Expense:

Repairs/Maintenance/Other	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Total Exempt Activity Expense	

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	<u>2,138</u>
Entertainment (Part II only)	
Other direct expenses	<u>75</u>
Total Fundraising Expense	<u>2,213</u>

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Information is indicated for use on Form 990-T schedule:

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

Form **990/990PF****Rent Income and Deduction Worksheet****2018**Description RentalName
Ann Arbor Art AssociationTaxpayer Identification Number
23-720537

Use this summary worksheet to verify data entered for a specific activity for your rental information

1. Gross rents	1.	<u>105,189</u>
Expenses (see details on worksheets below):		
2. Fees for services	2.	_____
3. Depreciation Expense	3.	<u>36,298</u>
4. Direct Expense	4.	<u>117,117</u>
5. Total expenses. Add lines 8 through 12	5.	<u>153,415</u>
6. Net Income/Loss. Line 7 minus Line 13	6.	<u>-48,226</u>

Expense Details - Fees for Services:

Accounting

Legal

Commissions

Management

Other Professional Fees

Total Fees for Services

Expense Details - Depreciation Expense:

On non-investment property

On investment property

Amortization

Depletion

Total Depreciation Expense

Expense Details - Direct Expense:

Interest

Taxes/licenses

Occupancy Expenses

Repairs & Maintenance

Travel/conferences/meetings

Printing & Publication

Advertising

Insurance

Utilities

Supplies

Other expenses

Total Direct Expense

Information is being used for the following Form 990-T schedules:

- Schedule C
- Schedule E
- Schedule F
- Schedule G

Expense Allocation to Program Service Accomplishments for 990/990E

First

Second

Third

All other

**SCHEDULE G
(Form 990 or
990-EZ)****Fundraising Other Events****2018**

For calendar year 2018, or tax year beginning 09/01/18, and ending 08/31/19

Name

Employer Identification Number

Ann Arbor Art Association

23-7205537

		(a) Other event	(b) Other event	(c) Other event	(d) Total other events
		<u>Music Festival</u> (event type)	<u>Art & Brew</u> (event type)	_____	(add col. (a) through col. (c))
Revenue	1 Gross receipts	9,988	9,096		19,084
	2 Less: Charitable contributions	7,788	4,171		11,959
	3 Gross income (line 1 minus line 2)	2,200	4,925		7,125
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages	2,138	2,869		5,007
	8 Entertainment				
	9 Other expenses	75	383		458

Form 990-T		Net Operating Loss Carryover Worksheet for Pre-2018 Losses			2018
		For calendar year 2018, or tax year beginning 09/01/18, ending 08/31/19			
Name Ann Arbor Art Association				Employer Identification Number 23-7205537	
Preceding Taxable Year	Prior Year			Current Year	Next Year Carryover
	Adj. To NOL Inc/(Loss) After Adj.	NOL Utilized (Income Offset)	Carryovers to Current Year	Income Offset By Prior Carryover	
20th 08/30/99					
19th 08/31/00					
18th 08/31/01					
17th 08/31/02					
16th 08/31/03					
15th 08/31/04					
14th 08/31/05					
13th 08/31/06					
12th 08/31/07					
11th 08/31/08					
10th 08/31/09					
9th 08/31/10					
8th 08/31/11					
7th 08/31/12					
6th 08/31/13					
5th 08/31/14					
4th 08/31/15					
3rd 08/31/16					
2nd 08/31/17					
1st 08/31/18	-25,573		25,573		25,573
NOL carryover available to current year			25,573		
Current year	0			-1,000	
NOL carryover available to next year					25,573

Form 990	Two Year Comparison Report	2017 & 2018
For calendar year 2018, or tax year beginning 09/01/18 , ending 08/31/19		

Name

Taxpayer Identification Number

Ann Arbor Art Association

23-7205537

		2017	2018	Differences
R e v e n u e	1. Contributions, gifts, grants	706,128	844,941	138,813
	2. Membership dues and assessments	9,510	11,095	1,585
	3. Government contributions and grants			
	4. Program service revenue	555,936	569,766	13,830
	5. Investment income	23,997	21,331	-2,666
	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	3,678	16,507	12,829
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory	50,503	67,725	17,222
	11. Other revenue	13,893	-34,253	-48,146
	12. Total revenue. Add lines 1 through 11	1,363,645	1,497,112	133,467
E x p e n s e s	13. Grants and similar amounts paid	11,611	10,770	-841
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	100,000	114,981	14,981
	16. Salaries, other compensation, and employee benefits	577,432	536,453	-40,979
	17. Professional fundraising fees	14,128		-14,128
	18. Other professional fees	26,614	30,985	4,371
	19. Occupancy, rent, utilities, and maintenance	82,324	64,276	-18,048
	20. Depreciation and Depletion	34,476	63,413	28,937
	21. Other expenses	203,214	327,723	124,509
	22. Total expenses. Add lines 13 through 21	1,049,799	1,148,601	98,802
	23. Excess or (Deficit). Subtract line 22 from line 12	313,846	348,511	34,665
O t h e r I n f o r m a t i o n	24. Total exempt revenue	1,363,645	1,497,112	133,467
	25. Total unrelated revenue	-25,573	-48,226	-22,653
	26. Total excludable revenue	669,902	689,302	19,400
	27. Total assets	3,828,244	3,988,399	160,155
	28. Total liabilities	2,402,827	2,214,471	-188,356
	29. Retained earnings	1,425,417	1,773,928	348,511
	30. Number of voting members of governing body	17	16	
	31. Number of independent voting members of governing body	16	15	
	32. Number of employees	21	28	
33. Number of volunteers	75	91		

Form **990T****Two Year Comparison Report****2017 & 2018**

For calendar year 2018, or tax year beginning 09/01/18, ending 08/31/19

Name

Taxpayer Identification Number

Ann Arbor Art Association

23-7205537

		2017	2018	Differences	
Revenue	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.		-40,900	
	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.	147,252		-147,252
	11. Total trade or business income. Combine lines 1 through 10	11.	147,252	-40,900	-188,152
Expenses	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.	172,825		-172,825
	23. Total deductions. Add lines 12 through 22	23.	172,825		-172,825
	24. Net income on Page 1; Subtract line 23 from 11	24.	-25,573	-40,900	-15,327
	25. Unrelated business taxable income from all trades	25.	-25,573		25,573
	26. Disallowed employee fringe benefits	26.			
	27. Net operating loss (pre-2018)	27.			
	28. Taxable income after NOL loss	28.			
	29. Specific deduction	29.		1,000	1,000
	30. Unrelated business taxable income.	30.			
Tax & Credits	31. Income tax (corporate or trust)	31.	-3,575		3,575
	32. Proxy tax	32.			
	33. Other taxes	33.			
	34. Total taxes	34.	-3,575		3,575
	35. Other credits	35.			
	36. General business credit	36.			
	37. Credit for prior year minimum tax	37.			
	38. Total credits	38.			
	39. Net tax after credits	39.			
	40. Recapture taxes and 965 tax	40.			
	41. Total Taxes	41.			
Due/Refund	42. Prior year overpayment and estimated tax payments	42.			
	43. Payment made with extension	43.			
	44. Backup withholding and foreign withholding	44.			
	45. Other payments	45.			
	46. Total payments	46.			
	47. Balance due/(Overpayment)	47.			
	48. Overpayment applied to next year	48.			
	49. Penalties	49.			
	50. Total due/(Refund)	50.			

Form **990****Tax Return History****2018**

Name

Ann Arbor Art Association

Employer Identification Number

23-7205537

	2014	2015	2016	2017	2018	2019
Contributions, gifts, grants	214,299	336,241	1,124,933	706,128	844,941	
Membership dues	16,850	11,720	8,515	9,510	11,095	
Program service revenue	727,177	473,856	541,353	555,936	569,766	
Capital gain or loss						
Investment income	19,047	19,582	25,376	23,997	21,331	
Fundraising revenue (income/loss)	57,023	17,987	562	3,678	16,507	
Gaming revenue (income/loss)						
Other revenue	23,203	210,932	144,020	64,396	33,472	
Total revenue	1,057,599	1,070,318	1,844,759	1,363,645	1,497,112	
Grants and similar amounts paid			7,054	11,611	10,770	
Benefits paid to or for members						
Compensation of officers, etc.	70,000	74,273	98,620	100,000	114,981	
Other compensation	473,534	506,846	530,580	577,432	536,453	
Professional fees	36,047	37,535	54,484	40,742	30,985	
Occupancy costs	41,394	51,737	64,037	82,324	64,276	
Depreciation and depletion	25,195	27,182	27,425	34,476	63,413	
Other expenses	391,495	343,982	306,769	203,214	327,723	
Total expenses	1,037,665	1,041,555	1,088,969	1,049,799	1,148,601	
Excess or (Deficit)	19,934	28,763	755,790	313,846	348,511	
Total exempt revenue	1,057,599	1,070,318	1,844,759	1,363,645	1,497,112	
Total unrelated revenue	19,047			-25,573	-48,226	
Total excludable revenue	750,380	704,370	710,749	669,902	689,302	
Total Assets	482,965	523,585	1,272,696	3,828,244	3,988,399	
Total Liabilities	182,951	194,808	161,125	2,402,827	2,214,471	
Net Fund Balances	300,014	328,777	1,111,571	1,425,417	1,773,928	

Form 990T	Tax Return History	2018
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Name Ann Arbor Art Association	Employer Identification Number 23-7205537
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* Income shown net of expenses

	2014	2015	2016	2017	2018	2019
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*					-40,900	
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income				147,252		
Total trade or business income.				147,252	-40,900	
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 **990T****Tax Return History****2018**

Name

Ann Arbor Art Association

Employer Identification Number

23-7205537

	2014	2015	2016	2017	2018	2019
Other deductions				172,825		
Net income (990T/first activity)				-25,573	-40,900	
UBTI from all trades	0	0	0	0	0	
Taxable employee fringe benefits						
Net operating loss deduction						
Specific deduction					1,000	
Income after expense and deductions						
Income tax (corporate or trust)				-3,575		
Other taxes						
Total taxes				-3,575		
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

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

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>InState Muni (\$ or %)</u>
Endowment Earnings	\$ 21,331		14			
Total	<u>\$ 21,331</u>					

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
Other professional fees	\$ 6,000	\$ 6,000	\$	\$
Total	\$ 6,000	\$ 6,000	\$ 0	\$ 0

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
Rental	\$ 56	\$ 56	\$	\$
Total	\$ 56	\$ 56	\$ 0	\$ 0

Schedule A, Part III, Line 1(e)

Description	Amount
Contributions	\$ 11,095
Contributions	145,281
Ronald Weiser and Eileen Weiser	11,891
Cash Contribution	40,000
Tim and Laurie Wadhams	250,000
Cash Contribution	100,000
Cy and Sue Wellman	65,750
Cash Contribution	25,103
Don Rumelhart and Judy Dow Rumelhart	22,025
Cash Contribution	22,000
Martin Family Foundation	20,000
Cash Contribution	
Douglas and Sabrina Gross	
Cash Contribution	
James A and Faith Knight Foundation	
Cash Contribution	

Federal Statements

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

<u>Description</u>	<u>Amount</u>
Anne & Howard Cooper Fund	\$
Cash Contribution	15,000
David W. and Louise Lutton	
Cash Contribution	15,000
Charles Reinhart Company, Realtors	
Cash Contribution	12,500
Paul Shutt	
Cash Contribution	11,000
Vine and Dine	
Cash Contribution	62,907
Artini	
Cash Contribution	14,525
Art & Brew	
Cash Contribution	4,171
Music Festival	
Cash Contribution	7,788
Total	<u>\$ 856,036</u>

Schedule A, Part III, Line 2(e)

<u>Description</u>	<u>Amount</u>
Class Fees	\$ 569,766
Gallery Sales	155,597
Total	<u>\$ 725,363</u>

Schedule A, Part III, Line 3(e)

<u>Description</u>	<u>Amount</u>
Other Income	\$ 13,973
Total	<u>\$ 13,973</u>

Federal Statements

Schedule A, Part III, Line 7a - Support from Disqualified Persons

Donor Name	2014	2015	2016	2017	2018
	\$	\$	\$ 765,000	\$ 161,575	\$ 390,000
Total	\$ 0	\$ 0	\$ 765,000	\$ 161,575	\$ 390,000

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

Description	Amount
Endowment Earnings	\$ 21,331
Total	\$ 21,331

Schedule A, Part III, Line 11

Description	Amount
Vine and Dine	\$ 6,640
Artini	8,207
Art & Brew	1,673
Music Festival	-13
Rental	-40,900
Less: Deductions	-1,000
Total	\$ -25,393

Forms 990 / 990-EZ Return Summary

For calendar year 2018, or tax year beginning 09/01/18 , and ending 08/31/19

23-7205537

Ann Arbor Art Association

Net Asset / Fund Balance at Beginning of Year 1,425,417

Revenue

Contributions	<u>856,036</u>	
Program service revenue	<u>569,766</u>	
Investment income	<u>21,331</u>	
Capital gain / loss	<u> </u>	
Fundraising / Gaming:		
Gross revenue	<u>45,233</u>	
Direct expenses	<u>28,726</u>	
Net income	<u>16,507</u>	
Other income	<u>33,472</u>	
Total revenue		<u>1,497,112</u>

Expenses

Program services	<u>796,605</u>	
Management and general	<u>137,022</u>	
Fundraising	<u>214,974</u>	
Total expenses		<u>1,148,601</u>
Excess / (deficit)		<u>348,511</u>

Changes

Net Asset / Fund Balance at End of Year 1,773,928

Reconciliation of Revenue

Total revenue per financial statements	<u>1,679,253</u>	
Less:		
Unrealized gains	<u> </u>	
Donated services	<u> </u>	
Recoveries	<u> </u>	
Other	<u>182,141</u>	
Plus:		
Investment expenses	<u> </u>	
Other	<u> </u>	
Total revenue per return	<u>1,497,112</u>	

Reconciliation of Expenses

Total expenses per financial statements	<u>1,330,742</u>	
Less:		
Donated services	<u> </u>	
Prior year adjustments	<u> </u>	
Losses	<u> </u>	
Other	<u>182,141</u>	
Plus:		
Investment expenses	<u> </u>	
Other	<u> </u>	
Total expenses per return	<u>1,148,601</u>	

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>3,828,244</u>	<u>3,988,399</u>	
Liabilities	<u>2,402,827</u>	<u>2,214,471</u>	
Net assets	<u>1,425,417</u>	<u>1,773,928</u>	<u>348,511</u>

Miscellaneous Information

Amended return
Return / extended due date 07/15/20
Failure to file penalty

Form 990-T Return Summary

For calendar year 2018, or tax year beginning 09/01/18 , and ending 08/31/19

23-7205537

Ann Arbor Art Association

Income and deductions reflect Form 990-T page 1

Income

Gross profit	0
Capital gain / loss	0
All other income	0

Total income

Deductions

Officer compensation	0
Salaries	0
All other deductions	

Total deductions

Adjustments

Income from additional activities	40,900
Disallowed fringe benefits	
Net operating loss (prior to 2018)	
Specific deduction	1,000

Total adjustments

39,900

Unrelated business taxable income

39,900

Taxes / Credits / Payments

Regular tax	
Other tax: <input type="checkbox"/> Proxy <input type="checkbox"/> AMT <input type="checkbox"/> Facilities	

Tax

Foreign tax credit and other credits	
General business credits	
Prior year minimum tax credit	

Total nonrefundable credits

Other taxes	
-------------	--

Total tax

Estimated tax payments and Tax withheld	
Paid with extension	
Other credits / payments	
Estimated tax penalty	
Overpayment applied to next year's tax	

Payments / penalty / application

Net tax due

Additions to Tax

Interest on late payments	
Failure to file penalty	
Failure to pay penalty	

Total additions

Balance due

Refund

Next Year's Estimates

1st quarter	
2nd quarter	
3rd quarter	
4th quarter	
Total	

Miscellaneous Information

Number of Sch M Units	
Amended return	
Return / extended due date	07/15/20

Michigan Diagnostics

Critical Messages

None

Informational Messages

Michigan Department of Treasury does not support electronically filed returns; return will be paper filed

Missing Data

Prior Year Data

Michigan Solicitation Continued

1st fiscal period not complete

X

Michigan Return Summary

For calendar year 2018, or tax year beginning 09/01/18 , and ending 08/31/19

23-7205537

Ann Arbor Art Association

Forms being filed:

Initial solicitation registration
Renewal solicitation registration X
Request for exemption
Charitable trust registration
Charitable trust inventory
Submitting financial accounting only
Dissolution questionnaire

Attorney General file number (if applicable)



Filing Instructions

Ann Arbor Art Association

Michigan Charitable Organization Registration / Request For Exemption / Dissolution

Taxable Year Ended August 31, 2019

Date Due: AS SOON AS POSSIBLE

Remittance: None is required.

Signature: The form(s) should be signed and dated as required.

E-Mail: The State of Michigan Attorney General's office preferred method for the filing of the Solicitation form is via e-mail.

Please review the enclosed License to Solicit application and send via email following the instructions below.

If audited financial statements are required, ensure you attach a PDF to the email as well.

Attach pdf file(s) and send via e-mail to the State of Michigan:

E-mail Address: ct_email@michigan.gov

E-mail Subject: Enter the legal name of the organization and the AG file number, if known.

Note: You can choose to mail in your Michigan Solicitation form to the address listed below. However, you will likely receive a State of Michigan Notice informing you that you should file your forms via e-mail in the future.

Mail To: Department of Attorney General
Charitable Trust Section
PO Box 30214
Lansing, MI 48909

RENEWAL SOLICITATION FORM

Full legal name of organization <u>Ann Arbor Art Association</u>		
All other names under which you intend to solicit <u>Ann Arbor Art Center</u>		
Attorney General File Number	Telephone number <u>734-994-8004</u>	Fax number
Employer Identification No. (EIN) <u>23-7205537</u>	Organization email address <u>mklopf@annarborartcenter.org</u>	Organization website <u>www.AnnArborArtCenter.org</u>

All items must be answered. Provide additional sheets if necessary. If you have questions, see the instructions.

1. Organization addresses –

A. Street address of principal office. If you do not have a principal office, provide the name and address of the person having custody of the financial records.

Brooks Kelley
117 W Liberty St Ann Arbor MI 48104-1320

B. Organization mailing address, if different.

C. Provide the address of all other offices in Michigan.

2. Has there been any change in the organization's purposes? Yes No
If yes, summarize organization's current purposes below in 50 words or less. This summary appears on our website.

3. You **must** designate a resident agent located in Michigan authorized to receive official mail sent to your organization.

Name Marie Klopf
117 West Liberty Street
Address (Michigan street address, not PO box) Ann Arbor MI 48104

4. Methods of solicitation. Check all that apply.

- Mail Personal contact Special events Other (specify) _____
- Telephone Radio / television Newspaper/magazines None (explain) _____
- Internet Email

5. Has there been a change in the organization's tax status with the IRS since your last filing? Yes No
If yes, explain and document.

6. List all current officers and directors unless they are included on your IRS return. Mark the box to indicate whether the person is an officer, director, or both. Provide an additional sheet if necessary.

Name	Officer	Director	Name	Officer	Director

7. Is there any officer or director who cannot be reached at the organization's mailing address? Yes No
 If "yes," provide the names and addresses on an additional sheet.

8. Since your last registration form, has the organization or any of its officers, directors, employees or fundraisers: Yes No

A. Been enjoined or otherwise prohibited by a government agency/court from soliciting?

B. Had its solicitation registration or license denied or revoked by any jurisdiction?

C. Been the subject of a proceeding regarding any license, registration, or solicitation?

D. Entered into a voluntary agreement of compliance with a government agency or in a case before a court or administrative agency?

If any "yes" box is checked, provide a complete explanation on a separate sheet.

9. Has the organization engaged a professional fundraiser (PFR) for Michigan fundraising activity for either the financial accounting period reported in item 10 or the current period? See instructions for definition of "professional fundraiser." Yes No
 A consultant is not a PFR. If no, go to question 10.

If yes, in the chart below list all PFRs that your organization has engaged for Michigan fundraising activity. Provide additional sheets if necessary. Provide copies of contracts for each PFR listed if not already provided.

Note – You are required to verify that all PFRs under contract for Michigan campaigns are currently licensed.

Professional Fundraisers Under Contract for Michigan Campaigns

Name	Mailing address	Sum of all payments to / retained by PFR during year reported	Is contract in effect now (as you complete the form)?	If no, enter date contract ended
			y <input type="checkbox"/> n <input type="checkbox"/>	End date:
			y <input type="checkbox"/> n <input type="checkbox"/>	End date:
			y <input type="checkbox"/> n <input type="checkbox"/>	End date:

10. All organizations must report on their most recently completed financial accounting period.

Check the box to indicate the type of return filed with the IRS and follow the instructions:

- Form 990 or 990-EZ** - Provide a copy of the return. Do not include Schedule B. Go to item 13 below.
- Form 990-PF** - Provide a copy of the Form 990-PF. Enter the amount the organization spent directly on its charitable program in the space below. Complete item 11 and go to 13.

Total program services expense: \$ _____

If your organization does not file the above returns with the IRS, check the appropriate box below to explain the reason, and follow the instructions:

- Files Form 990-N.** Complete 11 and 12 below, then go to 14.
- Included in IRS group return.** Provide a copy of the group return. Complete 11 and 12 below.
- Other reason.** Explain: _____
Complete 11 and 12 below.

11. Briefly describe your charitable accomplishments during the period. _____

12. Complete this section only if directed to in item 10 because your organization does not complete a Form 990, 990-EZ, or 990-PF. Complete all lines of the following schedules. You must enter the end date of the accounting period being reported. Enter "0" or "none" where appropriate or if you had no financial activity in the period.

Enter the end date of the financial accounting period reported below: _____

Revenue		
A	Contributions and fundraising received	
B	All other revenue	
C	Total revenue (add lines A and B)	

Expenses		
D	Charitable program services expense	
E	All remaining expenses (supporting services)	
F	Total expense (Sum of lines D and E)	

G	Revenue less expenses (subtract line F from line C)	
---	---	--

Balance Sheet		
H	Total assets at end of fiscal period	
I	Liabilities at end of fiscal period	
J	Net assets (subtract line I from line H)	

13. Audited or reviewed financial statements requirement

Complete the following schedule to determine if audited or reviewed financial statements are required. If audited or reviewed financial statements are required, but they have not been prepared, see the instructions.

	Item	Where to Find it:	Amount
A.	Contributions from IRS return	Form 990: Part VIII, line 1h; Form 990-EZ: line 1; Form 990-PF: line 1	856,036
B.	Net income from special fundraising events	Form 990: Part VIII, line 8c; Form 990-EZ: line 6d	16,507
C.	Net income from gaming activities	Form 990: Part VIII, line 9c	
D.	Total contributions and fundraising	Add lines A, B, and C	872,543
E.	Governmental grants	Form 990: Part VIII, line 1e; Form 990-EZ: enter governmental grants included above on line A.	
F.		Subtract line E from line D	872,543

After completing the schedule:

- If line F is \$525,000 or more, audited financial statements are required. They must be audited by an independent certified public accountant and prepared in accordance with generally accepted accounting principles.
- If line F is greater than \$275,000, but not greater than \$525,000, financial statements either reviewed or audited by a certified public accountant are required.

14. Do you have chapters in Michigan that are to be included in the solicitation registration?

Yes

No

Tip: If you have offices in Michigan with no separate reporting or filing requirements, answer "no."

If yes, provide the following:

- a listing of the names and addresses of all Michigan chapters to be included
- a financial report for each chapter (see instructions)
- a copy of your organization's IRS group return (if applicable)

Note – if you have chapters but have not previously informed us of your intent to include them, see the instructions.

15. I certify that I am an authorized representative of the organization and that to the best of my knowledge and belief the information provided, including all accompanying documents, is true, correct, and complete. False statements are prohibited by MCL 400.288(1)(u) and MCL 400.293(2)(c) and are punishable by civil and criminal penalties.

Type or print name (must be legible): Marie Klopff

Title: President & CEO

Date: _____

THIS IS A PUBLIC RECORD, COPIES OF WHICH ARE SENT, UPON REQUEST, TO ANY INTERESTED PERSON.

Ann Arbor Art Association

23-7205537

CHECKLIST:

- Have all parts of the form been fully completed unless instructed otherwise?
- Have you provided the name and Michigan street address of a resident agent in item 3?
- Is a list of the officers and directors provided or included with the IRS return?
- Have you provided a complete IRS 990, 990-EZ, OR 990-PF?
- If you file Form 990-PF, did you complete item 11?
- If you file Form 990-N, did you complete items 11 and 12?
- If audited or reviewed financial statements are required, are they provided? If not, have you requested a conditional registration or one-time waiver? (See instructions.)
- Are the Form 990 and financial statements prepared for the same reporting period?
- Have you submitted contracts and addenda to contracts with professional fundraisers that have not been previously submitted?
- Have you typed or printed your name, date, and title in Item 15 to certify the form?

Return the completed registration form by:	
Email (preferred method):	ct_email@michigan.gov
1. Put the AG File Number and legal name of the organization in the email subject line.	
2. If your email with attachments exceeds 25MB, submit two or more emails as necessary.	
Reference them as 1 of 2, 2 of 2, etc. Attachments must be PDF.	
3. Do not submit encrypted files.	
4. Do not share documents via links.	
Mail:	Attorney General Charitable Trust Section PO Box 30214 Lansing, MI 48909
Overnight mail:	Attorney General-Charitable Trust Section 525 West Ottawa Williams Building - 3rd Floor Lansing, MI 48933
Fax:	(517) 241-7074