

081007950
ANN ARBOR ART ASSOCIATION

2013 Client



August 18, 2015

CONFIDENTIAL

ANN ARBOR ART ASSOCIATION
117 WEST LIBERTY STREET
ANN ARBOR, MI 48104-1320

Dear Marie:

These returns for 2013 were prepared from information you furnished to us and this completes our tax engagement for the 2013 tax year. Before signing and filing or approving the e-file returns, you should review them carefully to be sure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs. Should you receive any notification from federal, state, or local taxing agencies regarding your returns, please contact us immediately for our advice and assistance.

If you have any questions concerning the returns or filing requirements, we are available at your convenience. Please contact our office if we can be of assistance in any way. We look forward to being engaged to prepare your tax returns next year.

Sincerely,

Thomas A O'Sullivan
Yeo & Yeo, P.C.
CPAs & Business Consultants



Filing Instructions

ANN ARBOR ART ASSOCIATION

Exempt Organization Tax Return

Taxable Year Ended August 31, 2014

Date Due: AS SOON AS POSSIBLE

Remittance: None is required. Your Form 990 for the tax year ended 8/31/14 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and either fax it to Yeo & Yeo, P.C. at 734-996-3777 or mail it to the address listed below:

Yeo & Yeo, P.C.
1450 Eisenhower Place
Ann Arbor, MI 48108-3283

Other: Initial and date the copies of the IRS e-file Signature Authorization and the Form 990. Retain them for your records. If previously signed and returned no further action is required for Form 8879-EO.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

Important: Your return will not be filed with the IRS until the signed IRS e-file Signature Authorization form has been received by this office.

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Form **8879-EO**For calendar year 2013, or fiscal year beginning 9/01, 2013, and ending 8/31, 2014**Do not send to the IRS. Keep for your records.****Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.****2013**Department of the Treasury
Internal Revenue Service

Name of exempt organization

ANN ARBOR ART ASSOCIATION

Employer identification number

23-7205537

Name and title of officer

Marie Klopf
PRESIDENT**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)		1b	662,767
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)		2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)		3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)		4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)		5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize Yeo & Yeo, P.C. to enter my PIN 48104 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature

Date 07/09/15**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

38578106146

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date 07/09/15
ERO Must Retain This Form—See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2013)

Form **990**
Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2013**Open to Public Inspection**Do not enter Social Security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.**A For the 2013 calendar year, or tax year beginning 09/01/13, and ending 08/31/14**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ANN ARBOR ART ASSOCIATION		D Employer identification number 23-7205537
	Doing Business As		E Telephone number 734-994-8004
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	117 WEST LIBERTY STREET		G Gross receipts\$ 752,053
	City or town, state or province, country, and ZIP or foreign postal code ANN ARBOR MI 48104-1320		
F Name and address of principal officer: Marie Klopf 117 West Liberty Street Ann Arbor MI 48104-1320		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	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		M State of legal domicile: MI	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: To be a dynamic organization engaging the community in the visual arts through activities such as lectures, art classes, and art exhibits.		
	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)	16	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	16	
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	25	
	6 Total number of volunteers (estimate if necessary)	275	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0	
b Net unrelated business taxable income from Form 990-T, line 34	0		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 140,630	Current Year 142,704
	9 Program service revenue (Part VIII, line 2g)	438,662	411,253
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,466	17,394
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	83,101	91,416
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	677,859	662,767
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	384,659	452,920
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 122,637		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	303,812	299,142	
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	688,471	752,062	
19 Revenue less expenses. Subtract line 18 from line 12	-10,612	-89,295	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 463,984	End of Year 409,281
	21 Total liabilities (Part X, line 26)	128,866	133,061
	22 Net assets or fund balances. Subtract line 21 from line 20	335,118	276,220

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		Date	
	Marie Klopf		PRESIDENT	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if PTIN
	Thomas A O'Sullivan		08/18/15	self-employed P01321877
	Firm's name ▶ Yeo & Yeo, P.C.	Firm's EIN ▶ 38-2706146		
Firm's address ▶ 1450 Eisenhower Place Ann Arbor, MI 48108-3283		Phone no. 734-769-1331		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 428,660 including grants of\$) (Revenue \$)
Education - Involves programs for adults and children in both sequential coursework and short term workshops, in both studio art and art appreciation

4b (Code:) (Expenses \$ 183,536 including grants of\$) (Revenue \$)
Gallery - Features work of Michigan artists in both exhibition and retail sales formats.

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

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

4e Total program service expenses ▶ 612,196

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?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1a	90		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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	25		
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		
3b			
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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
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?		
5c			
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?		
6b			
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?		
7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7c			
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?		
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b			
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	

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

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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Eric Wolff 117 West Liberty Street
Ann Arbor MI 48104-1320 734-994-8004

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

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

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

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

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

Check this box if neither the organization nor any related organizations 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) Mark Holtz Director	1.00 0.00	X					0	0	0	
(2) Greg Lobdell Vice-Chair	1.00 0.00	X					0	0	0	
(3) Debra Christein Treasurer	1.00 0.00	X					0	0	0	
(4) Martha Stucki Williams Board Chair	1.00 0.00	X					0	0	0	
(5) Nicholas Zagar Director	1.00 0.00	X					0	0	0	
(6) Anne Cooper Director	1.00 0.00	X					0	0	0	
(7) Sean Hickey Director	1.00 0.00	X					0	0	0	
(8) Noah Kaplan Director	1.00 0.00	X					0	0	0	
(9) William Lyle Director	1.00 0.00	X					0	0	0	
(10) Praveena Ramaswami Director	1.00 0.00	X					0	0	0	
(11) Susan Monroe Vice-Chair	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) Deborah Sulkowski Secretary	1.00 0.00	X						0	0	0
(13) Ray Webb Director	1.00 0.00	X						0	0	0
(14) Jennifer Anderson Vice-Chair	1.00 0.00	X						0	0	0
(15) Andreas Hug Director	1.00 0.00	X						0	0	0
(16) Lisa Patrell Director	1.00 0.00	X						0	0	0
(17) Marie Klopff President & CEO	40.00 0.00			X				69,363	0	0
(18)										
(19)										
1b Sub-total								69,363		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								69,363		

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in 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? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **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	17,110				
	c Fundraising events	1c	10,885				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	114,709				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		142,704				
Program Service Revenue		Busn. Code					
	2a Class Revenue	900099	356,861	356,861			
	b Commissions Revenue	900099	54,392	54,392			
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f		411,253					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		17,394			17,394	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	15,528				
		(ii) Personal					
	b Less: rental exps.						
	c Rental inc. or (loss)	15,528					
	d Net rental income or (loss)		15,528			15,528	
	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 \$ 10,885 of contributions reported on line 1c). See Part IV, line 18	a	79,095				
		b Less: direct expenses	48,757				
c Net income or (loss) from fundraising events			30,338				
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a	84,257					
	b Less: cost of goods sold	40,529					
	c Net income or (loss) from sales of inventory		43,728	43,728			
Miscellaneous Revenue	Busn. Code						
11a OTHER REVENUE		1,822			1,822		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		1,822					
12 Total revenue. See instructions.		662,767	454,981	0	34,744		

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 governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	69,363	69,363		
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	314,255	233,406	9,060	71,789
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	36,003	26,103	965	8,935
10 Payroll taxes	33,299	27,003	748	5,548
11 Fees for services (non-employees):				
a Management				
b Legal	240	193	14	33
c Accounting	4,600	3,690	273	637
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.)	11,266	9,036	669	1,561
12 Advertising and promotion				
13 Office expenses	19,498	12,809	194	6,495
14 Information technology				
15 Royalties				
16 Occupancy	36,601	29,662	2,082	4,857
17 Travel	1,329	1,161	36	132
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	770	617	46	107
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	23,744	19,045	1,410	3,289
23 Insurance	7,143	5,744	420	979
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 Teacher and model fees	101,885	101,885		
b Supplies	26,863	26,070	174	619
c Miscellaneous	23,596	10,352	208	13,036
d Vending expenses	20,850	19,164	48	1,638
e All other expenses	20,757	16,893	882	2,982
25 Total functional expenses. Add lines 1 through 24e	752,062	612,196	17,229	122,637
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	66,053	1	20,693
	2 Savings and temporary cash investments	25,249	2	36,503
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	5,200	4	1,800
	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	27,697	8	16,181
	9 Prepaid expenses and deferred charges	7,658	9	10,247
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 828,097		
	b Less: accumulated depreciation	10b 582,546	245,469	10c 245,551
	11 Investments—publicly traded securities	78,158	11	78,306
	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	8,500	15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	463,984	16	409,281	
Liabilities	17 Accounts payable and accrued expenses	82,430	17	58,037
	18 Grants payable		18	
	19 Deferred revenue	46,436	19	51,624
	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		23	
	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	23,400
	26 Total liabilities. Add lines 17 through 25	128,866	26	133,061
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	256,959	27	166,239
	28 Temporarily restricted net assets	4	28	31,626
	29 Permanently restricted net assets	78,155	29	78,355
	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	335,118	33	276,220	
34 Total liabilities and net assets/fund balances	463,984	34	409,281	

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	662,767
2	Total expenses (must equal Part IX, column (A), line 25)	2	752,062
3	Revenue less expenses. Subtract line 2 from line 1	3	-89,295
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	335,118
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	4,943
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	25,454
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	276,220

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
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	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.		
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
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

ANN ARBOR ART ASSOCIATION

Employer identification number

23-720537

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2013

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: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (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 (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (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, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.); 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: Line number, Percentage. Rows include: 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 %; 15 Public support percentage from 2012 Schedule A, Part II, line 14 15 %; 16a 33 1/3% support test—2013. 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—2012. 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—2013. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; b 10%-facts-and-circumstances test—2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	146,112	147,255	130,018	140,630	142,704	706,719
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	672,220	631,055	657,072	623,039	574,605	3,157,991
3 Gross receipts from activities that are not an unrelated trade or business under section 513			5,799	3,586	1,822	11,207
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	818,332	778,310	792,889	767,255	719,131	3,875,917
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
8 Public support (Subtract line 7c from line 6.)						3,875,917

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	818,332	778,310	792,889	767,255	719,131	3,875,917
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	16,543	20,803	31,189	37,294	32,922	138,751
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	16,543	20,803	31,189	37,294	32,922	138,751
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	834,875	799,113	824,078	804,549	752,053	4,014,668
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 2013 (line 8, column (f) divided by line 13, column (f))	15	96.54%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	96.96%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	3%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	3%

- 19a 33 1/3% support tests—2013.** 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—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2013

▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990

Name of the organization

Employer identification number

ANN ARBOR ART ASSOCIATION

23-7205537

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$

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

Name of organization ANN ARBOR ART ASSOCIATION	Employer identification number 23-720537
--	--

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Howard Cooper 2405 Londonberry Ann Arbor MI 48108	\$ 5,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Larry & Lucie Nisson 1227 Lutz Ave Ann Arbor MI 48103	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

ANN ARBOR ART ASSOCIATION

Employer identification number

23-7205537

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

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

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

Part II Conservation Easements.

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

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

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

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

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	78,159	83,984	83,835	83,887	83,376
b Contributions					
c Net investment earnings, gains, and losses	147	208	149	-52	151
d Grants or scholarships					
e Other expenditures for facilities and programs		6,033			
f Administrative expenses					
g End of year balance	78,306	78,159	83,984	83,835	83,887

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

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

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

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

	Yes	No
(i) unrelated organizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>

b If "Yes" to 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" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		25,000		25,000
b Buildings				
c Leasehold improvements				
d Equipment		145,937	130,061	15,876
e Other		657,160	452,485	204,675
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				245,551

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) Line of Credit	23,400	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	23,400	

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 XIII Supplemental Information (continued)

[Ruled area for supplemental information]

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2013

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

ANN ARBOR ART ASSOCIATION

Employer identification number

23-7205537

Part I

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

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

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

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

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

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
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" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Special Events</u> (event type)	_____ (event type)	<u>None</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	89,980			89,980
	2 Less: Contributions	10,885			10,885
	3 Gross income (line 1 minus line 2)	79,095			79,095
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	48,757			48,757
	10 Direct expense summary. Add lines 4 through 9 in column (d)				48,757
11 Net income summary. Subtract line 10 from line 3, column (d)				30,338	

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate 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 operate 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 operated 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 complete this part to provide any additional information (see instructions).

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

SCHEDULE O
(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

ANN ARBOR ART ASSOCIATION

Employer identification number

23-7205537

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

Other expenses

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

Yes

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

Yes

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

Yes

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

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

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

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

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

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

Name of the organization

ANN ARBOR ART ASSOCIATION

Employer identification number

23-7205537

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

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

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

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

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

Form 990, Part XI, Line 9 - Reconciliation of Changes - Other

Book / Tax Depreciation Difference \$ 25,454

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2013

Attachment
Sequence No. **179**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

ANN ARBOR ART ASSOCIATION

Identifying number

23-720537

Business or activity to which this form relates

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	22,792

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	2,662
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	25,454
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2013)

23-7205537

Federal Asset Report

FYE: 8/31/2014

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
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	Guardrail Installation	7/31/00	3,150				3,150	7 HY 200DB	3,150	0
65	Voice Mail Computer Module	4/06/00	2,499				2,499	5 HY 200DB	2,499	0
70	A/C-Robertson Morrison-Floors 2 & 3	5/31/00	4,550				4,550	7 HY 200DB	4,550	0
71	Roof replacement	6/26/01	13,956				13,956	39 MMS/L	4,369	358
72	Jewelry Press	10/17/00	683				683	7 HY 200DB	683	0
73	Potter's Wheel	2/22/01	925				925	7 HY 200DB	925	0
74	Pug Mill	4/17/01	500				500	7 HY 200DB	500	0
77	Mail Server	12/01/00	1,000				1,000	5 HY 200DB	1,000	0
117	Server/Computer Upgrades	5/31/13	3,610			X	1,805	5 MQ200DB	2,076	613
118	Furnace - 2nd Floor	6/11/13	8,900			X	4,450	5 MQ200DB	4,673	1,691
			<u>52,922</u>				<u>46,667</u>		<u>37,574</u>	<u>2,662</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	19,435	748
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	37,992	1,462
8	Building Improvements	9/01/97	53,707				53,707	30 MO S/L	44,756	1,790
9	Building Improvements	9/01/97	10,453				10,453	30 MO S/L	8,362	349
10	Building Improvements	9/01/97	24,917				24,917	30 MO S/L	19,103	831
11	Building Improvements	9/01/97	31,808				31,808	30 MO S/L	23,326	1,060
12	Building Improvements	9/01/97	13,358				13,358	30 MO S/L	8,906	445
13	Building Improvements	9/01/97	14,334				14,334	30 MO S/L	7,645	478
14	Building Improvements	9/01/97	10,578				10,578	30 MO S/L	6,347	352
15	Building Improvements	9/01/97	31,550				31,550	30 MO S/L	17,878	1,052
18	Land	9/01/97	25,000				25,000	0 -- Land	0	0
19	Kiln ED	9/01/97	1,260				1,260	10 MO S/L	1,260	0
20	Kiln ED	9/01/97	1,200				1,200	10 MO S/L	1,200	0
21	Loom	9/01/97	1,315				1,315	10 MO S/L	1,315	0
22	Computer Performa	9/01/97	1,415				1,415	5 MO S/L	1,415	0
23	Computer Performa	9/01/97	1,415				1,415	5 MO S/L	1,415	0
24	Computer Performa	9/01/97	1,415				1,415	5 MO S/L	1,415	0
25	Computer Performa	9/01/97	1,415				1,415	5 MO S/L	1,415	0
26	Computer Performa	9/01/97	1,415				1,415	5 MO S/L	1,415	0
27	Tent SW	9/01/97	2,018				2,018	5 MO S/L	2,018	0
28	Tent SW	9/01/97	2,018				2,018	5 MO S/L	2,018	0
29	Phone System	9/01/97	8,178				8,178	5 MO S/L	8,178	0
30	Computer Performa	9/01/97	1,199				1,199	5 MO S/L	1,199	0
31	Laserwriter	9/01/97	1,910				1,910	5 MO S/L	1,910	0
33	Kiln FOC	9/01/97	2,590				2,590	10 MO S/L	2,590	0
34	Kiln FOC	9/01/97	2,590				2,590	10 MO S/L	2,590	0
35	Computer Performa 96/7	9/01/97	2,140				2,140	5 MO S/L	2,140	0
36	Feat of Clay Furniture	9/01/97	2,624				2,624	10 MO S/L	2,624	0
37	Feat of Clay Display	9/01/97	1,054				1,054	10 MO S/L	1,054	0
38	Computer 95/6	9/01/97	1,677				1,677	5 MO S/L	1,677	0
39	Shop Display & Sales Desk	9/01/97	9,965				9,965	10 MO S/L	9,965	0
40	ArtVentures Furniture	9/01/97	2,541				2,541	10 MO S/L	2,541	0
41	Weaving Benches	9/01/97	1,080				1,080	10 MO S/L	1,080	0
42	Brent Wheel	9/01/97	615				615	10 MO S/L	615	0
43	Brent Wheel	9/01/97	615				615	10 MO S/L	615	0
44	Brent Wheel	9/01/97	615				615	10 MO S/L	615	0
45	Artventures Sign	9/01/97	3,000				3,000	10 MO S/L	3,000	0
46	Education Chairs	9/01/97	6,220				6,220	10 MO S/L	6,220	0
67	MIP Software	9/07/99	7,362				7,362	3 MO S/L	7,362	0
68	MIP Professional Services	2/28/00	2,693				2,693	3 MO S/L	2,693	0
76	Microsoft Windows 2000	1/09/01	1,938				1,938	3 MO S/L	1,938	0
79	Felch Equipment	4/18/02	13,680				13,680	5 MO S/L	13,680	0

23-7205537

Federal Asset Report

FYE: 8/31/2014

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
80	Liberty Equipment	7/31/02	4,782				4,782	7 MO S/L	4,782	0
82	Felch Cabinets	4/15/03	2,516				2,516	7 MO S/L	2,516	0
85	Projector & Screen	8/08/04	1,199				1,199	7 MO S/L	1,199	0
86	Marsha's Dell Computer	9/27/04	1,982				1,982	3 MO S/L	1,982	0
87	Lap top	12/14/04	1,200				1,200	3 MO S/L	1,200	0
88	Filemaker / MIP accounting software upgrac	2/25/05	2,839				2,839	3 MO S/L	2,839	0
91	Furnace	3/24/06	3,500				3,500	10 MO S/L	2,596	350
93	Furnance replacement	3/03/07	5,400				5,400	15 MO S/L	2,310	360
94	Bryant A/C Condenser	6/20/07	3,951				3,951	15 MO S/L	1,624	264
95	1st floor bathroom improvements	3/15/09	885				885	15 MO S/L	266	59
96	L/I Space planning	3/31/09	5,497				5,497	15 MO S/L	1,619	366
97	Remodeling	4/30/09	20,935				20,935	15 MO S/L	6,048	1,396
98	Remodeling	5/15/09	7,067				7,067	15 MO S/L	2,042	471
99	REmodeling	6/15/09	63,346				63,346	15 MO S/L	17,948	4,223
100	remodeling	7/15/09	2,618				2,618	15 MO S/L	727	175
101	Remodeling	8/15/09	2,042				2,042	15 MO S/L	556	136
102	Remodeling	9/15/09	13,353				13,353	15 MO S/L	3,561	890
103	Remodeling	11/15/09	1,357				1,357	15 MO S/L	347	90
104	Remodeling	1/01/10	1,300				1,300	15 MO S/L	318	86
105	Remodeling	2/19/10	5,000				5,000	15 MO S/L	1,167	333
106	Metal Sandwich Board	12/01/09	1,220				1,220	7 MO S/L	654	174
107	Kiln	3/22/10	2,595				2,595	7 MO S/L	1,267	370
108	Pottery Wheel	7/21/10	1,161				1,161	7 MO S/L	511	166
109	Kiln for Ceramic Studio	7/06/11	2,492				2,492	5 MO S/L	1,080	498
110	Remodeling	3/10/11	9,923				9,923	15 MO S/L	1,654	661
111	Emergency Lighting	12/31/11	2,993				2,993	15 MO S/L	333	199
112	Building Improvements	6/29/12	7,500				7,500	15 MO S/L	583	500
113	Pottery Wheel	1/05/12	1,104				1,104	7 MO S/L	263	158
114	Building Improvements	5/09/13	6,916			X	6,916	15 MO S/L	154	461
115	New Awning	5/21/13	1,938				1,938	15 MO S/L	32	130
116	QuickBooks Software	5/17/13	1,700			X	850	3 MO Amort	944	284
119	New Windows S of Building	9/26/13	18,260			X	18,260	15 MO S/L	0	1,116
120	Doorlocks/Drywall 3rd Floor	10/31/13	1,743				1,743	15 MO S/L	0	97
121	Electrical Work	10/31/13	2,469				2,469	15 MO S/L	0	137
122	Women's Toilets - 3rd Floor	10/31/13	1,353				1,353	15 MO S/L	0	75
Total Other Depreciation			<u>775,175</u>				<u>774,325</u>		<u>528,472</u>	<u>22,792</u>
Total ACRS and Other Depreciation			<u>775,175</u>				<u>774,325</u>		<u>528,472</u>	<u>22,792</u>
Grand Totals			828,097				820,992		566,046	25,454
Less: Dispositions and Transfers			0				0		0	0
Less: Start-up/Org Expense			0				0		0	0
Net Grand Totals			<u>828,097</u>				<u>820,992</u>		<u>566,046</u>	<u>25,454</u>

23-7205537

Future Depreciation Report**FYE: 8/31/15**

FYE: 8/31/2014

Asset	Description	Date In Service	Cost	Tax	AMT
<u>Prior MACRS:</u>					
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	357	0
72	Jewelery 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	369	0
118	Furnace - 2nd Floor	6/11/13	8,900	1,014	0
			<u>52,922</u>	<u>1,740</u>	<u>0</u>

Other Depreciation:

1	Building	9/01/97	62,354	0	0
2	Building	9/01/97	29,900	747	0
4	Building Improvements	9/01/97	86,682	0	0
5	Building Improvements	9/01/97	24,277	0	0
6	Building Improvements	9/01/97	9,115	0	0
7	Building Improvements	9/01/97	43,834	1,461	0
8	Building Improvements	9/01/97	53,707	1,790	0
9	Building Improvements	9/01/97	10,453	348	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	446	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
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

23-7205537

Future Depreciation Report**FYE: 8/31/15**

FYE: 8/31/2014

Asset	Description	Date In Service	Cost	Tax	AMT
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	350	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	366	0
97	Remodeling	4/30/09	20,935	1,395	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	174	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	91	0
104	Remodeling	1/01/10	1,300	87	0
105	Remodeling	2/19/10	5,000	333	0
106	Metal Sandwich Board	12/01/09	1,220	174	0
107	Kiln	3/22/10	2,595	371	0
108	Pottery Wheel	7/21/10	1,161	166	0
109	Kiln for Ceramic Studio	7/06/11	2,492	499	0
110	Remodeling	3/10/11	9,923	662	0
111	Emergency Lighting	12/31/11	2,993	200	0
112	Building Improvements	6/29/12	7,500	500	0
113	Pottery Wheel	1/05/12	1,104	158	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	283	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
Total Other Depreciation			<u>775,175</u>	<u>22,953</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>775,175</u>	<u>22,953</u>	<u>0</u>
Grand Totals			<u>828,097</u>	<u>24,693</u>	<u>0</u>

Form 990	Two Year Comparison Report	2012 & 2013
For calendar year 2013, or tax year beginning 09/01/13, ending 08/31/14		

Name

Taxpayer Identification Number

ANN ARBOR ART ASSOCIATION

23-7205537

		2012	2013	Differences
R e v e n u e	1. Contributions, gifts, grants	97,275	125,594	28,319
	2. Membership dues and assessments	31,355	17,110	-14,245
	3. Government contributions and grants	12,000		-12,000
	4. Program service revenue	438,662	411,253	-27,409
	5. Investment income	15,466	17,394	1,928
	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	18,938	30,338	11,400
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory	38,749	43,728	4,979
	11. Other revenue	25,414	17,350	-8,064
	12. Total revenue. Add lines 1 through 11	677,859	662,767	-15,092
E x p e n s e s	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	51,149	69,363	18,214
	16. Salaries, other compensation, and employee benefits	333,510	383,557	50,047
	17. Professional fundraising fees			
	18. Other professional fees	24,848	16,106	-8,742
	19. Occupancy, rent, utilities, and maintenance	39,870	36,601	-3,269
	20. Depreciation and Depletion	23,049	23,744	695
	21. Other expenses	216,045	222,691	6,646
	22. Total expenses. Add lines 13 through 21	688,471	752,062	63,591
	23. Excess or (Deficit). Subtract line 22 from line 12	-10,612	-89,295	-78,683
O t h e r I n f o r m a t i o n	24. Total exempt revenue	677,859	662,767	-15,092
	25. Total unrelated revenue			
	26. Total excludable revenue	677,859	662,767	-15,092
	27. Total assets	463,984	409,281	-54,703
	28. Total liabilities	128,866	133,061	4,195
	29. Retained earnings	335,118	276,220	-58,898
	30. Number of voting members of governing body	16	16	
31. Number of independent voting members of governing body	16	16		
32. Number of employees	33	25		
33. Number of volunteers	275	275		

Form **990T****Two Year Comparison Report****2012 & 2013**

For calendar year 2013, or tax year beginning 09/01/13, ending 08/31/14

Name

Taxpayer Identification Number

ANN ARBOR ART ASSOCIATION

23-7205537

		2012	2013	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.			
	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.			
	11. Total trade or business income. Combine lines 1 through 10	11.			
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.			
	23. Total deductions. Add lines 12 through 22	23.			
	24. Taxable income before NOL. Subtract line 23 from 11	24.			
	25. Net operating loss deduction	25.			
	26. Specific deduction	26.	1,000	1,000	
	27. Unrelated business taxable income.	27.	-1,000	-1,000	
	Tax & Credits	28. Income tax (corporate or trust)	28.		
29. Proxy tax		29.			
30. Alternative minimum tax		30.			
31. Total taxes		31.			
32. Other credits		32.			
33. General business credit		33.			
34. Credit for prior year minimum tax		34.			
35. Total credits		35.			
36. Net tax after credits		36.			
37. Recapture taxes		37.			
38. Total Taxes	38.				
Due/Refund	39. Prior year overpayment and estimated tax payments	39.			
	40. Payment made with extension	40.			
	41. Backup withholding and foreign withholding	41.			
	42. Other payments	42.			
	43. Total payments	43.			
	44. Balance due/(Overpayment)	44.			
	45. Overpayment applied to next year	45.			
	46. Penalties	46.			
	47. Total due/(Refund)	47.			

Form **990****Tax Return History****2013**

Name

ANN ARBOR ART ASSOCIATION

Employer Identification Number

23-7205537

	2009	2010	2011	2012	2013	2014
Contributions, gifts, grants				109,275	125,594	
Membership dues				31,355	17,110	
Program service revenue				438,662	411,253	
Capital gain or loss						
Investment income				15,466	17,394	
Fundraising revenue (income/loss)				18,938	30,338	
Gaming revenue (income/loss)						
Other revenue				64,163	61,078	
Total revenue				677,859	662,767	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.				51,149	69,363	
Other compensation				333,510	383,557	
Professional fees					16,106	
Occupancy costs				39,870	36,601	
Depreciation and depletion				23,049	23,744	
Other expenses				240,893	222,691	
Total expenses				688,471	752,062	
Excess or (Deficit)				-10,612	-89,295	
Total exempt revenue				677,859	662,767	
Total unrelated revenue						
Total excludable revenue				677,859	662,767	
Total Assets				463,984	409,281	
Total Liabilities				128,866	133,061	
Net Fund Balances				335,118	276,220	

Form **990T****Tax Return History****2013**

Name

ANN ARBOR ART ASSOCIATION

Employer Identification Number

23-7205537

	2009	2010	2011	2012	2013	2014
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
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****2013**

Name

ANN ARBOR ART ASSOCIATION

Employer Identification Number

23-7205537

	2009	2010	2011	2012	2013	2014
Other deductions						
Net operating loss deduction						
Specific deduction				1,000	1,000	
Income after expense and deductions				-1,000	-1,000	
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

* Income shown net of expenses

Forms 990 / 990-EZ Return Summary

For calendar year 2013, or tax year beginning 09/01/13 , and ending 08/31/14

23-7205537

ANN ARBOR ART ASSOCIATION

Net Asset / Fund Balance at Beginning of Year 335,118

Revenue

Contributions	<u>142,704</u>	
Program service revenue	<u>411,253</u>	
Investment income	<u>17,394</u>	
Capital gain / loss	<u> </u>	
Fundraising / Gaming:		
Gross revenue	<u>79,095</u>	
Direct expenses	<u>48,757</u>	
Net income	<u>30,338</u>	
Other income	<u>61,078</u>	
Total revenue		<u>662,767</u>

Expenses

Program services	<u>612,196</u>	
Management and general	<u>17,229</u>	
Fundraising	<u>122,637</u>	
Total expenses		<u>752,062</u>
Excess / (deficit)		<u>-89,295</u>

Changes 30,397

Net Asset / Fund Balance at End of Year 276,220

Reconciliation of Revenue

Total revenue per financial statements	<u> </u>
Less:	
Unrealized gains	<u> </u>
Donated services	<u> </u>
Recoveries	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total revenue per return	<u><u>662,767</u></u>

Reconciliation of Expenses

Total expenses per financial statements	<u> </u>
Less:	
Donated services	<u> </u>
Prior year adjustments	<u> </u>
Losses	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total expenses per return	<u><u>752,062</u></u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>463,984</u>	<u>409,281</u>	
Liabilities	<u>128,866</u>	<u>133,061</u>	
Net assets	<u><u>335,118</u></u>	<u><u>276,220</u></u>	<u>-58,898</u>

Miscellaneous Information

Amended return
Return / extended due date 04/15/15
Failure to file penalty

Michigan Return Summary

For calendar year 2013, or tax year beginning 09/01/13 , and ending 08/31/14

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, 2014

Remittance: AS SOON AS POSSIBLE

Remittance: None is required.

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

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

Other: Initial and date the copy of the return, and retain it for your records.

CTS - 02
 AUTHORITY 1975 PA 169
 PENALTY: civil, criminal

STATE OF MICHIGAN
 DEPARTMENT OF ATTORNEY GENERAL
 CHARITABLE TRUST SECTION

RENEWAL SOLICITATION REGISTRATION FORM

Report for the Fiscal Period

09/01/13 to 08/31/14

PLEASE TYPE OR PRINT IN INK

Full legal name of organization <u>ANN ARBOR ART ASSOCIATION</u>		Atty Gen File Number
All other names under which you intend to solicit		Employer Identification Number (EIN) <u>23-720537</u>
Telephone number <u>734-994-8004</u>		Fax number
Organization email address	Organization website <u>WWW.ANNARBORARTCENTER.ORG</u>	

All questions must be answered. Attach additional sheets if necessary.

PART I GENERAL INFORMATION

1. Organization addresses -

A. Organization mailing address.

117 WEST LIBERTY STREET ANN ARBOR MI 48104-1320

B. Street address of principal office. If the organization does not maintain a principal office, provide the name and address of the person having custody of the financial records.

Eric Wolff

117 WEST LIBERTY STREET ANN ARBOR MI 48104-1320

C. Provide the county in which the principal office, or person having custody of financial records, is located.

Washtenaw

D. Provide the address of any office 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 will be added to our database and provided to interested persons.

3. You must designate a resident agent in Michigan. Provide name and street address (not PO Box).

Name Eric Wolff

Address 117 West Liberty Street Ann Arbor MI 48104

4. A. Methods of solicitation. Check all that apply.

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

B. Provide copies of all soliciting materials.

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

6. 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.

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

PART II PROFESSIONAL FUNDRAISERS & FUNDRAISING CONSULTANTS (PFRs)

Under Michigan law, fundraising counsel or consultants may be considered PFRs. (See instructions for definition.)

8. Has the organization engaged a professional fundraiser or fundraising consultant for Michigan fundraising activity for either the fiscal period reported in Part III or the current fiscal period? Yes No

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.

Note: PFRs under contract for solicitations and activities in Michigan are to submit campaign financial statements. See instructions.

Contract types: A – Consulting – See instructions for definition
 B – Solicitation / Event

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

Name	Mailing address	Sum of all p'mts to / retained by PFR during year reported	Dates of contract	Is contract currently in effect?	Contract Type
			Start date:	y <input type="checkbox"/>	A <input type="checkbox"/>
			End date:	n <input type="checkbox"/>	B <input type="checkbox"/>
			Start date:	y <input type="checkbox"/>	A <input type="checkbox"/>
			End date:	n <input type="checkbox"/>	B <input type="checkbox"/>
			Start date:	y <input type="checkbox"/>	A <input type="checkbox"/>
			End date:	n <input type="checkbox"/>	B <input type="checkbox"/>

PART III**FINANCIAL INFORMATION**

All organizations must provide a financial report with their renewal registration form. A copy of the organization's IRS Form 990, 990-EZ, or 990-PF is required. If the organization does not file Form 990, 990-EZ, or 990-PF with the IRS, complete 10A and 10B below. In addition, audited or reviewed financial statements may be required. Go to the line below for the IRS form you file and follow instructions.

Check the box to indicate the type of return filed with the IRS: See Statement 1

- Form 990** - Provide a copy of the Form 990. Do not include Schedule B. Skip to item 11 below.
- Form 990-EZ** - Provide a copy of the Form 990-EZ. Do not include Schedule B. Skip to item 11 below.
- Form 990-PF** - Provide a copy of the Form 990-PF and complete 9A and 9B below. After completing, go to item 11.
- Form 990-N** - Complete 10A and 10B below. After completing, skip to Part IV.

9. **Form 990-PF** Complete lines A and B to provide the organization's functional expenses. The sum of the two expense functions must equal total expense as shown on the return.

9A. Total Program Services Expense \$ _____

9B. Total Supporting Services Expense \$ _____

10. **Form 990-N**. Complete only if you file Form 990-N with the IRS. Provide a listing of the names and addresses of the officers and board of directors. After completing 10A and 10B, skip to Part IV.

10A. Briefly describe your charitable accomplishments during the period. _____

10B. Complete all lines of the following schedule. Enter "0" or "none" where appropriate.

A	End date of fiscal period (MM/DD/YYYY)		
B	Contributions and fundraising received		
C	Total revenue (from all sources including contributions)		
D	Charitable program services expense		
E	All remaining expenses (supporting services)		
F	Total expense (Sum of lines D and E)		
G	Excess or deficit (subtract line F from line C)		
H	Total assets at end of fiscal period		

11. Audited or reviewed financial statements requirement

It is not necessary to complete the Audited or Reviewed Financial Statements Schedule on the following page if you completed 10A and 10B above or if you are already submitting audited financial statements.

All others should complete the following schedule to determine if financial statements either reviewed or audited by an independent certified public accountant are required.

After completing the schedule:

- If Line F, Total support, is \$500,000 or more, you must provide financial statements prepared in accordance with generally accepted accounting principles that have been audited by an independent certified public accountant.
- If line F is greater than \$250,000, but not greater than \$500,000, financial statements either reviewed or audited by a certified public accountant are required.

If audited or reviewed financial statements are required, but they have not been prepared, see the instructions.

Schedule 11 – Audited or Reviewed Financial Statements

	Item	Find it:		
A.	Contributions from IRS return	Form 990, Part VIII, line 1h; Form 990-EZ, line 1; Form 990-PF, line 1	142,704	
B.	Net income from special fundraising events	Form 990, Part VIII, line 8c; Form 990-EZ, line 6c	30,338	
C.	Net income from gaming activities	Form 990, Part VIII, line 9c; (not broken out on Form 990-EZ)		
D.		Add lines a, b and c;		173,042
E.	Governmental grants	Form 990, Part VIII, line 1e; or Form 990-EZ, enter governmental grants included above on line A.		
F.	Total support	Subtract line e from line d		173,042

PART IV**CERTIFICATION**

Under penalty of perjury, I certify that I am authorized to sign this document for the organization and that to the best of my knowledge and belief the information provided, including all accompanying documents, is true, correct, and complete.

Signature: _____ PRESIDENT _____
 Title Date

Print name: Marie Klopf

CHECKLIST:

- Have all parts of the form been fully completed unless instructed otherwise?
- Is a list of the names and addresses of the officers and board of directors provided with the IRS return or the registration form?
- Have you provided a complete IRS 990, 990-EZ, OR 990-PF? If you file Form 990-N, did you complete items 10A and 10B?
- If audited or reviewed financial statements are required, are they provided or have you requested a conditional license or one-time waiver?
- If required, are audited financial statements prepared in accordance with generally accepted accounting principles?
- Are the Form 990 and financial statements prepared for the same fiscal period?
- Have you submitted contracts and addenda to contracts with professional fundraisers that have not been previously submitted?
- Have you provided samples of all solicitation materials?
- Is the Renewal Solicitation Registration Form signed in Part IV?

Return completed registration form to:
 (See instructions for other filing options)

Attorney General
 Charitable Trust Section
 PO Box 30214
 Lansing, MI 48909

Contact information:
 Telephone: (517) 373-1152
 e-mail: ct_email@michigan.gov

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

Michigan Statements**Statement 1 - Renewal Solicitation Registration, Part III - Listing of Officers And Addresses**

<u>Name</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>
Mark Holtz	117 W Liberty St	Ann Arbor	MI	48104
Greg Lobdell	117 West Liberty Street	Ann Arbor	MI	48104
Debra Christein	117 W Liberty St	Ann Arbor	MI	48104
Martha Stucki Williams	117 West Liberty Street	Ann Arbor	MI	48104
Nicholas Zagar	117 West Liberty Street	Ann Arbor	MI	48104
Anne Cooper	117 W Liberty St	Ann Arbor	MI	48104
Sean Hickey	117 W Liberty St	Ann Arbor	MI	48104
Noah Kaplan	117 West Liberty Street	Ann Arbor	MI	48104
William Lyle	117 W Liberty St	Ann Arbor	MI	48104
Praveena Ramaswami	117 W Liberty St	Ann Arbor	MI	48104
Susan Monroe	117 West Liberty Street	Ann Arbor	MI	48104
Deborah Sulkowski	117 West Liberty Street	Ann Arbor	MI	48104
Ray Webb	117 W Liberty St	Ann Arbor	MI	48104
Jennifer Anderson	117 West Liberty Street	Ann Arbor	MI	48104
Marie Klopf	117 W Liberty St	Ann Arbor	MI	48104
Andreas Hug	117 W Liberty St	Ann Arbor	MI	48104
Lisa Patrell	117 W Liberty St	Ann Arbor	MI	48104