

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

Form **990-EZ**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

2009

- ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 2009 calendar year, or tax year beginning 07/01/09, and ending 06/30/10

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions	<b>C</b> Name of organization <b>ANN ARBOR PUBLIC SCHOOLS EDUCATIONAL FOUNDATION</b> Number and street (or P O box, if mail is not delivered to street address) Room/suite <b>2555 SOUTH STATE STREET</b> City or town, state or country, and ZIP + 4 <b>ANN ARBOR MI 48104</b>	<b>D</b> Employer identification number <b>38-2972660</b> <b>E</b> Telephone number <b>734-994-1969</b> <b>F</b> Group Exemption Number
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● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method  Cash  Accrual  
Other (specify) ▶

**I** Website: ▶ WWW.AAPSEF.ORG

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**J** Tax-exempt status (check only one) —  501(c) ( 3 ) ◀ (insert no )  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **409,885**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)**

	Description	Amount	Code
Revenue	1 Contributions, gifts, grants, and similar amounts received	306,409	1
	2 Program service revenue including government fees and contracts		2
	3 Membership dues and assessments		3
	4 Investment income	60,995	4
	5a Gross amount from sale of assets other than inventory	4,862	5a
	b Less cost or other basis and sales expenses		5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	4,862	5c
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ of contributions reported on line 1)	37,619	6a
b Less direct expenses other than fundraising expenses	16,899	6b	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	20,720	6c	
7a Gross sales of inventory, less returns and allowances		7a	
b Less cost of goods sold		7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
8 Other revenue (describe ▶ )		8	
9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		392,986	9
Expenses	10 Grants and similar amounts paid (attach schedule) <u>stmt 1</u>	172,569	10
	11 Benefits paid to or for members		11
	12 Salaries, other compensation, and employee benefits		12
	13 Professional fees and other payments to independent contractors	101,274	13
	14 Occupancy, rent, utilities, and maintenance	3,500	14
	15 Printing, publications, postage, and shipping	17,303	15
	16 Other expenses (describe ▶ <u>See Statement 2</u> )	35,639	16
17 <b>Total expenses.</b> Add lines 10 through 16		330,285	17
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	62,701	18
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	791,223	19
	20 Other changes in net assets or fund balances (attach explanation)		20
	21 <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20		853,924

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

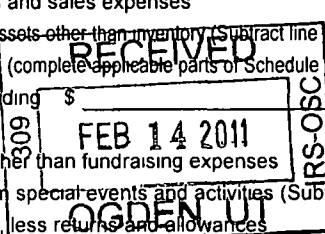
	Description	(A) Beginning of year		(B) End of year	
22	Cash, savings, and investments	595,460	22	633,258	
23	Land and buildings		23		
24	Other assets (describe ▶ <u>See Statement 3</u> )	195,763	24	220,666	
25	<b>Total assets</b>	791,223	25	853,924	
26	<b>Total liabilities</b> (describe ▶ )	0	26	0	
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	791,223	27	853,924	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

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**Part III Statement of Program Service Accomplishments (See the instructions for Part III.)**

What is the organization's primary exempt purpose?  
**See Statement 4**

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

<p><b>28 SCHOLARSHIP FUNDS AWARDED TO APPROXIMATELY 19 STUDENTS IN NEED OF FINANCIAL ASSISTANCE TO PURSUE HIGHER EDUCATION.</b></p> <p><b>(Grants \$ 18,044)</b> If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>28a</p>	<p><b>18,044</b></p>
<p><b>29 See Statement 5</b></p> <p><b>(Grants \$ 15,000)</b> If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>29a</p>	<p><b>15,000</b></p>
<p><b>30 TEACHER GRANTS - FUNDING FOR STAFF TO IMPLEMENT INNOVATIVE AND CREATIVE PROGRAMS IN THE CLASSROOM THAT ARE NOT PAID BY THE SCHOOL SYSTEM.</b></p> <p><b>(Grants \$ 49,891)</b> If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>30a</p>	<p><b>49,891</b></p>
<p><b>31 Other program services (attach schedule) See Statement 6</b></p> <p><b>(Grants \$ 89,634)</b> If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>31a</p>	<p><b>89,634</b></p>
<p><b>32 Total program service expenses (add lines 28a through 31a)</b></p>	<p><b>32</b></p>	<p><b>172,569</b></p>

**Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV.)**

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Statement 7				

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr <span style="float:right">▶ <b>37a</b>   _____</span>		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right">▶ <b>38b</b>   _____</span>		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 <span style="float:right">▶ <b>39a</b>   _____</span>		
b	Gross receipts, included on line 9, for public use of club facilities <span style="float:right">▶ <b>39b</b>   _____</span>		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶ _____</span>		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶ _____</span>		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed <span style="float:right">▶ <b>MI</b></span>		
42a	The organization's books are in care of <span style="float:right">▶ _____</span> Telephone no <span style="float:right">▶ _____</span> Located at <span style="float:right">▶ _____</span> ZIP + 4 <span style="float:right">▶ _____</span>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <span style="float:right">▶ _____</span> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
			X
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <span style="float:right">▶ _____</span>		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <span style="float:right">▶ <input type="checkbox"/></span> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶ <b>43</b>   _____</span>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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		<b>X</b>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<b>X</b>
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
49a Did the organization make any transfers to an exempt non-charitable related organization?		<b>X</b>
b If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ▶ \_\_\_\_\_

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

*Wendy L. Correll* 2/8/2011  
 Signature of officer Date  
 Wendy L. Correll, Executive Director  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: *Wendy L. Correll* Date: 02/04/11 Check if self-employed:  Preparer's Identifying Number (See instr.): P00037527

Firm's name (or yours if self-employed): Stefforia, Petik & Associates, P.C. EIN:   
 address, and ZIP + 4: 2144 S State St Ste D Ann Arbor, MI 48104 Phone no: 734-747-8863

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

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization <b>ANN ARBOR PUBLIC SCHOOLS EDUCATIONAL FOUNDATION</b>	Employer identification number <b>38-2972660</b>
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**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—Other
- 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)	<input type="checkbox"/>	<input type="checkbox"/>
11g(ii)	<input type="checkbox"/>	<input type="checkbox"/>
11g(iii)	<input type="checkbox"/>	<input type="checkbox"/>

**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 support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	119,943	27,610	210,459	205,066	306,409	869,487
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	119,943	27,610	210,459	205,066	306,409	869,487
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 <b>Public support.</b> Subtract line 5 from line 4						869,487

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	119,943	27,610	210,459	205,066	306,409	869,487
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	36,575	145,556	69,585	11,489	48,210	311,415
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 <b>Total support.</b> Add lines 7 through 10						1,180,902
12 Gross receipts from related activities, etc (see instructions)					12	50,404
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	73.63%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a <b>33 1/3 % support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b <b>33 1/3 % support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)						

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

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

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3 % support tests—2009.** 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—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization  ►

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

**Part IV**

**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

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## Federal Statements

### Statement 1 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to Individuals

Relationship to Organization	Date of Gift	Class of Activity Description of Property	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation
		SCHOLARSHIPS	18,044				
	11/02/09	CLASSROOM ENRICHMENT	15,000				
		CLASSROOM ENRICHMENT	49,891				
		CLASSROOM ENRICHMENT	89,634				
Total			172,569				

**Federal Statements****Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses**

<u>Description</u>	<u>Amount</u>
Expenses	\$
Advertising and Promotion	28,537
Office	1,577
Insurance	691
CREDIT CARD PROGRAM FEES	2,204
MISC. FUNDRAISING COSTS	2,630
Total	<u>\$ 35,639</u>

**Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Pledges Receivable	\$	\$ 4,215
ENDOWMENT FUND	<u>195,763</u>	<u>216,451</u>
	<u>195,763</u>	<u>220,666</u>

**Federal Statements****Statement 4 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose****Description**

TO PROVIDE COMMUNITY AND PRIVATE FUNDING IN SUPPORT OF PUBLIC EDUCATION AND TO MANAGE PROGRAMS AND FUNDS IN PARTNERSHIP WITH THE ANN ARBOR PUBLIC SCHOOL DISTRICT.

**Statement 5 - Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments****Description**

MY ACCESS - FUNDING OF SPECIAL WRITING SOFTWARE PROGRAM THAT ALLOWS CHILDREN AND TEACHERS TO WRITE IN GROUPS OR INDIVIDUALLY WITH CORRECTIVE TOOLS FOR GRAMMAR, SENTENCE STRUCTURE AND OTHER HELPFUL LEARNING. THIS PROGRAM IS BEING USED DISTRICT WIDE IN MULTIPLE GRADE LEVELS AND HAS IMPROVED MEAP AND OTHER SCORES.

**Statement 6 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments****Description**

INITIATIVES FOR EXCELLENCE - FUNDING FOR DISTRICT-WIDE EDUCATIONAL IMPROVEMENT AND ENHANCEMENT PROJECTS TO PROVIDE AN EXCELLENT LEVEL OF EDUCATION THAT THE DISTRICT DOES NOT HAVE THE FUNDS FOR.

## Federal Statements

38-2972660

FYE: 6/30/2010

Statement 7 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
ROBERT ALLEN			0	0	0
TOM BAIRD			0	0	0
LAURIE BARNETT			0	0	0
SAM BECK			0	0	0
SHEILA CARPENTER	SECRETARY		0	0	0
MELINDA COLQUITT			0	0	0
MARIE DEVENY			0	0	0
KALYN FINK			0	0	0
JIM HUME			0	0	0
MELANIE LOWENBERG			0	0	0
LIZ MARGOLIS			0	0	0
DAVID MARTEL			0	0	0
KRISTIE MARTIN			0	0	0
ROB MARSCHALL	TREASURER		0	0	0
ANDY PATTERSON			0	0	0
CHRISTY PERROS			0	0	0
OMARI RUSH	VICE CHAIRPE		0	0	0
KATHY SAMPLE			0	0	0

# Federal Statements

**Statement 7 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)**

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
HELEN STARMAN	CHAIRPERSON		0	0	0
CHRISTOPHER TAYLOR			0	0	0
ANDY THOMAS			0	0	0
WENDY CORRELL	EXECUTIVE DI		0	0	0

**Federal Statements****Special Events Direct Expenses**

<u>Description</u>	<u>Amount</u>
Column A	\$
GOLF OUTING	
FACILITY COSTS	9,319
PROMOTION	1,815
NON-CASH PRIZES	382
SubTotal	<u>11,516</u>
Column B	
HARVEST DINNER	
FOOD	4,949
SubTotal	<u>4,949</u>
Column C	
MISC. FUNDRAISERS	
MISC. EXPENSE	434
SubTotal	<u>434</u>
Total	<u><u>16,899</u></u>

Direct expenses other than fundraising expenses  
reported on Form 990-EZ, page 1, line 6b.