

Form **990**

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

2021
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2021 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: Ann Arbor Spark
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
330 East Liberty St
 City or town, state or province, country, and ZIP or foreign postal code
Ann Arbor MI 48104

D Employer identification number: 38-2436899

E Telephone number: 734-761-9317

G Gross receipts: 13,431,738

F Name and address of principal officer:
Paul Krutko
330 East Liberty St
Ann Arbor MI 48104

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ www.annarborusa.com

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1984 **M** State of legal domicile: MI

H(c) Group exemption number ▶ _____

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>See Schedule O</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	30
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	29
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	262
	6 Total number of volunteers (estimate if necessary)	6	130
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	17,956,493	12,474,849
	9 Program service revenue (Part VIII, line 2g)	451,291	449,236
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,390,348	-1,139,945
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,798,132	11,784,140
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	10,662,721
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)		3,688,665	3,826,305
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		4,446,488	5,296,614
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		18,797,874	13,583,079
19 Revenue less expenses. Subtract line 18 from line 12		2,000,258	-1,798,939
Net Assets or Fund Balances		20 Total assets (Part X, line 16)	Beginning of Current Year 16,521,548
	21 Total liabilities (Part X, line 26)	759,203	638,225
	22 Net assets or fund balances. Subtract line 21 from line 20	15,762,345	15,027,587

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: Paul Krutko Date: _____
 Type or print name and title: President/CEO

Paid Preparer Use Only

Print/Type preparer's name: Thomas A O'Sullivan Preparer's signature: _____ Date: 09/02/22 Check if self-employed PTIN: P01321877
 Firm's name: Yeo & Yeo, P.C. Firm's EIN: 38-2706146
 Firm's address: 1450 Eisenhower Place
Ann Arbor, MI 48108-3283 Phone no.: 734-769-1331

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

For Paperwork Reduction Act Notice, see the separate instructions.

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:

See Schedule O

Public Inspection Copy

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 \$ including grants of\$) (Revenue \$)
See Schedule O

4b (Code:) (Expenses \$ including grants of\$) (Revenue \$)
See Schedule O

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

MI STEM Forward:

In partnership with the Michigan Economic Development Corporation, SPARK works to promote STEM talent retention in the state by running an internship matching program. The program recruits talented college students to populate a talent database, gathers impactful internship opportunities from innovative companies throughout the state, and then covers the administrative burdens and 50% of the cost of the resulting placements. In the 15 months since the program was founded, SPARK has recruited over 2,000 students as well as more than 350 companies. These companies have posted over 500 unique job descriptions. To date, MI STEM Forward has placed 434 interns at 163 different companies across Michigan.

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

4e Total program service expenses ▶

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)? <i>If "Yes," complete Schedule A</i>		X
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>		
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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? 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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		
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		
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? 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, Part 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	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations on 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 on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 262		
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 on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
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?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		

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 on 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 on Schedule O.		
1a 30		
b Enter the number of voting members included on line 1a, above, who are independent		
1b 29		
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, 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 on Schedule O.		X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
b Describe on 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 on Schedule O how this was done	X	
12c	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ MI
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶
 Tom Crawford 330 East Liberty St
 Ann Arbor MI 48104 734-761-9317

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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) David Ruud Chair	1.00 0.25	X		X				0	0	0
(2) Kelly Sexton Vice Chair	1.00 0.25	X		X				0	0	0
(3) David Snodgrass Treasurer	1.00 0.25	X		X				0	0	0
(4) Tiffany Ford Secretary	1.00 0.25	X		X				0	0	0
(5) David Parsigian Past Chair	1.00 0.25	X		X				0	0	0
(6) Mike Archinal Board Member	1.00 0.25	X						0	0	0
(7) Dr. Rose Bellanca Board Member	1.00 0.25	X						0	0	0
(8) Gregory Dill Board Member	1.00 0.25	X						0	0	0
(9) Milton Dohoney Board Member	1.00 0.25	X						0	0	0
(10) Mara M. Farmer Board Member	1.00 0.25	X						0	0	0
(11) Leigh R. Greden Board Member	1.00 0.25	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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) Mandy Grewal Board Member	Ph.D 1.00 0.25	X						0	0	0
(13) Jeff Hauptman Board Member	1.00 0.25	X						0	0	0
(14) Chris Kolb Board Member	1.00 0.25	X						0	0	0
(15) Mark LePage, Board Member	MD, MBA 1.00 0.25	X						0	0	0
(16) Lon Lowen Board Member	1.00 0.25	X						0	0	0
(17) Timothy G. Marshall Board Member	1.00 0.25	X						0	0	0
(18) John McLaughlin Board Member	1.00 0.25	X						0	0	0
(19) Tim Petersen Board Member	1.00 0.25	X						0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A								1,300,322		85,442
d Total (add lines 1b and 1c)								1,300,322		85,442

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
330 East Liberty Ann Arbor MI 48104	115 Depot Street Parking & Rent	589,504
Bodman LLP Detroit MI 48226	1901 St. Antoine Consulting	137,332
Mac & Mack Building LLC Ypsilanti MI 48197	35 S Summit Construction	104,992

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 **3**

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				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	12,474,849			
	g Noncash contributions included in lines 1a-1f	1g	\$			
	h Total. Add lines 1a-1f		12,474,849			
Program Service Revenue	2a Incubator Rent	Business Code 532000	266,759	266,759		
	b Incubator Services	561000	182,477	182,477		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		449,236			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		229,026		229,026	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		6b Less: rental expenses	6b			
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other	7a	278,627		
		b Less: cost or other basis and sales exps.	7b	1,647,598		
	c Gain or (loss)	7c	-1,368,971			
	d Net gain or (loss)		-1,368,971		-1,368,971	
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11a	Business Code				
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions		11,784,140	449,236	0	-1,139,945	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,305,258			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	154,902			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	694,303			
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	2,629,625			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	54,338			
9	Other employee benefits	254,487			
10	Payroll taxes	193,552			
11	Fees for services (nonemployees):				
a	Management				
b	Legal	21,310			
c	Accounting	28,993			
d	Lobbying	12,168			
e	Professional fundraising services. See Part IV, line 17				
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.)	3,173,181			
12	Advertising and promotion	383,452			
13	Office expenses	103,261			
14	Information technology	193,534			
15	Royalties				
16	Occupancy	809,451			
17	Travel	54,847			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	28,455			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	111,988			
23	Insurance	13,106			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	Events	140,172			
b	Dues & Subscriptions	116,377			
c	Return of funds	36,003			
d	Payments to MEDC	28,990			
e	All other expenses	41,326			
25	Total functional expenses. Add lines 1 through 24e	13,583,079	0	0	0
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 Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	10,065,488	2	8,541,065
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	813,832	4	801,220
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	59,018	9	183,836
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,072,472		
	b Less: accumulated depreciation	10b 837,665	321,694	10c 234,807
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11	5,206,473	13	5,810,804
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	55,043	15	94,080
16 Total assets. Add lines 1 through 15 (must equal line 33)	16,521,548	16	15,665,812	
Liabilities	17 Accounts payable and accrued expenses	735,982	17	621,668
	18 Grants payable		18	
	19 Deferred revenue	23,221	19	16,557
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	
	26 Total liabilities. Add lines 17 through 25	759,203	26	638,225
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	15,098,397	27	14,150,953
	28 Net assets with donor restrictions	663,948	28	876,634
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	15,762,345	32	15,027,587
33 Total liabilities and net assets/fund balances	16,521,548	33	15,665,812	

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	11,784,140
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,583,079
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,798,939
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15,762,345
5	Net unrealized gains (losses) on investments	5	1,064,181
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	15,027,587

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 on 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 checked="" 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 on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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 on Schedule O and describe any steps taken to undergo such audits		

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

(A) Name and title	(B) Average hours per week 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(20) Venkat (DV) Rao Board Member	1.00 0.25	X						0	0	0
(21) Paul Roney Board Member	1.00 0.25	X						0	0	0
(22) Sue Shink Board Member	1.00 0.25	X						0	0	0
(23) Christine Sing Board Member	1.00 0.25	X						0	0	0
(24) Brenda Stumbo Board Member	1.00 0.25	X						0	0	0
(25) Mickey Swortzel Board Member	1.00 0.25	X						0	0	0
(26) Simon Whitelocke Board Member	1.00 0.25	X						0	0	0
(27) David Wilhoit Board Member	1.00 0.25	X						0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

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

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

(A) Name and title	(B) Average hours per week 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(28) Christina York Board Member	1.00 0.25	X						0	0	0
(29) Robert Young Board Member	1.00 0.25	X						0	0	0
(30) Paul Krutko President/CEO	39.75 0.25	X		X				364,684	0	26,863
(31) Elizabeth Perpich Director of Finance	39.75 0.25			X				126,260	0	2,562
(32) Phil Santer VP of Bus. Develop.	40.00 0.00				X			167,708	0	10,754
(33) Michael Flanagan VP of Capital Prog.	40.00 0.00					X		141,359	0	14,734
(34) Joseph Simms Sr. Vice President	40.00 0.00					X		129,471	0	4,534
(35) Jennifer Cornell Queen SVP of Marketing	40.00 0.00					X		130,776	0	5,972
1b Subtotal								1,060,258		65,419
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

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

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 ▶

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

(A) Name and title	(B) Average hours per week 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(36) William Mayer VP of Entrepr. Serv.	40.00 0.00					X		138,430	0	19,925
(37) Komal Doshi Business Dev. Mgr.	40.00 0.00					X		101,634	0	98
1b Subtotal								240,064		20,023
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

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

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

Ann Arbor Spark

38-2436899

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(6) (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

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

Special Rules

[] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

Name of organization

Ann Arbor Spark

Employer identification number

38-2436899

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	N/A	\$ 387,888	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 45,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Ann Arbor Spark

Employer identification number

38-2436899

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
7	N/A	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	N/A	\$ 70,035	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	N/A	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	N/A	\$ 16,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	N/A	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	N/A	\$ 12,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Ann Arbor Spark

Employer identification number

38-2436899

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
13	N/A	\$ 60,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	N/A	\$ 367,028	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	N/A	\$ 5,065	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	N/A	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	N/A	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	N/A	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Ann Arbor Spark

Employer identification number

38-2436899

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
19	N/A	\$ 12,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	N/A	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	N/A	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	N/A	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	N/A	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	N/A	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Ann Arbor Spark

Employer identification number

38-2436899

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
25	N/A	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	N/A	\$ 40,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	N/A	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	N/A	\$ 12,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	N/A	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	N/A	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Ann Arbor Spark

Employer identification number

38-2436899

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
31	N/A	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	N/A	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	N/A	\$ 37,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	N/A	\$ 22,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	N/A	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	N/A	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Ann Arbor Spark

Employer identification number

38-2436899

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
37	N/A	\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	N/A	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	N/A	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	N/A	\$ 12,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	N/A	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	N/A	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Ann Arbor Spark

Employer identification number

38-2436899

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
43	N/A	\$ 300,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	N/A	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	N/A	\$ 45,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	N/A	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	N/A	\$ 5,000	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.)

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization Ann Arbor Spark Employer identification number 38-2436899

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions ▶ \$ 12,168
- 3 Volunteer hours for political campaign activities. See instructions

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals (b) Affiliated group totals

- 1a** Total lobbying expenditures to influence public opinion (grassroots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a. If zero or less, enter -0-
- i** Subtract line 1f from line 1c. If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 columns: (a) Yes/No, (b) Amount. Rows include questions about lobbying activities like volunteers, staff, media, mailings, publications, grants, and direct contact with legislators.

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include questions about dues, in-house lobbying, and carryover lobbying expenditures.

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with 2 columns: Question, Amount. Rows include questions about dues, lobbying expenditures, and carryover amounts.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C, Part I-A, Line 1
Navigate legislation that is beneficial to economic development efforts in the state and in our region.

Part IV Supplemental Information *(continued)*

Public Inspection Copy

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Employer identification number

Ann Arbor Spark

38-2436899

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (Sub-rows: a Total number of conservation easements, b Total acreage restricted by conservation easements, c Number of conservation easements on a certified historic structure included in (a), d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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 make 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 program
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | 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, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 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 %
 - c Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		597,641	427,482	170,159
d Equipment		474,831	410,183	64,648
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				234,807

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Michigan Pre-Seed Capital Fund	5,295,376	Market
(2) Micro Loans	515,428	Market
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

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

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

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

Table with 5 main rows for expense reconciliation. Sub-rows include: 1 Total expenses and losses per audited financial statements; 2 Amounts included on line 1 but not on Form 990, Part IX, line 25; 2a Donated services and use of facilities; 2b Prior year adjustments; 2c Other losses; 2d Other (Describe in Part XIII.); 2e Add lines 2a through 2d; 3 Subtract line 2e from line 1; 4 Amounts included on Form 990, Part IX, line 25, but not on line 1; 4a Investment expenses not included on Form 990, Part VIII, line 7b; 4b Other (Describe in Part XIII.); 4c Add lines 4a and 4b; 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Part XIII Supplemental Information.

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

Dotted lines for providing supplemental information.

Part XIII Supplemental Information *(continued)*

Public Inspection Copy

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization

Ann Arbor Spark

Employer identification number

38-2436899

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Stockhouse Corporation 144 Lewis St Hillsdale MI 49242	38-2822419		6,000				COVID Relief
(2)	Sixpence Photography by Kristy 3501 Snowden Lane Howell MI 48844	46-3524151		6,240				COVID Relief
(3)	Catherine Mary-Onopa Boaz 111 E. Grand River Howell MI 48843	32-0450134		6,500				COVID Relief
(4)	CCC Catering LLC 209 E Washington Jackson MI 49201	47-2040969		6,500				COVID Relief
(5)	Chilangos, LLC 101 W. Michigan Ave Jackson MI 49201	27-2485491		6,500				COVID Relief
(6)	Diversified Meal Services II, LLC 407 N West Ave Jackson MI 49201	45-5388336		6,500				COVID Relief
(7)	ENVIous Events LLC 209 E. Washington Jackson MI 49201	20-2240821		6,500				COVID Relief
(8)	GSD Holding MI LLC 156 W. Michigan Ave, Unit 208 Jackson MI 49201	85-3960534		6,500				COVID Relief
(9)	Jackson Food Group, Inc 201 S Mechanic St Jackson MI 49201	27-4117627		6,500				COVID Relief

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 3
- 3 Enter total number of other organizations listed in the line 1 table ▶ 375

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

Schedule I (Form 990) (2021)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990.**

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

Name of the organization

Ann Arbor Spark

Employer identification number

38-2436899

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Nancy Minix Enterprises LLC 621 East Michigan Avenue Jackson MI 49201	20-5835066		6,500				COVID Relief
(2)	Powell Machine LLC 6077 Brooklyn Rd Jackson MI 49201	56-2505093		6,500				COVID Relief
(3)	Rhiana Page 1528 Gallery Place Unit 7 Jackson MI 49201	86-1919967		6,500				COVID Relief
(4)	Steve's Ranch Inc. 311 W. Louis Glick Jackson MI 49201	38-2712103		6,500				COVID Relief
(5)	Freeland Photography LLC 2301 E Michigan Jackson MI 49202	51-0672447		6,500				COVID Relief
(6)	Jackson Candy & Fudge Factory, Inc 1522 E. Michigan Ave Jackson MI 49202	47-4555548		6,500				COVID Relief
(7)	R.J.s Heavenly Delights LLc 1194 N West Ave Jackson MI 49202	46-3631415		6,500				COVID Relief
(8)	Robins Roos#1 LLC 608 N West Ave Jackson MI 49202	84-4737685		6,500				COVID Relief
(9)	RWLW LLC 1628 East Michigan Avenue Jackson MI 49202	32-0339964		6,500				COVID Relief

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2021)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization

Ann Arbor Spark

Employer identification number

38-2436899

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Skin Deep Day Spa, LLC 1216 Wildwood Ave Suite C Jackson MI 49202	01-0838825		6,500				COVID Relief
(2)	Guarantee Carpet Cleaning 1402 Fourth Street Jackson MI 49203	38-3610266		6,500				COVID Relief
(3)	Men of God Ministry, Inc 620 Greenwood Pl Jackson MI 49203	85-0509950		6,500				COVID Relief
(4)	The Gutter Truck Inc 3433 Flansburg Rd Jackson MI 49203	38-3579438		6,500				COVID Relief
(5)	Thuli's Pub 1110 Page Ave City of Jackson MI 49203	27-5332870		6,500				COVID Relief
(6)	Where to Transportation Service 401 S Thompson Jackson MI 49203	85-3923725		6,500				COVID Relief
(7)	Fletcher Property Maintenance, LLC PO Box 484 Brooklyn MI 49230	81-5135039		6,500				COVID Relief
(8)	Lake Vineyard Camps, Inc 1198 DeSales Drive Brooklyn MI 49230	38-3061387		6,500				COVID Relief
(9)	The Guys, LLC 12000 Monroe Pike Columbia Township MI 49230	85-1279806		6,500				COVID Relief

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(1)	HotRodz Smokehouse 107 East Jackson Rd Concord MI 49237	85-1998025		6,500				COVID Relief
(2)	Michigan's Military Heritage Museum 153 N Union St Grass Lake MI 49240	85-0900874	501c3	6,500				COVID Relief
(3)	Peter D Harper 3436 Betrasha Lane Grass Lake MI 49240	85-1968998		6,500				COVID Relief
(4)	The Deck LLC 11303 Chicago Rd Jerome MI 49249	80-0670681		7,000				COVID Relief
(5)	CountrySide Trophies & Awards 11011 Church Rd Pittsford MI 49271	47-2630769		7,000				COVID Relief
(6)	A-L-W Inc 2080 W. Stadium blvd. Ann Arbor MI 48103	38-3546837		7,500				COVID Relief
(7)	Adrian Enterprises 25 Jackson Industrial Ste 400 Ann Arbor MI 48103	45-2906705		7,500				COVID Relief
(8)	Ann Arbor Rent-ALL, LLC 2285 W. Liberty Ann Arbor MI 48103	46-5412457		7,500				COVID Relief
(9)	Arcade Travel, Inc 30 Parkland Plaza, Suite A Ann Arbor MI 48103	38-3326020		7,500				COVID Relief

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(1)	Champion Gymnastics Ann Arbor 7240 Jackson Rd Ann Arbor MI 48103	61-1569556		7,500				COVID Relief
(2)	F.H.R. Inc 715 E. Huron Street Ann Arbor MI 48103	38-2210833		7,500				COVID Relief
(3)	Godaiko Ann Arbor 3105 Oak Valley Drive Ann Arbor MI 48103	27-2811422		7,500				COVID Relief
(4)	Jeannies immaculate cleaning 1224 creal crescent Ann arbor MI 48103	38-3465837		7,500				COVID Relief
(5)	KATHERINE'S CATERING & SPECIAL EVEN 359 METTY DR STE 4 ANN ARBOR MI 48103	38-2641678		7,500				COVID Relief
(6)	Olive Oil, LLC 4341 PLEASANT LAKE RD ANN ARBOR MI 48103	80-1737730		7,500				COVID Relief
(7)	Plus One Meetings, Inc. 6276 Jackson Rd., Ste H Ann Arbor MI 48103	46-1296877		7,500				COVID Relief
(8)	RelaxStation LTD 300 West Huron Street Ann Arbor MI 48103	38-3646279		7,500				COVID Relief
(9)	RF Events Inc. 5700 Jackson Rd. Ann Arbor MI 48103	38-2813062		7,500				COVID Relief

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(1)	Salon XL Color & Design Group, LLC 820 W. Eisenhower Pkwy, 105 Ann Arbor MI 48103	38-3489773		7,500				COVID Relief
(2)	Seva Inc 2541 Jackson Avenue Ann Arbor MI 48103	38-3319718		7,500				COVID Relief
(3)	Sweetwaters Westgate LLC 2503 Jackson Ave. Ann Arbor MI 48103	38-4003507		7,500				COVID Relief
(4)	The Discovery Center of Ann Arbor, 775 S. Maple Road Ann Arbor MI 48103	38-2500625		7,500				COVID Relief
(5)	The Wolverine State Brewing Company 2019 W. Stadium Blvd., #103 Ann Arbor MI 48103	20-5109445		7,500				COVID Relief
(6)	Vis-a-Vis Skin Spa & Bodywork, LLC 320 Miller Ave, STE 171 Ann Arbor MI 48103	27-3736319		7,500				COVID Relief
(7)	Washtenaw Farm Council 5055 Ann Arbor Saline Rd Ann Arbor MI 48103	38-6094683		7,500				COVID Relief
(8)	Oasis Grill & Juice Bar 1201 South University Ave Ann Arbor MI 48104	83-4396668		7,500				COVID Relief
(9)	277 Investment LLC 2517 Hawthorne Road Ann Arbor MI 48104	47-1606719		7,500				COVID Relief

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(1)	Afternoon Delight Inc 251 E Liberty St Ann Arbor MI 48104	38-2219142		7,500				COVID Relief
(2)	Ann Arbor Bivouac inc 336 s state Ann Arbor MI 48104	38-2409293		7,500				COVID Relief
(3)	Ann Arbor Office Repair, LLC. 2200 S. Industrial Hwy STE C1 Ann Arbor MI 48104	38-3561223		7,500				COVID Relief
(4)	Ashley's Restaurants Ltd 338 S State Ann Arbor MI 48104	38-2436201		7,500				COVID Relief
(5)	B&T'z Glass and Vape Shop 119 East Liberty Street Ann Arbor MI 48104	84-2937564		7,500				COVID Relief
(6)	Bellanina, LLC 201 N. Fourth Ave Ann Arbor MI 48104	26-4249640		7,500				COVID Relief
(7)	BELLY DELI - SOUTH UNIVERSITY, LLC 1317 S University Ave Ann Arbor MI 48104	46-1759473		7,500				COVID Relief
(8)	Blue Front LLC 701 Packard St Ann Arbor MI 48104	85-1518336		7,500				COVID Relief
(9)	Bright&beyond 2521 Hampshire Rd Ann Arbor MI 48104	85-1443496		7,500				COVID Relief

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(1)	BSG220 LLC 220 S. Main Ann Arbor MI 48104	81-3982913		7,500				COVID Relief
(2)	Campus Barber and Beauty Salon Inc 524 E William Ann Arbor MI 48104	38-2972833		7,500				COVID Relief
(3)	Collected WorksLtd 303 Detroit Street #107 Ann Arbor MI 48104	38-2478839		7,500				COVID Relief
(4)	Conor O'Neill's of Ann Arbor LLC 318 S. Main Street Ann Arbor MI 48104	38-3360948		7,500				COVID Relief
(5)	Dobos International Inc. 3515 Bent Trail Drive Ann Arbor MI 48104	38-3322322		7,500				COVID Relief
(6)	Dominick's LLC 812 Monroe Ann Arbor MI 48104	02-0580950		7,500				COVID Relief
(7)	Earle's Garage, Inc. 121 West Washington Ann Arbor MI 48104	38-2036559		7,500				COVID Relief
(8)	EARTHEN JAR INC. 311 S Fifth Ave Ann Arbor MI 48104	38-3490220		7,500				COVID Relief
(9)	Frog Island Brewing 2606 Whitewood Ann Arbor MI 48104	38-3309172		7,500				COVID Relief

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(1)	Grapa, llc 110 S. Main Street Ann Arbor MI 48104	20-0028193		7,500				COVID Relief
(2)	Intentions LLC 2111 Packard Rd Ann Arbor MI 48104	32-0018372		7,500				COVID Relief
(3)	Kinetic Energy Inc 209 S Ashley Ann Arbor MI 48104	20-0859739		7,500				COVID Relief
(4)	Last Word Ann Arbor LLC 102 S First St Ann Arbor MI 48104	45-3967807		7,500				COVID Relief
(5)	Maadhav Corp. 601 S. Main St. Ann Arbor MI 48104	45-4019851		7,500				COVID Relief
(6)	Mareen corporation 215 south state sreet Ann Arbor MI 48104	35-2259443		7,500				COVID Relief
(7)	Mediterrano INC. 2900 S State St, Ste #7 Ann Arbor MI 48104	38-3221956		7,500				COVID Relief
(8)	Mohammed O. Farha / Sottinis Sub Sh 205 South 4th Avenue Ann Arbor MI 48104	38-2959583		7,500				COVID Relief
(9)	Old School Restaurant on Main, LLC 226 S. State Street Ann Arbor MI 48104	80-0764309		7,500				COVID Relief

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(1)	Picsy Kids 255 East Liberty Street, Suite 213b Ann Arbor MI 48104	81-1536059		7,500				COVID Relief
(2)	Polkryst Inc. 122 E.Washington St Ann Arbor MI 48104	38-2828245		7,500				COVID Relief
(3)	Project B, LLC 1006 Avon Road Ann Arbor MI 48104	27-3026129		7,500				COVID Relief
(4)	RCAA Development, LLC 314 S Fourth Ave Ann Arbor MI 48104	46-3980417		7,500				COVID Relief
(5)	Sadako Japanese Restaurant LLC 1321 S University Ave Ann Arbor MI 48104	61-1449795		7,500				COVID Relief
(6)	Sea to Land LLC 302 S Main St City of Ann Arbor MI 48104	26-0546896		7,500				COVID Relief
(7)	Shikote LLC 409 1/2 North 4th Avenue Ann Arbor MI 48104	80-0821133		7,500				COVID Relief
(8)	Stone Chalet LLC 1917 Washtenaw Ave Ann Arbor MI 48104	46-3163415		7,500				COVID Relief
(9)	TC MTAA LLC 601 East Liberty St Ann Arbor MI 48104	85-3197115		7,500				COVID Relief

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(1)	The Art of Beauty LLC 3227 Washtenaw Ave Ann Arbor MI 48104	46-4405204		7,500				COVID Relief
(2)	Van Boven, Inc. 326 South State Street Ann Arbor MI 48104	38-1127020		7,500				COVID Relief
(3)	Z Squared Inc 112 W. Washington St. Ann Arbor MI 48104	38-3242516		7,500				COVID Relief
(4)	Cedric Small Agency LLC 2200 Green Rd Suite H. Ann Arbor MI 48105	82-5127591		7,500				COVID Relief
(5)	FH-Hotel Ann Arbor Opco LLC 2300 Green Rd Ann Arbor MI 48105	47-3290031		7,500				COVID Relief
(6)	Floating Meditation LLC 5615 Plymouth rd, suite 3 Ann Arbor MI 48105	85-3935367		7,500				COVID Relief
(7)	Northside Grill Inc 1015 Broadway Ann Arbor MI 48105	27-3192216		7,500				COVID Relief
(8)	Picasso Cafe, Inc. 24 Frank Lloyd Wright Dr. Ann Arbor MI 48106	38-3570662		7,500				COVID Relief
(9)	Aikido Yoshokai Association of Nort 3796 Plaza Drive, Suite 3 Ann Arbor MI 48108	38-2168043		7,500				COVID Relief

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(1)	ANN ARBOR ROBIN, INC 575 Briarwood Cir Ann Arbor MI 48108	27-1146213		7,500				COVID Relief
(2)	Applied Fitness Solutions, Inc. 4710 S State Rd Ann Arbor MI 48108	76-0800801		7,500				COVID Relief
(3)	Cottage Inn Inc 512 E William Ann Arbor MI 48108	38-2321027		7,500				COVID Relief
(4)	Gingerbread House 1600 West Textile Riad Ann Arbor MI 48108	38-3394533		7,500				COVID Relief
(5)	Kidopolis LLC 509 State Circle Ann Arbor MI 48108	47-4756213		7,500				COVID Relief
(6)	Min & Kim INC 3125 Boardwalk Dr Ann Arbor MI 48108	26-2179446		7,500				COVID Relief
(7)	MTNC Mixed Martial Arts LLC 3770 Plaza Drive Ste 1 Ann Arbor MI 48108	84-3779168		7,500				COVID Relief
(8)	Ring of Steel Action Theatre, LLC 7949 Scully Rd. Ann Arbor MI 48108	82-2176390		7,500				COVID Relief
(9)	Ringstar LLC 3907 Varsity Dr Ann Arbor MI 48108	10-6765743		7,500				COVID Relief

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2021)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization

Ann Arbor Spark

Employer identification number

38-2436899

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Ballet Chelsea 1050 S. Main Street Chelsea MI 48118	38-3260579		7,500				COVID Relief
(2)	Chelsea Family Dentistry, PLC 123 South Street Chelsea MI 48118	26-0514253		7,500				COVID Relief
(3)	craig's inc. 112 s. main st. chelsea MI 48118	38-2969876		7,500				COVID Relief
(4)	Pat's Woodshed Pub, Inc 113 South Main Street Chelsea MI 48118	38-3001608		7,500				COVID Relief
(5)	Upaya Creamery, Inc. 10750 Jerusalem Rd. Chelsea MI 48118	47-1819903		7,500				COVID Relief
(6)	Kaizen Black Belt Academy llc 8110 main st Dexter MI 48130	38-2029433		7,500				COVID Relief
(7)	Wings & Things 3220 Broad St Dexter MI 48130	38-3419498		7,500				COVID Relief
(8)	Dexter Capital, LLC 33174 Capitol St. Livonia MI 48150	45-1199766		7,500				COVID Relief
(9)	Brale Operations LLC 11972 Hieber Rd Manchester MI 48158	45-2323325		7,500				COVID Relief

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(1)	DCH Catering LLC 223 e. main st. Manchester MI 48158	20-4324636		7,500				COVID Relief
(2)	GOLDEN LIMOUSINE, INC. 1190 Carpenter Road Milan MI 48160	38-3040632		7,500				COVID Relief
(3)	Irish Bar 39 LLC 39 S. Monroe St. Monroe MI 48161	81-4550435		7,500				COVID Relief
(4)	JC Ventures LLC 129 E. Front St. Monroe MI 48161	02-0688962		7,500				COVID Relief
(5)	Monroe Escape Rooms LLC 14750 Laplaisance Road Monroe MI 48161	81-5335738		7,500				COVID Relief
(6)	Sidetrack SaloonLLC 1025 East Elm Ave. Monroe MI 48162	81-0934214		7,500				COVID Relief
(7)	Beach Bum Ventures 4717 Dewey Rd. Newport MI 48166	46-3030869		7,500				COVID Relief
(8)	Bear Claw Catering LLC 2620 Baseview Drive Pickney MI 48169	27-4292682		7,500				COVID Relief
(9)	Karl's Family Restaurant, Inc. 9779 N. Territorial Rd. Plymouth MI 48170	38-2784155		7,500				COVID Relief

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(1)	Cobblestone Rose Inc. 101 S. Ann Arbor St. Suite 111 Saline MI 48176	38-3041880		7,500				COVID Relief
(2)	Dance Steps Studio, Inc. 740 Woodland Dr. E Saline MI 48176	38-3612918		7,500				COVID Relief
(3)	G-9 Taverns, Inc 101 W. Michigan Ave P.O. Box 717 Saline MI 48176	38-3616355		7,500				COVID Relief
(4)	Mac's In Saline LLC 104 East Michigan Avenue Saline MI 48176	20-5430865		7,500				COVID Relief
(5)	MIWINGS, LLC 6877 State Rd, Suite D Saline MI 48176	26-0354082		7,500				COVID Relief
(6)	Rod Marsh Designs LLC 107 E Bennett Steet Saline MI 48176	20-3539014		7,500				COVID Relief
(7)	Saline Flowerland 7370 e Michigan ave Saline MI 48176	38-2623172		7,500				COVID Relief
(8)	Saline Tavern Inc. 103 E. Michigan Ave. Saline MI 48176	38-3378191		7,500				COVID Relief
(9)	Scribbles and Giggles Daycare, Inc 420 W Russell Saline City MI 48176	33-1067300		7,500				COVID Relief

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(1)	The Resale Boutique 206 Michigan Ave Saline MI 48176	26-3603765		7,500				COVID Relief
(2)	Theavpro, LLC 6052 7 Mile Road South Lyon MI 48178	26-3960078		7,500				COVID Relief
(3)	Dusseau equipment sales 12200Lewis ave Ida MI 48182	38-1849898		7,500				COVID Relief
(4)	Fun Time Dog Shop LLC 3301 East Pillar Rd Whitmore Lake MI 48189	27-0841866		7,500				COVID Relief
(5)	Go Like the Wind Montessori School 8845 Main Street Whitmore Lake MI 48189	30-0703569		7,500				COVID Relief
(6)	LCRI llc 9536 Main St. Whitmore Lake MI 48189	26-3380398		7,500				COVID Relief
(7)	Whitmore Lake tavern 9839 Main Street Whitmore Lake MI 48189	38-3021607		7,500				COVID Relief
(8)	YC Hana INC 1346 E Michigan Ave. Ypsilanti MI 48189	81-2892527		7,500				COVID Relief
(9)	Bigg Enterprises 1004 west michigan avenue Ypsilanti MI 48197	35-2417654		7,500				COVID Relief

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(1)	Brookies Cafe restaurant LLC 1785 Washtenaw Ave Ypsilanti MI 48197	81-4674789		7,500				COVID Relief
(2)	Carambola LLC 20 N Washington Street Ypsilanti MI 48197	82-2235260		7,500				COVID Relief
(3)	CAT Inc. 5484 West Michigan Avenue Ypsilanti MI 48197	38-2552477		7,500				COVID Relief
(4)	Chrisandy Inc. 701 w. Cross Ypsilanti MI 48197	38-3341808		7,500				COVID Relief
(5)	CLV THEO INC. 705 West Cross Street Ypsilanti MI 48197	45-3457380		7,500				COVID Relief
(6)	COOL RESTAURANT GROUP, LLC 207 W MICHIGAN AVE YPSILANTI MI 48197	27-1487909		7,500				COVID Relief
(7)	Eastridge Enterprises 114 W Michigan Avenue Ypsilanti MI 48197	82-3893548		7,500				COVID Relief
(8)	Eden Bilingual childcare 5569 carpenter Road Ypsilanti MI 48197	47-5391840		7,500				COVID Relief
(9)	Encuentro Latino 228 W. Michigan Ypsilanti MI 48197	47-5491813		7,500				COVID Relief

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(1)	Farah Franchise LLC 4221 Ellsworth Rd Ypsilanti MI 48197	20-1820299		7,500				COVID Relief
(2)	Grandmas Day Care & Preschool 2125 S Congress St Ypsilanti MI 48197	38-3433686		7,500				COVID Relief
(3)	Haab's Restaurant, Inc 18 West Michigan Ypsilanti MI 48197	38-2317145		7,500				COVID Relief
(4)	Happy Days Daycare and Preschool, L 9384 Whittaker Road Ypsilanti MI 48197	81-1153406		7,500				COVID Relief
(5)	Invest In You Financial and Credit 13 N Washington St Ypsilanti MI 48197	82-1517900		7,500				COVID Relief
(6)	Jewel Event Management 7347 Wellington Ln. Ypsilanti MI 48197	82-2353669		7,500				COVID Relief
(7)	Kaya Sushi CJ Inc 2283 Ellsworth Road Ypsilanti MI 48197	20-4767683		7,500				COVID Relief
(8)	KC Child Care Center LC 5435 Whittaker rd. Ypsilanti MI 48197	38-3281388		7,500				COVID Relief
(9)	Little Angels Learning Community 850 S Hewitt Ypsilanti Township MI 48197	47-5586129		7,500				COVID Relief

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(1)	McShanes Ypsi LLC 2203 Ellsworth Ypsilanti MI 48197	47-5376070		7,500				COVID Relief
(2)	Mishigama Craft Brewing Company LLC 124 Pearl Street Suite 100 Ypsilanti MI 48197	47-2122985		7,500				COVID Relief
(3)	Mix on Michigan Avenue Corporation 130 W Michigan Ave Ypsilanti MI 48197	27-1665432		7,500				COVID Relief
(4)	Moe & Lubz LLC 2506 burns st ypsilanti MI 48197	84-3590292		7,500				COVID Relief
(5)	Nimsha Inc. 5251 McAuley ypsilanti MI 48197	36-4502846		7,500				COVID Relief
(6)	PITTSFIELD ROBIN, INC 3797 Carpenter Rd Ypsilanti MI 48197	38-3561123		7,500				COVID Relief
(7)	Schmidt's Antiques Inc 5138 W Michigan Ave Ypsilanti MI 48197	38-2138284		7,500				COVID Relief
(8)	Southeast Asian Food Inc. 2224 Washtenaw Ave. Ypsilanti MI 48197	46-2625842		7,500				COVID Relief
(9)	Woolridge Cleaning Associates 3366 Maple Drive Pittsfield Township MI 48197	46-3830039		7,500				COVID Relief

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(1)	Xtreme Play N Go LLC 6395 Bemis Rd Ypsilanti MI 48197	80-1392209		7,500				COVID Relief
(2)	American Tailoring Inc 160 S Ford Blvd Ypsilanti MI 48198	38-3330608		7,500				COVID Relief
(3)	BarBearian Grooming, LLC 1010 Borgstorm Ave Ypsilanti MI 48198	85-0756986		7,500				COVID Relief
(4)	Corner Brewery LLC 720 Norris St Ypsilanti MI 48198	20-3803881		7,500				COVID Relief
(5)	Cultivate Cafe, LLC 307 N River St Ypsilanti MI 48198	85-2387714		7,500				COVID Relief
(6)	Cuppys Management LLC 1030 Ecorse Rd. Ypsilanti Township MI 48198	81-4406597		7,500				COVID Relief
(7)	Glemps Inc 1770 E. Michigan Ave. Ypsilanti MI 48198	38-3390504		7,500				COVID Relief
(8)	In His Image Consultants LLC 1669 Cardiff Row Superior Charter TownsMI 48198	20-0807448		7,500				COVID Relief
(9)	Infinite Iron LLC 889 Davis St. Ypsilanti MI 48198	27-3327412		7,500				COVID Relief

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(1)	Original Moxie, LLC 306 N. River St. Suite C Ypsilanti MI 48198	45-4422293		7,500				COVID Relief
(2)	Top Notch Show Carpet LLC 224 Airport Industrial Dr. Ypsilanti MI 48198	81-3510769		7,500				COVID Relief
(3)	KasKev, Inc 814 W Maumee Adrian MI 49221	38-3378287		7,500				COVID Relief
(4)	Mitten Hospitality Group 1329 S Main St Adrian MI 49221	81-2306772		7,500				COVID Relief
(5)	Harold's Place 10625 US12 Brooklyn MI 49230	38-2303383		7,500				COVID Relief
(6)	Artesian Wells LLC 18711 US Hwy 12 Cement City MI 49233	38-3559742		7,500				COVID Relief
(7)	Huffaker Group LLC 104 W Michigan Ave Clinton MI 49236	83-4632631		7,500				COVID Relief
(8)	Rumors Inc 212 W Main St Hudson MI 49247	61-1624327		7,500				COVID Relief
(9)	Brown Cat Inc 735 Manitou Rd Manitou Beach MI 49253	47-2842334		7,500				COVID Relief

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(1)	Highland Inn CA Inc 3171 Round Lake Hwy Manitou Beach MI 49253	20-2519148		7,500				COVID Relief
(2)	Legacy Operating Group, LLC 7677 U.S. 223` Ottawa Lake MI 49267	46-4410383		7,500				COVID Relief
(3)	Labert Enterprises LLC 46 E Center St Petersburg MI 49270	76-0814021		7,500				COVID Relief
(4)	City Limits Tecumseh LLC 114 W Logan St Tecumseh MI 49286	46-3093873		7,500				COVID Relief
(5)	Van Brooks Management, Inc. 1370 w Chicago blvd Tecumseh MI 49286	20-5736712		7,500				COVID Relief
(6)	Wrong WayPub Inc 107 S Evans St Tecumseh MI 49286	38-2358788		7,500				COVID Relief
(7)	Ramshackle Brewing Company LLC 209 East Chicago Street Jonesville MI 49250	46-5513996		7,636				COVID Relief
(8)	Olden Days Cafe 118 North Grand Fowlerville MI 48836	38-3108572		7,800				COVID Relief
(9)	Affordable Housekeeping LLC P.O. Box 1053 Howell MI 48844	80-1566477		7,800				COVID Relief

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2021)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990.**

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

Name of the organization

Ann Arbor Spark

Employer identification number

38-2436899

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Powers Clothing, Inc 227 E CHICAGO ST JONESVILLE MI 49250	38-1775703		8,000				COVID Relief
(2)	Young Mens Christian Association of 1111 W. Elm Ave. Monroe MI 48162	38-1508585		8,523				COVID Relief
(3)	BlockCade Inc 1840 S Old US Hwy 23 Brighton Township MI 48114	81-2293544		9,000				COVID Relief
(4)	D.H. Lockwood, LLC 8639 Heatherset Dr Brighton MI 48114	26-4569534		9,000				COVID Relief
(5)	Timeless Coatings, LLC 2150 Pless Drive, Suite 7a Brighton MI 48114	26-2597452		9,000				COVID Relief
(6)	3GSPUB LLC 201 W Main St Brighton MI 48116	83-2535942		9,000				COVID Relief
(7)	Awards and Specialties 9967 E Grand River Ave Brighton MI 48116	46-4280990		9,000				COVID Relief
(8)	Brighton Robin, Inc 8522 W Grand River Ave Brighton MI 48116	38-3622292		9,000				COVID Relief
(9)	Green Oak Lodging, Inc. 6910 Whitmore Lake Rd. Brighton MI 48116	47-1574569		9,000				COVID Relief

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(1)	Kensington Valley Ice House, Inc 10540 Citation Dr Brighton MI 48116	38-3479723		9,000				COVID Relief
(2)	Lodging Enterprises, Inc. 8285 Movie Drive Brighton MI 48116	38-3288014		9,000				COVID Relief
(3)	Mutual Electric Co., Inc 1260 Rickett Road Brighton MI 48116	38-1900826		9,000				COVID Relief
(4)	Stellar Hospitality Brighton, LLC 7850 Nemco Way Brighton MI 48116	81-2207750		9,000				COVID Relief
(5)	SWG Brighton, LLC 503 W Grand River Ave Brighton MI 48116	38-4091535		9,000				COVID Relief
(6)	Country Pub Inc 150 Main St Gregory MI 48137	38-2684212		9,000				COVID Relief
(7)	E & G Enterprises, LLC 150 S Howell St Pinckney MI 48169	27-1433433		9,000				COVID Relief
(8)	Hell Saloon LLC 4095 Patterson Lake Rd Pinckney MI 48169	81-1250876		9,000				COVID Relief
(9)	Lucas-Olivia Enterprises LLC 4144 E M-46 Pinckney MI 48169	27-4462192		9,000				COVID Relief

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(1)	Hartland Big Boy In. 10587 Highland Rd. Hartland MI 48353	38-2280281		9,000				COVID Relief
(2)	Stephanie Dysinger Insurance Agency 621 S Grand Ave Fowlerville MI 48836	46-2601347		9,000				COVID Relief
(3)	A 1 Rent All Stop LLC 1305 E Grand River Rd Howell MI 48843	14-1887774		9,000				COVID Relief
(4)	Angie's Inn on the Grand 824 W Grand River Rd Howell MI 48843	27-5291481		9,000				COVID Relief
(5)	Cateraid Inc 1167 Fendt Drive Howell MI 48843	38-2429903		9,000				COVID Relief
(6)	Cleary's Pub, Inc. 117 East Grand River Ave Howell MI 48843	38-2747085		9,000				COVID Relief
(7)	Snedicor's Cleaners, LTD 1045 Sutton St Howell MI 48843	38-3190796		9,000				COVID Relief
(8)	TGN Enterprises 3030 West Grand River Howell MI 48843	38-2347348		9,000				COVID Relief
(9)	WNW 7275 Old Mill Rd Howell MI 48843	56-2333526		9,000				COVID Relief

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(1)	Joseph Brown Inc 5704 Curdy Rd Howell MI 48855	38-3440658		9,000				COVID Relief
(2)	Mobile Rhythm Entertainment Service 246 Shinnecock Dr Brighton MI 48114	46-5384555		9,960				COVID Relief
(3)	Ann Arbor Figure Skating Club 2121 Oak Valley Drive Ann Arbor MI 48103	23-7298953		10,000				COVID Relief
(4)	At Ease, Inc 2165 West Stadium Blvd Ann Arbor MI 48103	35-2200608		10,000				COVID Relief
(5)	Blue Karaoke LLC 3626 West Liberty Road Ann Arbor MI 48103	47-4325095		10,000				COVID Relief
(6)	BY THE RIVER CARPENTRY LLC 3725 E Delhi Rd Ann Arbor MI 48103	26-2137299		10,000				COVID Relief
(7)	Food Art Catered Affairs, Inc. 9825 Bethel Church Road Ann Arbor MI 48103	38-3445616		10,000				COVID Relief
(8)	Lewan Boxing - Ann Arbor, LLC 2115 West Stadium Boulevard Ann Arbor MI 48103	83-1871465		10,000				COVID Relief
(9)	Risa Gotlib LLC 1717 Pauline Blvd Ann Arbor MI 48103	47-2475741		10,000				COVID Relief

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(1)	Suitcase LLC. 315 2nd Street Unit 310 Ann Arbor MI 48103	47-0969515		10,000				COVID Relief
(2)	210 Operating Company LLC 210 S 1st Ann Arbor MI 48104	81-4504003		10,000				COVID Relief
(3)	aUM Yoga LLC 1220 South University Ann Arbor MI 48104	46-3436035		10,000				COVID Relief
(4)	Boober tours llc 551 S. Ave. No. 5 Ann arbor MI 48104	81-4279935		10,000				COVID Relief
(5)	Eyeconic Lashes LLC 3050 Washtenaw Ave, Suite 2 Ann Arbor MI 48104	45-2496163		10,000				COVID Relief
(6)	Old Town Ann Arbor Inc 122 W Liberty Ann Arbor MI 48104	38-3347959		10,000				COVID Relief
(7)	P & P Hospitality LLC 207 S. Main Ann Arbor MI 48104	27-3376428		10,000				COVID Relief
(8)	PranaVista LLC 421 E Liberty Ann Arbor MI 48104	85-2752448		10,000				COVID Relief
(9)	Rick's Cafe, Inc. 611 Church St Ann Arbor MI 48104	38-2270966		10,000				COVID Relief

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(1)	RWB GROUP LLC 521 e liberty street Ann Arbor MI 48104	46-5228664		10,000				COVID Relief
(2)	Seed Co LLC 621 Church st Ann Arbor MI 48104	47-3084877		10,000				COVID Relief
(3)	Trackside Restaurant Corporation 304 Depot Street Ann Arbor MI 48104	38-2689036		10,000				COVID Relief
(4)	U-Ventures Inc. 1220 S. University Ave. Ann Arbor MI 48104	32-0012504		10,000				COVID Relief
(5)	Versailles Natural Skin Care, LLC 527 E. Liberty Street Ann Arbor MI 48104	38-6907075		10,000				COVID Relief
(6)	WEG AA, LLC 500 S. Main Street City of Ann Arbor MI 48104	83-2738192		10,000				COVID Relief
(7)	A2 BLACK BELT LLC 2919 Carpenter rd Ann Arbor MI 48108	84-5072401		10,000				COVID Relief
(8)	All Out Fitness Holistic 540 avis Dr. Ste. D Ann Arbor MI 48108	27-0889746		10,000				COVID Relief
(9)	Dorian Deaver LLC 3760 Burnham Rd. Ann Arbor MI 48108	82-4552692		10,000				COVID Relief

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(1)	Randazzo Dance, LLC 4569 Washtenaw Avenue Ann Arbor MI 48108	03-0426857		10,000				COVID Relief
(2)	XL Unlimited, LLC 3131 S. State St. Suite #120 Ann Arbor MI 48108	82-4476475		10,000				COVID Relief
(3)	JV Cullen Enterprises, Inc 10221 Telegraph Rd Carleton MI 48117	47-1691724		10,000				COVID Relief
(4)	247 Nutrition LLC 1080 S Main St. (business is closed) Chelsea MI 48118	81-0887068		10,000				COVID Relief
(5)	Ann Arbor Body and Mind, LLC 702 Cooper Ridge Dr. Chelsea MI 48118	46-5607588		10,000				COVID Relief
(6)	Ariston Inc 11 South Fletcher Rd Chelsea MI 48118	38-2764420		10,000				COVID Relief
(7)	Iceonsale.com Inc 501 Coliseum Dr. Chelsea MI 48118	30-0110502		10,000				COVID Relief
(8)	WHITE HOUSE INTERNATIONAL, LLC 14010 Jerusalem Rd Chelsea MI 48118	46-3568903		10,000				COVID Relief
(9)	OBrien Development 7954 Ann Arbor St Dexter MI 48130	32-0533376		10,000				COVID Relief

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(1)	Quest Productions, LLC 7015 Marshall Rd. Dexter MI 48130	26-2085322		10,000				COVID Relief
(2)	Carl's Hide-A-Way LLC 2838 Lewis Ave. IDA MI 48140	68-0628440		10,000				COVID Relief
(3)	Sidelines Italian Grille, LLC 7965 Summerfield Rd Lambertville MI 48144	47-4845122		10,000				COVID Relief
(4)	Gotta Scrap Inn of Michigan 427 Riverside Dr Manchester MI 48158	27-4724182		10,000				COVID Relief
(5)	Hungry Wolf 20400 E Austin Rd Manchester MI 48158	16-1636292		10,000				COVID Relief
(6)	Monroe Sport Center, Inc. 15425 South Dixie Hwy. Monroe MI 48161	38-2076245		10,000				COVID Relief
(7)	Darany Restaurants, Inc. 138 N. Monroe St Monroe MI 48162	38-3039293		10,000				COVID Relief
(8)	Mr. Nikos Inc 1950 welcome way Monroe MI 48162	46-5502595		10,000				COVID Relief
(9)	Nino and Nick LLC 391 N. Telegraph Monroe MI 48162	26-3920204		10,000				COVID Relief

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(1)	Brendas LLC 10597 Lewis Ave Temperance MI 48182	45-0563335		10,000				COVID Relief
(2)	Whitmore Lanes Inc 9455 Main St Whitmore Lake MI 48189	38-3167938		10,000				COVID Relief
(3)	4 Stars Limo Services LLC 4754 Azalea Dr. Ypsilanti MI 48197	86-1160923		10,000				COVID Relief
(4)	B.K.B Tap, Inc 201 W. Michigan Ave Ypsilanti MI 48197	38-3122553		10,000				COVID Relief
(5)	Bailees carpet care LLC 9549 Landsdowne lane Ypsilanti MI 48197	26-1716867		10,000				COVID Relief
(6)	Bundles of Blessings Child Care 5563 Michael Drive Ypsilanti MI 48197	26-1425088		10,000				COVID Relief
(7)	C4 apparel llc 183 N mansfield Ypsilanti MI 48197	85-3914590		10,000				COVID Relief
(8)	Club House Barber Shop LLC 585 Perry St Ypsilanti MI 48197	85-0573365		10,000				COVID Relief
(9)	Sidetrack Inc 56 E CROSS ST YPSILANTI MI 48197	38-2226426		10,000				COVID Relief

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(1)	Styledbyshiba 1836 knollwood bend Ypsilanti MI 48198	85-0878938		10,000				COVID Relief
(2)	Alana Connolly/ Ann Arbor Sunless 497 N Ivanhoe Ave Ypsilanti MI 48198	47-1798043		10,000				COVID Relief
(3)	Art As Healing Foundation, Inc. 2234 Woodview Dr. #355 Ypsilanti MI 48198	46-5203117		10,000				COVID Relief
(4)	Bomber Liberator Inc. 306 E Michigan Ave. Ypsilanti MI 48198	45-1336331		10,000				COVID Relief
(5)	LANDE CHILD LEARNING CENTER 1453 East Michigan Ave Ypsilanti MI 48198	80-0760809		10,000				COVID Relief
(6)	Adrian Armory Community Center, Inc 230 W. Maumee St. Adrian MI 49221	82-4679744		10,000				COVID Relief
(7)	Adrian Restaurants Inc 126 North Broad Street Adrian MI 49221	38-3516547		10,000				COVID Relief
(8)	Cotton Brewing Company, LLC 626 Oak St Adrian MI 49221	27-4807779		10,000				COVID Relief
(9)	Maria's Sunnyside Cafe 2495 E Maumee St Adrian MI 49221	38-3624452		10,000				COVID Relief

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2021)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990.**

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Name of the organization

Ann Arbor Spark

Employer identification number

38-2436899

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Sauce Italian Grill & Pub, LLC 149 North Main Adrian MI 49221	32-0301836		10,000				COVID Relief
(2)	The Brick Wall Pub & Grill Inc 114 W Maumee St Adrian MI 49221	46-1167120		10,000				COVID Relief
(3)	The Grasshopper, El Chapulin Inc. 116 S Winter St Adrian MI 49221	38-2614172		10,000				COVID Relief
(4)	J & J Bar Corp 650 Egan Highway Brooklyn MI 49230	38-2912346		10,000				COVID Relief
(5)	Hillsdale County Agricultural Socie 115 S. Broad St. Hillsdale MI 49242	38-1367282	501c3	10,000				COVID Relief
(6)	New Millenium Management, Inc 210 W. Carleton St Hillsdale MI 49242	38-3502318		10,000				COVID Relief
(7)	Hillsdale Community Theatre, Inc. 240 E Chicago St Jonesville MI 49250	38-2006284		10,000				COVID Relief
(8)	A & G Phillips LLC 112 E. Chicago Blvd Tecumseh MI 49286	83-1515381		10,000				COVID Relief
(9)	Tecumseh Big Boy Inc. 2701 E. Monroe Rd. Tecumseh MI 49286	38-2164206		10,000				COVID Relief

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(1)	Josh Sherry Sports Management LLC 1114 Hope St. SE Grand Rapids MI 49506	46-2622104		10,000				COVID Relief
(2)	Superior Screen Printing & 13535 Highland Rd Hartland MI 48353	68-0623678		11,544				COVID Relief
(3)	Livingston County's Yoga Center for 4437 Old US 23 Brighton MI 48114	38-3601093		11,700				COVID Relief
(4)	GOK Foods Inc. 9855 Village Place Blvd Brighton MI 48116	27-2575236		11,700				COVID Relief
(5)	Michelle's Academy of Dance, LLC 101 Appian Way Dr Ste 104 Brighton MI 48116	38-3700977		11,700				COVID Relief
(6)	Xtreme Concepts 2 LLC 8377 W Grand River Brighton MI 48116	35-2543781		11,700				COVID Relief
(7)	Enzo's Catering 4485 Strawberry Lake Road Whitmore Lake MI 48189	83-0405503		11,700				COVID Relief
(8)	Leigh Harter Speech Services, PLLC 3552 Avon Street Hartland MI 48353	83-4440421		11,700				COVID Relief
(9)	2 FP LLC 118A W Grand River Howell MI 48843	85-1534499		11,700				COVID Relief

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(1)	Jessica Mehu Photography LLC 124 N State St Howell MI 48843	45-2783467		11,700				COVID Relief
(2)	Wings One, LLC 1788 Old US Hwy 23 Howell MI 48843	83-4634521		11,700				COVID Relief
(3)	Boomers Crane Service LLC 7627 Antcliff Howell MI 48855	80-0267561		11,700				COVID Relief
(4)	Holdings, Inc 10100 Highland Road Hartland MI 48843	27-2597867		12,000				COVID Relief
(5)	DVD, Inc. 4900 S Old US 23 Hwy Brighton MI 48114	38-3427369		12,000				COVID Relief
(6)	CC Catering Inc 318 W Grand River Ave Brighton MI 48116	38-2788498		12,000				COVID Relief
(7)	DSAD Dogs, Inc 100 West Main Street Brighton MI 48116	47-1251716		12,000				COVID Relief
(8)	DSAD Pub Inc. 125 E Grand River Brighton MI 48116	46-1203870		12,000				COVID Relief
(9)	F.A.O. Enterprises Inc 333 W Grand River Ave Brighton MI 48116	38-3073894		12,000				COVID Relief

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(1)	Show Promotions LLC 230 North 2nd Street, Suite 100 Brighton MI 48116	38-3403972		12,000				COVID Relief
(2)	H Pub LLC 10668 Hamburg Road Hamburg Township MI 48139	82-4290278		12,000				COVID Relief
(3)	Action Asphalt LLC 11224 Lemen Industrial Drive Whitmore Lake MI 48189-8104	32-0412147		12,000				COVID Relief
(4)	F.A.O. Jewelers Hartland LLC 11030 Highland Road Hartland MI 48353	26-1284154		12,000				COVID Relief
(5)	Sherrys Catering inc 8449 Old US-23 fenton MI 48430	38-3516940		12,000				COVID Relief
(6)	Snappers Bar Inc 6484 Bennett Lake Road Fenton MI 48430	20-2254304		12,000				COVID Relief
(7)	Adam Merkel Restaurants LLC 209 E Grand River Howell MI 48843	46-3535612		12,000				COVID Relief
(8)	CHGC LLC 3125 Golf Club Road Howell MI 48843	27-4460683		12,000				COVID Relief
(9)	Howell Firewood Grill LLC 1202 East Grand River Avenue Howell MI 48843	81-2998277		12,000				COVID Relief

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(1)	Merkel Restaurant Group Inc. 101 W Grand River Howell MI 48843	47-5134140		12,000				COVID Relief
(2)	Finish Line Restaurant 75 W Carleton Rd Hillsdale MI 49242	38-3231087		12,000				COVID Relief
(3)	Happy Pants, LLC 25 Hillsdale St Hillsdale MI 49242	46-5684504		12,000				COVID Relief
(4)	Jackson Bowling Corp 400 W Carleton Rd Hillsdale MI 49242	83-4249291		12,000				COVID Relief
(5)	Saleperi Inc 173 E SOUTH ST Hillsdale MI 49242	38-2811288		12,000				COVID Relief
(6)	Skin of My Teeth LLC 45 North Street Hillsdale MI 49242	27-0155348		12,000				COVID Relief
(7)	Bugbee Corporation 205 E. Chicago St Jonesville MI 49250	83-0561191		12,000				COVID Relief
(8)	Litchfield, Joneville Lanes, Inc 8200 Homer Rd Jonesville MI 49250	38-2091737		12,000				COVID Relief
(9)	The Saucy Dog's BBQ 212 East Chicago Street Jonesville MI 49250	82-0943291		12,000				COVID Relief

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(1)	2895 Lewis Ave LLC 2895 Lewis ave Ida MI 48140	20-8897892		12,500				COVID Relief
(2)	Boys & Girls Club of Lenawee, Inc. 340 E Church St, Ste A Adrian MI 49221	38-3558470		13,974				COVID Relief
(3)	C Collert LLC 12601 Grafton Rd Carleton MI 48117	47-5615737		15,000				COVID Relief
(4)	Evangelos Inc 6630 south Dixie hwy Erie MI 48133	38-3510787		15,000				COVID Relief
(5)	Tonys Quarterdeck LLC 6215 Edgewater Drive Erie MI 48133	83-0903342		15,000				COVID Relief
(6)	A.J.'s Doolittles Sports Bar and Gr 8525 Secor rd Lambertville MI 48144	61-1449176		15,000				COVID Relief
(7)	Lambertville Entertainment Company 8116 Secor Rd Lambertville MI 48144	38-3504095		15,000				COVID Relief
(8)	LE United LLC 3325 West Sterns Road Lambertville MI 48144	51-0621486		15,000				COVID Relief
(9)	Saguaros Restaurante & Cantina LLC 8504 Secor Rd Lambertville MI 48144	45-3718682		15,000				COVID Relief

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(1)	Shaken Not Stirred LLC 3536 W Sterns RD Lambertville MI 48144	20-3450463		15,000				COVID Relief
(2)	OTT, LLC 7697 Bluebush Road Maybee MI 48159	47-2334758		15,000				COVID Relief
(3)	Silver Star Bar Inc. 10400 Sumpster Rd Maybee MI 48159	38-3085308		15,000				COVID Relief
(4)	Amaya food & beverage llc 29 s Monroe st. Monroe MI 48161	47-4515955		15,000				COVID Relief
(5)	BBD & K Inc 120-128 East Front Street Monroe MI 48161	38-3188130		15,000				COVID Relief
(6)	Bedrock quarry bar and grille 15625 Hull Rd Monroe MI 48161	83-4589265		15,000				COVID Relief
(7)	Larson Company 713 Stone St Monroe MI 48161	38-2246809		15,000				COVID Relief
(8)	Michigan Grill LLC 1140 S. Monroe St. Monroe MI 48161	46-3257984		15,000				COVID Relief
(9)	Monroe Grill 1060 S Telegraph Rd Monroe MI 48161	46-5371972		15,000				COVID Relief

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(1)	Clamdigger Inc. 1540 e. elm ave monroe MI 48162	38-3513842		15,000				COVID Relief
(2)	JAI Enterprises LLC 3475 N. Monroe Street Monroe MI 48162	27-4193373		15,000				COVID Relief
(3)	Petes Garage LLC 930 N. Telegraph rd Monroe MI 48162	46-3257882		15,000				COVID Relief
(4)	PHOENIX THEATRES MONROE, LLC 2121 NORTH MONROE STREET MONROE MI 48162	26-0885302		15,000				COVID Relief
(5)	Vernas Tavern Inc 7900 north dixie newport MI 48166	38-3213386		15,000				COVID Relief
(6)	Forest View Lanes, LLC 2345 W Dean Rd Temperance MI 48182	46-4324045		15,000				COVID Relief
(7)	Red Star Diner Inc. 7327 Lewis Ave. Temperance MI 48182	27-0238469		15,000				COVID Relief
(8)	Smokehouse 734, LLC 7309 Lewis Ave Temperance MI 48182	83-2805604		15,000				COVID Relief
(9)	Lenawee Recreation Co 520 College Ave Adrian MI 49221	38-1262334		15,000				COVID Relief

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(1)	Hathaway House, Inc 424 W Adrian St Blissfield MI 49228	38-1714606		15,000				COVID Relief
(2)	Papas Place LLC 36 Saline St Petersburg MI 49270	20-5585878		15,000				COVID Relief
(3)	Ten Pin Alley, Inc 5621 S Occidental Hwy. Tecumseh MI 49286	38-2654535		15,000				COVID Relief
(4)	Three Socks Media LLC 3351 Charlotte Dr Brighton MI 48114	20-5854567		15,600				COVID Relief
(5)	BTC Family Entertainment 8151 Movie Drive Brighton MI 48116	84-2206941		15,600				COVID Relief
(6)	Joe Kools of Brighton 9555 Village Place Blvd Brighton MI 48116	83-1938597		15,600				COVID Relief
(7)	Top Shelf Bar & Grill, Inc 10540 Citation Dr Brighton MI 48116	38-3552503		15,600				COVID Relief
(8)	Tropical Sensations, LLC 8111 Foxgate Ct Brighton MI 48116	26-2019063		15,600				COVID Relief
(9)	Gofco Building Maintenance 10756 Frankfort Pinckney MI 48169	80-2008879		15,600				COVID Relief

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(1)	Keller Chiropractic PLLC 8554 Country Club Dr Pinckney MI 48169	47-1870491		15,600				COVID Relief
(2)	Pure Line Arabians. INC 1099 Maxfield Rd Hartland MI 48353	80-0720861		15,600				COVID Relief
(3)	Edi & Sons Inc 96. S Grand Ave Fowlerville MI 48836	81-3373079		15,600				COVID Relief
(4)	BadheipleLLC 1744 Old US 23 Howell MI 48843	47-5325048		15,600				COVID Relief
(5)	Stylistic Sound & Event Services 1471 Sexton Howell MI 48843	85-1987207		15,600				COVID Relief
(6)	Triple J Horse Ranch 3401 Steinacker Rd Howell MI 48855	80-0311496		15,600				COVID Relief
(7)	Flat Rock Racing Association, Inc. 14041 Telegraph Road Ash Township MI 48134	38-1904604		20,000				COVID Relief
(8)								
(9)								

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Schedule I (Form 990) (2021)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 COVID Relief	29	154,902			
2					
3					
4					
5					
6					
7					

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

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

A REVIEW COMMITTEE OF COMMUNITY PARTNERS IS SET UP TO SCORE COMPANIES BASED ON REVIEW COMMITTEE CRITERIA. COMMITTEE VERIFIES COMPANY IS REGISTERED IN LARA, HAS AN ADDRESS, WEBSITE, AND CONTACT INFORMATION. ONCE SELECTED, COMPANIES ARE ASKED TO VERIFY SUBMISSION DATA, SIGN GRANT AGREEMENT, AND RETURN BANK INFORMATION AND W9 THROUGH DOCUSIGN. FUNDS ARE DISBURSED THROUGH ACH AND APPROVED BY CHIEF OF STAFF.

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**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Ann Arbor Spark

Employer identification number
38-2436899

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in or receive payment from a supplemental nonqualified retirement plan?
 - c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		
5b		
6a		
6b		
7		
8		
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Paul Krutko President/CEO	(i) 305,153 (ii) 0	(i) 59,531 (ii) 0	(i) 0 (ii) 0	(i) 25,396 (ii) 0	(i) 1,467 (ii) 0	(i) 391,547 (ii) 0	(i) 29,528 (ii) 0
2 Phil Santer VP of Bus. Develop.	(i) 152,708 (ii) 0	(i) 15,000 (ii) 0	(i) 0 (ii) 0	(i) 10,565 (ii) 0	(i) 189 (ii) 0	(i) 178,462 (ii) 0	(i) 0 (ii) 0
3 Michael Flanagan VP of Capital Prog.	(i) 141,359 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 14,561 (ii) 0	(i) 173 (ii) 0	(i) 156,093 (ii) 0	(i) 0 (ii) 0
4 William Mayer VP of Entrepr. Serv.	(i) 138,430 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 19,500 (ii) 0	(i) 425 (ii) 0	(i) 158,355 (ii) 0	(i) 0 (ii) 0
5	(i) (ii)	(i) (ii)	(i) (ii)	(i) (ii)	(i) (ii)	(i) (ii)	(i) (ii)
6	(i) (ii)	(i) (ii)	(i) (ii)	(i) (ii)	(i) (ii)	(i) (ii)	(i) (ii)
7	(i) (ii)	(i) (ii)	(i) (ii)	(i) (ii)	(i) (ii)	(i) (ii)	(i) (ii)
8	(i) (ii)	(i) (ii)	(i) (ii)	(i) (ii)	(i) (ii)	(i) (ii)	(i) (ii)
9	(i) (ii)	(i) (ii)	(i) (ii)	(i) (ii)	(i) (ii)	(i) (ii)	(i) (ii)
10	(i) (ii)	(i) (ii)	(i) (ii)	(i) (ii)	(i) (ii)	(i) (ii)	(i) (ii)
11	(i) (ii)	(i) (ii)	(i) (ii)	(i) (ii)	(i) (ii)	(i) (ii)	(i) (ii)
12	(i) (ii)	(i) (ii)	(i) (ii)	(i) (ii)	(i) (ii)	(i) (ii)	(i) (ii)
13	(i) (ii)	(i) (ii)	(i) (ii)	(i) (ii)	(i) (ii)	(i) (ii)	(i) (ii)
14	(i) (ii)	(i) (ii)	(i) (ii)	(i) (ii)	(i) (ii)	(i) (ii)	(i) (ii)
15	(i) (ii)	(i) (ii)	(i) (ii)	(i) (ii)	(i) (ii)	(i) (ii)	(i) (ii)
16	(i) (ii)	(i) (ii)	(i) (ii)	(i) (ii)	(i) (ii)	(i) (ii)	(i) (ii)

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

Ann Arbor Spark

Employer identification number

38-2436899

Form 990 - Organization's Mission

Ann Arbor SPARK advances the region by encouraging and supporting business acceleration, attraction, expansion and retention. Our organization identifies and meets the needs of companies at every stage, from start-ups to large organizations. Ann Arbor SPARK collaborates with business, academic, government and community investment partners to position the region as a destination for innovation.

Form 990, Part I, Line 6

Volunteers Include Board and Committee Members.

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

Business Incubator/Accelerator Services

SPARK creates long term regional prosperity by accelerating the growth of start-ups and early-stage companies through support by offering direct and consultant services. SPARK creates a place where early-stage companies can conduct business at affordable rates and can co-locate with other entrepreneurs and in the eco-system. SPARK offers those companies educational and networking events in the incubator space. We create an ecosystem whereby start-ups can connect easily with resources they need at early stages, thus attracting start-ups to this region. This supports growth in the companies themselves, the direct support services, and in the region's economy as a whole creating a virtuous cycle of economic growth. Assisted 317 innovation start-ups which currently employ 887 FTE. Nurtured 119 incubator tenants.

Name of the organization Ann Arbor Spark	Employer identification number 38-2436899
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Form 990, Part III, Line 4b - Second Accomplishment

Business Development (Expansion, Attraction, Retention)

SPARK maximizes potential jobs and capital investment in the region and helps grow the region's GDP through the retention and expansion of established driving industry companies and the targeted attraction domestically and internationally of similar companies that fit the region's identified clusters. This is done by regular communication with local business to determine their needs, making key business introductions, assisting with site selection, collaboration with local municipalities, and assisting companies in working with local academic partners to communicate talent needs. 20 company growth projects with projected investment of \$51.9M, 965 jobs projected by the companies, and 847 jobs retained in the region.

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

Communication and Community Engagement:

SPARK uses its established platform of social media followers, website traffic and brand awareness to expand local, regional, state-wide, national, and global awareness of the Ann Arbor region's attractiveness for business location, and career and life opportunities. SPARK also promotes community events that market the region as a great place to start a business and/or work for a start-up. Our weeklong series of events, A2Tech360, had 24 total events and over 4,910 registered attendees, 2,400,000 social media views and 119,000 web page views.

Capital Funding:

Name of the organization Ann Arbor Spark	Employer identification number 38-2436899
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Michigan Angel Fund & SPARK.capital (formerly Michigan Pre-seed Fund). The mission of our funding programs is to support high-tech companies throughout the state at their earliest stages of development and position these high growth companies to be able to raise additional capital and investment. The capital programs are an intentional economic development tool that pays itself back, allowing the funds to be redeployed for future reinvestment into more companies.

With 155 members the Michigan Angel Fund (MAF) is the largest angel organization in Michigan. The group has 37 companies, filling an important funding gap by investing in very early-stage companies across the state that are not yet primed for venture and other sources of capital. MAF is managed by Ann Arbor SPARK.

SPARK.capital Fund is designed to retain entrepreneurial companies. There are high-risk investments with a forecast of about 65% projected to reach the next level of funding.

Small Business Support:
 SPARK quickly expanded its traditional focus of helping build new business and serving established ones to also become the hub for multiple resources that kept every element of our local economy moving forward. Those resources included public funding that SPARK worked to secure for our region, as well as private funding sources that looked to SPARK to ensure it was thoughtfully distributed to do the most good. SPARK created the processes and marshalled the knowledge needed to provide critically needed funding to the restaurants, childcare providers, retailers and so many others critical to the fabric of our community.

"Federal, state, and local dollars were made available through various

Name of the organization Ann Arbor Spark	Employer identification number 38-2436899
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grant opportunities, and SPARK developed new systems to rapidly disperse those funds.

"SPARK proactively engaged partners to address business owners' questions relative to navigating the challenges presented by COVID.

Survival Grants (from the State): 274 companies were awarded \$2,436,000 during the year.

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

A draft of the Form 990 is distributed to the Finance Committee and CEO prior to filing.

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

Members of the Board of Directors, Executive Committee and key staff must annually sign a statement concerning potential conflicts of interest.

These statements are periodically reviewed by the Finance Committee to determine if further examination or action is needed. If an conflict of interest exists, Ann Arbor SPARK follows up with the Executive Committee, the Executive Committee decides if further action in necessary.

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

Compensation Committee - the Governance committee is responsible for evaluating and establishing the salary and benefits for the CEO and key employees. Staff prepares statistics on comparative salary data from similar organizations for benchmarking. This data, along with performance data, is used by the Governance committee to determine compensation for the following fiscal year.

Name of the organization Ann Arbor Spark	Employer identification number 38-2436899
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Form 990, Part VI, Line 15b - Compensation Process for Officers Compensation Committee - the Governance committee is responsible for evaluating and establishing the salary and benefits for the CEO and key employees. Staff prepares statistics on comparative salary data from similar organizations for benchmarking. This data, along with performance data, is used by the Governance committee to determine compensation for the following fiscal year.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation The organization shares information that falls within parameters agreed upon by our funders, clients and portfolio companies. SPARK posts its audited financial statements on our website. The 990 is available as public information on Guidestar.com. Governing documents and policies are not usually available to the general public, although the State of Michigan Department of Licensing and Regulatory Affairs website provides public access to Ann Arbor SPARK's articles of incorporation.

Form 990, Part IX, Line 11g - Other Fees for Services

Description	Tot/Prog Service	Mgt & General	Fundraising
Other Fees for Services	\$ 120,754	\$ 66,882	\$ 1,514
Other Fees	\$ 2,852,943	\$ 143,256	\$ 0
Less: Lobbying	\$ -12,168	\$ 0	\$ 0
Total			

Name of the organization Ann Arbor Spark	Employer identification number 38-2436899
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\$ 2,961,529 \$ 210,138 \$ 1,514

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

Payment to MEDC	\$ -28,990
Return of Funds	\$ -36,003
Capital Fund Distribution	\$ -438,115
Payment to MEDC	\$ 28,990
Return of Funds	\$ 36,003
Capital Fund Distribution	\$ 438,115

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2021

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Ann Arbor Spark

Employer identification number

38-2436899

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) Ann Arbor Spark Foundation 201 S. Division, Ste 430 38-2436899 Ann Arbor MI 48104	Support	MI	3	12b	N/A		X
(2)							
(3)							
(4)							
(5)							

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Ann Arbor Spark Foundation	c	136,000	Cost
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Part VII

Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

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