

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2023 calendar year, or tax year beginning 01-01-2023, and ending 12-31-2023

- 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 \$ 9,874,901

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.

H(c) Group exemption number

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

Part I **Summary**

1 Briefly describe the organization's mission or most significant activities:
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.

2 Check this box

3 Number of voting members of the governing body (Part VI, line 1a)	28
4 Number of independent voting members of the governing body (Part VI, line 1b)	27
5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	206
6 Total number of volunteers (estimate if necessary)	28
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	8,885,367	7,995,576
9 Program service revenue (Part VIII, line 2g)	577,402	620,544
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-18,866	-164,860
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)	9,443,903	8,451,260

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	152,496	240,000
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)	4,322,862	3,669,487
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)	6,032,410	5,580,867
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,507,768	9,490,354
19 Revenue less expenses. Subtract line 18 from line 12	-1,063,865	-1,039,094

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	16,558,054	13,599,567
21 Total liabilities (Part X, line 26)	2,596,111	1,679,419
22 Net assets or fund balances. Subtract line 21 from line 20	13,961,943	11,920,148

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 PRESIDENT/CEO			Date 2024-09-19	
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature		Date 2024-11-12
	Firm's name YEO & YEO PC		Firm's EIN 38-2706146		Check <input type="checkbox"/> if self-employed PTIN P01442508
	Firm's address 1450 EISENHOWER PLACE ANN ARBOR, MI 481083283		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. Cat. No. 11282Y Form **990** (2023)

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:

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.

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 \$)
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 TO LAUNCH AND ESTABLISH, THUS ATTRACTING START-UPS TO THIS REGION. THIS SUPPORTS GROWTH IN THE COMPANIES THEMSELVES, THE DIRECT SUPPORT SERVICES, AND THE REGION'S ECONOMY, CREATING A VIRTUOUS CYCLE OF ECONOMIC GROWTH. SPARK IS PART OF THE AWARD-WINNING GLOBAL EPICENTER OF MOBILITY (GEM) PROGRAM, ADMINISTERING THE ENTREPRENEUR-IN-RESIDENCE (EIR) COMPONENT OF THE PROGRAM. SPARK'S EAST OFFICE LED A FEDERAL GRANT FOR THE COUNTY TO SUPPORT COVID IMPACT, HISTORICALLY UNDERSERVED COMPANIES. IN 2023 SPARK ASSISTED 400 INNOVATION START-UPS WHICH CURRENTLY EMPLOY 1,046 FTE. SPARK NURTURED 102 INCUBATOR TENANTS. SPARK EAST PROVIDED 112.9K IN GRANTS TO COVID IMPACTED, HISTORICALLY UNDERSERVED SMALL BUSINESSES.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
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 BUSINESSES TO DETERMINE THEIR NEEDS, MAKING KEY BUSINESS INTRODUCTIONS, ASSISTING WITH SITE SELECTION, COLLABORATING WITH LOCAL MUNICIPALITIES, AND ASSISTING COMPANIES IN WORKING WITH LOCAL ACADEMIC PARTNERS TO COMMUNICATE TALENT NEEDS. THIS YEAR THE MAJOR COMPANIES SPARK SUPPORTED ARE: - MI-HQ: (DOWNTOWN REDEVELOPMENT) - ACQUIRED AND RENOVATED THE EASTERN MICHIGAN COLLEGE OF BUSINESS BUILDING WITH THE UNIVERSITY OF MICHIGAN MEDICINE AS AN ANCHOR TENANT - TOYOTA: (INTERNATIONAL R&D FACILITY) TO ESTABLISH A 48M BATTERY LAB, WHICH WILL AID THE DEVELOPMENT OF BATTERIES FOR ELECTRIC VEHICLES IN THE US. - MI FAME MICHIGAN CHAPTER: (FEDERATION FOR ADVANCED MANUFACTURING EDUCATION) - PROVIDES AN OPPORTUNITY FOR STUDENTS TO GRADUATE DEBT FREE AND FILLING IN A SKILLS GAP IN THE MANUFACTURING SECTOR. IN 2023, WITH 23 SUCCESSFUL COMPANY GROWTH PROJECTS, THE TEAM FACILITATED NEW INVESTMENT COMMITMENTS TOTALING MORE THAN 208 MILLION. THESE PROJECTS LED TO THE CREATION OF 516 NEW JOBS AND THE RETENTION OF OVER 363 EXISTING ONES, THEREBY STRENGTHENING THE LOCAL WORKFORCE.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
COMMUNICATION AND COMMUNITY ENGAGEMENT SPARK USES ITS ESTABLISHED PLATFORM OF SOCIAL MEDIA FOLLOWERS, WEBSITE TRAFFIC, AND BRAND AWARENESS TO EXPAND LOCAL, REGIONAL, STATEWIDE, 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 25 TOTAL EVENTS AND OVER 3.9.5K REGISTERED ATTENDEES, 819K SOCIAL MEDIA VIEWS AND 100K WEB PAGE VIEWS.

(Code:) (Expenses \$ including grants of \$) (Revenue \$)
CAPITAL FUNDING: 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 INVESTMENTS. 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 40 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 AND INVESTED 739K INTO 4 COMPANIES. SPARK CAPITAL FUND IS DESIGNED TO RETAIN ENTREPRENEURIAL COMPANIES. THESE ARE HIGH-RISK INVESTMENTS WITH A FORECAST OF ABOUT 65% PROJECTED TO REACH THE NEXT LEVEL OF FUNDING. IN 2023, SPARK CAPITAL INVESTED 1M IN 13 COMPANIES.

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

4e Total program service expenses

Form 990 (2023)

Form 990 (2023)

Page 3

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>		No
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions. 🗑️	Yes	
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>		No
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>		No
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> 🗑️		No
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> 🗑️		No
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> 🗑️		No
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> 🗑️		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> 🗑️		No
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> 🗑️	Yes	
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> 🗑️		No
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> 🗑️	Yes	
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> 🗑️	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 🗑️	Yes	
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> 🗑️		No
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> 🗑️		No
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> 🗑️	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
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>		No
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>		No
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>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		No

	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions.		
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>	18	No
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>	19	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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>	21	No

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		No
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? <i>If "Yes," complete Schedule L, Part I.</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? <i>If "Yes," complete Schedule L, Part I.</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? <i>If "Yes," complete Schedule L, Part II.</i>		No
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? <i>If "Yes," complete Schedule L, Part III.</i>		No
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? <i>If "Yes," complete Schedule L, Part IV.</i>		No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		

37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37		No
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.	38	Yes	

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		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Form 990 (2023)

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

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	206		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O.</i>	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
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?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		Yes	
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		

Form 990 (2023)

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a		28
b Enter the number of voting members included in line 1a, above, who are independent	1b		27
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?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
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?	7a		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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?	10a		No
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?	11a		No
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	12a	Yes	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13 Did the organization have a written whistleblower policy?	13	Yes	

14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
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?	16a		No
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 Form 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 in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records:
TOM CRAWFORD 330 EAST LIBERTY ST ANN ARBOR, MI 48104 (734) 761-9317

Form **990** (2023)

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 the 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, box 6 of 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, or 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			
(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	X		X			0	0	0

BOARD MEMBER												
(23) BRENDA STUMBO	1.00	X								0	0	0
BOARD MEMBER												
(24) SIMON WHITELOCKE	1.00	X								0	0	0
BOARD MEMBER												
(25) DAVID WILHOIT	1.00	X								0	0	0
BOARD MEMBER												
(26) DAVID WOMACK	1.00	X								0	0	0
BOARD MEMBER												
(27) ROBERT YOUNG	1.00	X								0	0	0
BOARD MEMBER												
(28) MARA M FARMER ENDED	1.00	X								0	0	0
BOARD MEMBER												
(29) TIM PETERSEN ENDED	1.00	X								0	0	0
BOARD MEMBER												
(30) CHRISTINA YORK ENDED	1.00	X								0	0	0
BOARD MEMBER												
(31) NATHAN BURD ENDED	1.00	X								0	0	0
BOARD MEMBER												
(32) PAUL KRUTKO	39.00	X		X						393,297	0	35,539
PRESIDENT/CE	1.00											
(33) PHIL SANTER	40.00				X					187,519	0	6,882
VP OF BUS. D												
(34) WILLIAM MAYER	40.00					X				158,855	0	20,713
VP OF ENTREP												
(35) MICHAEL FLANAGAN	40.00					X				153,000	0	7,046
VP OF CAPITA												
(36) JENN HAYMAN	40.00					X				127,707	0	25,489
VP OF MARKET												
(37) MARGARITA HERNANDEZ	40.00					X				108,047	0	13,657
DIR OF ENTRE												
(38) MARCIA GEBAROWSKI	40.00					X				103,802	0	16,180
DIR. OF BUS,												
(39) TOM CRAWFORD	39.75			X						0	0	0
CFO	0.25											
1b Sub-Total												
c Total from continuation sheets to Part VII, Section A												
d Total (add lines 1b and 1c)										1,232,227		125,506

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 7

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

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 115 DEPOT STREET ANN ARBOR, MI 48104	PARKING & RENT	413,476
TOM CRAWFORD CONSULTING LLC 1310 HARBROOKE AVE ANN ARBOR, MI 48103	CONSULTING	244,901
BODMAN LLP 1001 ST ANTOINE	CONSULTING	158,122

1501 ST ANTOINE
6TH FLOOR AT FORD FIELD
DETROIT, MI 48226

LEE STRATEGIC ADVISORY LLC

2278 BOULDER RIDGE BLVD
ANN ARBOR, MI 48103

CONSULTING

100,025

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 4

Form 990 (2023)

Form 990 (2023)

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
1a Federated campaigns				
1b Contributions, Gifts, Grants, and Membership dues				
1c OtherAmt Similar Fundraising events				
1d Related organizations				
1e Government grants (contributions) 5,050,825				
1f All other contributions, gifts, grants, and similar amounts not included above 2,944,751				
1g Noncash contributions included in lines 1a - 1f:\$ 6,984				
h Total. Add lines 1a-1f	7,995,576			

Program Service Revenue	Business Code			
		(A)	(B)	(C)
2a INCUBATOR SERVICES	532000	337,972	337,972	
2b INCUBATOR RENT	561000	282,572	282,572	
2c				
2d				
2e				
2f All other program service revenue.				
g Total. Add lines 2a-2f.		620,544		

3 Investment income (including dividends, interest, and other similar amounts)	407,815			407,815
4 Income from investment of tax-exempt bond proceeds				
5 Royalties				
6a Gross rents	(i) Real	(ii) Personal		
6b Less: rental expenses				
6c Rental income or (loss)				
d Net rental income or (loss)				
	(i) Securities	(ii) Other		

		(i) Securities	(ii) Other				
Other Revenue	7a Gross amount from sales of assets other than inventory		850,966				
	b Less: cost or other basis and sales expenses		1,423,641				
	c Gain or (loss)		-572,675				
	d Net gain or (loss)			-572,675			-572,675
	a 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						
	11a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
	12 Total revenue. See instructions			8,451,260	620,544		-164,860

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 <input checked="" type="checkbox"/>				
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	240,000			
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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	623,239			
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	2,410,517			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	96,225			

9	Other employee benefits	304,651			
10	Payroll taxes	234,855			
11	Fees for services (non-employees):				
a	Management				
b	Legal	6,234			
c	Accounting	72,880			
d	Lobbying	10,268			
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)	2,149,729			
12	Advertising and promotion	759,691			
13	Office expenses	141,126			
14	Information technology	150,904			
15	Royalties				
16	Occupancy	686,233			
17	Travel	109,107			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	66,316			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	98,488			
23	Insurance	29,273			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	EVENTS	536,794			
b	ENTREPRENEUR IN RESIDENCE	354,651			
c	BAD DEBT	158,141			
d	DUES & SUBSCRIPTIONS	157,444			
e	All other expenses	93,588			
25	Total functional expenses. Add lines 1 through 24e	9,490,354	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 IX

	(A) Beginning of year		(B) End of year
1 Cash-non-interest-bearing		1	378,456
2 Savings and temporary cash investments	7,693,565	2	3,408,243
3 Pledges and grants receivable, net		3	426,416
4 Accounts receivable, net	1,086,296	4	127,358
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	

et's

Assets	9	Prepaid expenses and deferred charges		191,731	9	219,655
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	816,917		
			b	Less: accumulated depreciation	684,632	169,372
	11	Investments—publicly traded securities			11	2,902,933
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11		5,913,541	13	5,020,081
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		1,503,549	15	984,140
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16,558,054	16	13,599,567
	Liabilities	17	Accounts payable and accrued expenses		665,587	17
18		Grants payable			18	
19		Deferred revenue		525,470	19	92,691
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		1,405,054	25	976,876
26		Total liabilities. Add lines 17 through 25		2,596,111	26	1,679,419
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		13,311,661	27	11,347,958
	28	Net assets with donor restrictions		650,282	28	572,190
	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		13,961,943	32	11,920,148
33	Total liabilities and net assets/fund balances		16,558,054	33	13,599,567	

Form 990 (2023)

Form 990 (2023)

Page 12

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	8,451,260
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,490,354
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,039,094
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13,961,943
5	Net unrealized gains (losses) on investments	5	-1,141,417
6	Donated services and use of facilities	6	138,716
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	11,920,148

Part XII **Financial Statements and Reporting**

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

1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____	Yes	No
	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:

- Separate basis
- Consolidated basis
- Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

- Separate basis
- Consolidated basis
- Both consolidated and separate basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Form 990 (2023)

Form 990 (2023)

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

Schedule B

Schedule of Contributors

OMB No. 1545-0047

(Form 990) Department of the Treasury Internal Revenue Service

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

2023

Name of the organization ANN ARBOR SPARK Employer identification number 38-2436899

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ [] 501(c)() (enter number) organization [] 4947(a)(1) nonexempt charitable trust not treated as a private foundation [] 527 political organization Form 990-PF [] 501(c)(3) exempt private foundation [] 4947(a)(1) nonexempt charitable trust treated as a private foundation [] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- [] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other 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... [] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor... [] 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.

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

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
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization ANN ARBOR SPARK	Employer identification number 38-2436899
---	--

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
------------------------	--	--------------------------	----------------------

Part I		(See instructions)	
			\$
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
			\$
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
			\$
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
			\$
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
			\$
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
			\$

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Page 4

Name of organization ANN ARBOR SPARK	Employer identification number 38-2436899
---	--

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

Schedule B (Form 990) (2023)

Additional Data

[Return to Form](#)

Software ID:
Software Version:

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Table with 2 columns: Name of the organization (ANN ARBOR SPARK) and Employer identification number (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 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 3 columns: Question number, description, and Yes/No checkboxes. Includes questions 1-9 regarding 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 3 columns: Question number, description, and Yes/No checkboxes. Includes questions 1a, 1b, 2a, 2b regarding art and historical treasures.

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

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" 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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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 | | |
| (ii) Related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		403,653	339,290	64,363
d Equipment		413,264	345,342	67,922
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				132,285

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	4,722,353	F
(2) MICRO LOANS	297,728	F
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	5,020,081	

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) RIGHT OF USE ASSET - OPERATING LEASE	967,640
(2) DEPOSITS	16,500
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	984,140

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	

OPERATING LEASE OBLIGATION, NET	976,876
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	976,876

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

Schedule D (Form 990) 2022

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

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

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

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

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

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

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.

Return Reference	Explanation
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Schedule D (Form 990) 2022

Software ID:
Software Version:

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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.

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization ANN ARBOR SPARK	Employer identification number 38-2436899
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Part I Questions Regarding Compensation

	Yes	No
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 idemnification 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 (e.g., 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	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2	
3 Indicate which, if any, of the following the filing 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?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 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?	5a	
b Any related organization?	5b	
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?	6a	
b Any related organization?	6b	
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 in lines 5 and 6? If "Yes," describe in Part III	7	
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	8	
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Schedule J (Form 990) 2023

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 are not 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, 1099-MISC compensation, and/or 1099-NEC			(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)	304,297	89,000		13,200	22,339	428,836	
	(ii)							
2 PHIL SANTER VP OF BUS. DEVELOP.	(i)	172,519	15,000		5,558	1,324	194,401	
	(ii)							
3 WILLIAM MAYER VP OF ENTREPRE. SERV.	(i)	143,855	15,000		4,226	16,487	179,568	
	(ii)							
4 MICHAEL FLANAGAN VP OF CAPITAL PROG.	(i)	143,000	10,000		5,720	1,326	160,046	
	(ii)							

Schedule L
(Form 990)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization ANN ARBOR SPARK	Employer identification number 38-2436899
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						\$						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) TOM CRAWFORD CONSULTING LLC	CFO	244,901	PAYMENT FOR SERVICES		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Explanation

Additional Data

[Return to Form](#)

Software ID:
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SCHEDULE O
(Form 990)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990 or 990-EZ.

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

Name of the organization
ANN ARBOR SPARK

Employer identification number

38-2436899

Return Reference	Explanation
FORM 990 - ORGANIZATION 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, PAGE 1, PART I, LINE 6	THE ORGANIZATION USES VOLUNTEERS FOR CERTAIN EVENTS AND UTILIZES A VOLUNTEER BOARD OF DIRECTORS.
FORM 990, PAGE 2, PART III, LINE 4A	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 TO LAUNCH AND ESTABLISH, THUS ATTRACTING START-UPS TO THIS REGION. THIS SUPPORTS GROWTH IN THE COMPANIES THEMSELVES, THE DIRECT SUPPORT SERVICES, AND THE REGION'S ECONOMY, CREATING A VIRTUOUS CYCLE OF ECONOMIC GROWTH. SPARK IS PART OF THE AWARD-WINNING GLOBAL EPICENTER OF MOBILITY (GEM) PROGRAM, ADMINISTERING THE ENTREPRENEUR-IN-RESIDENCE (EIR) COMPONENT OF THE PROGRAM. SPARK'S EAST OFFICE LED A FEDERAL GRANT FOR THE COUNTY TO SUPPORT COVID IMPACT, HISTORICALLY UNDERSERVED COMPANIES. IN 2023 SPARK ASSISTED 400 INNOVATION START-UPS WHICH CURRENTLY EMPLOY 1,046 FTE. SPARK NURTURED 102 INCUBATOR TENANTS. SPARK EAST PROVIDED 112.9K IN GRANTS TO COVID IMPACTED, HISTORICALLY UNDERSERVED SMALL BUSINESSES.
FORM 990, PAGE 2, PART III, LINE 4B	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 BUSINESSES TO DETERMINE THEIR NEEDS, MAKING KEY BUSINESS INTRODUCTIONS, ASSISTING WITH SITE SELECTION, COLLABORATING WITH LOCAL MUNICIPALITIES, AND ASSISTING COMPANIES IN WORKING WITH LOCAL ACADEMIC PARTNERS TO COMMUNICATE TALENT NEEDS. THIS YEAR THE MAJOR COMPANIES SPARK SUPPORTED ARE: - MI-HQ: (DOWNTOWN REDEVELOPMENT) - ACQUIRED AND RENOVATED THE EASTERN MICHIGAN COLLEGE OF BUSINESS BUILDING WITH THE UNIVERSITY OF MICHIGAN MEDICINE AS AN ANCHOR TENANT - TOYOTA: (INTERNATIONAL R&D FACILITY) TO ESTABLISH A 48M BATTERY LAB, WHICH WILL AID THE DEVELOPMENT OF BATTERIES FOR ELECTRIC VEHICLES IN THE US. - MI FAME MICHIGAN CHAPTER: (FEDERATION FOR ADVANCED MANUFACTURING EDUCATION) - PROVIDES AN OPPORTUNITY FOR STUDENTS TO GRADUATE DEBT FREE AND FILLING IN A SKILLS GAP IN THE MANUFACTURING SECTOR. IN 2023, WITH 23 SUCCESSFUL COMPANY GROWTH PROJECTS, THE TEAM FACILITATED NEW INVESTMENT COMMITMENTS TOTALING MORE THAN 208 MILLION. THESE PROJECTS LED TO THE CREATION OF 516 NEW JOBS AND THE RETENTION OF OVER 363 EXISTING ONES, THEREBY STRENGTHENING THE LOCAL WORKFORCE.
FORM 990, PAGE 2, PART III, LINE 4D	CAPITAL FUNDING: 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 INVESTMENTS. 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 40 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 AND INVESTED 739K INTO 4 COMPANIES. SPARK CAPITAL FUND IS DESIGNED TO RETAIN ENTREPRENEURIAL COMPANIES. THESE ARE HIGH-RISK INVESTMENTS WITH A FORECAST OF ABOUT 65% PROJECTED TO REACH THE NEXT LEVEL OF FUNDING. IN 2023, SPARK CAPITAL INVESTED 1M IN 13 COMPANIES.
FORM 990, PAGE 6, PART VI, LINE 11B	A DRAFT OF THE FORM 990 IS DISTRIBUTED TO THE FINANCE COMMITTEE AND CEO PRIOR TO FILING.
FORM 990, PAGE 6, PART VI, LINE 12C	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 CONFLICT OF INTEREST OFFICER 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 IS NECESSARY

FORM 990, PAGE 6, PART VI, LINE 15A	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 BENCHMARKING STUDIES. THIS DATA, ALONG WITH PERFORMANCE DATA, IS USED BY THE GOVERNANCE COMMITTEE TO DETERMINE COMPENSATION FOR THE FOLLOWING FISCAL YEAR.
FORM 990, PAGE 6, PART VI, LINE 15B	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, PAGE 6, PART VI, LINE 19	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	GENERAL CONSULTANTS 2,149,729 0 0
FORM 990, PART XI, LINE 9	PAYMENT TO MEDC -41,044 PAYMENT TO MEDC 41,044

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

Cat. No. 51056K

Schedule O (Form 990) 2023

Additional Data

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