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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

The organization may have to use a copy of this return to satisfy state reporting requirement

OMB No 1545-0047 2008 Open to Public

F- 45	7 (01 / 09	tung requirements.	Inspection
	18 calendar year, or tax year beginning 7/01/08, and ending 6/30/09	1	
Check if applica	Luca IDC		ployer identification number
f ľ	label or		3-7206591
Name change	print or Doing Business As type. Number and street (or P O box if mail is not delivered to street address) Ro		
Instial return	See 200 Fletcher Street	involute E i ele	phone number
Termination	Specific	G Gross re	eceipts \$ 12,363,759
Amended return		G Gross re	ereihiză Tari 2001:23
~		H(a) is the	nis a group return for
Application per	ging Traine and address of principal officer		rates? Yes X No
		H(b) Are	all affiliates yes No
		-	No," attach a list (see instructions)
Tax-exempt	status X 501(c) (3) ◄ (insert no.) 4947(a)(1) or 527		· · · · · · · · · · · · · · · · · · ·
Website:	www.umalumni.com	H(c) Gro	oup exemption number
Type of organi	zation X Corporation Trust Association Other	formation. 1897	M State of legal domicile MI
Part I	Summary		
1 Brief	fly describe the organization's mission or most significant activities:		
	ee Statement 9		
Activities & Governance of Covernance of Cov			
Ē	en e		
2 Che	ck this box I if the organization discontinued its operations or disposed of more than 25%	of its assets.	
3 Num	ber of voting members of the governing body (Part VI, line 1a)		22
g 4 Num	ber of independent voting members of the governing body (Part VI, line 1b)	4	22
5 Tota	I number of employees (Part V, line 2a)	5	0
	I number of volunteers (estimate if necessary)	6	2300
	Il gross unrelated business revenue from Part VIII, line 12, column (C)		
b Net	unrelated business taxable income from Form 990-T, line 34	7b	
∌ 		Prior Year	Current Year
8 Con	tributions and grants (Part VIII, line 1h)	3,407,163	
9 Prog	gram service revenue (Part VIII, line 2g)	4,843,118	
	stment income (Part VIII, column (A), lines 3, 4, and 7d)	3,057,291	
	er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	370,724 11,678,296	
	I revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) nts and similar amounts paid (Part IX, column (A), lines 1-3)	11,0/0,290	704,932
	efits paid to or for members (Part IX, column (A), line 4)		704,332
	uries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,608,162	5,005,373
	essional fundraising fees (Part IX, column (A), line 11e)	4,000,102	3,003,373
	If fundraising expenses (Part IX, column (D), line 25) 193,118		
	er expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	7,904,838	6,031,913
(00)	Il evnenses Add lines 13-17 (must equal Part IV column (A) line OF	12,513,000	
19 Bev	enue less expenses. Subtract line 18 from line 12	-834,704	
8	- Control of the cont	Beginning of Year	End of Year
20 Tota 21 Tota 22 Net	Il assets (Part X, line 16)	95,681,040	74,815,051
21 Tota	d liabilities (Part X, line 26)	15,302,133	
코 22 Net	assets or fund balances. Subtract line 21 from line 20	80,378,907	
Part II	Signature Block UGDEN, OT		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and standard the second period of the second period period of the second period	tements, and to the bes	t 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 a	any knowledge
ign			5/14/10
ere	Signature of officer School of Schoo	Da	te '
	Userala J. Digler Sryf Ctil		
	Type or print name and title	·	
aid	Preparer's Date	Check if	Preparer's identifying number (see instructions)
reparer's	signature 5/14/	LO self- employed >	
se Only	Firm's name (or yours Alumni Assoc. of U of Michigan	EIN	•
Ge Only	if self-employed), 200 Fletcher St	Phon	e
	address, and ZIP+4 Ann Arbor, MI 48109-1007	no	
ay the IRS d	scuss this return with the preparer shown above? (see instructions)	<u></u> .	Form 990 (2008)

	lumni Assoc of U		23-7206591	L Page
	tement of Program Service	e Accomplishments (se	e instructions)	
	the organization's mission.			
See State	americ .			
	•			
•				
2 Did the organiz	ation undertake any significant pr	ogram services during the year v	which were not listed on	
	990 or 990-EZ?			Yes X N
	pe these new services on Schedu	e O.		
	ation cease conducting, or make	significant changes in how it cor	ducts, any program	
services?				Yes 🗓 Yes 🗓 N
	pe these changes on Schedule O. Kempt purpose achievements for the common of the comm		argest program conject by	, avnance
	(3) and 501(c)(4) organizations ar	=		•
	thers, the total expenses, and rev			n or grants and
			•	
4a (Code.) (Expenses \$	including grants of	\$) (Revenue \$.
See State	ement 10			
	• • •	• • • • •	•• • • • • • • • • • • • • • • • • • • •	
	• •	••		• • • • • • • • • • • • • • • • • • • •
•	• • • • • • • • • • • • • • • • • • • •		•	
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	•			
•	•	•		
4b (Code) (Expenses \$	including grants of	s) (Revenue \$
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	• • • • •			
	••••			•
• • •	• •			
			•• • • • • • • • • • • • • • • • • • • •	
45 (05 45				
4c (Code) (Expenses \$	including grants of	\$.) (Revenue \$
		• • •		
	• • •			
	•		••	
	•	•	•	
4d Other program	services (Describe in Schedule (D.)		
(Expenses \$	11,052,218 includ		1,932) (Revenue \$)
4e Total program			ıal Part IX, Line 25, column	(B).)

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? X 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II X 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C. Part III 5 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III X Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V X 10 10 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 12 Did the organization receive an audited financial statement for the year for which it is completing this return X that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 12 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 Did the organization maintain an office, employees, or agents outside of the U.S.? 14a X 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 17 18 X Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III X 19 20 X Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 21 22 Did the organization report more than \$5,000 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, questions 3, 4, or 5? If "Yes," complete X 23 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 questions 24b-24d and complete Schedule K. If "No," go to question 25. X 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I X Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 26 disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

Checklist of Required Schedules (continued) Yes No 28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee: Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, 28a Have a family member who had a direct or indirect business relationship with the organization? If "Yes," b X complete Schedule L, Part IV 28b Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L. Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X Schedule N. Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 III, IV, and V, line 1 34 X Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 X Schedule R, Part V, line 2 35 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related Х organization? If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part

Form **990** (2008)

	Statements negarding Other in 5 Fillings and Tax Compliance		T	Т
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		Yes	No
	U.S. Information Returns Enter -0- if not applicable	ļ .	1	
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 3	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	┪ .	İ	
•	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	 "		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	1		1
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		-
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	1		
	instructions)	l	l	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a	x	1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Х	†
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		Ì	ļ
	account)?	4a	}	x
b	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		į	
	and Financial Accounts.			1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity			
	Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			1
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than		\$ * •	
	\$75?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ľ		l
	required to file Form 8282?	7c	ļ	X
a	If "Yes," indicate the number of Forms 8282 filed during the year	-		l
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		X
-	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 1		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<u>7g</u>	 	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		x	
8		7h		
•	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring		ŀ]
	organization, have excess business holdings at any time during the year?	8	<u> </u>	X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	├ ゜		
а	Did the organization make any taxable distributions under section 4966?	9a		x
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		x
10	Section 501(c)(7) organizations. Enter:	35		==
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1	l	
11	Section 501(c)(12) organizations. Enter	1	1	
а	Gross income from members or shareholders	[1	
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them.)	ļ	l	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			Ι""

Form 990 (2008) Alumni Assoc of Univ of Michigan 23-7206591

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

<u> </u>	tion A. Governing Body and Management			
		<u></u>	Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
4	circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 1a 22	-		
ь	Enter the number of voting members that are independent 1b 22	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		- <u>-</u> -	3
_	any other officer, director, trustee, or key employee?	2_	Х	
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		<u> </u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	-		;
	the year by the following:		~~ <u>}</u>	
а	The governing body?	8a	X	L
Ь	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a	X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	<u> </u>	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or 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	11_		X
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	1		
	rise to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	1		
	describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	<u> </u>
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:			;
а	The organization's CEO, Executive Director, or top management official?	15a	X	
þ	Other officers or key employees of the organization?	15b		Х
	Describe the process in 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		X_
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None.			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization. ▶ Gerald J. Sigler 200 Fletcher Street			
				384

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

•	ganization did not compe	nsate	any			direct	or, t			
(A)	(B) Average	Pos	tion (() check	C) cell ti	hat ap	nk/\	(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	hours per week	Individual trustee or director		Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
See attached		rd X	Di	re	ct	ors	}	0	0	0
Steve C. Gra										
President Gerald J. Si	50	+	├	-	X	X	_	281,325	0	45,363
Sr VP/CFO	50				x			179,328	0	34,585

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Part VII	Section A	L Officers, Directors,	Trust	ees,	Key	y Em	plo	yees.	and	d Highest Compensated E	imployees (continued)						
•	(A) (B) (C Name and title Average Position (check							nat ap	_	(D) Reportable	(E) Reportable		(F) Estima	ated			
		hours per week		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest co	Former	compensation from the organization	compensation from related organizations (W-2/1099-MISC)	,	amoun othe compens from t	er sation			
				trustee	al trustee		уее	Highest compensated employee		(W-2/1099-MISC)	(W-2 1033-WIGG)	l	organization and related organizations				
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1b Total	•						,		Ļ	460,653				70	948		
2 Total	number of indi	viduals (including thos	se in 1	a) w	ho r	ecei	ved	more	tha	in \$100,000 in reportable co				<i>, , ,</i>	940		
														Yes	No		
emplo	yee on line 1a	? If "Yes," complete So	chedu	ıle J	for s	such	indi	vidua	ıl	vee, or highest compensate			3		х		
the or	ganızatıon and lual	I related organizations	great	ter th	an \$	\$150	,000)? If "	Yes	n and other compensation for complete Schedule J for	such		4	x	-		
servic	es rendered to	the organization? If "	accru	ie co	ompe	ensa Scl	tion	from	any	unrelated organization for	·		5		x		
1 Comp	Independent lete this table		omper	nsate	ed in	dep	ende	ent co	ontra	actors that received more th	nan \$100,000 of		<u> </u>				
		(A) Name and business addres	ss							Descrip	(B) tion of services		Co	(C) mpensat	tion		
	·								_		. .						
									_					· · · · · ·			
_									_		***						
				<u>.</u>					-								
			includ	ling	thos	e in	1) w	ho re	ceiv	ved more than \$100,000 in		<u> </u>					
DAA compe	ensation from	the organization >											0 Form	990	(2008)		

		III Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d		724,656				
ontribution nd other sir	f	All other contributions, gifts, grants,	83,183		, ,	^	
	h	Total. Add lines 1a-1f	•	4,382,210			
Program Service Revenue			Busn. Code				
e e	2a	See Statement 5		4,077,993	4,077,993		
e l	þ	Alumni Travel Program	561520	248,972		248,972	
울	С	See Statement 5	ļ	145,470	145,470		
S	d						
Tal.	е						
S		All other program service revenue					
-		Total. Add lines 2a-2f	▶	4,472,435		/ A + +	
	3	Investment income (including dividends, interest	est, and				
		other similar amounts)	▶	3,088,986			3,088,986
	4	Income from investment of tax-exempt bond p	roceeds 🕨 📗				
	5	Royalties					
		(i) Real (ii) I	Personal	-, * *	^ 4^	con as with a co	*
	6a	Gross Rents			s ".	, , , , , ,	4
	þ	Less rental exps					*
	C	Rental inc or (loss)		<u> </u>	`` `` `` `` `` `` `` `` `` `` `` `` ``		
		Net rental income or (loss)	<u></u> ▶				·
	7a	Gross amount from sales of assets (i) Securities (ii)) Other		, , , ,		* * .
		other than inventory		4 00	\$ #* * 28 ** \$, , , , , , , , , , , , , , , , , , ,	· , /* •
	b	Less cost or other		· · · · · ·			
		basis & sales exps		,	, ~ .	ex / ` `,`	,
	С	Gain or (loss)		*	* * ,	* * * * * * * * * * * * * * * * * * *	»
	d	Net gain or (loss)	•				
	8a	Gross income from fundraising events				, , , , , ,	
e l		(not including \$		*			
Other Revenue		of contributions reported on line 1c)		[·* .* *·	<i>r</i> *
æ		See Part IV, line 18	348,513	* ;	,, × , «\		* * ×
힐	b	Less: direct expenses b			** * ** ;	* * * /	*
8		Net income or (loss) from fundraising events		348,513	348,513		
		Gross income from garning activities.			, ₂ , «»	. , , , ,	4 100
		See Part IV, line 19		*	· , &· ‰-	*	* *
	b	Less. direct expenses b				/ ** y	
		Net income or (loss) from gaming activities					
1		Gross sales of inventory, less				*	
-		returns and allowances a	71,615	}			
	b	Less: cost of goods sold b	67,560	l			
		Net income or (loss) from sales of inventory .		4,055	4,055		and the second of the second of
Γ		Miscellaneous Revenue	Busn. Code	, ,	* -,,,,,,	« ,	
1	11a		†				
[b	·	 				
	c		 				
		All other revenue					
						*	
	e	Total. Add lines 11a-11d	•				
١,	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7					

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) but are not required to complete columns (B), (C), and (D).

	All other organizations must c	omplete column (A) but ar	e not required to comple	te columns (B), (C), and (D).
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		OAPONOOS	gondanonponious	
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				····
	the U.S. See Part IV, line 22	704,932	704,932		
3	Grants and other assistance to governments,		7027332		
•	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				·
3	trustees, and key employees	256 250	140 027	102 500	12 012
6	Compensation not included above, to disqualified	256,250	140,937	102,500	12,813
0					
	persons (as defined under section 4958(f)(1)) and			1	
_	persons described in section 4958(c)(3)(B)	2 445 246	2 24 7 4 2 4		50 610
7	Other salaries and wages	3,417,246	3,315,104	22,500	79,642
8	Pension plan contributions (include section 401(k)			1	
	and section 403(b) employer contributions)				
9	Other employee benefits	1,020,497	933,256	63,729	23,512
10	Payroll taxes .	311,380	282,883	19,665	8,832
11	Fees for services (non-employees)		\Box		
а	Management .				<u> </u>
b	Legal				
C	Accounting	117,462	105,725	9,356	2,381
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		**		
f	Investment management fees				
g	Other				
12	Advertising and promotion	554,984	517,277	355	37,352
13	Office expenses	907,807	900,124	6,124	1,559
14	Information technology	172,403	153,370	15,171	3,862
15	Royalties				<u> </u>
16	Occupancy				
17	Travel	2,688,950	2,429,891	239,753	19,306
18	Payments of travel or entertainment expenses	2/000/300	2/22/052	237,733	23,500
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	596,590	E77 E70	15,159	3,859
23	Insurance	10,378	577,572 9,532	846	3,639
23	insurance .	10,3/8	7,334	<u> </u>	*
24	Other expenses Hamina summaria				
24	Other expenses. Itemize expenses not	•	* * *	*′ *]	₩ , ¢
	covered above. (Expenses grouped together		. 1	, *	
	and labeled miscellaneous may not exceed	*	[*]]	٠, ١	••
	5% of total expenses shown on line 25 below.)	000 000		·	~
a	See Statement 4	983,339	981,615	1,724	
b	· · · · · · · · · · · · · · · · · · ·				
C		-			
đ					
е	. L				
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	11,742,218	11,052,218	496,882	193,118
26	Joint Costs. Check here if following				
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation				
DAA					Form 990 (2008)

_P	art X	K Balance Sheet					
		•			(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest bearing			159,465	1	386,019
	2	Savings and temporary cash investments			4 - 4 - 4 - 4	2	
	3	Pledges and grants receivable, net			151,354	3	228,848
	4	Accounts receivable, net			432,850	4	260,159
	5	Receivables from current and former officers, directors, tr					
		employees, or other related parties. Complete Part II of S	chedul	eL		5	
	6	Receivables from other disqualified persons (as defined to	under s	ection			
		4958(f)(1)) and persons described in section 4958(c)(3)(E	3). Com	plete			
		Part II of Schedule L				6	
ţ	7	Notes and loans receivable, net	•	·		7	
Assets	8	Inventories for sale or use	•••	, , ,	597,621	8	611,848
As	9	Prepaid expenses and deferred charges	•		1,389,353	9	1,650,289
-	10a	Land, buildings, and equipment: cost basis	10a	13,324,643	\$, ,	
	ь	Less. accumulated depreciation. Complete			14,7	\$,000	
		Part VI of Schedule D	105	7,227,171	6,569,456	10c	6,097,472
	11	Investments—publicly traded securities		· · · · · · · · · · · · · · · · · · ·	86,380,941	11	6,097,472 65,580,416
	12	Investments—other securities See Part IV, line 11		•		12	
	13	Investments—program-related See Part IV, line 11	•			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	•			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	· · · · · · · · · · · · · · · · · · ·		95,681,040	16	74,815,051
	17	Accounts payable and accrued expenses		·	2,212,454	17	2,082,932
	18	Grants payable	•			18	
	19	Deferred revenue	• • •			19	
Liabilities	20	Tax-exempt bond liabilities	•••	• • •		20	
	21	Escrow account liability Complete Part IV of Schedule D	•	•		21	
≅	22	Payables to current and former officers, directors, trustee		••••	P		-
ğΕ		employees, highest compensated employees, and disqua			* *	-	
Ë		persons Complete Part II of Schedule L			no with at the reserve to the second to the	22	· · · · · · · · · · · · · · · · · · ·
	23	Secured mortgages and notes payable to unrelated third	narties			23	
	24	Unsecured notes and loans payable	partico			24	
	25	Other liabilities Complete Part X of Schedule D	•	• • •	13,089,679	25	13,292,786
	26	Total liabilities. Add lines 17 through 25			15,302,133	26	15,375,718
တ္ဆ		Organizations that follow SFAS 117, check here ▶ 🗶	and				
nces		complete lines 27 through 29, and lines 33 and 34.	5 and		` "	`	
<u>a</u>	27	Unrestricted net assets			78,293,954	27	56,663,957
Ba	28	Temporarily restricted net assets			334,361	28	1,024,784
Net Assets or Fund Bala	29	Permanently restricted net assets	• •		1,750,592		1,750,592
בַּ		Organizations that do not follow SFAS 117, check here	ا ه	n ' h	,		
Ĕ		and complete lines 30 through 34.		J	4.	* 48	
S	30	Capital stock or trust principal, or current funds				30	TARREST MENTER TO B. A. C.
šě	31	Paid-in or capital surplus, or land, building, or equipment	fund		· · · · · · · · · · · · · · · · · · ·	31	
SS	32	Retained earnings, endowment, accumulated income, or		ınde		32	
*	33	Total net assets or fund balances	0410111		80,378,907	33	59,439,333
ž	34	Total liabilities and net assets/fund balances	•		95,681,040		74,815,051
P	art X		• • • •	<u></u>	20,002,020		
							Yes No
1	Acc	counting method used to prepare the Form 990.	ash	X Accrual Ot	her		
28		ere the organization's financial statements compiled or revi					2a X
b		ere the organization's financial statements audited by an in-					2b X
c		Yes" to lines 2a or 2b, does the organization have a comm			or oversight of		
		e audit, review, or compilation of its financial statements an					2c X
38		a result of a federal award, was the organization required				•	
		Single Audit Act and OMB Circular A-133?		<u> </u>			3a X
t		Yes, did the organization undergo the required audit or au	idits?	<u> </u>	· · · · · · · · · · · · · · · · · · ·	· ··	3b
	_						

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number Alumni Assoc of Univ of Michigan 23-7206591

Pa	irt I	<u> </u>	on for Public Charity	Status (All organizations	s must o	complet	e this	part.)	(see ii	nstruc	tions)		
The o	orga	nızatıon is not	a private foundation becaus	e it is: (Please check only one o	rganizatio	n.)								
1	Ш	A church, cor	nvention of churches, or ass	ociation of churches described in	n section	170(b)(1)	(A)(i).							
2	Ц	A school des	cribed in section 170(b)(1)(/	A)(II). (Attach Schedule E.)										
3	Ц	A hospital or	a cooperative hospital service	ce organization described in sec	tion 170(b)(1)(A)(ii	ii). (Attad	ch Sche	dule H.))				
4	Ш	A medical res	search organization operated	d in conjunction with a hospital d	described	in section	170(b)	(1)(A)(iii	i). Enter	the hos	spital's	name,		
	_	city, and state	e:								_			
5	X	An organizati	on operated for the benefit of	of a college or university owned	or operate	ed by a go	vernme	ntal unit	describ	ed in				
		section 170(b)(1)(A)(iv). (Complete Part	II.)										
6	Ц	A federal, sta	ite, or local government or g	overnmental unit described in se	ection 170	D(b)(1)(A)	(v).							
7	\sqcup	An organizati	on that normally receives a	substantial part of its support fro	m a gove	mmental	unit or fr	om the	general	public				
			section 170(b)(1)(A)(vi). (Co	·										
8	Ц			70(b)(1)(A)(vi). (Complete Part l										
9	Ш) more than 33 1/3 % of its supp							ss			
	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses													
								from bu	ısinesse	es				
	\Box			0, 1975. See section 509(a)(2).										
10	Н			exclusively to test for public safe						s)				
11	Ш			exclusively for the benefit of, to p										
				ed organizations described in se						ection				
				ne type of supporting organization			es 11e t							
_		a Type		c Type III-Functions			d		e III-Ot	her				
е	Ш			anization is not controlled directl										
			section 509(a)(2).	and other than one or more pub	oliciy supp	onea orga	anization	is descr	ibed in s	section				
f			, ,, ,	rmination from the IDS that it is	a Tima I '	Francii er	. T (II		·!					
			check this box	rmination from the IRS that it is	атурет,	i ype ii, or	i ype iii	suppor	ung					
g		-		on accepted any gift or contribu	ition from	onu of the					•	•		
9		following per		ion accepted any gift of contribu	10011 110111	any or un	;							
				ntrols, either alone or together v	with narea	ne deecrib	oed in (u	`					Yes	No
				f the supported organization?	viui peiso	iis uesciii	Jeu III (II	,				11g(i)	168	110
			member of a person describ				•					11g(ii)		
			ontrolled entity of a person of			• •				• • • • • • • • • • • • • • • • • • • •	• •	11g(iii	 	
h				ne organizations the organization	n sunnart		• • • • • • •	• • • • • •	• • • •		• • •	119(11)		
	Name	of supported			T	•			1 , 5					
(1)		anization	(ii) EIN	(iii) Type of organization (described on lines 1-9	1 ' '	organization sted in your		ou notify	(VI) organizat	is the		(vii) Am supp		
				above or IRC section		document?		of your		zed in the		9		
			1	(see instructions))	<u></u>	1		port?	+	S?				
	_				Yes	No	Yes	No	Yes	No				
					1				ŀ					
					 				<u> </u>					
												_		
							_							
					<u> </u>			-						
<u>Total</u>					1				l					

<u>Scne</u>	dule A (Form 990 or 990-EZ) 2008 A1U					-7206591	Page 2
Pa	Support Schedule for O	rganizations De	escribed in Se	ections 170(b)	(1)(A)(iv) and	170(b)(1)(A)(vi)	
500	(Complete only if you che tion A. Public Support	ecked the box o	n line 5, /, or	8 of Part I.)			
	endar year (or fiscal year beginning in)	43,0004			. n 1		
Cai	endar year (or itscar year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	3,726,078	3,264,109	3,589,174	4,176,943	4,382,210	19,138,514
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	_					
3	The value of services or facilities furnished by a governmental unit to the organization without charge	252,199	328,388	324,884	322,892	359,361	1,587,724
4	Total. Add lines 1-3	3,978,277	3,592,497	3,914,058	4,499,835	4,741,571	20,726,238
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	is the second se		*	* 'a we	, "	3,112,844
6	Public support. Subtract line 5 from line 4						17,613,394
	tion B. Total Support		L		<u></u>	I	17,613,394
	endar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	3,978,277	3,592,497	3,914,058	4,499,835	4,741,571	20,726,238
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,232,364	2,540,262	2,762,548	3,057,291	3,088,986	13,681,451
9	Net income from unrelated business activities, whether or not the business is regularly carried on	-60,832	-53,092	-59,497	-146,480	-257,007	-576,458
10 11	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10	880,070	827,957	809,404			2,517,431 36,348,662
12	Gross receipts from related activities, etc. (see instructions)	<u></u>	· · · · · · · · · · · · · · · · · · ·		12	8,378,423
13	First five years. If the Form 990 is for the		econd third fourt	or fifth tay year a	e a section 501(c)		0,570,425
	organization, check this box and stop here	. gameaton o mot, c	ooona, uma, roure	i, or mar any your a	13 4 3000011 30 1(0)	(0)	▶ □
Sec	tion C. Computation of Public Su	pport Percenta	age	<u> </u>	· · · · ·	· · · · · · · · · · · · · · · · · · ·	
14	Public support percentage for 2008 (line 6,			(ft)		14	48.4568 %
15	Public support percentage from 2007 Sche	dule A. Part IV-A. li	ne 26f			15	53.5765 %
16a	33 1/3 % support test—2008. If the organi	zation did not check	the box on line 13		1/3 % or more, ch		
	and stop here. The organization qualifies a						▶ 🗷
b	33 1/3 % support test—2007. If the organi			r 16a, and line 15	 is 33 1/3 % or mo:	 re. check this	
	box and stop here. The organization qualif					0, 000	▶□
17a	10%-facts-and-circumstances test—2008				or 16b. and line 14	1 is 10% or	
	more, and if the organization meets the "fa						
	organization meets the "facts-and-circumst						▶ 🛘
b	10%-facts-and-circumstances test—2007						· · · —
	more, and if the organization meets the "fa-						
	organization meets the "facts-and-circumst	ances" test. The ord	anization qualifies	as a publicly supp	orted organization	- 1	▶ 🗌
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see	nstructions	▶ 🗆

17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3 % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV	om 990 or 990-l				V OF MIC		23-7206591		Page 4
Part IV		ntal Information. (17a or 17b; or Pa							
Part I	I, Line	10 - Other 1	Income	Detail					
				٠	2 517			• • • • •	••
				······································	2,517,	#	• • • • • • •		
•									
Supple	emental I	nformation							
Other	Fundrais	ing events							
							•••••		
						•			
							• • • • • •		
		•••			• • •				
		•							
			-						
		•••	•					• • •	
									••
,								• • •	•
•									

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization Employer identification number Alumni Assoc of Univ of Michigan 23-7206591 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year 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? No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990. Part IV. line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _ _ _ Number of states where property subject to conservation easement is located

_ _ _ _ _ Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year > \$ 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)? In Part XIV, 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" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 **b** Assets included in Form 990, Part X

		soc of Univ o			<u>23-72</u>		Page 2
	rt III Organizations Maintaining						sets (continued)
3	Using the organization's accession and other items (check all that apply):	records, check any of the	following that are a s	ignificant	use of its co	ollection	
а	Public exhibition	d 🗌 Loan e	or exchange program	ns			
ь	Scholarly research	e Other	or oxonango program				
c	Preservation for future generations	e 🗀 Ouler		. — —			_
4	Provide a description of the organization's co Part XIV	llections and explain how t	ney further the organ	nization's e	exempt purp	oose in	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	receive donations of art, h	istorical treasures, o	r other sin	nilar		Yes No
Pa	rt IV Trust, Escrow and Custod				answere	ed "Yes" to	
	Part IV, line 9, or reported				. a		
1a	Is the organization an agent, trustee, custodia						
	included on Form 990, Part X?	in or other intermediaty for	COMMIDMINIS OF OTHE	ei asseis i	IOL		Yes No
h	If "Yes," explain the arrangement in Part XIV	and complete the following	Andrea			• • • • • • • •	☐ res ☐ No
	ii res, explain the analigement in Fall XIV a	and complete the following	table:				Amount
_	Demonstructures						Amount
С	Beginning balance					1c	
d	Additions during the year					1d	
е	Distributions during the year .					1e	
f	Ending balance				_	. 1f	
2a	Did the organization include an amount on Fo	orm 990, Part X, line 21?					Yes No
b	If "Yes," explain the arrangement in Part XIV	•					
Pa	rt V Endowment Funds. Comp	lete if organization a	nswered "Yes" t	o Form	990. Par	t IV. line 1	0.
		(a) Current year	(b) Prior year		years back	(d) Three years	
1a	Beginning of year balance	80,604,478		C. 23. 25. 25		Garage S.	第三章 · 大 · · · · · · · · · · · · · · · · ·
b	Contributions	1,325,535	**************************************	3 3 3			
_	Investment earnings or losses	-20,853,020				EDE VINS N	" A-65" "
٦		-20,033,020		2 30 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0 0 10 13 14	# # # # # # # # # # # # # # # # # # #
u	Grants or scholarships		3 444	* · · · · · · · · · · · · · · · · · · ·		6% 4 6 9	
е	Other expenditures for facilities			/ % ·			
_	and programs		* ****	, % ¼ .°		23 ; 18 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,	
f	Administrative expenses .		****	<u> </u>		No or Nation and	
g	End of year balance	59,995,924	***	4 . 2 . 3		*/ 1923	
2	Provide the estimated percentage of the year	end balance held as:					
а	Board designated or quasi-endowment _	_ <u>8</u> 9 <u>.</u> 5 <u>4</u> %					
b	Permanent endowment ▶ _ 10.46%						
C	Term endowment ▶ %						
За	Are there endowment funds not in the posses	sion of the organization the	at are held and admi	nistered fo	or the		
	organization by:				- -		Yes No
	(i) unrelated organizations						3a(i) X
	(ii) related organizations	•		•	• • • • • • • • • • • • • • • • • • • •		3a(ii) X
b	If "Yes" to 3a(II), are the related organizations	listed as required an Saha	dulo D2		• • • •		3b X
4	Describe in Part XIV the intended uses of the				• • • • • • • • • • • • • • • • • • • •	•	30 22
	irt VI Investments—Land, Build			O Dort	V line 10	·····	
. a	Description of investment						(d) Deals welve
	bescription of investment	(a) Cost or other basis	(b) Cost or oth	1	(c) Dep	reciation	(d) Book value
	l and	(investment)	basis (other)		4.	3 7 A 80 MAR A - A	246 540
	Land		316	<u>,742</u>	the v		316,742
	Buildings						
C	Leasehold improvements						
d	Equipment						
е	Other		13,007	,901	7,2	227,171	5,780,730
Total	. Add lines 1a-1e (Column (d) should equal F	orm 990. Part X. column (F				•	6,097,472

Schedule D (Form 990) 2008 ATUMIT ABSOC C			<u> </u>	Page 3
Part VII Investments—Other Securities. S	ee Form 990,	Part X, line 12.		
(a) Description of security or category		(b) Book value	(c) Method o	fvaluation
(including name of security)			Cost or end-of-yea	ar market value
Financial derivatives and other financial products				
Closely-held equity interests	·			
• • • • • •	··· · }			
Other				
	L			
	h		T-11-7	
Total. (Column (b) should equal Form 990, Part X, col. (B) lin	e 12.)			
Part VIII Investments—Program Related. S	See Form 990	. Part X. line 13.		
(a) Description of investment type		(b) Book value	(c) Method o	f valuation:
(=) Doosipson of involution type		(b) Dook value	Cost or end-of-year	
		· · ·	Cost of end-of-yea	THE
		-,,,		
				
		····		
Total. (Column (b) should equal Form 990, Part X, col. (B) lin	e 13.)			
Part IX Other Assets. See Form 990, Part	Y line 15		· · · · · · · · · · · · · · · · · · ·	
				(h) Book value
	a) Description	······- <u>·</u>		(b) Book value
	···			
				•
				
				<u>.</u>
Total. (Column (b) should equal Form 990, Part X, col. (B) lin	e 15.)			
Part X Other Liabilities. See Form 990, F	Part X line 25			1.00
(a) Description of liability	1		***	.>
		' (b) Amount	10 mm	
Federal income taxes			~ ~ *****	,
See Statement 6		13,292,786	~	
				₩
				* ,
		40 000		
Total. (Column (b) should equal Form 990, Part X, col. (B) lin	ie 25.)	13,292,786		
In Part XIV, provide the text of the footnote to the organization	n's financial staten	nents that reports the orga	nization's liability for	
uncertain tax positions under FIN 48		-	•	

	edule D (Form 990) 2008 Alumni Assoc of Univ of Michigan 23-720659	1	Page 4
Pa	art XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	12,296,199
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,742,218
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	553,981
4	Net unrealized gains (losses) on investments	4	-21,493,555
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	-21,493,555
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-20,939,574
P	art XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements	1	-9,197,356
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	1 1	
а	Net unrealized gains on investments 2a -21,493,555]	
b	Donated services and use of facilities 2b) 1	
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIV)]	
е	Add lines 2a through 2d	2e	-21,493,555
3	Subtract line 2e from line 1	3	12,296,199
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а			
ь		1	
С	Add lines 4a and 4b	4c	
_ 5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12)	5	12,296,199
Pa	art XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retur	
1	Total expenses and losses per audited financial statements	1	11,742,218
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b]	
С	Losses reported on Form 990, Part IX, line 25]	
đ		1 1	
	Other (Describe in Part XIV)	1	
е	Other (Describe in Part XIV) [2d] Add lines 2a through 2d	2e	
е 3	· · · · · · · · · · · · · · · · · · ·	2e 3	11,742,218
e 3 4	Add lines 2a through 2d		11,742,218
e 3 4 a	Add lines 2a through 2d Subtract line 2e from line 1		11,742,218
e 3 4 a b	Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV)		11,742,218
4 a b	Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4e and 4b		
4 a b c	Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV)	3	11,742,218
4 a b c	Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b	3 4c	
4 a b c 5 Pa	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) art XIV Supplemental Information inplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b	3 4c	
4 a b c 5 Pa	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) art XIV Supplemental Information Inplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b 2b; Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	3 4c	
4 a b c 5 Pa	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) art XIV Supplemental Information inplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b	3 4c	
4 a b c 5 Pa	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) art XIV Supplemental Information inplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b 2b; Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Part V, Line 4 - Intended Uses for Endowment Funds	4c 5	11,742,218
4 a b c 5 Pa	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) art XIV Supplemental Information Inplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b 2b; Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Part V, Line 4 - Intended Uses for Endowment Funds To support the activities of the Alumni Association and its	4c 5	11,742,218
4 a b c 5 Pa	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) art XIV Supplemental Information inplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b 2b; Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Part V, Line 4 - Intended Uses for Endowment Funds	4c 5	11,742,218
4 a b c 5 Pa	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) art XIV Supplemental Information Inplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b 2b; Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Part V, Line 4 - Intended Uses for Endowment Funds To support the activities of the Alumni Association and its	4c 5	11,742,218
4 a b c 5 Pa	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) art XIV Supplemental Information Inplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b 2b; Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Part V, Line 4 - Intended Uses for Endowment Funds To support the activities of the Alumni Association and its	4c 5	11,742,218
4 a b c 5 Pa	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) art XIV Supplemental Information Inplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b 2b; Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Part V, Line 4 - Intended Uses for Endowment Funds To support the activities of the Alumni Association and its	4c 5	11,742,218
4 a b c 5 Pa	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) art XIV Supplemental Information Inplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b 2b; Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Part V, Line 4 - Intended Uses for Endowment Funds To support the activities of the Alumni Association and its	4c 5	11,742,218
4 a b c 5 Pa	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) art XIV Supplemental Information Inplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b 2b; Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Part V, Line 4 - Intended Uses for Endowment Funds To support the activities of the Alumni Association and its	4c 5	11,742,218

Schedule D (Fo	orm 990) 2008	Alumni	Assoc of ation (continued)	Univ	of Michig	gan	23-7206591	Page 5
Part XIV	Suppleme	ental Informa	ation (continued)					
- - -								
			-					
	_ _							
								. _
								.
								. -
- 								
			- 					
								
	-							
		-						

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Open To Public

Name of the organization

Employer Identification number

Alumni Assoc of Un	iv of Mic	hig	an		23-72065	91
Part I Fundraising Activities. Complete	if the organizat	ion a	nswe	ered "Yes" to Forr	n 990, Part IV, lir	ne 17.
1 Indicate whether the organization raised funds through	any of the following	activi	ies. C	heck all that apply.		
a Mail solicitations	e Solicitation	of nor	n-gove	ernment grants		
b Email solicitations	f Solicitation	of gov	/emm	ent grants		
c Phone solicitations	g Special fun					
d In-person solicitations	3 —		.5			
2a Did the organization have a written or oral agreement w or key employees listed in Form 990, Part VII) or entity	vith any individual (in	ncludir rofess	ng offi	cers, directors, trustees	5	Yes No
b If "Yes," list the ten highest paid individuals or entities (f to be compensated at least \$5,000 by the organization	undraisers) pursuai	nt to a	areem	ents under which the f	undraiser is able.	
(i) Name of individual or entity (fundraiser)	(ii) Activity	custo	have dy or	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
	ļ			··		
				-43		
		<u> </u>				
		 				
Total						
List all states in which the organization is registered or I registration or licensing	censed to solicit fu	nds or	has b	een notified it is exemp	ot from	
		•	• • •			
	••••		••••			•
			•			
	•	•				••••
to the second of						

-		e G (Form 990 or 990-EZ)	_	Alumni Ass									age 2
P	art l			s. Complete if the org								porte	ed
-		more than \$15		on Form 990-EZ, line (a) Event #1 e Schedule 2 (event type)		(b) Even OPTVII:	t #2 I1c		(c) Other Events One (total number)	(4	d) Total did col. (a	a) throu	gh
Revenue	1	Gross receipts		348,513	3		674,371				1,0	22,	884
	3	Less: Charitable contributions Gross revenue (line 1			-	 .	674,371				6	74,	371
		minus line 2)		348,513	3				 		3	48,	513
	4	Cash prizes											
enses	5	Non-cash prizes			+								
Direct Expenses	6	Rent/facility costs											
ä	7	Other direct expenses			Щ.								
	8	Net income summary Co	ombine	ines 4 through 7 in column lines 3 and 8 in column (d)	<u>.</u>				(48,	513
P	art l			if the organization ar rm 990-EZ, line 6a.	nswe	red "Yes" to	Form 990,	Pa	rt IV, line 19, or re	ported	more)	
Revenue				(a) Bingo		(b) Pull tabs/ bingo/progress			(c) Other gaming		otal gan		
<u>_</u>	1	Gross revenue		<u> </u>	<u> </u>								
uses	2	Cash prizes			-					-			
Direct Expenses	3	Non-cash prizes .	<u> </u>										
Dire	4	Rent/facility costs			-								
	5	Other direct expenses		Yes 0/	-	Τ	-			2	- ;		
	6	Volunteer labor	Н	Yes %		Yes No	%	Н	Yes % No	*			
	7	Direct expense summary	Add li	ines 2 through 5 in column	(d)	•••			•	<u> </u>			
	8	Net gaming income sumi	mary. C	Combine lines 1 and 7 in co	lumn (d) <u>.</u>			<u> </u>			 -	
9 a				nization operates gaming a ate gaming activities in eac							9a	Yes	No
b		No," Explain.	. .	and garming activities in cac		oo omico:	• •			•	<u> </u>		
10a b		ere any of the organization Yes," Explain.	's gam	ing licenses revoked, susp	 ended	 or terminated	during the tax ye	ear?			10a		-
		•											
11				ng activities with nonmemb				•			11		
12		me organization a grantor, med to administer charitat		clary or trustee of a trust or ling?	a men	nber of a partn	ership or other	entit	y 		12		

Sche	dule G (Form 990 or 990-EZ) 2008 Alumni Assoc of Univ of Michigan 23-720659	1	P	age 3
			Yes	No
13	Indicate the percentage of gaming activity operated in:	1		
а	The organization's facility 13a %	1 1	I	
b	An outside facility 13b %		į	ĺ
14	Provide the name and address of the person who prepares the organization's gaming/special events books			,
	and records:			
	Name ▶			,
	Address ▶			<u>'</u>
15a	Does the organization have a contract with a third party from whom the organization receives gaming			
	revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		,	
	amount of gaming revenue retained by the third party ▶ \$	1 1		1
С	If "Yes," enter name and address:			i
	Name ▶			
	Address ▶			i
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶		many .	
	Director/officer	^ 1		1
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			'
	retain the state gaming license?	17a_		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		23/2	
	in the organization's own exempt activities during the tax year > \$		}	1

Schedule G (Form 990 or 990-EZ) 2008

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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

2008

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

► Attach to Form 990.

Open to Public Inspection

Alumni Assoc of Univ of Michigan	iv of Mich	igan			23-72	23-7206591		
Part I General Information on Grants and Assistance	d 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? 2 Describe in Both IV the organization's procedures for monitoring the use of grant funds in the United States.	the amount of the grance?	ants or ass	sistance, the grantees' e	eligibility for the grants (or assistance, and		X Yes	§ □
<u> </u>	iovernments an recipient that reconstitutional s	d Organ ceived n	Identified in the Onice Carees of the Original States. Complete if the organization answered "Yes" on oceived more than \$5,000. Check this box if no one recipient received more than \$5,000 space is needed	nited States. Corr Check this box if	plete if the org no one recipie	lanization answint received mor	ered "Yes" on e than \$5,000. Use	LE
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if apolicable	(d) Amount of cash grant	(d) Amount of cash grant (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of	(h) Purpose of grant or assistance	
	organizations				-			
3 Enter total number of other organizations								
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	the Instructions for	Form 990.					Schedule I (Form 990) 2008	30) 2008

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

OMB No 1545-0047

Employer identification number

Δ¥

Scholarships 39 704,932 1 Part IV. Supplemental Information. Complete this part to provide the information required in Part I, line 2. Procedures for Monitoring the Use of Grant Funds are transferred to the student's University of Michigan account are applied against tuition and fees.	tts cash grant part to provide the inform nitoring the Use	ant non-cash assistance 704,932 704,932 Information required in Part I, Use of Grant Funds Ity of Michigan acc	932 PV 4 Years 932 PV 4 Years art I, line 2, and any other additional information. account and	ional information.
Scholarships Sari IV Supplemental Information. Complete this part I, Line 2 - Procedures for Mos Funds are transferred to the studenter applied against tuition and fee	part to provide the info	mation required in Part I,		ional information.
H B G	part to provide the info	rmation required in Part I,		ional information.
i m of	part to provide the info	rmation required in Part I,		ional information.
H B GG	part to provide the info	rmation required in Part I, se of Grant Funds		ional information.
H H B dd	part to provide the info	rmation required in Part I, se of Grant Funds		ional information.
H B GG	part to provide the infonitoring the U	rmation required in Part I, se of Grant Funds		ional information.
H B Q	part to provide the info mitoring the U	rmation required in Part I, se of Grant Funds		ional information.
H B C	part to provide the information of the provide the Unitersity	rmation required in Part I, se of Grant Funds		ional information.
H B CT	part to provide the information of the provide the pro	rmation required in Part I, se of Grant Funds 7 of Michigan acc		ional information.
art I, Line 2 - Procedures for Mor unds are transferred to the studer re applied against tuition and fee	ring the Universi	e of Grant Fu of Michigan	ount	
unds are transferred to the studer re applied against tuition and fee	g. Þ	of Michigan		
re applied against tuition and fee				
	: : : :			:
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			:	:
	:	:	:	:
			: : : : : : : : : : : : : : : : : : : :	
				:

SCHEDULE J (Form 990)

Part I

Department of the Treasury Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

Alumni Assoc of Univ of Michigan

Employer Identification number 23-7206591

Pa	rt 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 in Form	/		,
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
		يذء	, ,	
	First-class or charter travel Housing allowance or residence for personal use	74.	1800 A	, ,
	Travel for companions Payments for business use of personal residence	*	~ 4	4
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	* *	d'y	*
	Discretionary spending account Personal services (e g , maid, chauffeur, chef)	(«» ·»	,
		nertige		* *
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or	ĵ.		, ,
	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	1		
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		L
		<i></i>		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the	W	**	
	organization's CEO/Executive Director. Check all that apply.	22	3 W	*
	Compensation committee Written employment contract	* * * * * * * * * * * * * * * * * * *	, X *	
	Independent compensation consultant Compensation survey or study	6 A	* * *	40 °40.
	Form 990 of other organizations Approval by the board or compensation committee			2. 28.º
		, v	×	, i
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:	**	~	* 3.
а	Receive a severance payment or change of control payment?	4a		X
b		4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c_		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	0% 150	** **** &*	25.00
		, 4	6 29.54 5. 5.00	** (
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5–8.	\$50 L	2 1300 285 Y 2	**
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	7 2010-4	***	-250 8 1
	compensation contingent on the revenues of.			3
а	The organization?	5a		x
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.	*,* *}~		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	*	,	
	compensation contingent on the net earnings of:	***	2	*
а		6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III	2	*,	
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			Ī.,
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7_	\mathbb{L}_{-}	X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was			
	subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe		ļ	
	in Dod III	١.	Ī	v

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

Schedule J (Form 990) 2008

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23-7206591 Schedule J (Form 990) 2008 Alumni Assoc of Univ of Michigan Part II Officers, Directors, Trustees. Key Employees. and Highest C.

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

· Page 2

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	-	(B) Breakdown	of W-2 and/or 1099-MiSC compensation	compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	<u> </u>		(ii) Bonus & incentive compensation	(III) Other reportable compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Steve C. Grafton	€ €	281,325		O.O	0	45,363	326, 688	
Gerald J. Sigler	. ≘ ≘	179,328	0.0	0	0	34,585	213,91	0 0
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	€ €		:					
	€ €				•	•••••	• • • • • • • • • • • • • • • • • • • •	
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							alinbadas	Schodule J (Form 990) 2008

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SCHEDULE O

Supplemental Information to Form 990

200

(Form 990)

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008 Open to Public Inspection

OMB No 1545-0047

Name of the organization

Alumni Assoc of Univ of Michigan Employer identification number 23-7206591

Form 990, Part VI, L	ine 2 - Related Party Information Among Officers
Gerald J. Sigler	Janice Sigler
Sr VP & CFO	VP Technolog
Family Relationship	
Form 990, Part VI, L	ine 9b - Policies and Procedures Governing Chapters
Yes	
Form 990, Part VI, L	ine 10 - Organization's Process Used to Review Form 990
The return preparer	emails a copy of the final version of Form 990 to each
board member before	it is filed. A review of the Form 990 is conducted
by the Senior VP and	CFO at the Spring board meeting. The Senior VP and CFO
responsed to any que	stions from the board regarding the Form 990.
Form 990, Part VI, L	ine 12c - Enforcement of Conflicts Policy
A.Each Director will	review the Policy and will be asked to disclose any
personal Business Re	lationship or Financial or Other Interest, or that of a
Related Individual,	that the Director knows could reasonably give rise to
an actual or potenti	al conflict of interest with the Alumni Association.
Each Director shall	acknowledge annually, by affixing his or her signature
to the attached Cert	ificate of Compliance, that he or she is acting in
accordance with the	letter and spirit of this Policy and has made all
disclosures required	under the terms of the Policy.

B. Notwithstanding A., each Director shall promptly disclose to the Chair of

Alumni Assoc of Univ of Michigan

Employer identification number 23-7206591

the Board ("Chair") any actual or potential conflict of which the Director becomes aware and which may arise between completions of a Certificate of Compliance from year to year. At such time, the Director shall complete an updated Certificate of Compliance and submit it.

C.At least once annually, the Chair and his or her fellow officers

(collectively hereinafter, the "Officer(s)") of the Board will review all

conflict disclosures with the President and Counsel, in order to ascertain

the present and future effects of the disclosed conflicts. Per III.D, the

Officers shall affirmatively act upon actual conflicts that are generated

by pending or imminent contracts or other business transactions

(collectively, "Transactions") with the Alumni Association. The Officers

shall act on all other disclosed conflicts as they deem necessary and

appropriate. Additionally, they will consider if any or all such

disclosures should be referred to the Board, in Executive Session, for

further review and action. The Officers shall keep minutes of their review

of the conflicts and make those minutes available at the Alumni Association

for review, but not copying or removal, by other Directors.

D. Procedures For Addressing Conflicts of Interest In Pending Transactions.

1.If the Alumni Association is considering a pending or imminent
Transaction that involves a conflict of interest disclosed by a Director,
the Officers shall work with the President and Counsel to investigate
alternatives to the Transaction. They shall review appropriate comparable
data and determine whether a more advantageous Transaction can be obtained

Alumni Assoc of Univ of Michigan

Employer identification number

23-7206591

with reasonable efforts by the Alumni Association.
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If the Transaction in question arises from a conflict with any Officer,
that Officer shall recuse him or herself; the most senior Officer remaining
shall appoint a disinterested Director to replace the recused Officer in
considering alternative Transactions.
2.If it is determined that a more advantageous Transaction cannot be
obtained with reasonable efforts by the Alumni Association, then the
Officers shall determine , with the approval of a majority of
disinterested Directors in Executive Session,
-a. whether the Transaction is in the Alumni Association's best interest
and for its own benefit,
-b. whether the Transaction is fair and reasonable to the Alumni
Association, and
· · · · · · · · · · · · · · · · · · ·
-c. whether to enter into the Transaction in conformity with such
determination in a. and b. above.

3. The Officers shall keep minutes of their meeting. The minutes shall reflect the discussion of the conflict and Transaction, the nature of data reviewed, the record of votes taken, and any action the Officers agree to take on the conflict and Transaction. The Officers shall make those

Alumni Assoc of Univ of Michigan

Employer identification number 23-7206591

minutes available at the Alumni Association for review, but not copying or removal, by other Directors.

E.If two or more disinterested Directors disagree with the Officers' action taken on a particular conflict, they may request that the Board meet in Executive Session to review and reconsider the Officers' action and may request a vote to reverse the Officers' action. Reversal shall require the approval of a majority of disinterested Directors in Executive Session.

F.Any Director who has or may have a conflict of interest shall not participate or use any personal influence in the discussion of the matter involving the conflict and shall not make any recommendations regarding the matter. The Director shall formally recuse him or herself for the record and shall not be present when the matter is discussed and voted on.

G.Any Director, who is uncertain whether he or she has a conflict of interest or who desires assistance in interpreting this Policy, may seek advice from the Chair. If any Director perceives the existence of a potential or actual conflict of interest involving another Director, he or she shall immediately notify the Chair. If it is the Chair whom a Director suspects of a conflict of interest, that Director shall notify the next ranking Officer.

H.If, for purposes of subparagraph G, it is the Chair who is uncertain whether he or she has a potential conflict of interest, then he or she may seek advice from the other Officers.

Alumni Assoc of Univ of Michigan

Employer identification number 23-7206591

I.All candidates for membership on the Board shall be advised of and
acknowledge this Policy prior to the commencement of their service on the
Board.
B.Disclosing, Evaluating, and Managing Potential Conflicts of Interest and
Conflicts of Commitment
1. Identify and disclose potential conflicts of interest and conflicts of
commitment
Whenever a potential conflict of interest or conflict of commitment exists
for a staff member, he or she must promptly disclose it using the following
guidelines:
a. The staff member must evaluate his/her conflict using the criteria below.
1. Work for Pay: Disclose the nature of the work and time commitment; do not
need to disclose the specific employer unless it is a university unit or an
AAUM business partner/vendor.
2. Volunteering: Need to disclose only if it is for a university unit or for
a AAUM business partner/vendor

for pay, are volunteering or are facing some significant situation in your

personal life. The expectation is you will disclose this if/when it might

b. The staff member must discuss the conflict and his/her evaluation of it

c.If it is determined that a conflict of interest or a conflict of

commitment may exist, the conflict must be disclosed in writing to the

impact your availability for work or your performance.

to his/her supervisor or the Human Resources Manager

Alumni Assoc of Univ of Michigan

Employer identification number 23-7206591

President and CEO of the Alumni Association (in the case of a potential conflict involving the President/CEO, he/she must disclose it, in writing, to the Chair of the Board of Directors of the Alumni Association). If it is determined that a conflict does not exist, no further disclosure is necessary, however the staff member should periodically re-evaluate as circumstances and relationships evolve.

2. Evaluating disclosures of potential conflicts of interest or conflicts of commitment

.......

The President/CEO shall evaluate all disclosed potential conflicts of interest or conflicts of commitment. The President/CEO may require the staff member to provide additional information or documentation that may be relevant to evaluating the potential conflict of interest or conflict of commitment.

As needed, the President/CEO will consult with the Chair of the Board of Directors of the Alumni Association and/or legal counsel.

3. Developing plans to manage potential conflicts of interest and conflicts of commitment

When the President/CEO has determined that a potential conflict of interest or conflict of commitment exists that must be managed or eliminated, he or she must develop, in consultation with the employee, a recommended plan for managing the potential conflict. The President/CEO will then provide the plan to the employee's supervisor, who has authority for approving it. The

Name of the organization Employer identification number Alumni Assoc of Univ of Michigan 23-7206591 supervisor will provide the employee with a copy of the approved conflict management plan and will discuss any related ambiguities or issues that arise. Adherence to the plan will be monitored by the employee's supervisor. Form 990, Part VI, Line 15a - Compensation Process for Top Official EXECUTIVE's compensation shall be reviewed annually and may be subject to increase effective September 1 of each year after consideration by, and approval of, AAUM's Board of Directors.

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Assistant: Sandy Waida

sandy@lacks.com

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AAUM Board of Directors 2009-10

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Assistant: Laura Gauntner

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Assistant email:

aura_gauntner@mckinsey.com

FOR THE YEAR ENDED JUNE 30, 2009

LIST OF STATEMENTS ATTACHED

Statement 1	Part VIII, Line 1 (f) – All Other Contributions
Statement 2	Part VIII, Line 8 (a) - (c) - Fundraising Events
Statement 3	Part I, Line 22 - Other Changes in Fund Balance
Statement 4	Part IX, Line 24 - Other Expenses
Statement 5	Part VIII, Line 2 - Analysis of Income Producing Activities
Statement 6	Part X - Balance Sheet Detail
Statement 7	Part IV - Note Regarding Deferred Charges and Deferred Revenue
Statement 8	Schedule A, Part II, Section A Line 3 - Services Received from a Governmental Unit
Statement 9	Part III, Organization's Primary Exempt Purpose
Statement 10	Part III (A-D), Statement of Program Service Accomplishments

FOR THE YEAR ENDED JUNE 30, 2009

PART VIII, LINE 1 (f) ALL OTHER CONTRIBUTIONS

Andrea Joyce Kuslits	\$ 5,000
Estate of Ernst G. Siefert	6,486
Bruce V. and Diane Mendley Rauner	15,000
Charles Newman	10,000
David and Joan Evans	9,187
Myron M. and Joyce LaBan	41,626
Bart J. Naughton III	5,000
Jon B. Michelon	10,000
Verne G. and Judith A. Istock Foundation	501,000
Vandervoort Family Fund	<u>5,000</u>
Total Contributions \$5,000 and over	608,299
University of Michigan	<u>374,884</u>
	\$ 983,183

FOR THE YEAR ENDED JUNE 30, 2009

PART VIII, LINES 8 (a) - (c) FUNDRAISING EVENTS

Gross Income

Sale of University of Michigan items

<u>\$ 348,513</u>

FOR THE YEAR ENDED JUNE 30, 2009

PART I, LINE 22 OTHER CHANGES IN FUND BALANCE

The other changes in fund balance consists of the following:

Funds received during the fiscal year for life memberships in The Alumni Association of The University of Michigan

\$ 640,535

Funds received during the fiscal year for Alumni gifts and Bequests to The Alumni Association of The University of Michigan

Unrealized loss on investments recorded at market value

(21,493,555)

\$(20,853,020)

FOR THE YEAR ENDED JUNE 30, 2009

PART IX, LINE 24 OTHER EXPENSES

	<u>Total</u>	Program Services	Management and General	Fundraising
Scholarship	1,724		1,724	_
Bowl Tour	396	396	-	_
Utilities	435,747	435,747	-	-
Property Taxes	180,353	180,353	_	-
Rental of Horses	39,761	39,761	_	_
Miscellaneous	325,358	325,358	-	
TOTAL	<u>\$ 983,339</u>	<u>\$ 981,615</u>	<u>\$ 1,724</u>	<u>\$ 0</u>

FOR THE YEAR ENDED JUNE 30, 2009

PART VIII, LINE 2 ANALYSIS OF INCOME PRODUCING ACTIVITIES

	Unrelated <u>Income</u>	Related Income
"Michigan Alumnus" Advertising	\$ 145,470	-
Program Fees	-	\$ 116,544
Alumni Travel Program	248,972	-
Insurance Surplus Refund	-	-
Program Sponsorship		72,300
No Bowl Tour	-	-
Credit Card Program	-	891,160
Horseback Riding Rentals	-	31,886
Michigania	-	2,827,708
Miscellaneous Alumni Programs		138,395
TOTAL	\$394,442	\$4,077,993
Memo - Part VIII Line 2 Program Service Rever	nue	
Unrelated	\$ 248,972	
Exempt	145,470	
Related	4,077,993	
	\$4,472,435	

FOR THE YEAR ENDED JUNE 30, 2009

PART X BALANCE SHEET DETAIL

		June 30, 2009
INVESTMENTS - SECURITIES, LINE 11 Equity in investment funds of The University of Michigan Total Investments - Securities		\$65,580,416 \$65,580,416
LAND, BUILDINGS, AND EQUIPMENT, LINE 10 a-b		
Michigania Property Equipment and office fixtures Less: Accumulated Depreciation	Total	8,868,093 <u>4,456,550</u> \$ 13,324,643 <u>(7,227,171)</u>
OTHER LIABILITIES, LINE 25	Net	<u>\$ 6,097,472</u>
Unearned memberships Deferred revenue Deferred revenue - Michigania see Statement 7 Class and other deposits		\$ 2,233,000 8,269,079 2,571,961 218,746 \$ 13,292,786

FOR THE YEAR ENDED JUNE 30, 2009

PART IV NOTE REGARDING DEFERRED CHARGES AND DEFERRED REVENUE

The fiscal year of the Michigania Fund is from November 1, 2008 to October 31, 2009. Since the Alumni Association fiscal year ends on June 30, all expenditures related to the current Michigania season (i.e., incurred during the period from November 1, 2008 to June 30, 2009) are deferred until the Michigania fiscal year is completed. These payments are expensed in the following fiscal year. Deferred revenue also relates to the difference in fiscal years. All Michigania program fees received for the current fiscal year are deferred until the fiscal year is completed and are recognized as income in the following fiscal year of The Alumni Association.

FOR THE YEAR ENDED JUNE 30, 2009

SCHEDULE A, PART II, SECTION A, LINE 3 SERVICES RECEIVED FROM A GOVERNMENTAL UNIT

In consideration of a donation of funds for the construction of a facility, The University of Michigan has agreed to permit the Organization to occupy a portion of the facility on a rent-free basis and the University has also agreed to provide standard utilities without charge to the Organization.

		Years be	ginning July	1,		
	<u>2008</u>	<u>2007</u>	2006	2005	_2004	<u>Total</u>
Rent Utilities	\$255,753 103,608	\$231,022 91,870	\$221,647 	\$206,083 _122,305	\$172,587 _79,612	\$1,087,092 500,632
Total	<u>\$359,361</u>	<u>\$322,892</u>	<u>\$324,884</u>	<u>\$328,388</u>	<u>\$252,199</u>	<u>\$1,587,724</u>

FOR THE YEAR ENDED JUNE 30, 2009

PART III

ORGANIZATION'S PRIMARY EXEMPT PURPOSE

The Alumni Association of the University of Michigan is an independent, worldwide organization that nurtures lifelong relationships with and among current and future Michigan alumni. As a committed partner of the University, the Association offers programs of relevance and service to alumni and creates support for the University. Underlying all that we do is the belief in the value of education to the well being of society, a commitment to integrity, diversity, and service.

FOR THE YEAR ENDED JUNE 30, 2009

PART III

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS (4A-D)

	Expense	Revenue
Coordination of a nationwide network of alumni volunteers who support the university by recruiting academically gifted students and raising funds for student scholarships.	\$ 2,150,695	\$ 992,554
Publications and electronic newsletters to keep alumni informed about current activities at U-M and highlighting the fundraising and other priorities of the University.	1,772,764	217,770
Membership benefits and services, including coordination and sponsorship of programming to enrich the lives of U-M alumni and students, including career networking and job search assistance, online networking, reunions and special events.	3,666,704	7,019,515
Programs that offer alumni (and their families) unique opportunities for alumni interchange and intellectual stimulation through seminars with U-M faculty in educational and social settings.	3,462,055	4,165,227
Total	\$11,052,218	\$12,296,199

Form **8868**

(Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

• If y	you are	filing for an Automatic 3-Month Extension, complete only Part I and check this box filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 d	of this form).	
Do n Par		Diete Part II unless you have already been granted an automatic 3-month extension on a part of the Automatic 3-Month Extension of Time. Only submit original (no copies nee		ed Form 886	8.
A co		in required to file Form 990-T and requesting an automatic 6-month extension—check	this box ar		· ▶ □
		porations (including 1120-C filers), partnerships, REMICs, and trusts must use Form income tax returns.	7004 to req	uest an exte	nsion of
one elect retur	of the r ronically ns, or a	Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month au eturns noted below (6 months for a corporation required to file Form 990-T). Hower if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms composite or consolidated Form 990-T. Instead, you must submit the fully completed and composite or the electronic filing of this form, visit www.irs.gov/efile and click on e-file to	ver, you ca s 990-BL, 6 d signed pa	nnot file For 069, or 8870 ge 2 (Part II)	rm 8868 0, group of Form
Туре		Name of Exempt Organization	Employer i	dentification	number
print		Alumni Association of The University of Michigan	23	720659)1
filing y	ate for our	Number, street, and room or suite no If a P.O. box, see instructions. 200 Fletcher Street			
return		City, town or post office, state, and ZIP code. For a foreign address, see instructions. Ann Arbor, Michigan 48109-1007			
		of return to be filed (file a separate application for each return):			
_	orm 990			Form 4720	
	orm 990	= 101111 000 1 (0001 101(a) 01 100(a) 1100()		Form 5227	
□ F	orm 99			Form 6069	
□F	orm 99	0-PF		Form 8870	
Tel • If t • If t	lephone the orga this is fo he whole	No. ► (734) 763-5055 FAX No. ► (734) 763 Inization does not have an office or place of business in the United States, check this or a Group Return, enter the organization's four digit Group Exemption Number (GEN). The group, check this box ► □ . If it is for part of the group, check this box . e names and EINs of all members the extension will cover.		If this	► □ s is ch
1	I requuntil for the	est an automatic 3-month (6 months for a corporation required to file For February 15 , 20.09 , to file the exempt organization return for the organization organization's return for: calendar year 20or tax year beginning July 1 , 20.08 , and ending J	named abo	extension ve. The exte	ension is
2	If this t	ax year is for less than 12 months, check reason: Initial return Final return [☐ Change	n accountin	g period
3a		application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax y nonrefundable credits. See instructions.	c, 3a	\$	0
b	If this a	application is for Form 990-PF or 990-T, enter any refundable credits and estimated ta nts made. Include any prior year overpayment allowed as a credit.		\$	
с 	Balanc deposit	te Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymern). See instructions.	i,	\$	
		rou are going to make an electronic fund withdrawal with this Form 8868, see Form 84 instructions.			EO

Form	8868 (Rev	(4.2000)		D (
• if	you are . Only c	filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and clomplete Part II if you have already been granted an automatic 3-month extension on a previousl filing for an Automatic 3-Month Extension, complete only Part I (on page 1).	heck the	Page 2 nis box . ► ☑ Form 8868.	
Par		Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no	copies	needed).	
Туре	or			tentification number	
print	t	Alumni Association of The University of Michigan 23	3	7206591	
File b		Number, street, and room or suite no. If a P.O box, see instructions For I	RS use	only	
	ate for	200 Fletcher Street			
filing t		City, town or post office, state, and ZIP code. For a foreign address, see instructions			
ınstru	ctions	Ypsilanti, Michigan 48109-1007			
☑ F	ck type form 99 form 99	- I tolli 1041-A		Form 6069 Form 8870	
	orm 99				
STO	P! Do n	ot complete Part II if you were not already granted an automatic 3-month extension on a p	reviou	sly filed Form 8868.	
The TellIf tIf t	e books lephone he orga his is fo he whol	are in the care of ► Gerald J. Sigler No. ► (734) 763-5055 FAX No. ► (734) 763-6934 nization does not have an office or place of business in the United States, check this box or a Group Return, enter the organization's four digit Group Exemption Number (GEN) e group, check this box ► □ . If it is for part of the group, check this box		▶ □ If this is	
4		st an additional 3-month extension of time until May 15 20_			
5		endar year, or other tax year beginning July 1, 20_08, and ending			
6	If this f	ax year is for less than 12 months, check reason: Initial return Final return Ch	nange	n accounting perior	
7	7 State in detail why you need the extension We are unable to accumulate the information necessary to accurately prepare and file our return on a timely basis.				
8a		application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, by nonrefundable credits. See instructions	8a	\$	
b	If this	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			

with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.

Signature and Verification

estimated tax payments made. Include any prior year overpayment allowed as a credit and any

c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature >

amount paid previously with Form 8868.

Trtle ► Sr VP, CFO, COO

Form **8868** (Rev 4-2009)

8b \$

8c |\$