

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



**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)

2009 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No 1545-0047

For the 2009 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Check if applicable Please use IRS Address change label or EAST-WEST MANAGEMENT INSTITUTE, print or Name change type 13-3586432 Doing Business As initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number See Specific Termin-212-843-7660 575 MADISON AVENUE, 25TH FLOOR Instruc Amende return 12,175,938. tions G Gross receipts \$ City or town, state or country, and ZIP + 4 Applica-10022 NEW YORK, NY H(a) Is this a group return pendina Yes X No F Name and address of principal officer ADRIAN HEWRYK for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? Yes L Tax-exempt status X 501(c) ( 3 If "No." attach a list (see instructions) ) 🗲 (insert no.) 4947(a)(1) or J Website: WWW.EWMI.ORG H(c) Group exemption number ▶ Other > Year of formation: 1988 M State of legal domicile, NY K Form of organization: X Corporation Trust Association Part | Summary Briefly describe the organization's mission or most significant activities: WORKING IN PARTNERSHIP WITH Activities & Governance GRASS ROOTS GROUPS, LOCAL GOVERNMENTS AND INTERNATIONAL Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 4  $\overline{21}$ Total number of employees (Part V, line 2a) 5 <u>10</u> 6 Total number of volunteers (estimate if necessary) Ō. 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year** Current Year 10,332,475. 11,607,300. Contributions and grants (Part VIII, line 1h) 566,397. 607,979. SCANNED DEC 2 1 2010 Program service revenue (Part VIII, line 2g) 1,003. 5,827 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,238. 3,635 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 10,949,916. 12,175,938. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,022,426 3,554,690. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 4,236,743 4,774,807. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) paraising fees (Part IX, column (A), line 11e) Other expenses (Part IX, column (D), line 25)

Other expenses (Part IX (C) diumn (A), lines 11a-11d, 11f-24f) 3,848,437. 3,797,340. Totallexpenses Add lines 13-17 (must equal Part IX, column (A), line 25)
Revenue less expenses Subtract line 18 from line 12 11,107,606. 12,126,837. 49,101. -157,690 Beginning of Current Year **End of Year** Total assets Rank Time 16 2,838,831. 2,377,954 20 1,402,148. 1,005,606 21 Total liabilities (Part X, line 26) 1,436,683. 372,348. Net assets or fund balances. Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Here ADRIAN HEWRYK, PRESIDENT Type or print name and title Check it Preparer's identifying number Preparer's Paid self-P00029738 signature employed > Preparer's Firm's name (o RSM MCGLADREY, 41-1944416 EIN ▶ Use Only yours if self-employed), 1185 AVÉNUE OF THE AMERICAS address, and NEW YORK, NY 10036-2602 Phone no.  $\triangleright 212-372-1000$ May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

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

MODEL COURTS INITIATIVE HELPED 32 COURTS - ALMOST HALF OF ALL BIH 4d Other program services. (Describe in Schedule O.) (Expenses \$ 2,658,662. including grants of \$

388,974.)(Revenue \$

566,397.<sub>1</sub>

10,216,336. Total program service expenses ▶ \$

Form **990** (2009)

AND PROSECUTORS, AND HELPED IT ADOPT AND PUBLISH A NEW BOOK OF RULES FOR THE COURTS - THE FIRST SINCE 1974 - THAT MANDATES NATIONWIDE IMPLEMENTATION OF A NUMBER OF KEY REFORMS INTRODUCED BY EWMI.

_	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			77
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		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		
6	Did the organization maintain any donor advised funds or any similar funds or 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	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_		<u> </u>
9	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	9		_ <u>x</u> _
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			v
	If "Yes," complete Schedule D, Part V	10		<u> </u>
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X		х	
_	as applicable	11		
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D,			
	Part VI.  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No  If "Yes " completing Schedule D. Parts XI, XII, and XIII is optional."			
	The roa, completing concease B, t and ray and optional	40		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	х	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		-
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	140	<del></del> -	
,5	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	Х	
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	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-	]	
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III	19	<u> </u>	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	_20_	000	X
		⊢om	990 (	2009)

21 Dd the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and III Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part IX, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, fursities, key employees, and highest compensated employees? If "Yes," complete Schedule Is and III and II			1	Yes	No
United States on Part IX, column (A), ine 17 if "res," complete Schedule I, Parts I and II  20 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,  21 column (A), line 27 if "res," complete Schedule I, Parts I and III  22 Od the organization answer "res" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? if "res," complete Schedule I, Part IV mes," the same state of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I. The 18 is the organization mest any proceeds of tax exempt bonds beyond a temporary period exception?  24d Did the organization minest any proceeds of tax exempt bonds beyond a temporary period exception?  25d Bectine 50 (16)(3) and 601(4)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?  25d Section 50 (16)(3) and 601(4)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction was not been reported on any of the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction is an orbital prior of the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction is an orbital prior the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction is an orbital prior the organization with a disqualified person in a prior year, and that the transaction is an orbit of the organization in a prior year, and that the transaction is an orbit of the organization engage in an orbit and	24	Did the executation report more than \$5,000 of greats and other assistance to governments and organizations in the		1 1 65	NO
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coumn (A), Ine 27 if "Yes," complete Schedule I, Parts I and Ill 2  3 Did the organization aware "res" to Part IVI, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I. Part II is a state of the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I" "No", go to line 25  b Did the organization invest amy proceeds of tax exempt bonds beyond a temporary pende exception?  Did the organization mwest amy proceeds of tax exempt bonds beyond a temporary pende exception?  Did the organization marktain an escrow account other than a refunding escrow at any time during the year of declase any tax exempt bonds?  B Section 501(6)(3) and 501(6)(4) organizations. Did the organization engage in an excess benefit the page of an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I., Part II is the organization and that the transaction has not been reported on any of the organization by the organization and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule I, Part II is 10 bit the organization provide a grant or other assessance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule I., Part IV is 10 bit the organization provide a grant or other assessance to an officer, director, trustee, eye employee, substantial contributions of any plicable filing thresholds, conditions, and exceptions):  A current of other officer, director, trustee, or key employee? If "Yes," complete Schedule II. Part IV is A mentity of which a current or former officer, director, t	22	· ·			
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization 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 b is the organization aware that it engaged in an excess benefit transaction with a disqualified person unaware that it engaged in an excess benefit transaction with a disqualified person unaware that it engaged in an excess benefit transaction with a disqualified person unaware that it engaged in an excess benefit transaction with a disqualified person unaware that it engaged in an excess benefit transaction with a disqualified person unaware that it engaged in an excess benefit transaction with a disqualified person unaware that it engaged in an excess benefit transaction with a disqualified person unappropriated on any of the organization's prior Forms 990 or 990 c.E.27 If "Yes," complete Schedule L, Part II b is the organization part of the end of the organization's tax year? If "Yes," complete Schedule L, Part II b is the organization party to a business transaction with one of the following parties, (see Schedule L, Part II b is A is any related any party to a business transaction with one of the following parties, (see Schedule L,			22	Х	
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last day of the year, that was issued after December 31, 2002? If "Yes," enswer lines 24b through 24d and complete Schedule K If "No", go to line 25  b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-evempt bonds?  d Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-evempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II as the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ7 If "Yes," complete Schedule L, Part II as a large person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II as the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV and the organization aparty to a business transaction with one of the following parties, (see Schedule L, Part IV And entire officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV and organization for a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV and organization requires organization for a family member) was an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV and organization and intail to require the organization and case operations?			23	X	
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Schedule K If **No**, go to line 25 b Did the organization invest any proceeds of tax exempt bonds beyond a temporary penod exception? c Did the organization invest any proceeds of tax exempt bonds beyond a temporary penod exception? c Did the organization and an an excess benefit transaction with a disqualified person during the year? **24d					
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  24d			24a		X
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Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II  25c X  26 Was a loan to or by a current or former officer, director, furstee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III  28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV  28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  29 A nentity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 Did the organization sell, exchange, dispose oi, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  30 Did the organization of sell, exchange, dispose oi, or transfer more than 25% of its net assets? If "Yes," complete Schedule R, Part I, III, IV, and V, line 1  31 Sany related organization and organizations. Did the organization and complete Schedule	C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
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that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 // "Yes," complete Schedule L, Part I / 25b			25a	<u> </u>	X
Schedule L, Part I  Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28a	b				
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If "Yes," complete Schedule R, Part V, line 2  35	25		34	-	
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Note. All Form 990 filers are required to complete Schedule O	38				-
					<u></u>
			Form	990 (	2009)

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter 0 if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		ļ	
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,	1		
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a_	X	
b	If "Yes," enter the name of the foreign country: ► BOSNIA-HERZEGOVINA, CAMBODIA, SERBIA			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
	Financial Accounts.	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	_		
_	Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6a		Х
_	any contributions that were not tax deductible?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua		
D		6b		
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			
a	provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
-	to file Form 8282?	7c		X
d	if "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		_X_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
_	at any time during the year?	-8		_
9	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a	:	
a	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12	,		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	<u></u>		
		Form	990 (	(2009)

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

<u> </u>	tion A. Governing body and Management		<del></del>		Yes	No
10	Enter the number of voting members of the governing body	1a	1	4	Yes	NO
b	Enter the number of voting members of the governing body  Enter the number of voting members that are independent	1b		4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		any other	7		
-	officer, director, trustee, or key employee?	<b>,,,,,</b>	,	2		Х
3	Did the organization delegate control over management duties customanly performed by or under the	ne dire	ct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Fo	om 99	0 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's asse			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 me	ember	s of the			
	governing body?			7a		_X_
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per	rsons'	7	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	durin	g the year			
	by the following:					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code )		1-	
					Yes	No X
	Does the organization have local chapters, branches, or affiliates?			10a	<b> </b>	A
b	If "Yes," does the organization have written policies and procedures governing the activities of such	chapt	ters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	1 41	t 0	10b	X	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fi	iling tr	ie form /	11	A	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	x	
	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	uld av	e rice	120		
	to conflicts?	uiu gii	e rise	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes."	describe			
	in Schedule O how this is done			12c	Х	
13	Does the organization have a written whistleblower policy?			13	Х	
14	Does the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approve	al by ı	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, 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 arrange	ment v	with a	1		
	taxable entity during the year?			16a	ļ	<u>X</u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva-		•			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	anızat	ion's			
<del></del>	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NY	. /co1	(=\(\O\)= ==\(\)=\(\)=\(\)=\(\)=\(\)=\(\)=\(\)	bla faa		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7	(501	(c)(3)s only) avalla	Die for		
	public inspection Indicate how you make these available. Check all that apply  Own website					
10	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	onflio	t of interest palice	, and fin	ancial	
19	statements available to the public	OTTING	r or interest boild)	r, ariu IIA	ai iUidi	
20	State the name, physical address, and telephone number of the person who possesses the books a	nd rec	cords of the organ	uzation I	•	
~~	ADRIAN B. HEWRYK - 212-843-7660					
	575 MADISON AVENUE, NEW YORK, NY 10022		<del></del>			
				Form	990 (	2009)

932006

# 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. Report compensation for the calendar year ending with or within the organization's tax year. 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 Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

(A)	` '							(D)	(E)	(F)
Name and Title	Average	,,		Pos			1. A	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	institutional trustee	Officer		Highest compensated employee		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
DOUGLAS RUTZEN CHAIRMAN AND DIRECTOR	0.50	<u>.</u>						0.	0.	0.
STEWART PAPERIN	0.50	<u> </u>		-	-	├─	$\vdash$	0.		
DIRECTOR	0.50	x						0.	0.	0 .
MICHELLE SCOTT	0.30		╁	-	-	-				
DIRECTOR	0.50	x	1					0.	0.	0.
ROBERTA THAMI			-		<u> </u>	1			i	-
DIRECTOR	0.50	x						0.	0.	0 .
ADRIAN HEWRYK			ļ		l					
PRESIDENT	40.00			Х				187,060.	0.	22,563
RACHEL TRITT										
EXECUTIVE VICE PRESIDENT	40.00		<u> </u>	Х		L		154,955.	0.	36,776
FRON NAHZI VICE PRESIDENT, PROGRAMS	40.00			х				141,590.	0.	19,949
HERBERT BOWMAN			-		х				0.	
CHIEF OF PARTY, CAMBODIA	40.00		_		<u> </u>	├	<u> </u>	228,973.	U •	33,259
PATRICIA BAARS PROGRAM DIRECTOR	40.00				X			175,967.	0.	11,271
KENNETH STUART					l					
CHIEF OF PARTY	40.00	_	<u> </u>	Щ	X	<u> </u>	<u> </u>	201,001.	0.	21,906
MARK DIETRICH SENIOR LEGAL ADVISOR	40.00					x		145,638.	0.	19,704
NEIL WEINSTEIN	20.00		╁	-	-	+==	-			
LEGAL ADVISOR	40.00					x		180,815.	0.	19,670
GEOFFREY MAZULLO		<del>                                     </del>	-			Ť				,
CHIEF OF PARTY	40.00		1		1	X		206,929.	0.	17,699
NICOLAS MANSFIELD			<b>1</b>		l					
DIRECTOR OF LEGAL PROGRA	40.00	L	L			X		145,500.	0.	29,751
MARK WEST										
JUSTICE INFORMATION SPEC	40.00	_	<del> </del>	_	<u> </u>	X	_	196,404.	0.	31,440
			L							
			Γ							
	L	<u> </u>	Ь.	Ц.,	L	Щ.	L	<u> </u>		5 000 (000

Part VII Section A. Officers, Directors, Tru	stees, Key Er	mple	oyee	s, a	nd I	High	est	Compensated Employ	ees (continued)				
, (A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	Position (check all that apply)						Reportable	Reportable	- 1		ımate	
	hours	(cl	heck	all	that	app	ly)	compensation	compensation from related	١		ount other	of
	per week	ek [발       the   organizati						organizations	,	ensa	tion		
		늉	<b>a</b>			ated		organization	(W-2/1099-MIS			m th	
		ruste	Institutional trustee		82	i e		(W-2/1099-MISC)			_	ınızat	
		dualt	utiona		Key employee	estco	<u>چ</u> ا				and orgai	relat	
		P P P	lu Str	Officer	Ę,	Highest compensated employee	Former				orgai	nzan	0113
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7-													
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		-	-		┈	╁	┢			$\dashv$			
						1							
1b Total			1		٠	•	<u> </u>	1,964,832.		0.	263	3,9	88.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d al	bove	e) wl	no r	eceived more than \$100	,000 in reportable	,			
compensation from the organization													15
										г	_	Yes	No
3 Did the organization list any former officer,		stee	, key	y em	plo	yee,	or t	nighest compensated er	nployee on				v
line 1a? If "Yes," complete Schedule J for su					<b>.</b>		اء_ د	h	the executation	┝	3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	•		•					•	tne organization	1	4	х	
5 Did any person listed on line 1a receive or a									ices rendered to	r	<del>-                                    </del>		
the organization? If "Yes," complete Schedu	•				۵.,		0.0.	ou organization for our			5		X
Section B. Independent Contractors													
1 Complete this table for your five highest cor	npensated inc	depe	ende	nt c	onti	racto	ors 1	that received more than	\$100,000 of com	pensa	ition fr	om	
the organization.													
(A) Name and business	addrass						l	( <b>B</b> ) Description of s	enuces	Cr	(C) mpen		n
THE RESEARCH FOUNDATION C		7 T	ר זאד	T 171	7D (	C T '	ᅲ	TECHNICAL	ervices		mpen		<del>''</del>
1400 WASHINGTON AVENUE, A								ASSISTANCE F	OR PROMO		354	1.2	55.
ROMANIAN INSTITUTE OF TRA							一	TRAINING AN				, -	
UNIRII NR. 4, BL B3. TR I	CURRICULUM D			132	2,2	30.							
						-							
							_	<del></del>					
							ļ		ļ				
2 Total number of independent contractors (in	acludina but a	ot lu	mte	d to	tho	se li		1 above) who received m	ore than				

Form **990** (2009)

\$100,000 in compensation from the organization

12175938.

932009 02-04-10 Total revenue. See instructions.

566,397.

Ō.

2,241.

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).										
	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	( <b>D)</b> Fundraising expenses					
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,980,840.	1,980,840.							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	13,343.	13,343.							
3	Grants and other assistance to governments,									
	organizations, and individuals outside the U.S.									
	See Part IV, lines 15 and 16	1,560,507.	1,560,507.							
4	Benefits paid to or for members									
5	Compensation of current officers, directors,	4 040 464	T.4.4.100	000						
	trustees, and key employees	1,018,164.	744,180.	273,984.						
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	2 061 220	2 164 444	706 005	<del> </del>					
7	Other salaries and wages	2,961,329.	2,164,444.	796,885.	<del></del>					
8	Pension plan contributions (include section 401(k)	157,733.	115,287.	42,446.						
_	and section 403(b) employer contributions)	480,075.	350,888.	129,187.						
9 10	Other employee benefits	157,506.	115,122.	42,384.						
10 11	Payroll taxes Fees for services (non-employees):	237,3000		22,301.	· · · · · · · · ·					
''	Management									
b	Legal	53,360.		53,360.	<del> </del>					
	Accounting	5,118.		5,118.	······································					
d	Lobbying									
e	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other	20,028.	17,575.	2,453.						
12	Advertising and promotion									
13	Office expenses	406,033.	320,580.	85,453.						
14	Information technology									
15	Royalties	0.5	450 045	400 440						
16	Occupancy	356,225.	172,815.	183,410.						
17	Travel	352,275.	282,563.	69,712.						
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials	148,733.	147,734.	999.						
19	Conferences, conventions, and meetings	9,428.	147,734.	9,428.						
20	Interest	3,420.		3,420.						
21 22	Payments to affiliates  Depreciation, depletion, and amortization	1,319.		1,319.						
23	Insurance	73,008.	20,402.	52,606.						
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)	,		32,000						
а	CONSULTING FEES	1,003,324.	870,410.	132,914.						
b	SUBCONTRACTS EXPENSE	947,937.	947,937.	-						
c	OVERSEAS ALLOWANCES	258,624.	252,547.	6,077.						
d	NONCAPITALIZED EQUIPMEN	95,745.	84,678.	11,067.						
е	MISCELLANEOUS EXPENSES	66,183.	54,484.	11,699.						
f	All other expenses									
25	Total functional expenses. Add lines 1 through 24f	12,126,837.	10,216,336.	1,910,501.	0.					
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		<u> </u>	<del>_</del> _	Form <b>990</b> (2009)					

932010 02-04-10

art X	Balance Sheet			JJ004JZ Fage II
•		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	217,792	. 1	430,012.
2	Savings and temporary cash investments		2	23,086.
3	Pledges and grants receivable, net	2,027,962	, 3	2,260,980
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key		1	
•	employees, and highest compensated employees. Complete Part II			
	of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section		<del> </del>	
•	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
-	Part II of Schedule L		6	
7	Notes and loans receivable, net	<del></del>	7	
8	Inventories for sale or use		8	<del></del>
9	Prepaid expenses and deferred charges	68,017		47,923
- 1	Land, buildings, and equipment: cost or other		1	
''	basis. Complete Part VI of Schedule D 10a 88, 1	191.		
1.	Less: accumulated depreciation 10b 86,8		. 10c	1,319
11	Investments - publicly traded securities		11	· · · · · · · · · · · · · · · · · · ·
12	Investments - other securities. See Part IV, line 11	· · · · · · · · · · · · · · · · · ·	12	
13	Investments - program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	61,545		75,511
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,377,954		2,838,831
17	Accounts payable and accrued expenses	385,606		802,148
18	Grants payable		18	<del></del>
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employee	s,		
21 22	highest compensated employees, and disqualified persons. Complete Pa			
	of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties	620,000	24	600,000
25	Other liabilities Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	1,005,606	26	1,402,148
	Organizations that follow SFAS 117, check here	ete		
	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	1,336,281	27	1,263,831 172,852
28	Temporanly restricted net assets	36,067	28	172,852
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here	1		
}	complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	1,372,348		1,436,683
34	Total liabilities and net assets/fund balances	2,377,954	34	2,838,831

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

932012 02-04-10

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

**Public Charity Status and Public Support** Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

**Employer identification number** 

OMB No 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

13-3586432 EAST-WEST MANAGEMENT INSTITUTE, Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 LXI An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated d Type III Other b Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. Yes No 11g(i) the governing body of the supported organization? (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h (lii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (vii) Amount of (ii) EIN organization ganizátion in col in col. (i) listed in your organization in col. organization organized in the U.S.? support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) No Yes No Yes No Yes

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 EAST-WEST MANAGEMENT INSTITUTE, INC. 13-3586432 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (d) 2008 (e) 2009 (f) Total (a) 2005 (c) 2007 (b) 2006 1 Gifts, grants, contributions, and membership fees received. (Do not 13794716. 13775276. 13866528. 10332475. 11607300. 63376295. include any "unusual grants.") 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 13794716.13775276.13866528.10332475.11607300.63376295. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 63376295. 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (d) 2008 (a) 2005 (b) 2006 (c) 2007 (e) 2009 (f) Total 13794716.13775276.13866528.10332475.11607300.63376295. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 1,003 6,191 5,290 5.827. 4,257. 22,568. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital 3,635. 1,238. 37,067. 32,194 assets (Explain in Part IV) 63435930. 11 Total support. Add lines 7 through 10 1,802,618. 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 99.91 14 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 96.33 15 15 Public support percentage from 2008 Schedule A, Part II, line 14 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and  $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2009.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

Schedule A (Form 990 or 990-EZ) 2009

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Part III   Support Schedule for O Section A. Public Support	. 3a		23011011 000(0	-/-/ (Complete oni	y ii you checked the b	UA UII IIIIE 9 UI PAILI
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and	<u></u>		1-7-2	1	1,1,2,2,2	
membership fees received. (Do not					ļ	
include any "unusual grants.")				j		
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5					1	
7a Amounts included on lines 1, 2, and				<u> </u>	1	
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b					1	
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation,
check this box and stop here						▶□
Section C. Computation of Public	c Support Pe	ercentage		·		
15 Public support percentage for 2009 (lin	ne 8, column (f) c	livided by line 13, o	column (f))		15	9
16 Public support percentage from 2008	Schedule A, Pari	t III, line 15	•		16	9
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 200	<b>)9</b> (line 10c, colu	mn (f) divided by lir	ne 13, column (f))		17	9
18 Investment income percentage from 2					18	9
19a 33 1/3% support tests - 2009. If the o			on line 14, and line	e 15 is more than	33 1/3%, and line	•
more than 33 1/3%, check this box an	-					<b></b>
b 33 1/3% support tests - 2008. If the c	-	•		• •		and
line 18 is not more than 33 1/3%, chec	-					<b>▶</b> □
20 Private foundation. If the organization						
			<u> </u>		hedule A (Form 99	0 or 990-EZ) 20

Schedule A (I	Form 990	or 990-EZ	2009 I	EAST-	WEST	MANAG.	EMENT	INST.	LTUTE,	INC.	13-3586	432 Pag	<u>qe 4</u>
Part IV	Supple	mental I	nform	ation. C	omplete	this part to	provide the	explanat	tions require	d by Part II, line	10, Part II, line	17a or 17b,	
	and Part	III, line 12.	Provide	any other	addition	al information	on. See instr	uctions.					
SCHEDUI	LE A,	PART	II,	LINE	10,	EXPLA	NATION	FOR	OTHER	INCOME:			
INSURAN				•								•	
OTHER 1	INCOM	E											
									<del></del>	<u></u>			
<del>,,</del>		<del></del>											
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# **Schedule D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Name of the organization

EAST-WEST MANAGEMENT INSTITUTE, INC.

Employer identification number 13-3586432

Pa		d Funds or Other Similar Fund	s or Acco	unts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		(h) 5	ada and other accounts
		(a) Donor advised funds	( <b>D</b> ) Pui	nds and other accounts
1	Total number at end of year		\ <u></u>	
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			<del> </del>
4	Aggregate value at end of year		L	
5	Did the organization inform all donors and donor advisors in	•	used funds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpos	e confernng	, ( <u>-</u>
	impermissible private benefit?			Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization	. ———		
	Preservation of land for public use (e.g., recreation or p	· —	• .	
	Protection of natural habitat	Preservation of a ce	rtified historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	n of a conserv	vation easement on the last
	day of the tax year.			· · · · · · · · · · · · · · · · · · ·
			<u> </u>	Held at the End of the Tax Year
а	Total number of conservation easements		_2a	
b	Total acreage restricted by conservation easements		2b	
C	Number of conservation easements on a certified historic str	ucture included ın (a)	2c	
d	Number of conservation easements included in (c) acquired a	after 8/17/06	2d	
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	he organizatio	n during the tax
	year ▶			
4	Number of states where property subject to conservation ear	sement is located 🟲	_	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	f	
	violations, and enforcement of the conservation easements if	t holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year	ar <b>&gt;</b>
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements durin	g the year ►	\$
8	Does each conservation easement reported on line 2(d) above	re satisfy the requirements of section 17	'0(h)(4)(B)(ı)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expens	se statement,	and balance sheet, and
	include, if applicable, the text of the footnote to the organization			
	conservation easements.			
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or (	Other Simi	lar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8		
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and	balance shee	t works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of p	ublic service,	provide, in Part XIV, the text of
	the footnote to its financial statements that describes these			
b	If the organization elected, as permitted under SFAS 116, to		ance sheet wo	orks of art, historical treasures,
	or other similar assets held for public exhibition, education, o			
	these items:	•	, ·	•
	(i) Revenues included in Form 990, Part VIII, line 1		•	\$
	(ii) Assets included in Form 990, Part X		•	\$ \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for finance		
-	the following amounts required to be reported under SFAS 1		g p. 04.	<del></del>
а	Revenues included in Form 990, Part VIII, line 1		•	\$
b	Assets included in Form 990, Part X			\$ \$
IJ	7.000.0 molodod in Form 500, Fait A		_	·

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  $^{932051}_{\ 02\cdot01\cdot10}$ 

Schedule D (Form 990) 2009

Sche	dule D (Form 990) 2009 EAST-WE	ST MANAGEM	ENT	INSTIT	UTE, I	NC.		13-35	8643	2 р	age 2
Par	t III   Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures,	or Oth	er Sim	ilar Asse	ts (cont	nued)	
3	Using the organization's acquisition, access	on, and other record	ds, chec	k any of the	following the	at are a s	significan	t use of its	collectio	n item	ıs
	(check all that apply).										
а	Public exhibition	C	ı 🔲	Loan or exc	hange progr	ams					
b	Scholarty research	e	, 🗀	Other							
C	Preservation for future generations				-						
4	Provide a description of the organization's co	ollections and explai	in how th	ney further t	he organizat	ion's exe	mpt pur	pose in Pai	t XIV		
5	During the year, did the organization solicit of	or receive donations	of art, hi	storical trea	sures, or oth	ner sımıla	ır assets		_		_
	to be sold to raise funds rather than to be m	aintained as part of	the orga	nization's co	ollection?				Yes_		No
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if org	janization ai	nswered "Ye	s" to Fo	rm 990, F	Part IV, line	9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other a	ssets no	t include	d	_	_	7
	on Form 990, Part X?								⊔ Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table				_			
								ļ	Amoun	t	
С	Beginning balance						1c	<u> </u>			
d	Additions during the year						1d	<u> </u>			
е	Distributions during the year						1e	<u> </u>			
f	Ending balance						1f	<u> </u>			
<b>2</b> a	Did the organization include an amount on F	orm 990, Part X, line	21?					Ł_	_ Yes	L	No
<u>b</u>	If "Yes," explain the arrangement in Part XIV	····							_		
Par	t V Endowment Funds. Complete	f the organization ar	swered	"Yes" to Fo	rm 990, Parl	<del></del>					
		(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance		ļ						ļ		
b	Contributions										
С	Net investment earnings, gains, and losses		ļ						ļ		
d	Grants or scholarships							<del> </del>	<u> </u>		
е	Other expenditures for facilities										
	and programs								ļ		
f	Administrative expenses		<u> </u>						ļ		
g	End of year balance		<u> </u>						<u> </u>		
2	Provide the estimated percentage of the year	ır end balance held a	as:								
	Board designated or quasi-endowment		_%								
b	Permanent endowment >	%									
		%									
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	ind administ	ered for t	the orgar	nization			
	by									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organization:								3b		
4	Describe in Part XIV the intended uses of the				. D V	40					
Par	<del></del>						<del></del>				
	Description of investment	(a) Cost or o basis (investr			or other (other)		ccumula preciatio		( <b>d</b> ) Bool	k valu	e 
1a	Land										
b	Buildings						-				
С	Leasehold improvements										
d	Equipment	<u> </u>				L			· · · · · · · · · · · · · · · · · · ·		
	Other				8,191.		86,8	372.		1,3	
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	10(c).)			<b></b>		<u>1,3</u>	<u> 19.</u>

Schedule D (Form 990) 2009

	dule D (Form 990) 2009 EAST-WEST MANAGEMENT INSTI						3586432	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ed Finan	cial S	<u>state</u>	men		
1	Toţal revenue (Form 990, Part VIII, column (A), line 12)			1			12,175	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			12,126	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3			49	,101.
4	Net unrealized gains (losses) on investments			4				
5	Donated services and use of facilities			5				
6	Investment expenses			6				
7	Prior period adjustments			7				
8	Other (Describe in Part XIV.)			8				<u>, 234 .                                   </u>
9	Total adjustments (net). Add lines 4 through 8			9				234.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 ar			10				,335.
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	ents W	ith Reve	nue p	er R	eturr		
1	Total revenue, gains, and other support per audited financial statements					_1	14,004	<u>, 453 .                                   </u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		ì					
а	Net unrealized gains on investments	2a						
b	Donated services and use of facilities	2b	1,81	3,2	81.			
C	Recovenes of prior year grants	2c				٠		
d	Other (Describe in Part XIV)	2d	1	5,2	34.			
е	Add lines 2a through 2d				-	2e	1,828	
3	Subtract line 2e from line 1					3	12,175	<u>,938.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		Ī					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIV.)	4b						•
С	Add lines 4a and 4b					4c	-1-1	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)					_5	12,175	<u>,938.</u>
Pai	t XIII Reconciliation of Expenses per Audited Financial Statem	ents V	Vith Expe	enses	per	Retu		-4-4-0
1	Total expenses and losses per audited financial statements					1	13,940	,118.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.			2 0				
а	Donated services and use of facilities	2a	1,81	3,2	81.	ĺ		
b	Prior year adjustments	2b						
C	Other losses	2c						
đ	Other (Describe in Part XIV.)	2d					1 010	001
е	Add lines 2a through 2d					2e	1,813	, 281.
3	Subtract line 2e from line 1					3	12,126	,83/.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				l		
	Other (Describe in Part XIV.)	4b_						Λ
	Add lines 4a and 4b					4c	12,126	<u>0.</u>
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				1	5	12,120	,03/•
	t XIV Supplemental Information							
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I							4, Part
	9 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also comp			ovide ar	ny add	itional	information	
PAI	RT X: ON JANUARY 1, 2009, THE INSTITUTE AD	OPIE	D THE					
ACC	COUNTING STANDARD ON ACCOUNTING FOR UNCERT	AINT	Y IN I	NCO	ME '	TAX	ES, WHIC	CH
ADI	PRESSES THE DETERMINATION OF WHETHER TAX B	ENEF	ITS CL	AIM	ED	OR 1	EXPECTE	OTO_
BE	CLAIMED ON A TAX RETURN SHOULD BE RECORDE	D IN	THE F	'INA	NCI.	AL :	STATEME	NTS.
UNI	DER THIS GUIDANCE, THE INSTITUTE MAY RECOG	NIZE	THE T	'AX	BEN	EF <sub>I</sub>	r FROM A	AN
UNC	CERTAIN TAX POSITION ONLY IF IT IS MORE LI	KELY	THAN	NOT	TH	AT '	THE TAX	

THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE

Schedule D (Form 990) 2009

POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON

Schedule D (Form 990) 2009 EAST-WEST MANAGEMENT INSTITUTE, INC. 13-3586432 Page 5  [Part XIV] Supplemental Information (continued)
•
FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE
LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED
UPON ULTIMATE SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN
INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND
PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS.
MANAGEMENT EVALUATED THE INSTITUTE'S TAX POSITIONS AND CONCLUDED THAT THE
INSTITUTE HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO
THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE.
WITH FEW EXCEPTIONS, THE INSTITUTE IS NO LONGER SUBJECT TO INCOME TAX
EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS
BEFORE 2006, WHICH IS THE STANDARD STATUTE OF LIMITATIONS LOOK-BACK
PERIOD.
PART XI, LINE 8 - OTHER ADJUSTMENTS:
CURRENCY EXCHANGE GAIN: 15234.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
CURRENCY EXCHANGE GAIN: 15234.

### Schedule F (Form 990)

### **Statement of Activities Outside the United States**

➤ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047
2009
ZUUS
Open to Public
Inspection

Department of the Treasury Internal Revenue Service

Nan	ne of the organization	Employer identification	n number
ΕA	ST-WEST MANAGEMENT INSTITUTE, INC.	13-3586432	
Pa	General Information on Activities Outside the United States. Complete if the orga	nization answered "Yes"	
1	to Form 990, Part IV, line 14b.  For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assist	ance, the	
	grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assista	ince? X Yes	☐ No
2	For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds ou	tside the United States	

3 Activities per Region (L (a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
				PROMOTING RULE OF LAW,	
EAST ASIA AND THE				HUMAN RIGHTS AND LAND	0 540 463
PACIFIC	2	39	PROGRAM SERVICES	RIGHTS	2,542,463
EAST ASIA AND THE					
PACIFIC	0	0	GRANTMAKING		864,979
EUROPE (INCLUDING				PROMOTING RULE OF LAW AND ECONOMIC DEVELOPMENT	
ICELAND & GREENLAND)	4	44	PROGRAM SERVICES	AND CIVIL SOCIETY	3,681,218
EUROPE (INCLUDING					E24 000
ICELAND & GREENLAND)	0	0	GRANTMAKING		524,999
MIDDLE EAST AND					
NORTH AFRICA	0	1	PROGRAM SERVICES	PROMOTING RULE OF LAW	72,754
				PROMOTING ECONOMIC DEVELOPMENT AND RULE OF	
NORTH AMERICA	0	0	PROGRAM SERVICES	LAW	179,471
NORTH AMERICA	0	0	GRANTMAKING		66,111
·				PROMOTING ECONOMIC	
RUSSIA & THE NEWLY				DEVELOPMENT AND CIVIL	
INDEPENDENT STATES	0	0	PROGRAM SERVICES	SOCIETY	6,745
Totals	. 6	84			8,096,760

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Schedule F (Form 990) 2009

EAST-WEST MANAGEMENT INSTITUTE, INC.

Page 2

13-3586432

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any Schedule F (Form 990) 2009

Part II

recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Schedule F-1 (Form 990) if additional space is needed.

1 (a) Name of organization	(b) IRS code sectron and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			TO CONDUCT A SERIES					
			OF ROAD SHOWS WITH					
_	,*	EAST ASIA AND THE	VIDEO AND LIVE		CHECK OR WIRE			
		PACIFIC	PRESENTATIONS TO	1,263.	1,263.TRANSFER	0		
			TO CARRY OUT WORK					
-	7		RELATED TO					
		EAST ASIA AND THE	VILLAGE-LAND		CHECK OR WIRE			
-		PACIFIC	DOCUMENTATION IN	6,500.	6,500.TRANSFER	.0		
	,		TO CARRY OUT WORK					
			RELATED TO VILLAGE					
		EAST ASIA AND THE	LAND DOCUMENTATION IN		CHECK OR WIRE			
		PACIFIC	TARGET VILLAGES,	6,500.	500 TRANSFER	•		
	4							
			POLITICAL AND HUMAN			-		
		EAST ASIA AND THE	RIGHTS MONITORING AND		CHECK OR WIRE			
:		PACIFIC	ADVOCACY.	362.	362. TRANSFER	.0		
			TO ADDRESS CURRENT					
			PROBLEMS WITH UNFAIR					
		EAST ASIA AND THE	COURT TRIALS AND		CHECK OR WIRE	•		
	-	PACIFIC	INTRODUCE A NEW	20,316.	20,316.TRANSFER	0.		
			TO PROVIDE LEGAL					
			SUPPORT TO POOR					
		EAST ASIA AND THE	POPULATIONS, GIVE		CHECK OR WIRE			
		PACIFIC	LEGAL ADVICES TO	107,111.	TRANSFER	0.		
			TO MOBILIZE LOCAL					
			COMMUNITIES IN SIX	-				
		EAST ASIA AND THE	COMMUNES TO PROTECT		CHECK OR WIRE			
		PACIFIC	AND PRESERVE THE PREY	81,041.	TRANSFER	0.		
			TO MOBILIZE EDUCATED					
			PHNOM PENH-BASED					
	_	EAST ASIA AND THE	YOUTH TO PROTECT THE		CHECK OR WIRE			
		PACIFIC	ENVIRONMENT AND	12,366.	12,366.TRANSFER	.0		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

SEE PART IV FOR COLUMN (D) DESCRIPTIONS

Enter total number of other organizations or entities

Schedule F (Form 990) 2009

EAST-WEST MANAGEMENT INSTITUTE, INC.

Page 3

13-3586432

Schedule F (Form 990) 2009

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16 Use Schedule F-1 (Form 990) if additional space is needed

Ose Schedule F. I (FOITH 330) II adulitorial space is Heeden	II additional space is the	Cana					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	EAST ASIA AND THE						
TRAINING PARTICIPANT SUPPORT	PACIFIC	2,295	106,904.	106,904.CASH/ CHECK	0		
TRAINING DARHICIDANT SUDDORT	EUROPE (INCLUDING ICELAND & GREENLAND)	4 c c	55 927	55 927 rash/ CHECK	c		
1							
PELLOWSHIPS	NORTH AMERICA	2	4,000.	WIRE	0.		
	RUSSIA & THE						
	NEWLY INDEPENDENT				•		
FELLOWSHIPS	STATES	1	2,500.WIRE	WIRE	0.		
FELLOWSHIPS	SOUTH ASIA	1	1,000.	WIRE	0.		
						Schedu	Schedule F (Form 990) 2009

27

SCHEDULE F, PART I, LINE 2: EAST-WEST MANAGEMENT INSTITUTE, INC. HAS A
COMPREHENSIVE SET OF POLICIES AND PROCEDURES IN PLACE TO MONITOR THE USE
OF GRANT FUNDS OUTSIDE THE UNITED STATES. UNDER EWMI'S LARGER PROGRAMS,
EWMI MAINTAINS FIELD OFFICES THAT OVERSEE PROGRAM IMPLEMENTATION AND
MONITOR THE USE OF GRANT FUNDS. ALL GRANTEES ARE REQUIRED TO SUBMIT
PERIODIC NARRATIVE AND FINANCIAL REPORTS. FIELD OFFICE AND HEADQUARTERS
STAFF REVIEW THESE REPORTS. IN ADDITION, FIELD OFFICE GRANTS
ADMINISTRATION STAFF PERIODICALLY CONDUCT SITE VISITS AND FINANCIAL
REVIEWS OF GRANTEES. FOR LARGER GRANTS, EWMI FIELD OFFICE AND
HEADQUARTERS STAFF ALSO REVIEW GRANTEE AUDIT REPORTS.

PART II, COLUMN (D):

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: TO CONDUCT A SERIES OF ROAD SHOWS WITH VIDEO AND
LIVE PRESENTATIONS TO INFORM RURAL CAMBODIANS ABOUT THEIR LAND RIGHTS

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: TO CARRY OUT WORK RELATED TO VILLAGE-LAND

DOCUMENTATION IN TARGET VILLAGES, INCLUDING LAND LAW TRAINING, AND

PEACEFUL RESOLUTION OF LAND DISPUTES.

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: TO CARRY OUT WORK RELATED TO VILLAGE LAND

DOCUMENTATION IN TARGET VILLAGES, INCLUDING LAND LAW TRAINING, AND

PEACEFUL RESOLUTION OF LAND DISPUTES.

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: TO ADDRESS CURRENT PROBLEMS WITH UNFAIR COURT

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HERZEGOVINA.

INTERNATIONALLY RECOGNIZED INSTRUMENTS OF JUVENILE JUSTICE IN BOSNIA AND

932074 02-01-10 Schedule F (Form 990) 2009

ELECTED INTO MUNICIPAL OFFICE IN OBILIC, KOSOVO POLJE, GLOGOVAC,

PODUJEVO, AND PRISTINA.

Schedule F (Form 990) 2009 EAST-WEST MANAGEMENT INSTITUTE, INC. 13-3586432 Page 4
Part IV Supplemental Information  Complete this part to provide the information required in Part I, line 2, and any additional information
REGION: NORTH AMERICA
(D) PURPOSE OF GRANT: TO SUPPORT PARTICIPATION OF PROFESSIONALS FROM
AZERBAIJAN, GEORGIA, ARMENIA AND KYRGYZSTAN
REGION: NORTH AMERICA
(D) PURPOSE OF GRANT: TO EXECUTE A REGIONAL ACTUARIAL BEST PRACTICES
EVENT FOR EURASIAN STUDENT ON ECONOMICS OF INSURANCE, NON PROPORTIONAL
REINSURANCE, HEALTH INSURANCE AND MODELS OF PREMIUM RATING FOR NON-LIFE
INSURANCE.
REGION: NORTH AMERICA
(D) PURPOSE OF GRANT: TO LAUNCH AN ANALYTICAL CENTER WHICH WILL PROVIDE
PROFESSIONAL RESEARCH AND DEVELOPMENT SERVICES FOR THE LOCAL KAZAKHSTAN
MARKET.
REGION: NORTH AMERICA
(D) PURPOSE OF GRANT: TO SEND AZERBAIJANI CREDIT UNION LEADERS TO
GERMANY TO REVIEW GERMANY'S DEPOSIT INSURANCE SYSTEM.
GERMANI TO REVIEW GERMANI S DEPOSIT INSURANCE SISTEM:
REGION: NORTH AMERICA
(D) PURPOSE OF GRANT: A. TO TRANSLATE THE GIPS HANDBOOK OF THE CFA
INSTITUTE INTO RUSSIAN LANGUAGE AND TRANSFER IT TO THE UKRAINIAN
ASSOCIATION OF INVESTMENT ANALYSTS (UAIB) WHICH IS THE COUNTRY SPONSOR OF
THE CFA INSTITUTE IN UKRAINE, AND THE OWNER OF ALL CFA MATERIALS
TRANSLATION
INDIMITOR
REGION: NORTH AMERICA
(D) PURPOSE OF GRANT: TO HAVE A TOUR DESIGNED TO STUDY THE EXPERIENCE OF
932074 02-01-10 Schedule F (Form 990) 2009

#### SCHEDULE F-1 (Form 990)

# Continuation Sheet for Schedule F (Form 990)

2009

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 to list additional information for Schedule F (Form 990) Part I, line 3; Part II, line 1; or Part III.

➤ See instructions for Schedule F (Form 990).

Open to Public Inspection

Name of the organization

EAST-WEST MANAGEMENT INSTITUTE, INC.

Employer identification number 13-3586432

(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region	(e) If activity listed in (d)	(f) Total
(-)	offices in the region	employees or agents in region	(by type) (i.e., fundraising, program services, grants to recipients located in the region)	is a program service, describe specific type of service(s) in region	expenditures for region
RUSSIA & THE NEWLY INDEPENDENT STATES	0	0	GRANTMAKING		2,500
SOUTH AMERICA	0	0	PROGRAM SERVICES	PROMOTING RULE OF LAW	16,002
SOUTH AMERICA	0	0	GRANTMAKING		92,418
				PROMOTING ECONOMIC DEVELOPMENT AND CIVIL	
SOUTH ASIA	0	0	PROGRAM SERVICES	SOCIETY	37,600
SOUTH ASIA	0	_0	GRANTMAKING		9,500
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F-1 (Form 990) 2009

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Part II C	ontinuation o	f Grants and Other	Continuation of Grants and Other Assistance to Organizati	ations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	United States.	(Schedule F (Form 9)	90), Part II, line 1		
1 (a) Name of	1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Methód of valuation (book, FMV, appraisal, other)
				TO IMPROVE THE					
		300	THE CITA AND THE	CODICIAL SYSTEM IN		CHECK OB WIRE			
		The state of the s	PACIFIC	COURTS FOR POOR	216,491.	216,491.TRANSFER	0		
		**************************************		TO REDUCE VIOLENCE					
				AGAINST WOMEN AND		-			
		2.66	EAST ASIA AND THE	CHILDREN IN FOUR		CHECK OR WIRE			
		135	PACIFIC	DISTRICTS BY	118,752.	118,752.TRANSFER	0.		
				TO ADVANCE THE RULE					
				OF LAW AND ESTABLISH					
			EAST ASIA AND THE	PUBLIC INTEREST LEGAL		CHECK OR WIRE	-		
		, , , , ,	PACIFIC	ADVOCACY AS AN	71,838.	TRANSFER	0		
				TO ESTABLISH PUBLIC					
				INTEREST LEGAL			_		
		· ·	EAST ASIA AND THE	ADVOCACY AS AN		CHECK OR WIRE			
			PACIFIC	INTEGRAL ELEMENT OF	97,800	97,800.TRANSFER	0.		
		3.		TO CREATE AN					
		, .		INFORMATIVE					
			EAST ASIA AND THE	TELEVISION DRAMA		CHECK OR WIRE			
			PACIFIC	SERIES THAT EXPLAINS	99,224.	.TRANSFER	0.		
				TO STRENGTHEN THE					
			EUROPE (INCLUDING	SAFETY COUNCIL'S					
		`	ICELAND &	RELATIONSHIP WITH		CHECK OR WIRE			
			GREENLAND)	CIVIL SOCIETY ACTORS	2,503.	TRANSFER	0.		
				TO ENSURE A					
			EUROPE (INCLUDING	TRANSPARENT PROCESS					
			ICELAND &	OF NOMINATIONS FOR		CHECK OR WIRE			
			GREENLAND)	NGOS TO THE MUNICIPAL	4,915.	TRANSFER	0		
				STRENGTHENING THE					
			EUROPE (INCLUDING	ROLE OF PROFESSIONAL					
			ICELAND &	ORGANIZATIONS IN THE		CHECK OR WIRE			
			GREENLAND)	JUSTICE SECTOR	2,449.	TRANSFER	0.		
				INCREASE THE					
			EUROPE (INCLUDING	INVOLVEMENT OF CIVIL					
			ICELAND &	SOCIETY ORGANIZATIONS		CHECK OR WIRE			
			GREENLAND)	IN JUSTICE SECTOR	25,874.	25,874.TRANSFER	0.		
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Schedule F-1 (Form 990) 2009

13-3586432	
INC.	
INSTITUTE,	
MANAGEMENT INSTITUTE,	
EAST-WEST ]	
F-1 (Form 990) 2009	
Schedule I	11.1

CLUDING RELECTED LEADERS   CHECK OR WIRE	Schedule F-1 (Form 990) 2009		EAST-WEST MANAGEMENT	INSTITUTE,	INC.	13-3586432	86432		Page 2
CELAND & CONTRIBUTED   COLEMON CATTLE	-4	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1		
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CLUDING AND IMPROVE QUALITY  OF LIFE FOR MINORITY  CHECK OR WIRE			ICELAND &	DELIVERING OF HIGH		CHECK OR WIRE			
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OF LIFE FOR MINORITY CHECK OR WIRE			EUROPE (INCLUDING						
			ICELAND &			CHECK OR WIRE			
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Part II Continuation of	of Grants and Other,	Assistance to Organiza	Confinition of Grants and Other Assistance to Organizations of Entitles Outside the Office States. (Schedule 1 (Form 330), Part II, IIII e 1)	Ollica States.	Contiguate r (rotti a	Boy, Fart II, Ilne	_	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			THE PURPOSE OF THIS					
		EUROPE (INCLUDING	GRANT IS TO EXPLORE					
		ICELAND &	AND PROMOTE THE		CHECK OR WIRE			
		GREENLAND)	OPTION OF CAPTURING A	2,500.	500, TRANSFER	0.		
			TO IMPROVE THE SAFETY					
		EUROPE (INCLUDING	IN MITROVICE					
		ICELAND &	MUNICIPALITY BY		CHECK OR WIRE			
		GREENLAND)	FOSTERING	2,503.	503 TRANSFER	0		
			TO INCREASE SAFETY IN					
		EUROPE (INCLUDING	MITROVICA BY					
		ICELAND &	ESTABLISHING		CHECK OR WIRE			
		GREENLAND)	TRANSPARENCY IN	4,915.	TRANSFER	0		
			TO IMPROVE THE				;	
		EUROPE (INCLUDING	QUALITY OF CIVIL					
		ICELAND &	SOCIETY ORGANIZATIONS		CHECK OR WIRE			-
		GREENLAND)	IN THE PEJA AND PEC	2,503.	503.TRANSFER	0		
			TO INCREASE SAFETY					
		EUROPE (INCLUDING	AND TO IMPROVE					
		ICELAND &	QUALITY OF LIFE OF		CHECK OR WIRE			
		GREENLAND)	COMMUNITIES IN THE	4,915.	915.TRANSFER	0		
			THE PURPOSE OF THIS					
		EUROPE (INCLUDING	GRANT IS TO EXPLORE					
		ICELAND &	AND PROMOTE THE		CHECK OR WIRE			
		GREENLAND)	OPTION OF CAPTURING A	1,000.	TRANSFER	0.		
			TO STRENGTHEN THE					
		EUROPE (INCLUDING	QUALITY OF OUTPUT					
		ICELAND &	GENERATED BY LOCAL		CHECK OR WIRE			
		GREENLAND)	OFFICIALS AND CIVIL	2,503.	TRANSFER	0		
			TO INCREASE THE					
		EUROPE (INCLUDING	QUANTITY OF CIVIL					
		ICELAND &	SOCIETY MEMBERS		CHECK OR WIRE			
		GREENLAND)	ELECTED INTO	4,915.	TRANSFER	0.		
			TO CONDUCT TWO					
		EUROPE (INCLUDING	COUNTRY SURVEYS ON					
		ICELAND &	INVESTOR RELATIONS		CHECK OR WIRE			
		GREENLAND)	AND REPORTING ON CSR.	4 600	TRANSFER	0		

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EAST-WEST MANA	II Constraint of Grants and Other Assistance
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Part II Continuation of G	of Grants and Other Assistance to Organizations	Assistance to Organi	Continuation of Grants and Other Assistance to Organizations or Entitles Outside the United States. (Schedule F (Form 990), Part II line 1)	United States	(Schedule F (Form 9	90) Part II line 1)		
<b>1</b> 22	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			TO SUPPORT					
			PARTICIPATION OF					
	• -		PROFESSIONALS FROM		CHECK OR WIRE			
	1	NORTH AMERICA	AZERBAIJAN, GEORGIA,	3,000.	TRANSFER	0		
			TO EXECUTE A REGIONAL					
	. i.	-	ACTUARIAL BEST					
	74%		PRACTICES EVENT FOR		CHECK OR WIRE			
		NORTH AMERICA	EURASIAN STUDENT ON	25,600.	TRANSFER	.0		
	, ,		TO LAUNCH AN					
			ANALYTICAL CENTER					
			WHICH WILL PROVIDE		CHECK OR WIRE			
	, , ,,	NORTH AMERICA	PROFESSIONAL RESEARCH	20,000.	,000 TRANSFER	0		
			TO SEND AZERBALJANI					
	,		CREDIT UNION LEADERS					
	-		TO GERMANY TO REVIEW		CHECK OR WIRE			
	***	NORTH AMERICA	GERMANY'S DEPOSIT	7,149.	7,149. TRANSFER	.0		
	,		A. TO TRANSLATE THE					
	,,		GIPS HANDBOOK OF THE					
			CFA INSTITUTE INTO		CHECK OR WIRE			
		NORTH AMERICA	RUSSIAN LANGUAGE AND	16,500.	16,500.TRANSFER	0.		
			TO HAVE A TOUR					
			DESIGNED TO STUDY THE					
			EXPERIENCE OF THE		CHECK OR WIRE			
		NORTH AMERICA	GERMAN DEPOSIT	6,000.	TRANSFER	0.		
			FOR REPRESENTATIVES					
			FROM IFAC, WB, BANK			-		
			OF ASIA, GEORGIAN		CHECK OR WIRE			
		NORTH AMERICA	GOVERNMENT AND 11	19,600.	TRANSFER	.0		
			TO SUPPORT THE STUDY					
			TOUR FOR STAFF OF THE					
			KYRGYZ STOCK EXCHANGE		CHECK OR WIRE			
		NORTH AMERICA	TO EXPLORE THE	7,188.	TRANSFER	0		
			TO FUND TWO STUDENTS					
			FROM KYRGYZSTAN TO GO					
			TO GERMANY TO STUDY		CHECK OR WIRE			
		NORTH AMERICA	THE EXPERIENCE OF THE	7,765.	765.TRANSFER	0		

Page 2

Schedule F-1 (Form 990) 2009 EAST-WEST MANAGEMENT INSTITUTE, INC. 13-3586432

Part II | Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 13-3586432 EAST-WEST MANAGEMENT INSTITUTE, INC.

1	(b) IBS code section	(h) IRS code section	(d) Purpose of (e) Amount (f) Manner of (g) Amount of	(e) Amount	Manner of	(g) Amount of	(h) Description	(i) Method of
(a) Name of organization	and EIN (if applicable)	(c) Region	grant	+-	cash disbursement	non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)-
2			TO ORGANIZE AND					
			DELIVER A FINANCIAL					
			EDUCATION WORKSHOP IN		CHECK OR WIRE			
~ ,		NORTH AMERICA	COOPERATION WITH THE	14,425.	TRANSFER	0.		
The state of the s			CONDUCT AN ANALYSIS					
			AND PROVIDE					
\$75 \$ \$			RECOMMENDATIONS TO		CHECK OR WIRE			
,	- <del> </del>	SOUTH AMERICA	ADDRESS THE ISSUE OF	82,413.	TRANSFER	0.		_
			TO DEVELOP A DATABASE					
1 1 2 2 2			OF HEALTH SERVICE					
			PROVIDERS IN KARACHI		CHECK OR WIRE			
3 . 7		SOUTH AMERICA	AS THE BASIS FOR	10,000.	10,000.TRANSFER	.0		_
			TO PROVIDE LEGAL					
			SERVICES TO INDIGENT					
, , , , , , , , ,			PRISONERS WITHIN		CHECK OR WIRE			
,	<b>34.</b>	SOUTH ASIA	THREE (3) COUNTIES IN	2,500.	TRANSFER	0		
			TO PROVIDING LEGAL					
		Ą	SERVICES TO MORE THEN					
. * *		•	100-200 INDIGENTS		CHECK OR WIRE	-		
		SOUTH ASIA	WITHIN THREE (3)	6,000.	6,000.TRANSFER	0.		
			IMPROVE COURT					
•		EUROPE (INCLUDING	ADMINISTRATION		-			
		ICELAND &	THROUGH ASSISTANCE TO					ACQUISITION
		GREENLAND)	MODEL COURTS.	0.		191,740.	191,740. MATERIALS	VALUE
			PROVIDE ASSISTANCE TO					
			MODEL COURT TO					
		EAST ASIA AND THE	IMPROVE COURT					ACQUISITION
		PACIFIC	ADMINISTRATION BY	0.		28,045.	MATERIALS	VALUE
		EAST ASIA AND THE	SEE EXPLANATION IN					
	a	PACIFIC	PART IV	-109533.		0.		
					•			
					•			

Schedule F-1 (Form 990) 2009

SCHEDULE ! (Form 990) Department of the Treasury Internal Revenue Service

Part

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

5003	Open to Public

OMB No 1545-0047

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

Employer identification number 13-3586432 Inspection X Yes Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. INC. EAST-WEST MANAGEMENT INSTITUTE, General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization

2 []

additional space is needed	tion of (h) Purpose of grant sistance or assistance	SUPPORT FOR INITIATIVES ENCOMPASSING CLINICAL EDUCATION AND LEGAL ADVOCACY IN SUPPORT OF	PROVIDE TECHNICAL AND FINANCIAL ASSISTANCE TO KEY HUMAN RIGHTS NGOS AND COMMUNITY NETWORKS IN		
-1 (Form 990) if	(g) Descrip non-cash as:				 
art IV and Schedule	(f) Method of valuation (book, FMV, appraisal, other)				
ian \$5,000 Use P.	(e) Amount of non-cash assistance	•0	.0		
nt received more th	(d) Amount of cash grant	648,246.	1,332,594.		
s box if no one recipies	(c) IRC section if applicable	501(C)(3)	<b>501</b> (C)(3)		
55,000. Check this	(b) EIN	36-6110299	94-1191246		
recipient that received more than \$	1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of or government (b) EIN (b) IRC section (d) Amount of or government (e) Method of valuation (book, respectively) (f) Method of valuation (f) Method of valuation of valuation (hook, respectively) (h) Purpose or assistance other)	AMERICAN BAR ASSOCIATION FUND FOR JUSTICE AND EDUCATION - 740 FIFTEENTH STREET NW - WASHINGTON, DC 20005	THE ASIA POUNDATION 465 CALIFORNIA ST, # 9 SAN FRANCISCO, CA 94104		

3 Enter total number of other organizations.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS
43 Enter total number of section 501(c)(3) and government organizations

Schedule I (Form 990) 2009

Page 2

13-3586432

Schedule I (Form 990) 2009 EAST-WEST MANAGEMENT INSTITUTE, INC.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
STIPEND	1	2,000.	•0		
PARTICIPANT SUPPORT	25	11,343.	.0		1
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	de the informatio	in required in Part I,	line 2, and any other	additional information	
SCHEDULE I, PART I, LINE 2: EAST-W	VEST MANA	EAST-WEST MANAGEMENT INSTITUTE,		INC. (EWMI)	
REQUIRES PERIODIC TECHNCIAL AND FI	INANCIAL	REPORTS ON	THE USE O	FINANCIAL REPORTS ON THE USE OF GRANT FUNDS	
FROM ALL GRANTEES IN THE US. EWMI	STAFF	EVIEW THES	E REPORTS	REVIEW THESE REPORTS AND FOLLOW UP	
WITH ANY QUESTIONS. IN ADDITION, U	US GRANTEES	ES PROVIDE	PROVIDE EWMI WITH	COPIES OF	
THEIR AUDITED FINANCIAL STATEMENTS	-	SUPPORTING THE FI	FINANCIAL REPORTS	PORTS	
SUBMITTED FOR SPECIFIC PROGRAM GRANTS.	ANTS.				

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: 932102 02-02-10

Schedule I (Form 990) 2009 EAST-WEST MANAGEMENT INSTITUTE, INC. 13-3586432 Page 2  Part IV Supplemental Information
AMERICAN BAR ASSOCIATION FUND FOR JUSTICE AND EDUCATION
(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR INITIATIVES ENCOMPASSING
CLINICAL EDUCATION AND LEGAL ADVOCACY IN SUPPORT OF HUMAN RIGHTS IN
CAMBODIA
NAME OF ORGANIZATION OR GOVERNMENT: THE ASIA FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE TECHNICAL AND FINANCIAL
ASSISTANCE TO KEY HUMAN RIGHTS NGOS AND COMMUNITY NETWORKS IN CAMBODIA

# SCHEDULE J (Form 990)

**Compensation Information** 

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 23. 2009

OMB No 1545 0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

Attach to Form 990. See separate instructions.

EAST-WEST MANAGEMENT INSTITUTE, INC. 13-3580

Employer identification number 13-3586432

Pa	art 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			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions — Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
þ	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	ļ
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			ĺ
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X	<u> </u>
		ŀ		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply			ł
	Compensation committee Witten employment contract			
	Independent compensation consultant  X Compensation survey or study		}	
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
7	organization or a related organization.			
а	Receive a severance payment or change-of-control payment?	4a	х	
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	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			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	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:			<u></u>
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III		}	
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7	ļ	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 in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	<u> </u>	<u>L.                                    </u>

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

Schedule J (Form 990) 2009

13-3586432

EAST-WEST MANAGEMENT INSTITUTE, INC.

Schedule J (Form 990) 2009

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

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

(A) Name  ADRIAN HEWRYK (II)  RACHEL TRITT (II)  FRON NAHZI (III)	(i) Base compensation	(ii) Bonus &	(iii) Other	Retirement and	Nontaxable	Total of columns	Compensation
N HEWRYK L TRITT NAHZI	_	incentive	reportable compensation	other deferred compensation	benefits	(D)·(j)(B)	reported in prior Form 990 or Form 990-EZ
N HEWRYK L TRITT NAHZI	187,000.	0	.09	11,949.	10,614.	209,623.	0.
L TRITT	- 1		0				0.
L TRITT	154,895.		90.	9,898.	26,878.	191,731.	0.
NAHZI	- 1		0	- 1			0.
NAHZI	141,500.		- 06	9,042.	10,907.	161,539.	0.
	ı į				1 1		0.
	158,500.		70,473.	12,393.	20,866.	262,232.	0
HERBERT BOWMAN	1			H			0.
	130,028.		45,939.	060′6	2,181.	187,238.	0.
PATRICIA BAARS (II)	- 1		- 1				0.
	158,496.		42,505.	6,131.	15,775.	222,907.	0.
KENNETH STUART	- 1		0		- 1		0.
8	145,500.	•	138.	9,297.	10,407.	165,342.	0.
MARK DIETRICH				ı	- 1		0.
	126,000.		54,815.	7,398.	12,272.	200,485.	0.
NEIL WEINSTEIN	- 1						0.
	156,000.		50,929.	9,788.	7,911.	224,628.	0.
GEOFFREY MAZULLO	0		0				0.
	145,500.		0.	8,740.	21,011.	175,251.	0
NICOLAS MANSFIELD (ii)	- 1		ľ		ļ	- 1	0
(a)	138,534.	0	57,870.	10,429.	21,011.	227,844.	0
	•	>	>	>	5	0	0
3 (							
(m)							
<u> </u>							
(1)							
(3)							
(i)							
(9)							
(ii)							

Schedule J (Form 990) 2009

#### **SCHEDULE L**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Transactions With Interested Persons**

► Complete if the organization answered prom 990. Part IV. line 25a, 25b, 26, 27, 28a, 28b, or 2

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

2009

Open To Public Inspection

Employer identification number

EAS	T-WEST	MA	NAC	EMEN	II T	ISTI	TUTE,	INC.		1	.3-35	8643	2	
Part I Excess Benefit														
Complete if the orga	nization ansv	vered	"Yes"	on For	n 990, F	art IV,	lıne 25a o	r 25b, or Fo	rm 990-E	Z, Part	V, line 40	)b		
(a) Name of dis	gualified pers	son					(b) I	Description	of transa	ction				rected?
(-)					-							-	Yes	No
	<del></del>				<del>-</del>									<del> </del>
					<del></del>			<u> </u>						
			•									-	<u> </u>	
·····			-		<del></del>			•						
<i>-</i>														
2 Enter the amount of tax imposection 4958	osed on the o	organi	zation	manag	ers or di	squalifi	ed person	ns during the	year ur	der	<b>&gt;</b> \$			
3 Enter the amount of tax, if ar	ny, on line 2,	above	, reim	bursed	by the o	rganiza	ition				▶ \$			
Part II Loans to and/or	r From Int	ores	ted I	Pareni	16									<del></del>
Complete if the orga						)	ling 26 or	Form 000 E	7 Dort \	/ line 20	20			
(a) Name of interested	(b) Loan				ginal prii			ance due		) In	(f) App	proved	(a) W	ritten
person and purpose	the orga				amount		(4) 54	u.100 da0		ault?		ard or		ment?
	То	Fre	om						Yes	No	Yes	No	Yes	No
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Total	<u> </u>	L		1						<u>.                                    </u>	1	L		<u> </u>
Part III Grants or Assis Complete if the orga			_			ersons			·		<del>!</del>		<del>*</del>	
(a) Name of interested i		voica	103					sted person	and	· ·	(c) Am	ount an	d type o	f
	, -				·		ganızation					assistar		
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Part IV Business Trans	actions In	volv	ing I	nteres	ted P	erson	s.							
Complete if the orga	nization ansv	vered	"Yes"	on For	n 990, F	art IV,	line 28a, 2	28b, or 28c						
(a) Name of interested p	person				ship beto and the		iterested ation	(c) Amo			Descript transact		organiz	aring of ation's nues?
						_		<u> </u>					Yes	No
ROMAN HEWRYK			BRC	THEF	≀ OF	ADR	IAN H	124	,750	.ROM	IAN I	SA		Х
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SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

932131 02-01-10

Schedule L (Form 990 or 990-EZ) 2009

LHA For Privacy Act and Paperwork Reduction Act Notice, see the

Instructions for Form 990 or 990-EZ.

# SCHEDULE M (Form 990)

### **Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Internal Revenue Service

Attach to Form 990.

Name of the organization

Employer identification number 13-3586432

	EAST-WEST MA	NAGEME	NT INSTIT	UTE, INC.		İ	1	.3-35	864	32	
Pa	rt I Types of Property			······································							
<b></b>		(a) Check if applicable	(b) Number of contributions	(c) Revenues report Form 990, Part VIII				(d) d of dete revenue		ng	
1	Art - Works of art										
2	Art - Works of art Art - Historical treasures			<del> </del>					-		
3	Art · Fractional interests		-								
4	Books and publications								-		
5	Clothing and household goods			<del></del>							
6	Cars-and other vehicles										
7	Boats and planes			<del></del>			_				
8	Intellectual property	-	·								
9	Securities · Publicly traded		· · · · · · · · · · · · · · · · · · ·								
10	Securities - Closely held stock										
11	Securities - Partnership, LLC, or										
	trust interests					-					
12	Securities - Miscellaneous										
13	Qualified conservation contribution -										
	Historic structures										
14	Qualified conservation contribution - Other										
15	Real estate - Residential										
16	Real estate - Commercial										
17	Real estate - Other										
18	Collectibles										
19	Food inventory										
20	Drugs and medical supplies										
21	Taxidermy										
22	Historical artifacts										
23	Scientific specimens			 							
24	Archeological artifacts			ļ	146	00 am	~=-	50111		<del>-</del>	<del></del>
25	Other (MEETINGS & TR)	X	69	•		COST					TEM
26	Other (TRAVEL RELATE)	X	4	4,0	)58.	COST	OF.	DOM	TEL	<u> </u>	TEM
27	Other ()			<u> </u>							
28	Other ► (	L	<del> </del>	<u> </u>		_					
29	Number of Forms 8283 received by the organi			1							
	for which the organization completed Form 82	183, Part IV, I	Donee Acknowled	gment	29	<del>.</del>	-		Т,	<b>-</b>	A)-
00-	D				- 1 00 45	-4 .4		г		Yes	No
30a	During the year, did the organization receive be at least three years from the date of the initial										
	•	COntribution	, and which is not	required to be used	ioi exeii	ipt purpt	2565 101		30a		X
h	the entire holding period?  If "Yes," describe the arrangement in Part II.							F	300		
31	Does the organization have a gift acceptance	nolicy that re	an ures the review	of any non-standar	d contrib	utions?			31		X
	Does the organization here or use third parties	-	•	•				F	<del>-  </del>		
JZa	contributions?	OI ICIAICU OI	gariizations to son	cit, process, or sen	rioricasii			1.	32a	l	х
ь	If "Yes," describe in Part II.							F	-		
33	If the organization did not report revenues in o	column (c) for	r a type of propert	v for which column	(a) is che	cked					Į.
<del></del>	describe in Part II.	-5.a (0) 10:	. = 1,00 or propert	, .o	(a) 10 <b>0</b> 110	,					
LHA		Act Notice	, see the Instruct	ions for Form 990.			Sche	dule M	Form	990)	2009

Schedule M	I (Form 9	990) 2009	EAS'	r-west	<u>MANAG</u>	EMENT I	NST.	ITUTE,	INC.	13-3586		Page 2
Part II	Supp	lemental	Infor	mation. Co	mplete the	s part to provid	de the	information	required by Pa	ırt I, lines 30b, 32b, an	d 33	
<del></del>	AISO CO	omplete mis	part ioi	arry addition				<del></del>				
SCHEDU	JLE M	I, PARI	ı,	COLUMN	(B):	NUMBER	OF	CONTR	IBUTORS	REPRESENTS	THE	
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UMBER	OF	ITEMS	DON	ATED.								
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#### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

EAST-WEST MANAGEMENT INSTITUTE, INC.

Employer identification number 13-3586432

EAST-WEST MANAGEMENT INSTITUTE, INC. 13 3300432
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ORGANIZATIONS, EWMI COMBINES LEGAL, CIVIC AND ECONOMIC INITIATIVES TO
BUILD JUST, PROSPEROUS AND DEMOCRATIC SOCIETIES.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
NON-GOVERNMENTAL ORGANIZATIONS ("NGOS"), GRANTS, AND SEMINARS,
CONFERENCES, WORKSHOPS AND OTHER EDUCATIONAL PROGRAMS.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
REPRESENTATION PROVIDED IN OVER 2,100 CASES. EWMI'S PARTNER HUMAN
RIGHTS NGOS INVESTIGATED HUMAN RIGHTS VIOLATIONS ESPECIALLY RELATED TO
LAND GRABBING, LAND DISPUTES AND FORCED EVICTIONS, MONITORED DETENTION
CENTERS AND PRISONS, AND CONDUCTED HUMAN RIGHTS DOCUMENTATION
TRAININGS. EWMI SUCCESSFULLY INTRODUCED A NEW INTRANET SYSTEM AND
JUSTICE STATISTICS DATABASE AT THE MINISTRY OF JUSTICE. EWMI HELPED
DEVELOP THE FIRST CAMBODIAN LAW JOURNAL, AND CONTINUED AND EXPAND
EFFORTS BEGUN UNDER PRAJ TO IMPROVE LEGAL EDUCATION.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
POSITION IN THE COURT MANAGEMENT STRUCTURE. SPP WORK WITH INDIVIDUAL
COURTS ON REDUCING CASE BACKLOGS WAS INCORPORATED INTO THE NATIONAL
COURT PROCEDURE REQUIREMENTS OF THE BOOK OF COURT RULES. SPP ALSO
ORGANIZED WORKSHOPS FOR OVER 50 REPRESENTATIVES FROM THE NATIONAL
ASSEMBLY OF THE REPUBLIC OF SERBIA (NARS) INCLUDING BOTH MPS AND
ADMINISTRATIVE STAFF. THESE WORKSHOPS INTRODUCED NARS STAFF AND MPS TO
CONCEPTS AND TECHNIQUES OF STRATEGIC PLANNING AND SUPPORTED ACTIVITIES
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  Schedule O (Form 990) 2009 932211 02-03-10

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

EAST-WEST MANAGEMENT INSTITUTE, INC.

 $\begin{array}{c} \textbf{Employer identification number} \\ 13-3586432 \end{array}$ 

AIMED AT FORMING AN INDEPENDENT BUDGET OFFICE FOR THE NATIONAL
ASSEMBLY. SPP ALSO BEGAN THE PROCESS OF DEVELOPING BUDGET PREPARATION
CAPACITY WITHIN THE SERBIAN HIGH COURT COUNCIL BY PROVIDING DIRECT
ASSISTANCE TO THE DRAFTING OF THE 2010 BUDGET FOR THE COUNCIL.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
COURTS, AND TWICE THE NUMBER ANTICIPATED IN THE ORIGINAL CONTRACT -
IMPLEMENT RIGOROUS COURT IMPROVEMENT PLANS. EWMI INTRODUCED NEW
RECORDS MANAGEMENT SYSTEMS AND COMPUTERIZED CASE MANAGEMENT SYSTEMS;
REMODELED COURTHOUSES TO MAKE THEM MORE ACCESSIBLE TO THE PUBLIC;
IMPROVED PUBLIC RELATIONS AND CUSTOMER SERVICE; AND TOOK STEPS TO
REDUCE SERIOUS CASE BACKLOGS, WITH SOME COURTS ACHIEVING ANNUAL BACKLOG
REDUCTIONS OF ONE-THIRD TO NEARLY ONE-HALF. THE BIH MINISTRY OF
JUSTICE, A NEW AND FLEDGLING MINISTRY AT THE BEGINNING OF JSDP,
DEVELOPED OVER THE COURSE OF THE PROJECT INTO THE LARGEST STATE
MINISTRY AND ONE THAT IS MUCH MORE CAPABLE OF CARRYING OUT ITS MANDATE.
EWMI ALSO HELPED ENTITY AND CANTONAL MINISTRIES DEVELOP THE FIRST
PUBLIC LEGAL AID INSTITUTES, WHICH PROVIDE FREE LEGAL REPRESENTATION TO
INDIGENT CRIMINAL DEFENDANTS.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
BOSNIA JSDP II
EXPENSES \$ 404059. INCLUDING GRANTS OF \$ 66976. REVENUE \$ 0.
PARTNERS FOR FINANCIAL STABILITY PROGRAM (PFS)
EXPENSES \$ 890099. INCLUDING GRANTS OF \$ 210255. REVENUE \$ 0.
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009

#### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

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▶ Attach to Form 990.

2009
Open to Public Inspection

Employer identification number Name of the organization EAST-WEST MANAGEMENT INSTITUTE, INC. 13-3586432 CAMBODIA HUMAN RIGHTS (PRAJ) INCLUDING GRANTS OF \$ -107706. EXPENSES \$ -54330. REVENUE \$ 0. SAFEGUARDING CAMBODIANS' LAND RIGHTS INCLUDING GRANTS OF \$ 15726. REVENUE \$ 0. EXPENSES \$ 166651. JAFFNA LEGAL AID PROJECT INCLUDING GRANTS OF \$ 82418. REVENUE \$ 0. EXPENSES \$ 98420. KOSOVO MUNICIPAL COUNCILS ON SAFETY IN COMMUNITIES REVENUE \$ 0. **EXPENSES \$ 244595.** INCLUDING GRANTS OF \$ 91305. EGYPT ADMINISTRATION OF CRIMINAL JUSTICE INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. EXPENSES \$ 72754. KOSOVO SEAD - CHECCHI EXPENSES \$ 24160. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. ENHANCING THE RESETLEMENT LEGAL FRAMEWORK IN CAMBODIA EXPENSES \$ 24805. INCLUDING GRANTS OF \$ 0. REVENUE \$ 24045. ROMANIA COURT CLERK TRAINING PROJECT **EXPENSES \$ 236080.** INCLUDING GRANTS OF \$ 0. **REVENUE \$ 290161.** 

SURINAME ETG

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10

Schedule O (Form 990) 2009

(Form 990)

## Supplemental Information to Form 990

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990. Employer identification number Name of the organization 13-3586432 EAST-WEST MANAGEMENT INSTITUTE, INC. EXPENSES \$ 6745. INCLUDING GRANTS OF \$ 0. REVENUE \$ 8100. SAFER ACCESS TO ARABLE LANDS BY SAFEGUARDING LAND TENURE THROUGH AWARENESS ON LAND LAWS AND SUPPORT TO PROVISION OF LAND TITLES TO POOR FARMING HOUSEHOLDS FOR THE ECONOMIC & SOCIAL RELAUNCH OF NORTHWEST PROVINCES (ECOSORN) **EXPENSES \$ 144342.** INCLUDING GRANTS OF \$ 0. REVENUE \$ 128455. KOSOVO CONSTITUTIONAL JUSTICE INITIATIVE **EXPENSES \$ 216137.** INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. GEORGIA CRIMINAL JUSTICE STATISTICS PROJECT EXPENSES \$ 53460. INCLUDING GRANTS OF \$ 0. REVENUE \$ 75931. PPP COMESA PROGRAM INCLUDING GRANTS OF \$ 0. REVENUE \$ 42295. EXPENSES \$ 37600. MARTISSANT PARK PROJECT (HAITI) PHILANTHROPICATION THRU PRIVATIZATION PROJECT EXPENSES \$ 74467. INCLUDING GRANTS OF \$ 11500. REVENUE \$ 0. FONDATION CONNAISSANCE ET LIBERTE REVENUE \$ -2590. EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0.

OTHER

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10

Schedule O (Form 990) 2009

(Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ➤ Attach to Form 990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

EAST-WEST MANAGEMENT INSTITUTE, INC. **Employer identification number** 13-3586432

EXPENSES \$ 18618. INCLUDING GRANTS OF \$ 18500. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS FIRST REVIEWED IN DETAIL BY THE OFFICERS OF THE ORGANIZATION, INCLUDING THE PRESIDENT AND EXECUTIVE VICE PRESIDENT WITH INPUT FROM THE CONTROLLER. ONCE THIS REVIEW THE FORM 990 IS CIRCULATED TO THE AUDIT COMMITTEE AND ALL IS COMPLETED. MEMBERS OF THE BOARD OF DIRECTORS FOR FINAL REVIEW.

SECTION B, LINE 12C: AS PART OF ITS OVERALL COMPLIANCE FORM 990, PART VI, PROGRAM, EWMI HAS A CONFLICT OF INTEREST POLICY IN PLACE. AT THE END OF EACH YEAR, ALL OFFICERS, DIRECTORS AND EMPLOYEES ARE ASKED TO RESPOND TO A DETAILED COMPLIANCE OUESTIONNAIRE AND IDENTIFY ANY POTENTIAL CONFLICTS OF INTEREST. AT THE END OF YEAR, EWMI'S OFFICERS PREPARE A COMPLIANCE REPORT FOR THE BOARD AND A DISCLOSURE OF ANY POTENTIAL CONFLICTS OF INTEREST. IN ADDITION, EWMI HAS OTHER POLICIES AND PROCEDURES IN PLACE WHICH ENABLES EWMI TO ENFORCE AND MONITOR COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY, INCLUDING A CODE OF CONDUCT, WHICH ALL EMPLOYEES AND CONSULTANTS ARE REQUIRED TO SIGN, AND A VETTING PROCESS FOR ALL AGREEMENTS, REQUIRES DISCLOSURE OF ANY POTENTIAL CONFLICTS OF INTEREST PRIOR TO IN 2009, EWMI'S CONFLICT OF INTEREST AND GIFT ENTERING INTO AN AGREEMENT. POLICY WAS REVIEWED AND REVISED BY THE BOARD OF DIRECTORS, AND AN UPDATED POLICY WAS APPROVED AS OF MAY 6, 2009. IN ADDITION, ALL EWMI DIRECTORS AND OFFICERS COMPLETED A CONFLICT OF INTEREST POLICY AFFIRMATION IN 2009 WHICH REQUIRED DISCLOSURE OF ANY POSSIBLE CONFLICTS OF INTEREST. EWMI'S EFFORTS TO ENFORCE AND MONITOR COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY WERE FURTHER STRENGTHENED IN 2009 WITH THE ESTABLISHMENT OF AN AUDIT COMMITTEE.

Schedule O (Form 990) 2009 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

932211 02-03-10

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

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

Attach to Form 990.

2009
Open to Public Inspection

Employer identification number 13-3586432

Name of the organization EAST-WEST MANAGEMENT INSTITUTE, INC

FORM 990, PART VI, SECTION B, LINE 15: AT THE REQUEST OF THE CHAIRMAN OF
THE EWMI BOARD, EWMI REVIEWED SEVERAL SALARY SURVEYS IN 2008 IN ORDER TO
ENSURE THAT EWMI'S SALARIES ARE WITHIN COMPARABLE RANGES WITH THOSE OF
OTHER NOT-FOR-PROFITS. BASED UPON THE REVIEW WE FOUND THAT OVERALL EWMI'S
SALARIES ARE REASONABLY WITHIN THE PARAMETERS IDENTIFIED IN THE SURVEYS.
THE RESULTS OF THIS REVIEW WERE PRESENTED TO THE EWMI BOARD, WHICH IS
RESPONSIBLE FOR APPROVING SALARIES FOR OFFICERS AND KEY EMPLOYEES.
FORM 990, PART VI, SECTION C, LINE 19: EWMI'S GOVERNING DOCUMENTS ARE MADE
PUBLICLY AVAILABLE IN THE FOLLOWING WAYS:
(I) GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST;
(II) CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST AND IS POSTED ON
EWMI'S WEB SITE;
(III) EWMI'S FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AND ARE POSTED
ON EWMI'S WEB SITE. THE FINANCIAL STATEMENTS ARE ALSO SUMMARIZED IN EWMI'S
ANNUAL REPORTS, WHICH ARE POSTED ON EWMI'S WEB SITE.
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
(A) NAME OF PERSON: ROMAN HEWRYK
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
BROTHER OF ADRIAN HEWRYK, PRESIDENT
(C) AMOUNT OF TRANSACTION \$ 124750.
(D) DESCRIPTION OF TRANSACTION: ROMAN IS A SALARIED EMPLOYEE OF THE
ORGANIZATION

(E) SHARING OF ORGANIZATION REVENUES? = NO

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10

Schedule O (Form 990) 2009

(Form 990) `

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization	EAST-WEST	MANAGEMENT	INSTITUTE,	INC.	Employer identification number 13-3586432
FORM 990, PART I	, LINE 6	···			
NUMBER OF VOLUNT	EERS			····	
FROM TIME TO TIME	E, EWMI EN	IGAGES PRO	BONO EXPERT	S TO PROVI	DE TRAINING
AND ASSISTANCE TO	OUR PART	NERS ABROAL	ON A PART	-TIME BASI	s. IN 2009
EXPERTS PROVIDED	PRO BONO	ASSISTANCE	AND TRAINI	NG TO BENE	FICIARIES OF
THE PARTNERS FOR	FINANCIAL	STABILITY	PROGRAM, A	ND JUSTICE	SECTOR
DEVELOPMENT PROJ	ECT.	<u> </u>			
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Asset	•				Description	of property		
Number	Date placed in service	Method/ IRC sec.		Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
1	FURNITUI VARIES			URE	S 60,379.		59,060.	1,319
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	VARIES	SSL	.000	16	27,812.		27,812.	(
!	* TOTAL	790 1	PAGE 1	ע ט	88,191.	0.	86,872.	1,319
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6261 -24-09					- Current year section 179	(D) · Asset dispo		

### Form **8868**

(Rev. April 2009) Department of the Treasury

# Application for Extension of Time To File an **Exempt Organization Return**

OMB No 1545-1709

Form 8868 (Rev. 4-2009)

Internal Re	yenue Service	► File a	a separate application for e	ach return.		
• If you	are filing for an Aut	omatic 3-Month Extension, con	nplete only Part I and che	ck this box		▶ X
•	•	itional (Not Automatic) 3-Mont	•		form).	, —
-	-	less you have aiready been gran		· · · •		
Part	Automatic	3-Month Extension of T	ime. Only submit original	(no copies peeded)		<del> </del>
r.art		, o-Month Extension of 1	inie. Only submit original	(no copies needed).		
A corpo	ration required to file	Form 990-T and requesting an a	utomatic 6-month extension	on - check this box and con	nplete	
Part I or	nly					▶ ∟_
	r corporations (includ come tax returns.	ling 1120-C filers), partnerships, i	REMICs, and trusts must u	se Form 7004 to request ar	exten	sion of time
		enerally, you can electronically file				
		corporation required to file Formersion or (2) you file Forms 990-B				
you mu	st submit the fully co	mpleted and signed page 2 (Part	II) of Form 8868. For more			
		n e-file for Charities & Nonprofits	<del></del>		Ι	
Type or	Name of Exemp	t Organization			Empl	loyer identification number
print	EAST-WES	T MANAGEMENT INS	TITUTE, INC.		1	3-3586432
File by the		and room or suite no. If a P.O. bo	<del></del>	<del></del>		<u> </u>
filing your return Sec	575 MADI	SON AVENUE, 25TH				
instruction		st office, state, and ZIP code. Fo , NY 10022	r a foreign address, see ins	structions.		
Charle 1						
	••	filed(file a separate application f	or each return).			
Į <b>X</b> Į F∙	orm 990	Form 990-T (corpo	•	Form 47		
	om 990-BL		01(a) or 408(a) trust)	Form 52		
	orm 990-EZ orm 990-PF	Form 990-T (trust o	other than above)	Form 60		
F	om 990-PF	Form 1041-A		- FOIIII 60		
		ADRIAN B. HE	WRYK			
		of ▶ 575 MADISON	AVENUE - NEW Y	YORK, NY 10022		
Telej	ohone No. ▶ <u>212</u>	-843-7660	FAX No.	>		
	_	ot have an office or place of bus				▶ □
		rn, enter the organization's four o				- ·
box 🕨	L. If it is for part	of the group, check this box	and attach a list with	the names and EINs of all	memb	ers the extension will cover.
1 1	request an automatic	3-month (6-months for a corpora		990-T) extension of time unt or the organization named a		The extension
is	for the organization	<del>`</del> '	empt organization return to	or the organization named t	DOVE.	THE EXTENSION
	X calendar year					
•	tax year begin		, and ending			
						_
2 If	this tax year is for le	ss than 12 months, check reasor	n: Initial return	Final return	ا ـــا	Change in accounting period
3a If	this application is fo	r Form 990-BL, 990-PF, 990-T, 47	20, or 6069, enter the tent	ative tax, less any		
_	onrefundable credits				3a	\$
	* *	r Form 990-PF or 990-T, enter an		stimated	_	_
		nclude any prior year overpayme		or if required	3b	\$
		ct line 3b from line 3a. Include yo oon or, if required, by using EFTP	· ·			
	ee instructions.	on or, in required, by using EFTF	o (Electronic Federa) fax F	ауплент бузгеніў.	3c	s N/A
	oo mondond.				_ ~~_	

923831 05-26-09

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form :	8868 (Rev. 4-2009)	_	Page
Note	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check the Only complete Part II if you have already been granted an automatic 3-month extension on a previously for are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).		<b>▶ X</b> 8868.
Par	till: Additional (Not Automatic) 3-Month Extension of Time. Only file the original (r	o copies	needed).
Туре	or Name of Exempt Organization	Em	oloyer identification number
print	EAST-WEST MANAGEMENT INSTITUTE, INC.	_   1	13-3586432
File by extended due dated filing the	Number, street, and room or suite no. If a P.O. box, see instructions.	For	IRS use only
return	See City, town or post office, state, and ZIP code. For a foreign address, see instructions		
	k type of return to be filed (File a separate application for each return):  Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A  Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720		form 5227 Form 8870
STOF	P! Do not complete Part II if you were not already granted an automatic 3-month extension on a prev	iously fil	ed Form 8868.
	ADRIAN B. HEWRYK e books are in the care of ► 575 MADISON AVENUE - NEW YORK, NY 100 lephone No. ► 212-843-7660 FAX No. ►	22	
₽ lft	he organization does not have an office or place of business in the United States, check this box		<b>▶</b> ∐
• If t	his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)		- ·
юх	***************************************	all mem	bers the extension is for.
	I request an additional 3-month extension of time until NOVEMBER 15, 2010.		
5	For calendar year $\frac{2009}{}$ , or other tax year beginning , and ending	9	<u> </u>
	If this tax year is for less than 12 months, check reason.  Initial return  Final return		Change in accounting perio
7	State in detail why you need the extension  ADDITIONAL TIME IS NEEDED IN ORDER TO PREPARE AND FI	LE A	COMPLETE AND
	ACCURATE RETURN.		
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		
	nonrefundable credits See instructions	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated	1	
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid		+ _
_	previously with Form 8868.  Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit	8b	\$
С	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instruction	ns. 8c	s N/A
	Signature and Verification	.13.1 00	
	penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to exercise, correct, and complete, and that I am authorized to prepare this form.	the best	of my knowledge and belief,
Sianat	Title >	Πat	• 🛌

923832 05-26-09 Form **8868** (Rev. 4-2009)