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990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service , 20 10 For the 2009 calendar year, or tax year beginning July 1 2009, and ending June 30 C Name of organization The William Davidson Institute at the Univ of MI Employer identification number Please B Check if applicable use IRS Doing Business As 3048086 Address change print or Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Name change type. See 763-5020 724 E University Avenue 734) Initial return Specific City or town, state or country, and ZIP + 4 ☐ Terminated Instruc Ann Arbor, Michigan 48109-1234 G Gross receipts \$ Amended return F Name and address of principal officer: Application pending H(a) Is this a group return for affiliates? Yes No Robert Dolan, 701 Tappan St, Ann Arbor, MI 48104 H(b) Are all affiliates included? ☐Yes ☐ No Tax-exempt status If "No." attach a list (see instructions) Website: ▶ www.wdi.umich.edu H(c) Group exemption number ▶ Form of organization 🗹 Corporation 🔲 Trust 🔲 Association 🔲 Other 🕨 L Year of formation 1992 M State of legal domicile MI Part | Summary Briefly describe the organization's mission or most significant activities: To operate a not-for-profit, licensed, proprietary school offering courses and instruction in business management in market economies and Governance allied fields. To engage in research and other outreach to support the instructional mission. 2 Check this box ▶ ☐ 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) 8 4 Number of independent voting members of the governing body (Part VI, line 1b) 42 5 0 6 6 Total number of volunteers (estimate if necessary) 7a 0 7a Total gross unrelated business revenue from Part VIII, column (C), line 12. b Net unrelated business taxable income from Form 990-T, line 34. 0 **Current Year** 1,100,591 1,988,602 Opntributions and grants-(Part VIII, line 1h) . Program service revenue (Part VIII) line 2g) . . 1.713.565 1,304,013 Investment income (Barl VIII, column (A), lines 3, 4, and 7d) . 2,565,098 2,463,012 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue = add-lines 8, through 11 (must equal Part VIII, column (A), line 12) 5,379,254 5,755,627 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . 470,203 571,743 Benefits-paid to or for members (Part IX, column (A), line 4) 3,030,839 3,262,418 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,430,722 2,579,297 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 5.931.764 6,413,458 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). Revenue less expenses. Subtract line 18 from line 12 (552,510)(657,831)5 **Beginning of Current Year End of Year** 42,795,560 43,753,215 20 Total assets (Part X, line 16) . 1,388,816 1,449,373 21 Total liabilities (Part X, line 26) 41,406,844 42,303,842 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Date Here Robert Dolan, President Type or print name and title Check rf Date Preparer's identifying number Preparer's (see instructions) signature employed ▶ □ Paid Preparer's Firm's name (or yours **Use Only** if self-employed), address, and ZIP + 4 Phone no ► (

Yes

May the IRS discuss this return with the preparer shown above? (see instructions)

Par	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: The William Davidson Institute is an independent, education, research and applied practice organization. The Institute provides instruction and works with businesses, universities, development organizations and governments in emerging economies to implement sound business practices and speed the transition to global engagement.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes V No
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 3,920,122 including grants of \$ 447,883) (Revenue \$ 3,044,545) Educational Purposes 1. Executive Education delivered 24 instructional programs in 7 emerging market countries
	 Development Consulting Services worked with local universities in emerging markets to provide higher education capacity building which included student and faculty exchanges, and curriculum development. The initialitive also brought business based technical assistance to 17 developing countries. The Institute supported international activities at the University of Michigan by sourcing and funding student activities (projects, courses, and internships) in developing countries.
	4. Educational Outreach developed course materials, with an emphasis on international business, for use in the classroom.
4b	(Code:) (Expenses \$ 761,728 including grants of \$ 0) (Revenue \$ 65,565) Research
	1. The Institute performed research to act as a bridge between academics and practitioners in the areas of: Globalization of Services, Base of the Pyramid (market based approaches to poverty alleviation), and the Business of Health Care (developing management skills to improve health care delivery).
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses > 4 681 850

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
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		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	✓	23
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		E -	**************************************
•	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.	16	1	
•	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	V €	*(#1.20)
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	9		
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a	1	
b	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	1	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		1
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	1	
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		1
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		1
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	_	1
<u> 20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Y

Pai	The Checklist of Required Schedules (continued)			
			Yes	No
21	Did 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 1? If "Yes," complete Schedule I, Parts I and II	21	1	
22	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 2? If "Yes," complete Schedule I, Parts I and III	22	1	
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	23	1	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		✓_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		√
26	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	26		1
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.	27		✓
28	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	✓	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		✓
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	-
			<u> </u>	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			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	İ		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	_		لــــا
	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return	2b	/	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20	•	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a 3b		✓
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	JU		
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		/
h	If "Yes," enter the name of the foreign country: ▶			
J	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
	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	5c		
e-	Prohibited Tax Shelter Transaction?	6a		1
ба	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	70		-
	and services provided to the payor?	7a 7b		 •
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	15		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		<u> </u>	ļ
•	benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		├
g	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	7h	1	1
٥	required?	<u> </u>		1
8	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	L		<u> </u>
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>	<u> </u>	1
а	Did the organization make any taxable distributions under section 4966?	9a	<u> </u>	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	 	
10	Section 501(c)(7) organizations. Enter:			
а	initiation lees and capital contributions included on that vin, into 12	1		
b	Gloss receipts, included on Form 330, Fait Vin, line 12, 101 public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	1		
a h	Gross income from other sources (Do not net amounts due or paid to other sources against	1		1
Ü	amounts due or received from them.)	<u> </u>		$oldsymbol{ol}}}}}}}}}}}}}}}}}}$
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		l	1

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.

Sec	tion A. Governing Body and Management								
	1 1		Yes	No					
1a									
b	Enter the number of voting members that are independent								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with								
_	any other officer, director, trustee, or key employee?	2		✓					
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		,					
_	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		✓					
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<u> </u>					
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5							
6	Does the organization have members or stockholders?	6		_					
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	7a	1						
L	of the governing body?	7b	<u> </u>	1					
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during	,,,							
8	the year by the following:								
•	The governing body?	8a	1						
	Each committee with authority to act on behalf of the governing body?	8b	1						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached								
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		✓					
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte-	ernal							
Rev	enue Code.)								
			Yes	No					
10a	Does the organization have local chapters, branches, or affiliates?	10a		✓					
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			Ì					
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b							
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the								
	form?	11		-					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10-	-						
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	/						
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	12b	1						
	rise to conflicts?	120	<u> </u>						
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	1						
13		13	7						
14	Does the organization have a written whistleblower policy?	14	1						
15	Did the process for determining compensation of the following persons include a review and approval by								
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		. Ne	_ }^					
а	The organization's CEO, Executive Director, or top management official	15a	1						
b	Other officers or key employees of the organization	15b	_	✓					
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	y 4	ry. Routine	85					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1		25					
	with a taxable entity during the year?	16a	- A-011	/					
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate								
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			<u> </u>					
_	the organization's exempt status with respect to such arrangements?	16b		<u></u>					
_	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶ Michigan								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	only)						
	available for public inspection. Indicate how you make these available. Check all that apply.								
	☐ Own website ☐ Another's website ☑ Upon request								
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	ot int	erest						
^^	policy, and financial statements available to the public.		. , L						
20	State the name, physical address, and telephone number of the person who possesses the books and reconganization: ► Rosemary Harvey, 724 E University Avenue, Ann Arbor, Michigan 48109	oras o	T The						
	Organization. P 11000mail interval, 127 E omitaraly Availab, Ann Albort mornigan 40100		·						

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.

Check this box if the organization did not co		any c	curre			cer, d	irec			
(A)	(B)	l <u>.</u> .		•	C) 			(D)	(E)	(F)
Name and Title	Average hours per week	P or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Robert Dolan President, Director	5	1		1				40,000	0	0
Karen Davidson Director	1	1						0	0	0
Izak Duenyas Director	1	1						16,500	0	0
John Engler Director	1	1						0	0	7,500
Ralph Gerson Director	1	1						0	0	0
Dan Glickman Director	1	1						0	0	0
Kenneth Lieberthal Director	1	1						7,500	0	0
Kathleen Sutcliffe Director	1	1						12,519	0	0
Robert Kennedy Executive Director	40			1				303,633	0	35,002
Rosemary Harvey Assoc Dir, Acting Educ Outreach Dir, Treas	40			1	:			270,001	0	34,360
Khalid Al Naif Director, Development Consulting	40				1			208,947	0	90,123
Amy Gillett Director, Executive Education	40				1			199,690	0	32,597
Edward London Director, Base of the Pyramid Research	40				1			188,142	0	29,565
David Canter Director, Health Care Research	40				1			138,379	0	8,889
	-									
	-									

Part VII Section A. Officers, Directors, Tru	ıstees, Key	/ Emp	loye	ees,	an	d Higi	hest	Compensated	Employees (c	ontinued)
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average hours per week	├ ──		Officer	r	that ap	Former	Reportable compensation from	Reportable compensation from related	Estimated amount of other
		Individual trustee or director	nstitutional trustee	er	Key employee	Highest compensated employee	ner	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
						_				
	-		_							
	_									
1b Total	l	1	<u> </u>	Щ.	<u> </u>	1		1,,385,311		0 238,036
Total number of individuals (including but reportable compensation from the organization)	not limited	to th	ose	list	ed a	above	e) w		ore than \$100,	000 in
3 Did the organization list any former office employee on line 1a? If "Yes," complete S							oye	e, or highest of	compensated	3
4 For any individual listed on line 1a, is the the organization and related organizations individual.	sum of rep greater tha	ortab an \$1	le c 50,0	om; 0001	oen: ? <i>If "</i>	satior "Yes,"	an "co	d other compe mplete Schedu	ensation from ule J for such	4 /
5 Did any person listed on line 1a receive services rendered to the organization? If "	or accrue 'Yes," com	com com plete	pen <i>Sch</i>	Isatı Iedu	on ule	from <i>I for</i> s	any any	unrelated org	janization for	5 √
Section B. Independent Contractors										
Complete this table for your five highest compensation from the organization.	ompensate	ed inc	lepe	ende	ent (contra	acto	ors that receive	ed more than \$	100,000 of
(A) Name and business ad	dress	_	_	_	_	_		(B) Description of s	services	(C) Compensation
none										
	_							 		
							\perp			
Total number of independent contractors (more than \$100,000 in compensation from					d to	those	list	ed above) who	received	111

Part	VIII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
grants nounts	1a	Federated campaigns 1	la				
Contributions, gifts, grants and other similar amounts	b	Membership dues	lb				
gifts, ilar arr	С	randraising events —	lc		Ì		
gif	d	riciated organizations	ld				
ns, sim	е	Government grants (contributions).	le 1,806,097				ŀ
Contributions, and other simi	f	All other contributions, gifts, grants,					
e Ei	ļ	and similar amounts not molecod above	1f 50,680 \$ 131,825				
E O		Noncash contributions included in lines 1a-1f	Ψ	4 000 602			
_	<u> </u>	Total. Add lines 1a–1f	Business Code	1,988,602			
Ę		Program Food & Tuition	611430	1,304,013	1,304,013		1
e e	2a	Program Fees & Tuition	•	1,304,013	1,304,013		 -
ec.	b					<u> </u>	
Program Service Revenue	C		1				
	d						
Ta L	e	All other program service revenue					
Po	ا ا	Total. Add lines 2a–2f		1,304,013			
	3	Investment income (including divide other similar amounts)	ends, interest, and	2,463,012			2,463,012
	4	Income from investment of tax-exempt		0			
				0		_	
		Royalties	(II) Personal				
	6a	Gross Rents					
	Ь	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	<u> ▶</u>	0			
	7a	Gross amount from sales of assets other than inventory (i) Securities	(ii) Other				
	b	Less: cost or other basis and sales expenses .					
	C	Gain or (loss)					
o	1	Net gain or (loss)		0			
venue	Oa	events (not including \$					
Other Re		See Part IV, line 18	а				
EP E		Less: direct expenses			ļ —————		ļ
Ò	C	Net income or (loss) from fundraising	ng events 🕨	0			·
	9a	Gross income from gaming activities See Part IV, line 19					
	b	Less: direct expenses	b		<u> </u>		-
	C	Net income or (loss) from gaming a	activities ►	0			
	10a	Gross sales of inventory, less					
		returns and allowances		}			
		Less: cost of goods sold		0	 		
	c	Net income or (loss) from sales of inv	ventory ► Business Code				
					 	†	
	11a			· · · ·		<u> </u>	1
	D						
	°	l All other revenue			 		1
		Total. Add lines 11a-11d		0			
		Total revenue. See instructions.		5,755,627	1,304,013		2,463,012

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	(D) Fundraising expenses					
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	254,043	254,043							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	183,840	183,840							
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	133,860	133,860							
4	Benefits paid to or for members									
5	Compensation of current officers, directors, trustees, and key employees	1,555,801	904,446	651,355						
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	1,298,855	927,380	371,475						
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	111,618	84,090	27,528						
9	Other employee benefits	147,741	107,561	40,180						
10	Payroll taxes	148,403	97,495	50,908						
11	Fees for services (non-employees):									
а	Management	6,861	2,192	4,669						
b	Legal	33,205	2,192	33,205	· · · · · · · · · · · · · · · · · · ·					
	Accounting	00,200								
d	Lobbying									
f	Investment management fees									
-	Other	1,168,154	1,219,816	(51,662)						
12	Advertising and promotion		· / -		-					
13	Office expenses	211,016	64,129	146,887						
14	Information technology	21,413	651	20,762						
15	Royalties	20,190	20,190							
16	Occupancy	288,555	2,257	286,298						
17	Travel	637,847	<u>586,101</u>	_51,746						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	-								
19	Conferences, conventions, and meetings .	17,464	17,049	415	·					
20	Interest			<u> </u>						
21	Payments to affiliates									
22	Depreciation, depletion, and amortization.	17,712	0	17,712						
23	Insurance	69,473	3,912	65,561						
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.)									
а	membership/dues	57,363	47,184	10,179						
b	business licensing	2,600	1,825	775						
С	publications and subscriptions	8,966	8,774	192						
d	miscellaneous	18,478	15,055	3,423						
e	All alban management			_						
f 25	All other expenses	6,413458	4,681,850	1,731,608						
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	5,	.,	3,23,330						

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	. 0	1	0
	2	Savings and temporary cash investments		2	102,258
	3	Pledges and grants receivable, net	252 222	3	415,226
	4	Accounts receivable, net	47 740	4	243,162
	5	Receivables from current and former officers, directors, trustees, ke			
	3	employees, and highest compensated employees. Complete Part II Schedule L		5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Comple Part II of Schedule L.	te	6	0
,	_			7	
Assets	7	Notes and loans receivable, net		8	0
155	8	Inventories for sale or use	•	_	49,466
•	9	Prepaid expenses and deferred charges		9	45,460
	10a	Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D	900		
		Less: accumulated depreciation 10b 81,4	560 225,737	10c	208.025
	1, b	Less. accumulated depreciation			0
	11	Investments—publicly traded securities	. 44 000 004		42,735,078
	12	Investments—other securities See Part IV, line 11	•		42,100,010
	13	Investments—program-related See Part IV, line 11	•		0
	14	Intangible assets		-	0
	15 16	Other assets. See Part IV, line 11	•		43,753,215
					783,631
	17	Accounts payable and accrued expenses			700,031
	18	Grants payable			340,234
	19	Deferred revenue			0 0
(A)	20	Tax-exempt bond liabilities			0
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule	·	-	
豆	22	Payables to current and former officers, directors, trustees, k			
Ë		employees, highest compensated employees, and disqualifi persons. Complete Part II of Schedule L		22	0
		·	·		0
	23	Secured mortgages and notes payable to unrelated third parties .			0
	24	Unsecured notes and loans payable to unrelated third parties Other liabilities. Complete Part X of Schedule D	•		325,508
	25 26	Total liabilities. Add lines 17 through 25	·	-	1,449,373
Ses		Organizations that follow SFAS 117, check here ▶ ☐ ar complete lines 27 through 29, and lines 33 and 34.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
auc	27	Unrestricted net assets	41,406,844	27	42,303,842
3ali	28	Temporarily restricted net assets	. 0		0
P	29	Permanently restricted net assets	. 0	+	0
or Fund Balance	2.5	Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.)		
	30	Capital stock or trust principal, or current funds	0	30	0
set	31	Paid-in or capital surplus, or land, building, or equipment fund	0		0
AS	32	Retained earnings, endowment, accumulated income, or other fund	ds 0		0
Net Assets	33	Total net assets or fund balances			42,303,842
Z	34	Total liabilities and net assets/fund balances		_	43,753,215,

Pai	rt XI Financial Statements and Reporting							
			Yes	No				
1	Accounting method used to prepare the Form 990: Cash Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in							
	Schedule O.	2a	1					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
ь	b Were the organization's financial statements audited by an independent accountant?							
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of							
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	✓					
	If the organization changed either its oversight process or selection process during the tax year, explain in							
	Schedule O.							
_								
a	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were							
	issued on a consolidated basis, separate basis, or both:							
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in							
	the Single Audit Act and OMB Circular A-133?	3a	✓					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the							
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	✓					

Form **990** (2009)

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.

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

The	Wil	liam Davidso	on Institute at th	e University of Mich	igan	_			38	3	048086	
Pa	rt I	Reason	for Public Ch	arity Status (All org	ganizatio	ns mus	t compl	ete this	part.) Se	e instruc	ctions.	
Γhe	orga	anization is no	ot a private foun	dation because it is:	(For lines	1 throug	h 11, ch	eck only	one box.)		
1		A church, co	nvention of chu	rches, or association	of church	nes desci	ribed in s	ection 1	70(b)(1)(/	A)(i).		
2	\mathbf{Z}	A school des	scribed in <mark>sectio</mark>	on 170(b)(1)(A)(ii). (Att	ach Sche	edule E.)						
3		A hospital or	a cooperative h	nospital service organ	ization de	escribed	ın sectio	n 170(b)	(1)(A)(iii).			
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the										
		hospital's na	me, city, and sta	ate:								
5		•	ion operated for (b)(1)(A)(iv). (Cor	the benefit of a colleg	ge or uni	versity ov	vned or o	perated	by a gov	ernmenta	l unit descr	ibed in
6		A federal, sta	ate, or local gove	ernment or governme	ntal unit	describe	d in sect	ion 170(t	o)(1)(A)(v)).		
7		An organizat	on that normally	receives a substantia	al part of	its suppo	ort from a	governm	ental uni	t or from	the general	public
		described in	section 170(b)(1)(A)(vi). (Complete P	art II.)							
8		A community	y trust described	d in section 170(b)(1)	(A)(vi). (C	omplete	Part II.)					
9				receives: (1) more tha								
				ed to its exempt funct								
				ent income and unrel						511 tax	from busi	nesses
	_	acquired by	the organization	after June 30, 1975.	See sec	เเอท 509(a)(2). (Co	omplete i	art III.)			
10	Ц	-	-	nd operated exclusive	-		•					
11	Ц			ind operated exclusiv								
			urposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 09(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.									
											-	
	\Box	a 🗆 Type						integrate			Type III-C	
е				ify that the organizat in managers and other								
		-	section 509(a)(2)	-	tilali on	e or more	publicly	Supporte	u organiz	zations de	SCHDEU III S	Section
					an fram	the IDC	that :t .a	o Tuno	Tunn II	or Tuno	III augana	
f		_	zation received, check this box	a written determination	on irom	the IRS	inat it is	атуре	, туре п	, or type	ili suppon	ung _
~		•		the organization acce	 Inted any	 raift or c	ontributi	on from a	nv of the			٠ ـ
g		following per		the organization acce	pica any	girt or o	Onthibatio	JII 11 OIII E	iny or the	•		
				r indirectly controls, e	either alo	ne or too	ether wi	th persor	s descrit	oed in (ii)	Yes	No
				ning body of the supp							11g(i)	
			-	rson described in (i) a							11g(ii)	
				of a person described		(ii) above	?				11g(iii)	
h			-	ation about the suppo								
(i)		e of supported	(ii) EIN	(iii) Type of organization		organization		ou notify		ls the	(vii) Amou	
	org	ganization	,	(described on lines 1–9 above or IRC section		sted in your document?		nization in of your		tion in col zed in the	suppor	rt
				(see Instructions))				port?	U	S ?		
_			<u>-</u>	· 	Yes	No	Yes	No_	Yes	No		
								İ				
		<u> </u>			-		-	 		 		
							<u> </u>	 		 		
	•											
								1	张			

Par	(Complete only if you chec					and 170(b)(1	I)(A)(VI)
	tion A. Public Support			-		· · · · · · · · · · · · · · · · · · ·	
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	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)	1					
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties 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 assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .			n		· - (
12	Gross receipts from related activities, etc	•	•			12	
13	First five years. If the Form 990 is for organization, check this box and stop he		on's first, seco				
<u>Sec</u>	tion C. Computation of Public Su	pport Perce	entage			1	
14	Public support percentage for 2009 (line	6, column (f) o	livided by line 1	1, column (f))		14	%_
15	Public support percentage from 2008 Sc	hedule A, Part	II, line 14 .			15	%
16a	33% % support test—2009. If the organ and stop here. The organization qualifies	s as a publicly	supported orga	nization			▶ 🗆
	33% % support test—2008. If the organization quality and stop here. The organization quality and stop here.	alifies as a pub	olicly supported	organization .			▶ □
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	facts-and-circu	ımstances" test	check this box	and stop here	. Explaın ın Par	t IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "organization meets the "facts-and-circumst. Private foundation. If the organization did	facts-and-circui ances" test. The	mstances" test, e organization qu	check this box alifies as a publ	and stop here.	Explain in Part ganization .	IV how the ▶ □
. •				,	_,		· - · - · · - · · -

Sched	lule A (Form 990 or 990-EZ) 2009							Page 3
Par	t III Support Schedule for Organ	nizations De	scribed in S	ection 509(a)(2)			
<u>Sac</u>	(Complete only if you checke tion A. Public Support	ed the box or	n line 9 of Pa	irt I.)				
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e)	2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
2	any "unusual grants.")							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5					 		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .					ļ		
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							
С	Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6.)		·	.	i			
	tion B. Total Support	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(0)	2009	(f) Total
	, , , , , , , , , , , , , , , , , , , ,	(a) 2005	(b) 2006	(6) 2007	(4) 2006	(e)	2009	(i) iotai
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						_	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
с 11	Add lines 10a and 10b							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		<u> </u>			_		ļ
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u> </u>					on 501(c)(3) ▶ □
	tion C. Computation of Public Su	• •		10!	(D)	145		
15 16	Public support percentage for 2009 (lir Public support percentage from 2008	Schedule A, P	art III, line 15			15 16		<u>%</u>
Sec	tion D. Computation of Investmen					 		
17	Investment income percentage for 200	•	* * *	-		17 18	-	<u>%</u> %
18 19a	Investment income percentage from 20 33% % support tests—2009. If the org	janization did r	not check the b	oox on line 14,		more t		%, and line _
b	17 is not more than 33%%, check this b 33%% support tests—2008. If the organ line 18 is not more than 33%%, check thi	nization did not	check a box o	n line 14 or line	19a, and line	16 is m	ore than	331/3 %, and _

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

Schedule A (Fo	orm 990 or 990-EZ) 20	009				Page 4
Part IV	Supplemental	Information.	Complete this Part III, line 12	part to provide the Provide any other	e explanations required additional information.	by Part II, line 10;
	·					
						•
			•••••			
				•••••		
		····				
	•					

SCHEDULE D (Form 990)

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

OMB No 1545-0047

	of the organization William Davidson Institute at the University of Mic	hinan	Employer ide	ntification number 3048086
Par		sed Funds or Other Similar		
	the organization answered fes to Form	(a) Donor advised funds	(b) Funds a	nd other accounts
4	Total number at end of year	.,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1 2	Total number at end of year	-		
3	Aggregate contributions to (during year) Aggregate grants from (during year)			
4	Aggregate value at end of year			
	Did the organization inform all donors and donor ad	vicers in writing that the assets I	and in donor adv	usod
5	funds are the organization's property, subject to the	organization's exclusive legal co	ontrol?	. 🗌 Yes 🛄 No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the bepurpose conferring impermissible private benefit?	enefit of the donor or donor advis	sor, or for any otl	ner . Yes No
Par	t II Conservation Easements. Complete if th	e organization answered "Yes"	to Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the conservation	organization (check all that apply)	ı .	
	Preservation of land for public use (e.g., recreati			y important land area
	☐ Protection of natural habitat	☐ Preservati	on of a certified	historic structure
	☐ Preservation of open space			
2	Complete lines 2a through 2d if the organization held	I a qualified conservation contribi	ution in the form o	of a conservation
	easement on the last day of the tax year.			
				d at the End of the Tax Year
а	Total number of conservation easements			
b	Total acreage restricted by conservation easements			
С	Number of conservation easements on a certified h		1 - 1	
d	Number of conservation easements included in (c) a	•		. — —
3	Number of conservation easements modified, transf	erred, released, extinguished, or	terminated by th	e organization during
	the tax year ▶			
4	Number of states where property subject to conser			
5	Does the organization have a written policy regarding violations, and enforcement of the conservation east		ction, handling of	
6	Staff and volunteer hours devoted to monitoring, in:			. — —
•	►	specting, and emorcing conserva	uon easements t	during the year
7	Amount of expenses incurred in monitoring, inspect	ung and enforcing conservation	escemente durin	the year
•	►\$	ing, and emorcing conservation	easements dum	g the year
8	Does each conservation easement reported on line	2(d) above satisfy the requiremen	nte of section	
O	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?			. Yes No
9	In Part XIV, describe how the organization reports of			•
•	balance sheet, and include, if applicable, the text of	f the footnote to the organization	's financial stater	ments that describes
	the organization's accounting for conservation ease	ments.		
Par	t III Organizations Maintaining Collections			Assets.
	Complete if the organization answered "Y	es" to Form 990, Part IV, line 8	•	
12	If the organization elected, as permitted under SFA	S 116 not to report in its revenue	statement and I	nalance sheet works o
ıa	art, historical treasures, or other similar assets held for			
	provide, in Part XIV, the text of the footnote to its fi	nancial statements that describe	s these items.	
h	If the organization elected, as permitted under SFA	3 116 to report in its revenue sta	stement and bala	nce sheet works of art
	historical treasures, or other similar assets held for	public exhibition, education, or re	esearch in further	ance of public service
	provide the following amounts relating to these item			•
	(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, h following amounts required to be reported under SI		ar assets for fina	ncial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1 .	• • • • • • • • • • • • • • • • • • •	•	\$
	Assets included in Form 990, Part X			

_	
Page	- 2

	t III Organizations Maintaini	ng Collections o	of Art, Historica	l Treasures,	or Ot	her Similar As	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply		ther records, che	eck any of the f	ollow	ing that are a sig	gnificant use of its
а	Public exhibition			oan or exchan			
b	Scholarly research		e ∐ (Other			• • • • • • • • • • • • • • • • • • • •
С	Preservation for future generate						
4	Provide a description of the organization Part XIV.	ation's collections	and explain hov	v they further the	ne orç	ganization's exe	mpt purpose in
5	During the year, did the organization sassets to be sold to raise funds rather	than to be mainta	ined as part of th	e organization's	colle	ction?	Yes No
Par	Escrow and Custodial A IV, line 9, or reported an a				swere	ed "Yes" to For	m 990, Part
	Is the organization an agent, trustee included on Form 990, Part X?						t Yes 🗌 No
b	If "Yes," explain the arrangement in	Part XIV and com	plete the followi	ng table:			
					4-	A	nount
C	Beginning balance				1c		
d	Additions during the year				1d	-	
е	Distributions during the year				1e		
f	Ending balance				1f		
	Did the organization include an amount "Yes," explain the arrangement in	Part XIV.					∐ Yes ∐ No
Par	t V Endowment Funds. Co						
	i	(a) Current year	(b) Prior year	(c) Two years b	ack ((d) Three years back	(e) Four years back
1a	, , , , , , , , , , , , , , , , , , ,	39,763,369	56,882,922		-		
b	Contributions		<u> </u>	<u> </u>	-+		
С	Net investment earnings, gains, and losses	3,602,796	(15,024,593)				
d	Grants or scholarships			 	+		ļ
е	Other expenditures for facilities and programs	(3,135,036)	(2,094,960)				
f g	Administrative expenses End of year balance	40,231,129	39,763,369				
2	Provide the estimated percentage of						
а	Board designated or quasi-endown	nent ▶10	<u>0</u> %				
b	Permanent endowment ▶	%					
C	Term endowment ▶ %						
3a	Are there endowment funds not in the	e possession of the	ne organization th	at are held and	admı	nistered for the	Yes No
	organization by:						3a(i) 🗸
	(i) unrelated organizations						3a(ii) 🗸
ь	(ii) related organizations If "Yes" to 3a(ii), are the related org			hedule R2			3b V
4	Describe in Part XIV the intended u	ses of the organiz	ation's endowm	ent funds.			
Par	rt VI Investments—Land, Bu				t X, I	ine 10.	
	Description of investment	(a) Cost or of	ther basis (b) C	ost or other sis (other)	(c) A	ccumulated preciation	(d) Book value
	Lond	<u> </u>		-			
1a	Land	• •					
b	Buildings	• •	1				
C	Leasehold improvements		31,320			31,002	318
d e	Equipment		258,265			50,558	207.707
	al. Add lines 1a through 1e. (Column (d)	must equal Form 9		n (B), line 10(c))		>	208.025

Schedule D (Form 990) 2009			Page 3
Part VII Investments—Other Securities	. See Form 990, Part X,	line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	
Financial derivatives			
Closely-held equity interests	<u> </u>		
Other University of Michigan Investment Pool	2,503,949	FMV	
investment grade money mkt securities			
Univ of Michigan Endowment Fund	40,231,129	FM	
cash & cash equivalents 2% fixed income securities 10%			
co-mingled funds 19%			
non-marketable alternative investments 57%			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12)	42,735,078		
Part VIII Investments—Program Related	d. See Form 990, Part X	, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year n	
·			
		 	
,			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)	t V line 15	<u> </u>	
Part IX Other Assets. See Form 990, Part	(a) Description		(b) Book value
	(a) Bescription		(b) Book value
			
			
		· · · · · · · · · · · · · · · · · · ·	
			
Total. (Column (b) must equal Form 990, Part X, col.	(B) line 15.)		
Part X Other Liabilities. See Form 990,			
1. (a) Description of liability	(b) Amount		
Federal income taxes			
Research support for former Executive Dir	325,50	08	
per employment agreement			
		7	
Total, (Column (b) must equal Form 990, Part X, col. (B) line 25.)	325.50)8 l	

Р	ao	e

001100	die 5 (Form 656) 2565		· ugo ·
Par	Reconciliation of Change in Net Assets from Form 990 to Audited Financial S	taten	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1_	5,755,627
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,413,458
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	(657,831)
4	Net unrealized gains (losses) on investments	4	1,554,829
5	Donated services and use of facilities	5	
6	Investment expenses	6_	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	1,554,829
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	896,998
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenu	e pe	
1	Total revenue, gains, and other support per audited financial statements	1	7,310,456
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	9	
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	20	1,554,829
3	Subtract line 2e from line 1	3	5,755,627
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV.)		
C	Add lines 4a and 4b	44	0
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		011001021
Pai	t XIII Reconciliation of Expenses per Audited Financial Statements With Expense	ses p	
1	Total expenses and losses per audited financial statements	1	6,413,458
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments	_	
С	Other losses		
d	Other (Describe in Part XIV.)	_	
е	Add lines 2a through 2d	2	`
3	Subtract line 2e from line 1	3	6,413,458
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV.)	_	
C	Add lines 4a and 4b	4	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,413,458
Pai	t XIV Supplemental Information		
and this	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d a part to provide any additional information. † V, line 4 - endowment funds are intended to be used for activities associated with the Insti	nd 4t	o. Also complete
			•••••
			••••••
			•••••

Schedule D (For	rm 990) 2009	Page 5
Part XIV	Supplemental Information (continued)	
		· · · · · · · · · · · · · · · · · · ·
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SCHEDULE E (Form 990 or 990-EZ)

Schools Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

▶ Attach to Form 990 or Form 990-EZ.

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Inspection

3048086

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

The William Davidson Institute at the University of Michigan YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Schedule O (Form 990) The Institute publishes its nondiscriminatory policy in its governing document and in its solicitations for students, both on the web and in print. Does the organization maintain the following? 4a a Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially 4b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c **√** 4d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Schedule O (Form 990). Does the organization discriminate by race in any way with respect to. 5a 5b Admissions policies? 5c Employment of faculty or administrative staff? 5d Scholarships or other financial assistance? . 5e Educational policies? 5f Use of facilities? . 5g Athletic programs? . 5h If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O (Form 990). 6a Does the organization receive any financial aid or assistance from a governmental agency? b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Schedule O

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
Open to Public

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

The William Davidson Institute at the University of Michigan

Employer identification number 38 : 3048086

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award 2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States. Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.) (f) Total (b) Number of offices in the (c) Number of (d) Activities conducted in (e) If activity listed in (d) is expenditures for employees or region (by type) (i e , a program service, region fundraising, program services, grants to recipients located in describe specific type of agents in region region service(s) in region the region) Europe 0 1 program services education 41,326 **Latin America** 0 0 program services research 16,850 Middle East & North Africa 0 1 program services univ. strengthening 504,704 Subsaharan Africa 0 0 program services education 301,694 Subsaharan Africa 0 0 univ. strengthening 24,549 program services Subsaharan Africa 0 0 34,794 program services research

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923,917

Page 2

Schedule F (Form 990) 2009

Part II Grants and Part IV, line Use Sched	d Other Assist	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 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.	ns or Entities Out more than \$5,000 e is needed.	side the United Sta	tes. Complete to one recipient	if the organization ar received more than (g) Amount of	1 \$5,000 (h) Description	O Form 990,
1 (a) Name of organization	(b) IRS code section and EIN (f applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	cash	non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)
		hone						
								:
	-							
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0 0 Schedule F (Form 990) 2009

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Schedule F (Form 990) 2009

Page 3

Page 1

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.

(h) Method of valuation (book, FMV, appraisal, other)			ļ			ļ			ļ		
(g) Description (h) of non-cash v assistance (bc											
(f) Amount of non-cash assistance											
(e) Manner of cash disbursement	wire 0	wire 0									
(d) Amount of cash grant	10,000	123,860									
(c) Number of recipients	4	45				_					
e of grant or assistance (b) Region	Sub-saharan Africa	Sub-saharan Africa									
(a) Type of grant or assistance	Business Assistance	Tuition Scholarship									

Schedule F (Form 990) 2009

Part IV	Supplemental Information Complete this part to provide the information required in Part I, line 2, and any additional information.
Part III - Bu	siness assistance grants are awarded to business plan competition winners who participate in a 6 month
entreprene	urship training program for disadvantaged women funded by the Goldman Sachs' 10,000 Women Program.
Graduates	of the program are followed in subsequent years and provided ancillary business services.
Tuition ass	sistance is provided to disadvantaged women to attend the School of Finance and Banking BBA program
in Rwanda	. The Institute sits on the scholarship committee and vets all applicants. Students are followed during
the school	year by faculty mentors to assist them in maintaining academic eligibility to continue their studies.
-	n 3(f) - The Institute does not have any offices outside of the United States. Agents in the region are
•••••	nt consultants who represent the Institute on programs and projects in the local regions. Expenses
	nds paid to local partner institutions to assist in the delivery of programs; and travel by Institute home
office emp	loyees and consultants to the region who participate in short-term program delivery.
•••••	
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

Open to Public OMB No 1545-0047 2009

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▶ Attach to Form 990.

Inspection

education, research ŝ (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use **Employer identification number** 3048086 ✓ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance 38 (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 0 (e) Amount of non-cash assistance (d) Amount of cash grant 254,043 Part IV and Schedule 1-1 (Form 990) if additional space is needed Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance The William Davidson Institute at the University of Michigan 501(c)3 38-6006309 (P) EIN Enter total number of other organizations 1 (a) Name and address of organization or government University of Michigan Name of the organization Part II Part I

Schedule I (Form 990) 2009

Cat No 50055P

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

Page 2

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Schedule | (Form 990) 2009

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.

(f) Description of non-cash assistance					r additional information.	support education and research related to emerging market economies. The Institute receives						Schedule I (Form 990) 2009
(e) Method of valuation (book, FMV, appraisal, other)					I, line 2, and any othe	erging market economie						
(d) Amount of non-cash assistance	0				on required in Part	earch related to eme	nditures.					
(c) Amount of cash grant	183,840				ovide the information	rt education and res	e with program expe					
(b) Number of recipients	22				ete this part to pr	Michigan to suppo	ling commensurat					
(a) Type of grant or assistance	fellowships				Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	The Institute provides funds to the University of Michigan to	reports for supported projects and provides funding commensurate with program expenditures.					

SCHEDULE J (Form 990)

Department of the Treasury

Name of the organization

The William Davidson Institute at the University of Michigan

Internal Revenue Service

Compensation Information

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

Compensated Employees, and rig

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

Part IV. line 23.

▶ Attach to Form 990. ▶ See separate instructions.

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Employer Identification number

3048086

38 :

Questions Regarding Compensation Part I 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) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No." complete Part III to 1**b** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 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. ☐ Compensation committee ☐ Written employment contract ☐ Compensation survey or study ☐ Independent compensation consultant Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: 4a 4b **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement?. If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 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: If "Yes" to line 5a or 5b, describe in Part III. 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: 6a a The organization?........... If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 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 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53.4958-6(c)?

Page 2

Schedule J (Form 990) 2009

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	(B) Breakdown of W-2		and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)(l)(a)	reported in prior Form 990 or Form 990-EZ
	8						
Kobert Nennedy	(ii) 297,500	200	6,133	29,750	5,252	338,635	319,289
Rosemary Harvey	(i) 191,838	838 37,172	40,991	21,583	12,777	304,361	250,762
Khalid Al Nait	(ii) 184,677	677 24,270	0	75,370	14,753	299,070	255,110
Amy Gillett			0	14,600	17,997	232,287	188,185
Edward London			587	16,898	12,667	217,707	203,290
David Canter					1,722	147,268	0
	6						
)[(ii)						
	(9)						
	(1)						
	(1)						
	(3)						
	(E)						
	(ii)						
	(1)						
		<u>;</u>				Schi	Schedule J (Form 990) 2009

Schedule J (Form 990) 2009 Part III Supplemental Information Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for part I.
5a. Khalid Al Naif and Amy Gillett received a bonus based on 1% of Program revenues in their functional areas of responsibility.
6a. Khalid Al Naif and Amy Gillett received a bonus based on 10% of new program earnings in their functional areas of responsibility.
7. Rosemary Harvey received temporary salary as Interim Director of Educational Outreach
Form 990, Part VII, Section A, Line 5. The Institute purchased some of Robert Kennedy's time from the University of Michigan. The dollar amount of the
purchased time is included as reportable compensation in Line 1a, column D.
Schedule J (Form 990) 2009

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

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Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

Name	e of the organization				Employe	r identification	number	
The	William Davidson Institute at the	ne Univers	ity of Michigan		38	304	18086	
Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported Form 990, Part VIII, li		Method of	(d) f determinin enues	ıg
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests					_	•	
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes			·-				
8	Intellectual property							
9	Securities—Publicly traded .							
10	Securities—Closely held stock .		· · · · · · · · · · · · · · · · · · ·	-	<u> </u>			
11	Securities—Partnership, LLC,							
40	or trust interests							
12	Securities – Miscellaneous .							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation							
14	contribution—Other							
15	Real estate—Residential							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19								
20	Food inventory							
21	Drugs and medical supplies .	l l					-	
	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts Other ▶ (use of facility)		1	131,825				
25	Other ▶ ()			101,020				
26 27	Other ▶ ()							
28	Other • ()				-			
29	Number of Forms 8283 receive which the organization complete				ns for	29	0	
	which the organization complete	50 FOIII 02	.00, Fart IV, Dollee Ackilo	wieugement	ட		Yes	No
					41 11	4 00 45 -4		
30a	During the year, did the organizer it must hold for at least three year.							
	used for exempt purposes for the			oution, and which is	•		30a	⊺ ✓
l.	If "Yes," describe the arrangement							ونيا
				unn Abn under ef		ata a da d		
31							31	✓
32a	Does the organization hire or use contributions?		rties or related organization	ons to solicit, proces	s, or sell	noncash	32a	1
b	If "Yes," describe in Part II.							
33	If the organization did not report describe in Part II.	revenues ir	n column (c) for a type of pr	operty for which colu	ımn (a) ıs	checked,		

ocinediale ivi (Form 990) 2009	
Part II	Supplemental Information. 32b, and 33. Also complete	Complete this part to provide the information required by Part I, lines 30b, this part for any additional information.
-		
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· · · · · · · · · · · · · · · · · · ·		
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SCHEDULE O (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.

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OMB No 1545-0047

Department of the Treasury internal Revenue Service Name of the organization

► Attach to Form 990.

Inspection

Employer identification number

The William Davidson Institute at the University of Michigan	38	3048086						
Form 990, Part VI								
Line 11A - Form 990 is reviewed by officers of the Institute. The financial reports are based on the statements prepared								
by an independent CPA firm. An outside tax expert is consulted when necessary.								
Line 12C- Directors, officers and key employees annually affirm that they are in compliance wih the conflict of interest								
policy.								
Line 15A - The salary of the Executive Director is recommended by the president based on comparable data, and								
approved by the Board of Directors by resolution.								
Line 19 - Governing documents, policies, and financial statements are available to the public by request. The documents								
will be available online in the future.								
Schedule E								
Line 7 - The Institute receives grants and contracts from U.S. government agencies to provide program services in								
developing countries. The source of most of the funding is the United States Agency for International								
Development (USAID).								
	-							
		•••••						
·								
								