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Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

**2011****Open to Public Inspection****A** For the 2011 calendar year, or tax year beginning **07/01/11**, and ending **06/30/12**

<b>B</b> Check if applicable: Address change Name change Initial return Terminated Amended return Application pending	<b>C</b> Name of organization <b>Alumni Assoc of Univ of Michigan</b>		<b>D</b> Employer identification number <b>23-7206591</b>
	Doing Business As		<b>E</b> Telephone number
	Number and street (or P O box if mail is not delivered to street address) Room/suite <b>200 Fletcher Street</b>		
	City or town, state or country, and ZIP + 4 <b>Ann Arbor MI 48109-1007</b>		<b>G</b> Gross receipts \$ <b>16,205,997</b>
	<b>F</b> Name and address of principal officer		
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 <b>J</b> Website ▶ <b>www.umalumni.com</b> <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ <b>L</b> Year of formation <b>1897</b> <b>M</b> State of legal domicile <b>MI</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities <b>See Schedule O</b>																																																										
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																																																										
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>22</b>																																																									
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>22</b>																																																									
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>0</b>																																																									
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>2100</b>																																																									
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>591,009</b>																																																									
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>-50,061</b>																																																									
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**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer 	Date <b>12/21/12</b>			
	<b>Gerald J. Sigler</b> Type or print name and title	<b>Senior VP/CFO</b>			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date <b>12/21/12</b>	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶ <b>Alumni Assoc. of U of Michigan</b>	Firm's EIN ▶			
	Firm's address ▶ <b>200 Fletcher St Ann Arbor, MI 48109-1007</b>	Phone no			

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

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2011)**2617**

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III

☒**1** Briefly describe the organization's mission.**See Schedule O****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ including grants of \$ ) (Revenue \$ )  
**See Statement 10**

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

**4d** Other program services (Describe in Schedule O )(Expenses \$ **10,912,284** including grants of \$ **674,074** ) (Revenue \$ )**4e** Total program service expenses **10,912,284**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>X</b>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		<b>X</b>
<b>3</b> 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		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		<b>X</b>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		<b>X</b>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		<b>X</b>
<b>7</b> 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		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<b>X</b>
<b>9</b> 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		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	<b>X</b>	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>X</b>	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		<b>X</b>
<b>c</b> 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		<b>X</b>
<b>d</b> 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		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>X</b>	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	<b>X</b>	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		<b>X</b>
<b>15</b> 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, Parts II and IV		<b>X</b>
<b>16</b> 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, Parts III and IV		<b>X</b>
<b>17</b> 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 (see instructions)		<b>X</b>
<b>18</b> 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	<b>X</b>	
<b>19</b> 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		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		<b>X</b>
<b>22</b> 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	<b>X</b>	
<b>23</b> 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	<b>X</b>	
<b>24a</b> 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		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>b</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		<b>X</b>
<b>26</b> 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		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		<b>X</b>
<b>28</b> 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).		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
<b>33</b> 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		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>37</b> 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		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O		<b>X</b>

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	<b>42</b>	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>4</b>	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>X</b>	
<b>2a</b>	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.	<b>0</b>	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>X</b>	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	<b>X</b>	
<b>4a</b>	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)?		<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter.		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter.		
<b>a</b>	Gross income from members or shareholders.		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
<b>c</b>	Enter the amount of reserves on hand.		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

**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. Check if Schedule O contains a response to any question in this Part VI ☒

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	<b>22</b>	
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>22</b>	
<b>2</b> 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?	<b>2</b> <input checked="" type="checkbox"/>	
<b>3</b> 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?	<b>3</b>	<input checked="" type="checkbox"/>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>	<input checked="" type="checkbox"/>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>	<input checked="" type="checkbox"/>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	<input checked="" type="checkbox"/>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>	<input checked="" type="checkbox"/>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	<b>8a</b> <input checked="" type="checkbox"/>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b> <input checked="" type="checkbox"/>	
<b>9</b> 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	<b>9</b> <input checked="" type="checkbox"/>	

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b> <input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>	<input checked="" type="checkbox"/>
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b> <input checked="" type="checkbox"/>	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b> <input checked="" type="checkbox"/>	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b> <input checked="" type="checkbox"/>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b> <input checked="" type="checkbox"/>	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b> <input checked="" type="checkbox"/>	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b> <input checked="" type="checkbox"/>	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b> <input checked="" type="checkbox"/>	
<b>b</b> Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	<b>15b</b>	<input checked="" type="checkbox"/>
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	<b>16b</b>	

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► **None**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website    ☐ Another's website    ☒ Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **Gerald J. Sigler**    **200 Fletcher Street**  
**Ann Arbor**    **MI 48109-1007 734-764-0384**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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 neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) See attached list of Board Directors	0.00	X						0	0	0
(2) Steve C. Grafton President	50.00			X				303,333	0	48,824
(3) Gerald J. Sigler Sr VP/CFO	50.00			X				200,579	0	39,315
(4) Barbara Scott VP	50.00					X		161,512	0	27,130
(5) Janice Sigler VP Tech	50.00					X		119,854	0	26,424
(6) David Schueler VP Program Delivery	50.00					X		111,437	0	32,000
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										



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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Sub-total</b>								<b>896,715</b>		<b>173,693</b>
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								<b>896,715</b>		<b>173,693</b>

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶ 6**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
<b>3</b>		<b>X</b>
<b>4</b>	<b>X</b>	
<b>5</b>		<b>X</b>

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 0**

**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>	<b>3,040,531</b>			
	<b>c</b> Fundraising events	<b>1c</b>	<b>955,019</b>			
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	<b>929,861</b>			
	<b>g</b> Noncash contributions included in lines 1a-1f \$					
<b>h Total. Add lines 1a-1f</b>			<b>4,925,411</b>			
<b>Program Service Revenue</b>	<b>2a</b> See Statement 5-Related	Busn Code	<b>6,779,643</b>	<b>6,779,643</b>		
	<b>b</b> Alumni Travel Program	<b>561520</b>	<b>374,831</b>		<b>374,831</b>	
	<b>c</b> See Statement 5-Exempt		<b>216,178</b>		<b>216,178</b>	<b>0</b>
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total. Add lines 2a-2f</b>		<b>7,370,652</b>			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		<b>3,327,364</b>	<b>91,375</b>		<b>3,235,989</b>
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6a</b> Gross rents	(i) Real (ii) Personal				
	<b>b</b> Less rental exps					
	<b>c</b> Rental inc. or (loss)					
	<b>d</b> Net rental income or (loss)					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	<b>b</b> Less cost or other basis & sales exps					
	<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)					
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	<b>a</b>	<b>499,896</b>			
	<b>b</b> Less direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from fundraising events		<b>499,896</b>			
	<b>9a</b> Gross income from gaming activities See Part IV, line 19	<b>a</b>				
	<b>b</b> Less direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>	<b>82,674</b>				
<b>b</b> Less cost of goods sold	<b>b</b>	<b>76,905</b>				
<b>c</b> Net income or (loss) from sales of inventory		<b>5,769</b>	<b>5,769</b>			
<b>Miscellaneous Revenue</b>		<b>Busn Code</b>				
<b>11a</b>						
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue						
<b>e Total. Add lines 11a-11d</b>						
<b>12 Total revenue. See instructions</b>		<b>16,129,092</b>	<b>6,876,787</b>	<b>591,009</b>	<b>3,235,989</b>	

**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).

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	<b>674,074</b>	<b>674,074</b>		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	<b>303,333</b>	<b>166,833</b>	<b>121,333</b>	<b>15,167</b>
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	<b>4,139,006</b>	<b>3,881,430</b>	<b>39,180</b>	<b>218,396</b>
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	<b>1,154,084</b>	<b>1,057,224</b>	<b>69,389</b>	<b>27,471</b>
10 Payroll taxes	<b>56,663</b>	<b>50,465</b>	<b>2,036</b>	<b>4,162</b>
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	<b>122,036</b>	<b>109,483</b>	<b>10,006</b>	<b>2,547</b>
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	<b>474,475</b>	<b>433,622</b>	<b>333</b>	<b>40,520</b>
13 Office expenses	<b>745,289</b>	<b>735,748</b>	<b>7,605</b>	<b>1,936</b>
14 Information technology	<b>275,887</b>	<b>245,429</b>	<b>24,278</b>	<b>6,180</b>
15 Royalties				
16 Occupancy				
17 Travel	<b>1,988,871</b>	<b>1,795,592</b>	<b>176,993</b>	<b>16,286</b>
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	<b>684,613</b>	<b>672,529</b>	<b>9,632</b>	<b>2,452</b>
23 Insurance	<b>2,666</b>	<b>2,444</b>	<b>222</b>	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>Exp alloc - Utilities</b>	<b>695,461</b>	<b>695,461</b>		
b <b>Exp alloc - Prop Tax</b>	<b>210,304</b>	<b>210,304</b>		
c <b>Exp alloc - Misc</b>	<b>137,967</b>	<b>137,967</b>		
d <b>Exp alloc - horse rental</b>	<b>43,679</b>	<b>43,679</b>		
e All other expenses	<b>2,117</b>		<b>2,117</b>	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>11,710,525</b>	<b>10,912,284</b>	<b>463,124</b>	<b>335,117</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest bearing	<b>339,699</b>	1	<b>377,363</b>
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	<b>407,656</b>	3	<b>420,134</b>
	4 Accounts receivable, net	<b>492,442</b>	4	<b>379,716</b>
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	<b>699,950</b>	8	<b>218,098</b>
	9 Prepaid expenses and deferred charges	<b>1,715,368</b>	9	<b>2,023,736</b>
	10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	<b>10a 18,014,383</b>		
	b Less accumulated depreciation	<b>10b 9,156,804</b>		
		<b>8,471,788</b>	<b>10c 8,857,579</b>	
	11 Investments—publicly traded securities	<b>82,305,418</b>	11	<b>82,862,617</b>
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11		15		
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	<b>94,432,321</b>	16	<b>95,139,243</b>	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	<b>2,943,664</b>	17	<b>2,999,820</b>
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II 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		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	<b>12,705,905</b>	25	<b>11,131,858</b>
	26 <b>Total liabilities.</b> Add lines 17 through 25	<b>15,649,569</b>	26	<b>14,131,678</b>
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
27 Unrestricted net assets		<b>76,816,093</b>	27	<b>79,040,906</b>
28 Temporarily restricted net assets			28	
29 Permanently restricted net assets		<b>1,966,659</b>	29	<b>1,966,659</b>
<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
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 <b>Total net assets or fund balances</b>		<b>78,782,752</b>	33	<b>81,007,565</b>
34 <b>Total liabilities and net assets/fund balances</b>	<b>94,432,321</b>	34	<b>95,139,243</b>	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	<b>16,129,092</b>
2	Total expenses (must equal Part IX, column (A), line 25)	2	<b>11,710,525</b>
3	Revenue less expenses Subtract line 2 from line 1	3	<b>4,418,567</b>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<b>78,782,752</b>
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<b>-2,193,754</b>
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	<b>81,007,565</b>

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>X</b>
b Were the organization's financial statements audited by an independent accountant?	<b>X</b>	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	<b>X</b>	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<b>X</b>
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		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service

Name of the organization

**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

**2011****Open to Public  
Inspection****Alumni Assoc of Univ of Michigan**

Employer identification number

**23-7206591****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.)

- 1 ☐ 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.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 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 name, city, and state
- 5 ☒ 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.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ 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.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ 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
- a ☐ Type I      b ☐ Type II      c ☐ Type III—Functionally integrated      d ☐ Type III—Other
- e ☐ 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).
- f ☐ 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
- g ☐ 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, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

**h Provide the following information about the supported organization(s)**

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2011

**Part II 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	4,176,943	4,382,210	6,283,831	4,339,172	4,925,411	24,107,567
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge	322,892	359,361	405,063	388,919	317,033	1,793,268
<b>4 Total.</b> Add lines 1 through 3	4,499,835	4,741,571	6,688,894	4,728,091	5,242,444	25,900,835
<b>5</b> 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)						3,555,625
<b>6 Public support.</b> Subtract line 5 from line 4						22,345,210

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4	4,499,835	4,741,571	6,688,894	4,728,091	5,242,444	25,900,835
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,057,291	3,088,986	3,153,894	3,266,974	3,327,566	15,894,711
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on					0	
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					216,178	216,178
<b>11 Total support.</b> Add lines 7 through 10						42,011,724
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	7,453,588
<b>13 First five years.</b> 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 <b>stop here</b> ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	53.19%
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14	15	50.04%
<b>16a 33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2010.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> 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						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 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**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**b 33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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



**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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**Supplemental Information**

**Other Fundraising events**

**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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2011****Open to Public  
Inspection**

Name of the organization

Employer identification number

**Alumni Assoc of Univ of Michigan****23-7206591****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1	► \$
b Assets included in Form 990, Part X	► \$

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

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- |  |                                    |
|--|------------------------------------|
| <b>a</b> Public exhibition                   | <b>d</b> Loan or exchange programs |
| <b>b</b> Scholarly research                  | <b>e</b> Other                     |
| <b>c</b> Preservation for future generations |                                    |

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

**b** If "Yes," explain the arrangement in Part XIV and complete the following table

- c** Beginning balance  
**d** Additions during the year  
**e** Distributions during the year  
**f** Ending balance

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21? Yes No

**b** If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	<b>76,496,197</b>	<b>64,136,079</b>	<b>59,995,924</b>		
<b>b</b> Contributions	<b>2,000,000</b>	<b>1,500,110</b>	<b>1,242,442</b>		
<b>c</b> Net investment earnings, gains, and losses	<b>11,934,399</b>	<b>11,934,369</b>	<b>3,606,452</b>		
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	<b>82,862,617</b>	<b>76,496,197</b>	<b>64,136,079</b>		

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment **97.49 %**  
**b** Permanent endowment **2.51 %**  
**c** Temporarily restricted endowment **%**

The percentages in lines 2a, 2b, and 2c should equal 100%

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations  
(ii) related organizations

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
<b>3a(i)</b>		<b>X</b>
<b>3a(ii)</b>	<b>X</b>	
<b>3b</b>	<b>X</b>	

**4** Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		<b>431,259</b>		<b>431,259</b>
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment				
<b>e</b> Other		<b>17,583,124</b>	<b>9,156,804</b>	<b>8,426,320</b>
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) )				<b>8,857,579</b>

Schedule D (Form 990) 2011

**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 valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		

**Total.** (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

**Total.** (Column (b) must equal Form 990, Part X, col (B) line 13 ) ▶**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

**Total.** (Column (b) must equal Form 990, Part X, col (B) line 15 ) ▶**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>See Statement 6</b>	<b>11,131,858</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

**Total.** (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶ **11,131,858**

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	16,129,092
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,710,525
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	4,418,567
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	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	4,418,567

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	16,129,092
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV )	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	16,129,092
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV )	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 )	5	16,129,092

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	11,710,525
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV )	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	11,710,525
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 )	5	11,710,525

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**Part XIV - Supplemental Financial Information****Part XIV - Supplemental Financial Information**

**Part V, Line 4 - Intended uses for the Endowment Funds are to support the activities of the Alumni Association and its Affiliate groups.**

**Part XIV** Supplemental Information (continued)

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**SCHEDULE G  
(Form 990 or 990-EZ)****Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No 1545-0047

**2011**Open To Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceComplete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the  
organization entered more than \$15,000 on Form 990-EZ, line 6a  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions

Name of the organization

**Alumni Assoc of Univ of Michigan**

Employer identification number

**23-7206591****Part I****Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |   |  |
|---|--|
| <b>a</b>   Mail solicitations               | <b>e</b>   Solicitation of non-government grants |
| <b>b</b>   Internet and email solicitations | <b>f</b>   Solicitation of government grants     |
| <b>c</b>   Phone solicitations              | <b>g</b>   Special fundraising events            |
| <b>d</b>   In-person solicitations          |  |

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>Total</b>						

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

**Part II. Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>990PtVIII1c</u> (event type)	(b) Event #2 <u>See Schedule 2</u> (event type)	(c) Other events <u>None</u> (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	955,019	499,896		1,454,915
	2 Less Charitable contributions	955,019			955,019
	3 Gross income (line 1 minus line 2)		499,896		499,896
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d)				
11 Net income summary Combine line 3, column (d), and line 10				499,896	

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes % No	Yes % No	Yes % No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities

a Is the organization licensed to operate gaming activities in each of these states?

9a Yes No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

10a Yes No

b If "Yes," explain:



- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$
- c If "Yes," enter name and address of the third party

Name ►

Address ►

## 16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer
     
 ☐ Employee
     
 ☐ Independent contractor

## 17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

► Attach to Form 990.

OMB No. 1545-0047

2011

Open to Public  
Inspection.

Name of the organization

Employer identification number

Alumni Assoc of Univ of Michigan

23-7206591

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Yes No  
☒ ☐

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 recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.

Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section, if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)

Schedule I (Form 990) (2011) **Alumni Assoc of Univ of Michigan** **23-7206591**Page **2****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.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 <b>Scholarships</b>		<b>674,074</b>		<b>PV 4 years</b>	
2					
3					
4					
5					
6					
7					
<b>Part IV</b>	<b>Supplemental Information.</b> Complete this part to provide the information required in Part I, line 2, and any other additional information.				

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

**Funds are transferred to the student's University of Michigan account and are applied against tuition and fees.**

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

Name of the organization

**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2011****Open to Public  
Inspection****Alumni Assoc of Univ of Michigan**

Employer identification number

**23-7206591****Part I Questions Regarding Compensation****1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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

Travel for companions

Tax indemnification and gross-up payments

Discretionary spending account

Housing allowance or residence for personal use

Payments for business use of personal residence

Health or social club dues or initiation fees

Personal services (e.g., maid, chauffeur, chef)

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?**3** Indicate which, if any, of the following the filing organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.☒ Compensation committee

Independent compensation consultant

Form 990 of other organizations

Written employment contract

Compensation survey or study

☒ 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 organization or a related organization:**a** Receive a severance payment or change-of-control payment?**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) 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:**a** The organization?**b** Any related organization?

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:**a** The organization?**b** Any related organization?

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.**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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2011

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

For each individual whose compensation must be reported 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	Steve C. Grafton	(i) 303,333	0	0	0	48,824	352,157	0
		(ii) 0	0	0	0	0	0	0
2	Gerald J. Sigler	(i) 200,579	0	0	0	39,315	239,894	0
		(ii) 0	0	0	0	0	0	0
3	Barbara Scott	(i) 161,512	0	0	0	27,130	188,642	0
		(ii) 0	0	0	0	0	0	0
4		(i)						
		(ii)						
5		(i)						
		(ii)						
6		(i)						
		(ii)						
7		(i)						
		(ii)						
8		(i)						
		(ii)						
9		(i)						
		(ii)						
10		(i)						
		(ii)						
11		(i)						
		(ii)						
12		(i)						
		(ii)						
13		(i)						
		(ii)						
14		(i)						
		(ii)						
15		(i)						
		(ii)						
16		(i)						
		(ii)						

**Part III Supplemental Information**

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

**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service

Name of the organization

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2011****Open to Public  
Inspection****Alumni Assoc of Univ of Michigan**

Employer identification number

**23-7206591****Form 990 - Organization's Mission or Most Significant Activities**

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

**Form 990, Part III, Line 4d - All Other Accomplishment**

none

**Form 990, Part VI, Line 2 - Related Party Information Among Officers**

Gerald J. Sigler

Janice Sigler

Sr VP &amp; CFO

VP Technolog

Family Relationship

**Form 990, Part VI, Line 9 - Officers Who Cannot Be Reached**

See attached list of Board Directors

**Form 990, Part VI, Line 10b - Policies and Procedures Governing Chapters**

Yes

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

The return preparer emails a copy of the final version of Form 990 to each

Name of the organization

Alumni Assoc of Univ of Michigan

Employer identification number

23-7206591

board member before it is filed. A Review of the Form 990 is conducted by the Senior VP and CFO at a board meeting. The Senior VP and CFO responds to any questions from the board members regarding the Forms 990 and 990-T.

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

A. Each Director will review the Policy and will be asked to disclose any personal Business Relationship or Financial or Other Interest, or that of a Related Individual, that the Director knows could reasonably give rise to an actual or potential conflict of interest with the Alumni Association. Each Director shall acknowledge annually, by affixing his or her signature to the attached Certificate of Compliance, that he or she is acting in accordance with the letter and spirit of this Policy and has made all disclosures required under the terms of the Policy.

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

C. At least once annually, the Chair and his or her fellow officers (collectively hereinafter, the "Officer(s)") of the Board will review all conflict disclosures with the President and Counsel, in order to ascertain the present and future effects of the disclosed conflicts. Per III.D, the Officers shall affirmatively act upon actual conflicts that are generated by pending or imminent contracts or other business transactions (collectively, "Transactions") with the Alumni Association. The Officers shall act on all other disclosed conflicts as they deem necessary and appropriate. Additionally, they will consider if any or all such



Name of the organization

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disclosures should be referred to the Board, in Executive Session, for further review and action. The Officers shall keep minutes of their review of the conflicts and make those minutes available at the Alumni Association for review, but not copying or removal, by other Directors.

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

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

If the Transaction in question arises from a conflict with any Officer, that Officer shall recuse him or herself; the most senior Officer remaining shall appoint a disinterested Director to replace the recused Officer in considering alternative Transactions.

2.If it is determined that a more advantageous Transaction cannot be obtained with reasonable efforts by the Alumni Association, then the Officers shall determine , with the approval of a majority of disinterested Directors in Executive Session,

-a. whether the Transaction is in the Alumni Association's best interest and for its own benefit,

-b. whether the Transaction is fair and reasonable to the Alumni Association, and

-c. whether to enter into the Transaction in conformity with such determination in a. and b. above.

3.The Officers shall keep minutes of their meeting. The minutes shall reflect the discussion of the conflict and Transaction, the nature of data

Name of the organization

Alumni Assoc of Univ of Michigan

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23-7206591

reviewed, the record of votes taken, and any action the Officers agree to take on the conflict and Transaction. The Officers shall make those minutes available at the Alumni Association for review, but not copying or removal, by other Directors.

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

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

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

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

I.All candidates for membership on the Board shall be advised of and acknowledge this Policy prior to the commencement of their service on the Board.

Name of the organization

Alumni Assoc of Univ of Michigan

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**B. Disclosing, Evaluating, and Managing Potential Conflicts of Interest and Conflicts of Commitment**

**1. Identify and disclose potential conflicts of interest and conflicts of commitment**

Whenever a potential conflict of interest or conflict of commitment exists for a staff member, he or she must promptly disclose it using the following guidelines:

a. The staff member must evaluate his/her conflict using the criteria below.

1. Work for Pay: Disclose the nature of the work and time commitment; do not need to disclose the specific employer unless it is a university unit or an AAUM business partner/vendor.

2. Volunteering: Need to disclose only if it is for a university unit or for a AAUM business partner/vendor

3. Conflicts of commitment can occur in many situations, whether you work for pay, are volunteering or are facing some significant situation in your personal life. The expectation is you will disclose this if/when it might impact your availability for work or your performance.

b. The staff member must discuss the conflict and his/her evaluation of it to his/her supervisor or the Human Resources Manager

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

Name of the organization

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

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

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

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

When the President/CEO has determined that a potential conflict of interest or conflict of commitment exists that must be managed or eliminated, he or she must develop, in consultation with the employee, a recommended plan for managing the potential conflict. The President/CEO will then provide the plan to the employee's supervisor, who has authority for approving it. The supervisor will provide the employee with a copy of the approved conflict management plan and will discuss any related ambiguities or issues that arise. Adherence to the plan will be monitored by the employee's supervisor.

Form 990, Part VI, Line 15a - Compensation Process for Top Official EXECUTIVE' s compensation shall be reviewed annually and may be subject to increase effective September 1 of each year after consideration by, and approval of, AAUM's Board of Directors.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Name of the organization

**Alumni Assoc of Univ of Michigan**

Employer identification number

**23-7206591****No documents available to the public**

THE ALUMNI ASSOCIATION OF  
THE UNIVERSITY OF MICHIGAN  
(23 - 7206591)

LIST OF STATEMENTS ATTACHED

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

## STATEMENT 1

PART VIII, LINE 1 (f)  
ALL OTHER CONTRIBUTIONS

## Summary of \$5,000 and higher

Constituent LookupID	Full Name	Last,First	Revenue Date	Revenue Application Amount	Designation Name
9990117325	Battle Creek Community Foundation		12/24/2015	5,000 00	LEAD
9990117325	Battle Creek Community Foundation		8/18/2016	5,000 00	LEAD
3735965	Broderick D Johnson	Mr Johnson	1/12/2016	10,000 00	LEAD
1594655	Charles E Sweet	Sweet,Charles	12/17/2015	6,819 45	Michigania Dining Hall - 919100-P
3547309	Charles S Weinberger	Weinberger,Charles	12/27/2015	5,000 00	Michigania Dining Hall - 919100-P
2773089	Curtis L Mack	Mr Mack	2/1/2016	5,361 88	LEAD
3907533	David S Evans	Evans,David	07/16/2015	7,640 50	Camp Michigania General Fund - 919090-I
3907533	David S Evans	Evans,David	04/10/2016	33,526 21	Michigania Capital Gifts - 919850-P
3907533	David S Evans	Evans,David	12/10/2015	42,373 79	Michigania Capital Gifts - 919850-P
8040473	Diana Mendley Rauner	Rauner,Diana Men	01/01/2016	5,000 00	Camp Michigania General Fund - 919090-I
5076161	Gross Electric, Incorporated	Gross Electric, Inc	11/02/2015	6,038 91	Alumni Association - Gift in Kind - 894339-
1415621	Henry A Shevitz	Shevitz,Henry	06/21/2016	25,000 00	Michigania Dining Hall - 919100-P
8981671	Hymowitz 1999 Trust	Hymowitz 1999 Tru	12/22/2015	10,000 00	Camp Michigania Mott Family Program - 9
8607801	John D Branch	Branch,John	12/23/2015	5,000 00	Michigania Dining Hall - 919100-P
7011741	Kerry A Galvin	Ms Galvin	12/3/2015	10,000 00	LEAD
2887502	Larry D Thompson	Mr Thompson	1/7/2016	5,000 00	LEAD
3735527	Mark E. Ferguson	Mr Ferguson	12/14/2015	5,000 00	LEAD
11491205	Max Harry Weil Trust	Max Harry Weil Tru	05/09/2016	5,000 00	Alumni Association General Fund - 917040-
3655945	Michael C Keller	Keller,Michael	08/25/2015	6,000 00	Michigania Dining Hall - 919100-P
3330576	Mr. Frederick L C Lui	Mr Lui	6/22/2016	5,000 00	LEAD
8851831	Mr James R Jackoway	Mr Jackoway	5/10/2016	7,500 00	LEAD
11505372	Mr Leon Wagner	Mr Wagner	11/12/2015	25,000 00	LEAD
8789274	Mr Robert Goldstein	Mr Goldstein	12/24/2015	20,000 00	LEAD
11486004	Mr Robert Matza	Mr Matza	3/24/2016	25,000 00	LEAD
3257629	Mrs Deborah L Nemesi	Mrs Nemesi	7/12/2015	5,000 00	LEAD
3257629	Mrs Deborah L Nemesi	Mrs Nemesi	10/14/2015	5,000.00	LEAD
8103515	Ms Ann Marie Lipinski	Ms Lipinski	1/7/2016	12,000 00	LEAD
opportunities for alu	Myron M LaBan	LaBan,Myron	12/20/2015	5,000 00	Michigania Dining Hall - 919100-P
1170831	Nancy N Stanley	Stanley,Nancy	12/08/2015	5,000 00	Camp Michigania General Fund - 919090-I
1895102	Robert O McPhillymy	McPhillymy,Robert	12/10/2015	5,000 00	Michigania Dining Hall - 919100-P
1391604	Sharon Newman	Newman,Sharon	12/04/2015	10,000 00	Michigania Dining Hall - 919100-P
7252286	Stephen M Papadopoulos	Papadopoulos,Ste	12/17/2015	13,002 00	Michigania Dining Hall - 919100-P
7252286	Stephen M Papadopoulos	Papadopoulos,Ste	12/17/2015	36,998 00	Michigania Dining Hall - 919100-P
8670000	The Schweitzer Family Foun	The Schweitzer Fa	03/24/2016	20,000 00	Michigania Capital Gifts - 919850-P
9990113982	United Student Aid Funds, Inc		2/21/2016	20,000.00	LEAD
8658655	VanderVoort Family Fund of	VanderVoort Famil	02/25/2016	5,000 00	Michigania Dining Hall - 919100-P

\$427,260 74

402,599 89 All Other gifts  
100,000.00 Kresge Grant  
929,860.63 Total gifts & grants received

Detail data came from Sarah in Fundraising. Detail worksheets are under 2012 990\Contributions

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

STATEMENT 2

Gross Income

Sale of University of Michigan to \$499,896

opportunities for alumni interchange and intellectual stimulation through seminars with U-M faculty in education



**PART I, LINE 22  
OTHER CHANGES IN FUND BALANCE**

**STATEMENT 3**

	6/30/2011	6/30/2012
The other changes in fund balance consists of the following:		
Funds received during the fiscal year for life memberships in The Alumni Association of The University of Michigan	\$1,079,361	\$925,576
Funds received during the fiscal year for Alumni gifts and Bequests to The Alumni Association of The University of Michigan		
Unrealized gain on investments recorded at market value (loss)	<u>10,855,008</u>	<u>(2,193,956.00)</u>
	<u>\$11,934,369</u>	<u>(\$1,268,380)</u>

Source: Audited Financials

PART IX, LINE 24  
OTHER EXPENSES

STATEMENT 4

6/30/2011				
	<u>Total</u>	<u>Program Services</u>	<u>Management and General</u>	<u>Fundraising</u>
Scholarship	2,640		2,640	0 00
Bowl Tour	753	753		0 00
Utilities	482,138	482,138		0.00
Property Taxes	202,459	202,459		0 00
opportunities for al	42,049	42,049		0 00
Miscellaneous	194,391	<u>194,391</u>		0 00
TOTAL	<u>\$924,430</u>	<u>\$921,790</u>	<u>\$2,640</u>	<u>0.00</u>

6/30/2012				
	<u>Total</u>	<u>Program Services</u>	<u>Management and General</u>	<u>Fundraising</u>
Scholarship	2,117		2,117	0.00
Bowl Tour	0	0		0.00
Utilities	695,461	695,461		0.00
Property Taxes	210,304	210,304		0.00
Rental of Horses	43,679	43,679		0.00
Miscellaneous	137,967	<u>137,967</u>		0.00
TOTAL	<u>\$1,089,528</u>	<u>\$1,087,411</u>	<u>\$2,117</u>	<u>0.00</u>

# ANALYSIS OF INCOME PRODUCING ACTIVITIES

## STATEMENT 5

	6/30/11		6/30/12	
	<u>Unrelated Income</u>	<u>Related Income</u>	<u>Unrelated Income</u>	<u>Related Income</u>
"Michigan Alumnus" Advertising	208,274	0 00	216,178	
Program Fees	0 00	144,633		108,538
opportunities for alumni interch:	265,488	0 00	374,831	
Insurance Surplus Refund	0 00 -		0	0
Program Sponsorship		29,593		62,270
Bowl Tour	0 00	0 00	0	85,541
Credit Card Program	0 00	3,225,131		3,209,375
Horseback Riding Rentals	0 00	19,724		14,566
Michigania	0 00	3,039,689		3,195,836
Miscellaneous Alumni Programs	0 00	128,749		103,517
TOTAL	<u>473,762</u>	<u>6,587,519</u>	<u>591,009</u>	<u>6,779,643</u>

### Memo - Part VIII Line 2 Program Service Revenue

Unrelated	265,488	374,831
Exempt	208,274	216,178
Related	<u>6,587,519</u>	<u>6,779,643</u>
	7,061,281	7,370,652

**PART X** **STATEMENT 6**  
**BALANCE SHEET DETAIL**

<u>INVESTMENTS - SECURITIES, LINE 11</u>	<u>6/30/2011</u>	<u>6/30/2012</u>
Equity in investment funds of		
The University of Michigan	82,305,418	82,862,617
Total Investments - Securities	82,305,418	82,862,617
<u>LAND, BUILDINGS, AND EQUIPMENT,</u>		
<u>LINE 10 a-b</u>		
opportunities for alumni interchange and intellectual stimulation through seminars		
Michigan Property	12,244,791	12,698,753
Equipment and office fixtures	4,691,379	5,315,630
Total	16,936,170	18,014,383
Less: Accumulated Depreciation	(8,464,382)	(9,156,804)
Net	8,471,788	8,857,579
<u>OTHER LIABILITIES, LINE 25</u>		
Unearned memberships	2,203,000	2,311,578
Deferred revenue	7,126,722	5,360,481
Deferred revenue - Michigan see Statement 7	3,046,244	3,247,017
Class and other deposits	329,939	212,782
	12,705,905	11,131,858

Source Audited Financials

## NOTE REGARDING DEFERRED CHARGES AND DEFERRED REVENUE

The fiscal year of the Michigania Fund is from November 1, 2011 to October 31, 2012. Since the Alumni Association fiscal year ends on June 30, all expenditures related to the current Michigania season (i.e., incurred during the period from November 1, 2011 to June 30, 2012) are deferred until the Michigania fiscal year is completed. These payments are expensed in the following fiscal year. Deferred revenue also relates to the difference in fiscal years. All Michigania program fees received for the current fiscal year are deferred until the fiscal year is completed and are recognized as income in the following fiscal year of The Alumni Association.

## STATEMENT 8

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

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

	<u>2012</u>	<u>2011</u>	<u>2009</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>Total</u>
opportunities for alumni	254906	281,567.00	253,567.00	255,753.00	231,022.00	221,647.00	1,243,556.00
Utilities	62127	<u>107,352.00</u>	<u>151,496.00</u>	<u>103,608.00</u>	<u>91,870.00</u>	<u>103,237.00</u>	<u>557,563.00</u>
Total	<u>317,033</u>	<u>388,919.00</u>	<u>405,063.00</u>	<u>359,361.00</u>	<u>322,892.00</u>	<u>324,884.00</u>	<u>1,801,119.00</u>

LEAD Scholars from Alumni Council  
250,000

567,033
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FOR THE YEAR ENDED JUNE 30, 2011

STATEMENT 9

PART III

ORGANIZATION'S PRIMARY EXEMPT PURPOSE

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

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PART III

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS (4A-D)

STATEMENT 10

	6/30/2011	
	Expense	Revenue
Coordination of a nationwide network of alumni volunteers who support the university by recruiting academically gifted students and raising funds for student scholarships.	\$2,547,798	\$1,071,626
Publications and electronic newsletters to keep alumni informed about current activities at U-M and highlighting the fundraising	1,061,832	237,867
Membership benefits and services, including coordination and sponsorship of programming to enrich the lives of U-M alumni and students, including career networking and job search assistance, online networking, reunions and special events.	3,501,338	10,073,624
Programs that offer alumni (and their families) unique opportunities for alumni interchange and intellectual stimulation through seminars with U-M faculty in educational and social settings.	3,466,079	3,763,299
Total	\$10,577,047	\$15,146,416

6/30/2012	
Expense	Revenue
\$1,616,179	\$2,013,518
1,362,481	278,448
4,741,149	9,542,379
3,192,475	4,294,747
\$10,912,284	\$16,129,092

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